

4 CARING FOR PEOPLE WITH DISABILITIES: 4
THE CHRISTIAN COMMUNITY IN NAIROBI 4

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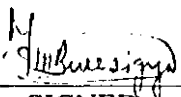
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DECLARATION

I, Rev. Trajan Bwesigye, hereby declare that this study is my original work and has not been presented for the award of any degree in any other University.



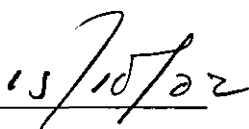
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This study has been submitted for examination with our approval as University Supervisors



DR. N. W. NDUNGU



DATE



DR. S. K. GITAU



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LIST OF ABBREVIATIONS

1. AIC Africa Inland Church
2. AICs African Instituted Churches
3. ATRs African Traditional Religions
4. CHAD Church Action on Disability
5. ICIDH International Classification of Impairment, Disability and Handicap
6. KAWE Kenya Association of the Welfare of Epileptics
7. KNAD Kenya National Association for the Deaf
8. KSB Kenya Society for the Blind
9. KSDC Kenya Society for the Deaf Children
10. KSPIH Kenya Society of the Physically Handicapped
11. NCCK National Council of Churches of Kenya
12. PWDs People with Disabilities
13. UDPK United Disabled Persons of Kenya
14. UN United Nations
15. UN-SREOPD United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities

DEFINITION OF TERMS

1. DISABILITY

This term is used to mean various functional limitations, which do not allow those affected to operate to the maximum like those who do not have them. This term is also used to mean handicap and impairment.

2. PEOPLE WITH DISABILITIES (PWDs)

These are the people who experience various disabilities as defined above in the previous point, to the extent that they cannot function comfortably like those who are not disabled. This study dealt with six major categories that is the blind, the deaf, the deaf/blind, the mentally disabled, the physically disabled and the epileptics. Whereas the epileptics may not have any visible physical disabilities, however their unexpected and uncontrolled seizures make them fall into the disabled people's category. This study has used PWDs to mean people with disabilities.

3. ABLE-BODIED PEOPLE OR UN-DISABLED PEOPLE

These are the people who do not experience obvious functional limitations.

4. CARING/CARE

These words connote the assistance given by able-bodied people to the PWDs so that they may be able to handle their day-to-day affairs. This includes Pastors or Church Leaders when such words may be referred to as "pastoral care" whereas when such assistance is given by lay people who are not pastors, these words connote "lay pastoral care". Furthermore these terms mean assisting some PWDs in special homes especially those who cannot care for themselves or who have no one to care for them.

5. COMMUNITY/CHRISTIAN COMMUNITY

Community in general means all human beings who live in a given area. Whereas the Christian Community means Christian believers of different denominations who worship in their churches and live in different neighbourhoods, these are supposed to care for the PWDs.

6. INTEGRATION

This means the inclusion of PWDs in various programmes whether in Church or neighbourhood activities.

7. REHABILITATION

To encourage or restore disabled people so that they may live more fruitful or profitable life.

8. NAIROBI

By Nairobi, this study encompasses the Nairobi Province based on the 8(eight) administrative divisions. These are Central, Makadara, Kasarani, Embakasi, Pumwani, Westlands, Dagoretti and Kibera.

DEDICATION

To Revd. Canon Tim Dakin, for initiating, authorizing and sustaining my postgraduate studies at the University of Nairobi.

ACKNOWLEDGEMENTS

I would like to express my heartfelt appreciation and gratitude to Carlile College Principals who organized the sponsorship of my studies at the University of Nairobi which will lead to the degree of Master of Arts in Religious Studies. To fellow members of staff, support staff and students for their support and encouragement. For my Research Supervisors, Dr. N.W. Ndungu and Dr. S.K. Gitau of the University of Nairobi, Department of Religious Studies, for their untiring academic guidance and patience which I shall never forget. To all the staff of the libraries I used, all the church leaders, Christians, all the organizations' staff and every individual who assisted me whom I cannot easily enumerate, for without all of you, this study would not have been successful. I cannot forget Prabhu and Nancy Rayan whom God used to instill in me the original disability awareness, vision and the ministry of people with disabilities. To my wife Rosemary and Children for their understanding and encouragement.

ABSTRACT

This study is an investigation into the Christian Community in Nairobi's caring for people with disabilities (PWDs). "Caring for" conceived of as attitudes and motives of compassion and mercy.

The study sought to reconcile the teachings of the Church against prevailing practices with regard to the treatment and integration of PWDs within Nairobi Christian community and in its activities as part and parcel of the Christian Church.

The objectives of the study were as follows; firstly, to investigate into how the Christian community in Nairobi treats PWDs in church and neighbourhoods. Secondly, to examine how PWDs react to the Christian community and the church. Thirdly, the study sought to find out how parents or guardians of disabled children view the care of the Christian community in Nairobi to them and their disabled children.

Both primary and secondary methods of data collection informed this study. Qualitative analysis was used to arrive at the findings. Primary research involved the administration of four sets of questionnaires to respondents- pastors, ordinary Christians, parents or guardians of disabled children and PWDs.

This study followed the Biblical conceptual framework, based on the unique examples of King David and Jesus Christ.

The findings are that the church as a Christian community in Nairobi is not appropriately caring (are not integrating PWDs in the Christian activities of their Churches and neighbourhood) as they should. PWDs develop beliefs and attitudes that the church *does not* care or welcome them to be part of 'God's family' (The Christian Community).

The findings of this study call for a more elaborate and detailed study on the plight of PWDs and how the Christian community can better care and involve them in their activities. The need for research into the laws governing construction design in respect to disability requires further research.

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CHAPTER ONE

PWDs IN NAIROBI: AN OVERVIEW

1. INTRODUCTION AND BACKGROUND TO THE STUDY

The issue of PWDs has intrigued and inspired the author of this study since 1994. This came about when he was attending a Christian fellowship at St. Stephen's Church of Uganda (Anglican) Parish at Luzira near Kampala City in Uganda. He had been sent there by his organization called Church Army Africa (an Anglican Organization dealing with Theological and Business Education and Mission based along Jogoo Road, Nairobi) where he works. He was to deliver a special message to a youth Group from Northern Ireland who were working on the project of the mentally disabled children of this parish.

In this fellowship there was a couple from India, (Mr. Prabhu Rayan and his wife Nancy) who are working with a Christian Agency of PWDs called the International Fellowship for the Handicapped. In the process of introductions, they convincingly introduced their ministry and how it was caring for PWDs in different parts of the world. They also distributed brochures to reinforce what they were sharing. Admittedly, this was the first exposure of disability awareness, which challenged the author of this study, and made a lasting impression which has never left him. Part of the message, which challenged him most on one of the brochures,

Was this message:

"Did you know"?

- ◆ That ten- percent (10%) of the population of any country is disabled.
- ◆ That many institutions for PWDs cater mainly for physical needs.

- ◆ That ninety nine percent (99%) of Christian Mission is directed to able-bodied people.
- ◆ Many churches and para-church organizations are without a single disabled person”

This information sensitized, intrigued and caused the author to start being involved in ministering to PWDs. When his college sponsored him for further studies at the University of Nairobi for a Master of Arts degree Programme in Religious Studies, this is where the opportunity for this study entitled, “Caring for People With Disabilities: The Christian Community in Nairobi” was approved and he started working on it as part of the fulfillment of the above mentioned degree work.

2. STATEMENT OF THE PROBLEM

The Christian faith emphasizes compassion, care and love for the underprivileged and other disadvantaged groups in society. Indeed, at the core of Jesus’ teaching lies the belief that neither human nor man-made barriers can separate human beings from his love and his Church.

The Christian community in Nairobi is part of this wider global Christian community. It is therefore guided and bound by similar beliefs and practices as provided for by the Christian faith. The implication is that there may be variations in terms of the manner in which churches and the Christian community generally conduct services and other activities but the substance and exaltation of God is a common strand.

It is estimated that 10% of human beings are disabled in one way or another.¹ Some disabilities are physically obvious, others are subtle. Yet even if subtle and unobservable disability has become a contemporary issue that can no longer be shield

away from, or ignored, primarily because of its perception as a basis for inequitable and unequal treatment to the detriment of the disabled.

The Christian community in Nairobi displays a perplexing mixture of denominations. They however accommodate few disabled people in their church services and church related activities.

The extent and the scope of the problem of the exclusion of PWDs in the Church and explanations for the same have not been the object of serious, if any research. Furthermore and as a result, solutions to perceived reverse a retrogressive slide into exclusion that is in the first place against the very Christian beliefs and practices has similarly not been paid due attention.

The discrepancy between Christian teachings and practices in Nairobi merits an in-depth examination of what potential action can be taken to correct this situation.

3. OBJECTIVES OF THE STUDY

The objectives of this study were:

- i. To investigate how the Christian community in Nairobi treats PWDs in church and neighbourhoods.
- ii. To examine how PWDs react to the Christian community and the church, (in particular;)
- iii. To find out how parents or guardians of disabled children view the care of the Christian community in Nairobi to their disabled children.

4. JUSTIFICATION OF THE STUDY

Justification of this study rests on two main grounds; policy and academic.

At the policy level, this study is important as its findings and observations sensitize and provide knowledge to the church, which knowledge has hitherto remained unappreciated or has simply been lacking. For example, such knowledge and sensitization would enable church leaders to modify services, building structures and provide opportunities for PWDs to be integrated in the ordinary life of the church and community. This would enable PWDs to participate and to better serve God and their fellow human beings. At the same time, this study has the potential to also sensitize and inform ordinary Christians on how they can assist, rehabilitate and integrate disabled people in church settings, in residential areas where there are prayer meetings, Bible studies and fellowships and in society in general.

Secondly, at the academic level, this study provides information, which seems to be lacking especially from the religious perspectives, vis-à-vis disability. For example, most of the books including theses which were identified at the libraries of the University of Nairobi and Kenyatta University, and others from other famous scholars of African Traditional Religions (ATRs) do not address the issue of disability in relation to religion. Clearly there is a gap in the literature that this study has endeavoured to fill.

Thirdly, the knowledge of this study offer benefits to PWDs themselves. This positively enables them to understand their strengths, abilities and limitations. Consequently, they may be more proactive rather than being reactive which in part results from lack of knowledge on how they can understand and transform their negative

attitude to their disability to greater meaningful living and service to God and their fellow human beings.

Fourthly, this study helps parents to better understand how they can conveniently rehabilitate and integrate their disabled children in their respective homes/families in a way that glorifies God and enables such children to be treated as other non-disabled children. In most cases, such children are usually isolated from other children and are treated as if they are not members of such families.

Fifthly, Policy-wise, this study sensitizes and challenges educators, whether (directly or indirectly) from nursery school to the university level, to modify their curricula, building structures, library facilities and other relevant issues so that they can better and appropriately cater for PWDs. For example, most of the commercial college proprietors are challenged to include facilities to accommodate disabled people such as computer courses for the blind. Libraries of most of the educational institutions of higher learning are situated where disabled people cannot reach conveniently, and do not have Braille facilities.

Sixthly, this study sensitizes and challenges different church leaders and Christian organization administrators to correct their unbalanced ministry to PWDs. For example, it is stated that 99% of Christian mission is directed to able-bodied people and '... that many churches and para-church organizations are without a single disabled person.'²

5. SCOPE AND LIMITATIONS OF THE STUDY

Geographically, this study was conducted in Nairobi Province, which comprises of eight administrative divisions, namely: Central, Makadara, Kasarani, Embakasi,

Pumwani, Westlands, Dagoretti and Kibera. This region was chosen because of the limited time the author had which could not allow him to go to other parts of Kenya.

The study focused on 6 major disabilities: the blind, the deaf, the deaf-blind, the physically disabled, the mentally disabled and the epileptics. And to get the data from respondents, four types of questionnaires were designed, pre-tested and administered. The respondent target groups were Pastors/church leaders, ordinary Christians, parents/guardians of the disabled children and PWDs themselves.

Some of the major limitations/problems the author encountered included: Firstly, the brevity of time, which was from January to the end of April 2001.

Secondly, the nature of the study was complicated. That is getting data from six different categories was very challenging and time consuming.

Thirdly, some of the technical obstacles such as the formalities for the application for a research permit to enable the author to conduct a research project in Kenya since he is not a Kenyan citizen, proved to be both time consuming and expensive. This in turn necessitated the modification of some of the facilities such as the inability to use research assistants as had been anticipated.

Fourthly, the collection of data from the field was also complex. Many respondents could not complete the questionnaires promptly. As a result, follow-up, to collect the answered questionnaires, was very difficult. Similarly, passing on questionnaires to PWDs and parents/guardians of disabled children was also difficult due to attitudinal complications. Consequently the author of this project, in order to pass on

questionnaires to the resistant respondents, he had to use the people who were friendly to them.

6. LITERATURE REVIEW

The materials used in this literature review are handled from three major approaches: The published works, the unpublished works (Academic Theses) and special Reports and Newsletters. They are reviewed in that order.

PUBLISHED WORKS.

Robert M. Goldenson (1978)³ has edited one of the most comprehensive handbooks dealing with disability and rehabilitation. This volume was written to meet the urgent need for a single comprehensive source of information on area of life of more than twenty five million people in the United States of America. A team of professionals of various professional backgrounds wrote the handbook. One of its prime purposes is to provide a practical guide to the disabled (and their families) who are unaware of the manifold resources not only for the treatment but for self-development and the chance to live a useful life. It also answers the question in mind of PWDs and family members as to where to go for help, what to expect and what to demand from society. It covers different aspects of disability and relevant rehabilitation resources, but not a religious experience. David M. Boswell (1978)⁴ who is a lecturer in Sociology at the Open University in Great Britain has edited an essential reader and sourcebook focussing on the handicapped person in the community. In summary, this book is said to have two major benefits:

First, it has been designed to meet a demand for information, on the situation, services and needs of the handicapped people, required in training courses that are generic in either or both of the following ways:

- (a) A broad range of various forms of handicaps experienced by the population of Britain,
- (b) A broad range of different professions, agencies and persons involved with handicapped people.

Second, it is specifically intended as a sourcebook for the Open University's past experience courses taught in this field of disability. This book emphasizes different aspects of, and related to disability from communal and educational perspectives. However, it does not include a religious perspective.

David Werner (1988)⁵ places emphasis on disabled children in a village setting. This is a guide for community health workers, rehabilitation workers, and families. It gives a wealth of clear, simple, but detailed information concerning most common disabilities of children which include: many physical disabilities, blindness, deafness, fits, behaviour problems, and development delay. It gives suggestions for simplified rehabilitation, low-cost aids, and ways to help disabled children find a role and be accepted in the community. Above all the book helps readers to realize that most of the answers for meeting these needs can be found within the children themselves. It discusses ways of starting small community rehabilitation centres and workshops run by disabled people themselves or the families of disabled children. This book gives very helpful information, but does not address the issue of disability as it relates to religion.

Robert Perske and Marther Perske (1981)⁶ provide thirty-three cases of different disabled people who are encouraged and inspired by what they call *the circle of friends*. They indicate that the disabled can do much when they are supported and learn from one another for inspiration and enrichment. This emphasizes how the community can contribute much to enabling such people to feel loved and welcome. The book does not give the biblical or religious view.

Ted Harrison (1995)⁷ examines the rights and wrongs on disability. He emphasizes religion in general and Christianity in particular. One of the agencies in Britain that deals with disability in relation to the church is CHAD (Church Action on Disability) The agency ... "not only sets out how to deal with certain practical issues of how disabled people might become more involved in church life, but also begins to get into grips with some of deeper issues, such as PWDs trying to get churches more aware of disability issues, physical accessibility of church buildings, and how church life, work and ministry is to involve PWDs in church councils, the running of Sunday schools, lay leadership in the church, training in theological colleges for the ordained ministry representing various churches".⁸ One of the ways PWDs are dehumanized by the church and the society in general is the way they refer to them as if they are not human beings. For example, the author illustrates this when he says that when a disabled person is being served tea, the one serving asks a non-disabled person "Does he/she take sugar?"⁹ John Macquarrie and James Childress editors of *A New Dictionary of Christian Ethics* (1989)¹⁰ involve some professionals who have written valuable articles on issues related with disability. These would include Warrn T. Reich who has contributed significant information on the "care of the handicapped". He further gives one of the clearest

definitions of impairment, disability and handicap and how they are related in that order¹¹ James F. Childress has written an article on "Care" which is based on Jesus Christ's story of the Good Samaritan. He likens PWDs to the injured man and the inn-keeper to the church and society¹² Henry Clerk's article on "Community", stresses the points that are of the striking components of community is for the resident PWD to feel the sense of "belonging" and "togetherness". This implies that a Christian community should enable its residents to feel this sense of belonging and togetherness whether they are disabled or not.¹³

Alistair V. Campbell the editor of A Dictionary of Pastoral Care (1987)¹⁴ has also included some professionals and experts who have written some articles on disability and handicap from "Pastoral Care" perspective. Brian J. Easter's article "Disablement, Pastoral care of mentally disabled people"¹⁵, gives valuable information on how to care for the mentally disabled people in society, families and the church where they should be accorded a warm welcome into fellowship and worship. Jesse Van Dongen-Garrad has written on "Disablement: Pastoral care of physically disabled people"¹⁶. He stresses the fact that disabled people should be treated as people and to sensitize people not to focus on disability, but rather on the value of the person. He challenges the non-disabled people to take the issue of disability very seriously, especially he urges them not, to consider the question, "Do disabled people make you feel uncomfortable?" if so, their greater handicap could be you and your attitudes". He advises the church to note that disability causes ethical, philosophical and religious problems. One of their greatest challenges is to ask "Why me?" which raises the question of suffering in relation to a loving God.

Cairns Aitken raises the issue on how PWDs can be rehabilitated in society and the church¹⁷ Campbell and Frank Wright have written articles on "Pastoral Care" and "Lay Pastoral care" respectively¹⁸ emphasizing both the way pastors and lay leaders should be involved in caring for people in general and disabled people in particular.

Others who have contributed to the debate on PWDs in relation to Christian ethics and pastoral care are David J. Atkinson and David H. Field in their book entitled *New Dictionary of Christian Ethics and Pastoral Theology* (1995)¹⁹. On "Disability and Handicap", J.N. Hall defines disability and handicap in relation to impairment. He includes a valuable statistical component of the World Health Organization's International Classification of Impairment, Disability and Handicap (ICIDH) which states that a number of estimates suggest that 10% of the adult population have a significant handicap. He includes the teaching of Jesus on disability vis-à-vis eschatology of the parable of the householder (Luke 14:11-14) which illustrates that the Kingdom of God is not complete without the blind and the maimed, therefore the able-bodied people should not minimize the part the handicapped have to play within the membership of the church²⁰.

Hall, on the "care of the handicapped", explains that this kind of care is related to PWDs who cannot care for themselves. He stresses the fact that the church and Christians in particular when it comes to caring for the handicapped, should follow the example of Jesus (Mathew 25:35-40, 42-45) who taught about the blessedness of caring for those in need, and the misery of those who failed to do so.²¹

Jean Vanier (1995)²² focuses on how to cater for disabled people, especially the mentally disabled. He stresses how those who cannot care for themselves can be cared for

in some caring homes such as those called L'Arche. Vanier, who is the author of this book and founder of L'Arche Communities of the Roman Catholic tradition, states how the mentally disabled people with whom he stayed in 1964 challenged him. These challenges inspired him to start these communities. The summary of his L'Arche communities' vision is that they are "...not a solution to a social problem, but a sign that love is possible and that we are not condemned to live in a state of war and conflict where the strong crush the weak. Each person (including the disabled) is unique, precious and sacred."²³

One of the leading priests who has written on disabled people in relation to pastoral ministry is Walter Kern (1985)²⁴. Walter is a Roman Catholic priest in the U.S.A. and his book stresses on how he himself has developed this ministry, and the way disabled people are handled in Roman Catholic tradition. One of the unique features of this book is that it has discussed the Roman Catholic views, on the training and ordination to the priesthood of PWDs such as the blind and the deaf. He further notes that a survey of different seminaries in the United States of America in 1981 indicated that "there were students whose disabilities included blindness, low vision, deafness, cerebral palsy, diabetes, epilepsy, dyslexia or other physical handicaps", studying for the priesthood²⁵.

Prabhu and Nancy Rayan who are experienced in the ministry to the disabled, have co-authored a very resourceful manual entitled *Disability Awareness Manual* (1998)²⁶. This booklet is designed to sensitize able-bodied people on how they can assist disabled people wherever they encounter them. It lays emphasis on ten ways of how an able-bodied person can help the deaf, the blind, the physically disabled and the mentally

disabled respectively. Nancy Rayan (1991)²⁷ examines the value of integrating PWDs and uses a figurative language; the preparation of Christ's bride (the Church). She gives good illustrations from the Indian perspective. The church is challenged as to why it has neglected the integration of the disabled in its community.

"Handicap is viewed as a curse, particularly in developing countries. It carries with it a stigma that affects the disabled person... it too often looks as though the church is meant for the able-bodied people only. That is probably why we do not see so many handicapped people in our churches and para-church organizations".²⁸

Geoffrey Hanks in his book 60 Great Founders (1995)²⁹ tackles disability from the perspective of how four main agencies that cater for disabled people were founded. These include, first, John Grooms Association for Disabled people founded by John Groom in 1866. Groom was one of the first people to be involved in the ministry to the disabled. Second Royal Association in Aid of Deaf People, which was founded in 1841. Its chief aim was evangelism. This article includes the history and development of the Deaf Churches in 1822. Third, 'The Royal Hospital for Neuro-Disabled,' founded in 1855 by Rev. Andrew Reed. This included the severely mentally disabled people and the incurables. Fourth, Royal National Institute for the Blind founded by Dr. Thomas Armitage in 1868. This article also includes the history of various schools for the blind. Hanks also gives valuable information in short articles one dealing with the two agencies which care for disabled people: The Christian Disabled Fellowship founded in 1959, and Christian Home for the Physically Handicapped founded in 1981. Also the history of the Braille system for the blind and Torch Trust, a Christian Trust, which caters for Christian blind young people.

The foregoing literature has no evidence of the care of PWDs from the perspective of the Nairobi Christian community. Again, there is the need to investigate how Nairobi's Christian community views and cares for PWDs.

Mary N. Getui³⁰ is the one who touches on the caring of PWDs in Nairobi in her article "Worship among the Hearing-impaired in Nairobi." She emphasizes that due to the lack of integrating them in the ordinary church congregations, they were forced to start their own Deaf Churches as early as 1983. The article she wrote concentrated on the Deaf Churches at the Nairobi Chapel who later moved to the Young Men's Christian Association (YMCA) and at Saint Andrew's Presbyterian Church in Nairobi. This study suggests that there is a missing link in the integration of PWDs in ordinary congregations.

UNPUBLISHED WORKS

RISPA. A. Anyango (1982)³¹ discusses blindness in her M.A. Thesis. Her main emphasis is on the comparison of the self-conception of the blind and sighted children aged between nine and fourteen years of age in Kisumu Area. Concerning Martha J. Menya's (1983)³² thesis, the emphasis of her study focuses on how for the formal education in Kenya meets the needs of mentally retarded children, since the function and purpose of education is to prepare children to live and function adequately in society. From Vocational rehabilitation point of view, T.M.O. Ayodo (1990)³³ wanted to find out how the Vocational Rehabilitation Programme in Kenya was effective as an agency, which provides training and employment for the disabled persons. He surveys different kinds of disability.

Sylvia Walker (1978)³⁴ analyses PWDs in Ghana emphasizing status and change in information and attitude. She gives a very good study on attitude and the way it affects PWDs and the society in general. Teresia W. Kazungu (1987)³⁵ also looks at attitudes from the parents of disabled children's education in Wundanyi Division of Taita Taveta District. She stresses that in most cases parents' attitudes towards their disabled children

affect their education. She further says that one of the ways parents discourage their children is to treat them as abnormal or not to give them equal opportunities like the non-disabled ones.

Esther N. Kibisu (1984)³⁶ approaches the issue of the handicapped from integration point of view. She tackles the issue investigating the problem of Integrating Physically Handicapped pupils into regular schools in Nairobi and the surrounding areas. One of the points she raises is that the disabled children are usually treated as abnormal and problematic, which affects these children, their teachers and finally their families. She stresses that the physically handicapped children should be given a chance so that they may further their education through integration which enhances their educational performance.

Benedict R. Micheka (1988)³⁷ highlights the issue of library services to the disadvantaged in Botswana, especially PWDs. He points out that the library services seem to be arranged for the non-disabled people. He cites some examples of lack of Braille sections, which would benefit the blind people. On the other hand, he also stresses that some important collections such as African or reserve is situated in a place where PWDs cannot reach easily. It should be noted that Micheka uses the term "**disadvantaged**" to include also PWDs.

The academic theses and literature reviewed do not grapple with the specific issue of the relationship between "religion", and disability. Hence this is the major missing link.

REPORTS AND NEWSLETTERS.

J. M. Igaga and I. Mbikusita-Lewanika (1982)³⁸ focus on the disabled child, the family and the community. Dr. Igaga's article "*The Plight of the Disabled Children in Africa*" gives graphic description on how ATR catered for every African except PWDs, who were either killed by their parents or isolated from society because of being connected with the stigma of what was assumed to be 'God's punishment or curse'³⁹.

The United Nations Organization' (1994)⁴⁰ Standard Rules on the Equalization of Opportunities for Persons with Disabilities (UN-SREOPD) has 22 different rules covering different aspects. Rule number 12 of UN-SREOPD states how religion should affect PWDs. "States will encourage measures for equal participation by persons with disabilities in the religious life of their communities". This is clarified in four main points: first, that states should encourage, in consultation with religious authorities, measures to eliminate discrimination and make religious activities accessible to persons with disabilities. Second, that states should encourage the distribution of information on disability matters to religious institutions and organizations. States should also encourage religious authorities to include information on disability policies in the training for religious professions, as well as in religious education programmes. Third, those states should also encourage the accessibility of religious literature to persons with sensory impairments. Fourth, that states and/or organizations should consult with organizations of persons with disabilities when developing measures for equal participation in religious activities. It is noted that even if United Nations is not a religious organization, it however, made sure that religion is stipulated clearly in the Organization's rules, as they relate to the disabled people.

The Kenya Society of the Physically Handicapped (1999)⁴¹ produced a report that centred on how the human rights of PWDs were violated in Kenya. It gave specific case studies of Central and Nairobi Provinces. This report covers various aspects of the violation of human rights of PWDs. However, it does not include religious dimensions.

Caroline A. Pickering (1796)⁴² compiled one of the most informative reports on epilepsy, whose main focus is how to help people suffering from epilepsy. The information is from a medical perspective. In her introduction, she spends time discussing epilepsy and its connection with ATR beliefs, especially in Kenya, where epilepsy is said to have been caused by possession, curse, witchcraft and punishment.⁴³ Pickering gives a very good medical guide, but she does not include any religious one.

The Kenya Society for Deaf Children (KSDC), Newsletter of December 2000⁴⁴ has an inspiring article entitled "KSDC Rehabilitates Hearing-Impaired Street Boy". This street boy is said to have been abandoned by his family because of his hearing impairment. This society's rehabilitation completely transformed the desperate situation of this deaf boy. There are two major lessons this incident teaches. First, the traumatic and stigmatization of PWDs, which even the family of this child, could not tolerate. Second, how the Christian community in Nairobi can "emulate this inspirational rehabilitation approach" of the KSDC society in their endeavor to care for people with various disabilities.

7. CONCEPTUAL FRAMEWORK

This study has followed the biblical framework from both the Old and the New Testaments. The Old Testament one is connected with David the King of Israel, who through God-initiated kindness cared for the physically disabled Mephibosheth (2

Samuel 9:1-13). This framework emphasizes complete restoration in that Mephibosheth's self-esteem was restored. This means that he had experienced rejection but through King David he experienced both kindness and unconditional love. His identity was also restored. Mephibosheth had lived at the mercies of a generous man Ziba, through the King; his property was restored to him. He was further restored to society. Mephibosheth had experienced loneliness where he was hidden in the village but now he was restored to both the ordinary and royal societies, which included always eating at the King's table in Jerusalem. This connotes that the caring of PWDs should aim at restoring their self-esteem, identity and to society⁴⁵.

The New Testament frameworks are connected with Jesus Christ's teachings, which set the best example in caring for PWDs. Firstly, Jesus Christ's response to the blind Bartimaeus, who was begging on one of the streets of Jericho in Palestine. Christ was passing by; he persistently called on him to have mercy upon the blind man. Despite the discouragement from Christ's apostles, Christ commanded him to come to him and he healed this disabled man. (Mark, 10:46-52). Secondly, Christ listened to the needs of the parents of the disabled child. Jesus was compassionate to the pleas of this parent. As a result, he healed this parent's disabled child who was epileptic. (Mathew, 17:14-21, Mark, 9:14-29). Thirdly, Jesus Christ disassociated disability from sinfulness. His disciples had wanted to know who had sinned whether the young man who had been born blind or his parents. Christ replied them that neither the young man who had been born blind, nor his parents had sinned, but that the young man was born blind so that God's works may be revealed in him (John, 9: 1-3).

This stresses the point that Christians should ask themselves “ how can we care for this disabled person so that God’s works may be revealed in him”. Fourthly, Christ’s emphasis on PWDs’ integration in the places of worship. The first example is that of the woman with a disability of the back for eighteen years. When Jesus healed her on the Sabbath day, she praised God with others. The Synagogue leader’s attitude was that this should not have taken place on the Sabbath day. As a result, Jesus Christ rebuked him stating that the fact that this woman was disabled; she was still more valuable than the livestock, which could be cared for on the Sabbath day. He emphasized that she was also still the daughter of Abraham (Luke 13: 10-17). The same rebuke is valid for the Church leaders and Christians who undervalue PWDs because of their disabilities. Another example of integrating PWDs in the places of worship is that when Jesus Christ healed the blind and the lame when they went to Him in the temple. This was after he had cleansed the temple by removing those who sold and bought commodities to be offered in the temple (Mathew 21:12-14). This was the first and last time for Jesus Christ to heal the disabled people in the Temple. It means that PWDs had been given opportunities to worship with others in the temple, up to this time since the Old Testament times, no such integration of PWDs and able-bodied had taken place. Hence the Church should remove everything which becomes an obstacle hindering the integration of disabled people in Church congregations as well as in their neighbourhoods.

8. RESEARCH HYPOTHESES

1. The church as a Christian community in Nairobi is not caring (are not integrating PWDs in the Christian activities of their Churches and neighbourhoods.) for the PWDs as they should.

2. Nairobi's Church leaders and Christians in general have the attitude and belief that people become disabled because of God's punishment, curse and misfortune and are not loved by God.
3. PWDs (even those who could be Integrated) develop beliefs and attitudes that the church does not care or welcome them to be part of 'God's family (The Christian Community).
4. Faith healing-based churches can easily care for healed PWDs but are averse to caring for PWDs who are not healed because of their perceived lack of faith.

9. METHODOLOGY

This study employed both primary and secondary methods of information gathering:

Library Research. This is where most of the information was obtained. This covered the literature review of this study. The major libraries consulted, included those of the University of Nairobi and Kenyatta University. The other libraries were that of Carlile College and the Kenya National Library Services Headquarters.

Field research: the main plank of this method was the questionnaires, which were used as the instruments of data collection from the field.

(a) Categories of the respondents

Four categories of informants, namely, Pastors/Church leaders, ordinary Christians, Parents/guardians and PWDs who were in six classifications, that is the deaf, the blind, the deaf-blind, the physically disabled, the mentally disabled and the epileptics, were interviewed for this study.

(b) Questionnaires

There were, accordingly, four sets of questionnaires to fit the above respective categories. The first part of each questionnaire dealt with the general information of the respondent. This was followed by part two that sought information on how churches were caring for PWDs. The ones for Parents/Guardians include a third part, which deals with the disabled child. The last three questions of each questionnaire dealt with suggestions.

- ◆ On how the church can integrate and meaningfully care for PWDs in the Sunday Services and other daily pastoral care activities of the church.
- ◆ On how the church as part of its caring Programme can encourage PWDs to serve God and fellow human beings.
- ◆ On how the Christians can care for PWDs and their families more relevantly in respondents' church neighbourhood settings.⁴⁶

(c) The sampling of the population

This study's sampling was primarily based on figures/data of the *Summary of the Nairobi Church Survey*, which was conducted by the Daystar University College in 1989. For the purpose of this study, it is referred to as the *Nairobi Church Survey*.⁴⁷ The survey remains the only systematic compilation of Christian population in Nairobi to date. Daystar University is in the process of a follow-up survey, which is not yet ready. Projections of Christian population growth in the City were estimated at 12% only if the 800 Churches in the city were to each to plant two new churches by 2000.⁴⁸ It is not however clear if this has been the case. The Nairobi Church Survey is therefore the only reliable basis for a project of this nature.

The survey indicates that the population of the Christian community in Nairobi was 150,000 out of a population of 1.6 million people estimated as a population of Nairobi City in 1988. This study targeted 400 members of the Christian community for interviews. These included 80 church leaders, 50 Christians, 30 parents/guardians of the disabled children and 240 PWDs.

The study's response rates were as follows: out of 80 targeted pastors/church leaders, 50 were interviewed, (62.5%), 45 of the targeted 50 ordinary Christians were interviewed (90%). Of the 30 targeted parents/guardians, 20 were interviewed (66.6%). Of the 240 disabled people who were targeted, 37 questionnaires were returned (15%).

For summary information of this process, see Table 2 entitled "Questionnaire Return Success Rate"⁴⁹ The figures of Table 1. Sampling Table were arrived at following the *Nairobi Church survey* analysis which indicated that 784 were a total number of churches, (784 pastors for each church). There were 176 churches, which were different district denominations. Ordinary Christians were 150,000, whereas parents/guardians are estimated at 10 people in each family. This translates to 15,000. Apparently, the number of PWDs number was arrived at, at 15,000, (10% of 150,000) in accordance with the United Nations estimates that this in the percentage of PWDs of each country/community⁵⁰. This also gives their number to be 15,000.

Concerning churches or denominations, this study had to rationalize the choice of the churches that would help to come up with the information of PWDs and the ministry provided for them. This study took into consideration the three main categories of the Churches. Firstly, the Protestants, these were the majority. (They were neither Catholics nor Orthodox, which were not included in this study). Secondly, Catholics and thirdly,

African Instituted Churches commonly known as African Independent Churches abbreviated as AICs. Ten (10) denominations were identified and consequently this study employed an Economical approach. The respondents' denominational analysis is summarised in Table three in the appendices⁵¹.

(d) Techniques of data collection

Questionnaire administration was done through the author and friends of resistant respondents. Some of the most challenging people to interview were the PWDs and parents or guardians of children with disabilities (who are referred to as resistant respondents) As a result, the help of some agencies such as NCKK, KAWA, KSPH, UDKK, KNAD and KSB were instrumental in the realization of the goal to this project. Braille questionnaires administered to enable the blind to participate in the study. The author of this study benefited from the assistance of some friends who helped in the administration of the questionnaires. Some PWDs and their parents proved to be very difficult to collect data from. For the blind, their questionnaires were embossed in Braille so that they may read the information directly then they could inform the interviewer relevant data to fill on the printed questionnaire.

10. DATA PROCESSING AND ANALYSIS

The questionnaires were arranged according to the four categories, the Pastors/church Leaders, ordinary Christians, parents/guardians of the disabled children and PWDs. Each question was processed and analyzed carefully. There were a total of 99 questions (25 questions for pastors/ church leaders, 26 for ordinary Christians, 23 for parents/guardians and 25 for PWDs). Suggestions alone for all the four categories of the respondents were

228. The most challenging part was dealing with these suggestions from various respondents. They had to be summarized on different cards, and then further summarized on the different topics or themes. The collected data was then qualitatively and quantitatively analyzed. Because the research population was manageable, and because the emphasis of the study is on the qualitative-based, hence the quantitative aspect of data analysis was not subjected to complex statistical packages.⁵²

ENDNOTES

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- ¹ ATKINSON, D. J AND FIELD, H.D., (Eds.) New Dictionary of Christian Ethics and Pastoral Theology (Leicester: Inter-Varsity Press, 1995), p. 308.
- ² International fellowship for the Handicapped Disability Awareness Brochure. Op.cit.
- ³ ROBERT M. GOLDENSON *Disability and Rehabilitation Handbook* (New York: McGraw-Hill Book Company, Inc.). Pages xvii-xviii. This is the summary of the main message under the title "A Word to the Readers".
- ⁴ DAVID M. BOSWELL (Ed.). *The Handicapped Person in the Community: A Reader and Sourcebook* (London: The Open University Press, 1978). The summary of the main points concerning the benefits of this sourcebook are on page 1.
- ⁵ DAVID WERNER (Ed.) *Disabled Village Children*. (Palo Alto: Hesperian Foundation 1988). Summary information indicated in the literature review is found on the back page of the book which is not identified with a specific page.
- ⁶ ROBERT PERSKE and MARTHA PARSKE, *Circle of friends*. (Burlington: Welch Publishing Company, Inc., 1988).
- ⁷ TED HARRISON, *Disability: Rights and Wrongs*. (Oxford: Lion Publishing, 1995). The information of church Action on Disability (CHAD) which is trying to sensitize the church how to handle PWDs, and their views on what they can do. See pages 20-23.
- ⁸ Ibid. pages 21f.
- ⁹ Ibid. page 2.
- ¹⁰ JOHN MACQUARRIE and JAMES CHILDRESS (Eds). *A New Dictionary of Christian Ethics*. (London Sem Press Ltd. 1987). General information of the book without identifying any specific pages.
- ¹¹ Ibid, pages 258-260.
- ¹² Ibid, pages 77-78.
- ¹³ Ibid, pages 105-106.
- ¹⁴ ALISTAIR V. CAMPRELL (Ed) *A Dictionary of Pastoral Care* (London: Society for Promoting Christian Knowledge-SPCK, 1987).
- ¹⁵ Ibid, pages 68-70
- ¹⁶ Ibid, pages 70-71
- ¹⁷ Ibid, pages 235-236.
- ¹⁸ Ibid, pages 142, 188-189. These include the two articles Lay Pastoral care and Pastoral care.
- ¹⁹ DAVID J. ATKINSON and DAVID H. FIELD (Eds). *New Dictionary of Christian Ethics and Pastoral Theology*. (Leicester: Inter-Varsity Press, 1995).
- ²⁰ Ibid, pages 308-309.
- ²¹ Ibid, pages 427-428.
- ²² JEAN VANIER, *The Heart of L'Arche: A Spirituality for Everyday*. (Toronto: Novalis, 1995).

- ²¹ Ibid, page 9
- ²⁴ WALTER KERN, *Pastoral Ministry with Disabled Persons*. (New York: Alba House-Society of St. Paul, 1985).
- ²⁵ Ibid, pages 77-78.
- ²⁶ PRABHU RAYAN AND NANCY RAYAN *Disability Awareness Manual*. (Madras: G.L.S., 1998).
- ²⁷ NANCY RAYAN *Prepare the Bride*. (Bombay: G.L.S., 1991).
- ²⁸ Ibid, pages 3 and 33
- ²⁹ GEOFFREY HANKS. *60 Great Founders*, (Ross-Shire: Christian Focus Publications Ltd., 1995) pages 378-385; 420-424, 425-430; 431-437; 384; 433; 436.
- ³⁰ MARY N. GETUI (Ed) *Theoretical Method and Aspects of Worship in African Christianity* (Nairobi: Acton Publishers, 1988) Pages 106-119.
- ³¹ RISPA AUMA ANYAANGO "Self-Conception of the Blind Children Aged Between Nine and Fourteen years in Kisumu Area" University of Nairobi) 1982.
- ³² MARTHA J. MENYA, "Formal Education setting-How it affects the socialization of educable mentally retarded children. (University of Nairobi) 1980.
- ³³ THEODORE M. A. AYODO, *The Vocational Rehabilitation Programme in Kenya: An Examination of its Effectiveness as an Agency Providing Training and Employment for the Disabled persons*" (P.H.D. Thesis, Kenyatta University, 1990)
- ³⁴ SYLVIA WALKER, "The Disabled in Ghana: Status and Change in Information and Attitude" P.H.D Thesis Columbia University Teachers College, 1978"
- ³⁵ TERESIA W. KAZUNGU, "A Study of Parents' Attitudes toward their Disabled children's Education in Wundanyi Division of Taita-Taveta District" (M.Ed Thesis, Kenyatta University, 1987).
- ³⁶ ESTHER N. KIBISU. "An Investigation of the Problem of Integrating Physically Handicapped Pupils into Regular Schools in Nairobi and in the Surrounding Areas". (Postgraduate Diploma Thesis, University of Nairobi, 1984).
- ³⁷ BENEDICT R. MICHEKA. "A Study of Library Services to the Disadvantaged in Botswana". (Diploma in Library Sciences Thesis, University of Botswana, 1988).
- ³⁸ J. M. IGAGA and I. MBIKUSITA-LEWANIKA (Eds). *The disabled Child, the family and the community*. (Nairobi: UNICEF, Eastern Africa Regional Office. 1982).
- ³⁹ Ibid, Dr. Igaga's article; The Plight of the African Children: Pages 8ff.
- ⁴⁰ *United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabled*. (New York: United Nations, 1994).
- ⁴¹ *Violation of Human Rights of PWDs in Kenya: Case Studies of Central and Nairobi Provinces*. (Nairobi: Kenya Society for the Physically Handicapped, 1999).
- ⁴² CAROLINE A. PICKERING, *How to help with Epilepsy* Nairobi: Kenya Association for the Welfare of Epileptics-KAWE, 1996).
- ⁴³ Ibid, page 1ff.
- ⁴⁴ *Kenya Society for Deaf Children*, (KSDC) Newsletter of December 2000. Page 3.
- ⁴⁵ NANCY RAYAN 1991 Op. Cit., Page 25. Nancy Stresses that David, reflecting Jesus Christ.
- ⁴⁶ The four sets of questionnaires are attached in the appendices section of this project report.
- ⁴⁷ LARRY NIEMEYER (Ed), *Summary of the Nairobi Church Survey*. (Nairobi: Daystar University College, 1989) especially pages 17-32, 89-95).
- ⁴⁸ <http://www.jesus.org.uk/dawn/1990/dawn/090.htm> Dr. EMIL CHANDRAN, *Kenya: Researcher Calls for New Churches in Nairobi*, (Research Department Daystar University). Information from the Internet.
- ⁴⁹ For more summarized information see Table 2 entitled questionnaire Return success Rate
- ⁵⁰ DAVID J. ATKINSON and DAVID H. FIELD (Eds) *New Dictionary of Christian Ethics and Pastoral Theology*, op.cit. Page 308. This is where the United Nations statistical information which states that every country's 10% of its population is disabled in one way or another.
- ⁵¹ Table 3-entitled "Distribution of respondents by church categories in the appendix.

⁵² See Chapter three for the findings and interpretations.

CHAPTER TWO

SELECTED PERSPECTIVES ON DISABILITY

This chapter gives the background to the way PWDs were cared for in the four major perspectives. These are:

First, the African Traditional Society, second, the Old Testament, third, the New Testament and the fourth, the Christian Community (500-1900 of the Christian Era).

1. The African Traditional Religious Perspective on Disability

According to Professor John S. Mbiti, Africans are said to be notoriously religious, and that each people have their own religious system with a set of beliefs and practices. That religion permeates into all the departments of life so fully that it is not easy or possible always to isolate¹. Apparently, ATRs did not have any specific provision of caring for PWDs. This is confirmed by Doctor J.M. Igaga, who emphasizes that whenever disability/handicap was detected in a child, there seemed not to be any provision for rehabilitation and integration of that child. Igaga further comments that the birth of a handicapped child disturbed the cycle of marriage, pregnancy, birth, weaning, initiation and marriage, stages which African religion and society connected with the value of a child. The parents began to feel guilty, assuming that this was due to a curse from God or ancestors. Some parents committed suicide to avoid further shame/embarrassment and the trauma of the inexplicability of living with a handicapped child. Furthermore, handicapped/disabled children were also either drowned or hidden from the community².

Disability was also considered a curse.

Writing for the Kenya Association of the Welfare of the Epileptics-KAWE, Caroline A. Pickering states that a person with epilepsy was considered to be a curse. Epilepsy was greatly feared because it was always viewed as a supernatural happening and everyone reacted strongly against the epileptic sufferer and his/her family. Many different attitudes developed concerning epileptic seizures because they were inexplicable and unpredictable. The person with epilepsy has to be hidden physically from the community. The horror of epilepsy was not to be talked about even with the family members, which was already regarded as unlucky and unfortunate. Epilepsy meant shame to everyone either to the sufferer or his/her family³.

It may be observed from these two examples that whatever happened to the individual directly affected the family and the whole community. From this communal aspect, therefore, any disability or abnormality within a community had to be removed as soon as it was detected. It also meant that the process they used to deal with such a disability/abnormality seemed harsh, inhuman or barbaric to someone who did not belong to such a community.

In Africa, everything, which was beyond explanation and cure by African religious experts, could not be tolerated in the community, which was expected to be perfect and healthy. It is clear that ATRs did not care for PWDs, for even those who were left were hidden to remind their respective parents what they might have offended God or the ancestors.

2. The Old Testament Perspective on Disability

The Old Testament mentions PWDs who are part of the community. These disparities include *blindness*, which is caused by accident or by old age. Deafness and

physical lameness are also mentioned. There are two major examples that will illustrate the caring for PWDs in the Old Testament.

The first example is connected with God's enactment of the laws to protect PWDs especially the deaf and the blind. He commanded, "You shall not curse the *deaf* or put a stumbling block before the *blind*, but you shall fear the Lord your God," "cursed is he who misleads a *blind man* out of the way". (Leviticus 19: 14 and Deuteronomy 27: 18). This means that God was very concerned of the plight of both the deaf and the blind in the light of what they do not hear or see respectively. Concerning the curse, it was believed that it made an effect to the person concerned whether the person heard it or not. Hence the deaf would be at a great disadvantage for not hearing what the curse contained.⁴ According to these commands, the Israelites were forced to care for these disabled people as part of fulfilling/obeying the divine laws, which regulated this unique community of God.

The second example is that of King David who cared for the disabled Mephibosheth (2 Samuel 9:1-13). King David, who was one of the greatest monarchs during his day, through his sheer kindness, invited this helpless, rejected and disabled person to eat at his table always as one of his sons. Mephibosheth had become disabled when he was five years old (2 Samuel 4:4). As a result, his ancestral properties including land were taken from him and he was forced to live in one of the humiliating villages called Lo-debar. This is where David rescued him from, restored his lost property/land and elevated him to the princely position of always eating at the Lord's Table.

These two examples indicate that PWDs were cared for both by God and by the human king. This helped to regulate the Israelite community to treat the disabled with great care and seriousness.

The Old Testament also includes the aspect of disability in relation to the service/ministry to God particularly with special reference to Leviticus 21:16-24. This was connected with High Priests and Priests, who, alone were qualified religious experts or leaders to offer sacrifices to God on behalf of the people. Notably, God commanded that those with the following disabilities were not allowed to serve him: "a man *blind or lame or one who has a mutilated face or a limb too long, or a man who has an injured foot or an injured hand, or a hunchback, or a dwarf or a man with a defect in his sight*" (Leviticus 21:18-20). This sounds harsh and inconsistent with a loving and caring God. However, the emphasis was in accordance with God's (Old Testament) requirement of sacrificial. This required that the ministers as well as the animals to be sacrificed were not supposed to be disabled (compare Leviticus 22:17-22). Notably, God gave these commands to regulate this special community, which he was going to use as a model of perfection in the world. At the same time, God showed his care that even if the disabled High Priests and priests were not allowed to offer/sacrifice anything to God, however, they were allowed to "eat the most holy food of his God, as well as the holy food" (Leviticus 21:22).

3. The New Testament perspective on Disability

The Jewish people and society in general during Jesus Christ's time held at least three main attitudes with regard to PWDs. One of the attitudes was the traditional one, which derived from the Old Testament. At this time, disability was connected with sin as

the question put to Jesus Christ by his disciples when they encountered a man who was born blind. "Who sinned, this man or his parents that he was born blind?"

(John 9:1-2).

The second attitude is that held by the Qumran community, which stressed that PWDs would be excluded from the eschatological heavenly banquet or feast.

Robert J. Karris states that "those people who are afflicted in flesh, crushed in feet or hands, lame, blind, deaf, or dumb, those who suffer from defective eyesight",⁵ were excluded from the eschatological heavenly banquet/feast.

The third attitude was that held by the Greco-Roman traditional religions. Marion Stanton reports that "Greeks used to kill disabled children at birth. This was the practice...not only because these infants threatened to grow up to be an economic burden, but also because their births were viewed as a form of retribution from the gods"⁶.

These three attitudes indicate clearly that caring for PWDs was neither encouraged nor was it found necessary at all during the first three decades of the first century of the Christian Era. It was Jesus Christ, the Man from Nazareth who introduced a unique care for PWDs. His methods were revolutionary both practically and didactically.

Before discussing more about the New Testament perspective, especially in relation to Jesus Christ's personal care and healing, a word of caution should be sounded. Most of the cases that Jesus Christ dealt with are connected with demonization and this is why most of the cases related to mental disability are referred to as demonic. Hence, it does not imply that all disabilities are connected with demonization.

The other point is the general language used to describe these disabilities may sound discouraging; these include words such as *dumb* or *mute* when referring to those who had speech impairment. This is because of the languages, which were used when the different Bible versions were translated from Greek to English; they had not been sensitized to use modern words such as speech impairment, hearing impairment, visually impairment, and many others which are used these days.

Finally, the New Testament emphasizes caring for PWDs in relation to healing, hence solving the problem of the disabled persons. This means that there is nowhere we are told where PWDs are kept in any institution or in a home. This seems to have been the origin of the way the church is said to have started developing problems of how to care for PWDs from around 500 to 1850⁵ during the Christian era. This was the time when most of PWDs were not healed the way it was done during the New Testament and Patristic periods⁷.

Christ's care and teaching on disability will be discussed from three main emphases. First, during Christ's earthly ministry, he exercised direct practical care to various kinds of disabled people. There are twenty major cases in the Gospels in which he uniquely exercised such practical care. These will be summed up under various disabilities. There are three cases, which are related to *mental disability*. These include the healing of the mentally disabled in the Synagogue at Capernaum (Mark 1:23-28 and Luke 4:33-37), at Gennesaret to the one commonly referred to as legion (Mark 5:1-20) and at the daughter of the Syrophenician Woman (Matthew 15:22-28 and Mark 7:25-30). Those with *physical disabilities* include ten cases: The Noble man's paralytic son (John 4: 46-64), The leper (Mark 1:40-45), even if leprosy was not sighted as a disability

in this study nevertheless, in the Jewish culture this was the most devastating physical disability which rendered a person unclean and had always to be isolated from the community (Leviticus 13:45-46). The paralytic who was presented to Jesus from the ceiling of the building in which Jesus was teaching (Mark 2:2-12); the paralytic who had suffered for thirty eight years (John 5:1-9); someone with a withered hand (Mathew 12:9-13); the Centurion's paralyzed servant at Capernaum (Mathew 8:5-13); the healing of the ten lepers (Luke 17: 11-19), the woman who had an infirmity in her back and had suffered for eighteen years (Luke 13:10-17); the man who suffered from the disease called dropsy (which was the swelling of the physical tissues) Luke 14:1-6); and the lame who was healed after Christ's triumphal entry in Jerusalem (Mathew 21:14).

There are five cases of *disability due to blindness* in the Gospels. The blind man of Bethsaida (Mark 8:22-26); The healing of the two blind men (Mathew 9: 22-31) the man who was born blind (John 9:1-38); the blind Bartimaeus of Jericho (Mark 10:46-52) and the blind person who was healed after Christ's triumphal entry in Jerusalem (Mathew 21:14).

Additionally there is the incident of the *deaf and speech impaired disabled* person who was healed at Decapolis (Mark 7:32-37). Also the child who suffered from *epilepsy* was healed at the foot of the mountain of Transfiguration where Jesus and his three disciples had been, when the nine faithful disciples had been defeated to heal this child (Mathew 17:14-21). The healing of the *Blind and speech impaired* person (Mathew 12: 22), and the healing of the *speech impaired* (Mathew 9:32-34).

The second manner in which Jesus dealt with disability in the New Testament is his teaching on disability, which was different from the way others had taught. There are five ways, which will be discussed connected with Christ's teaching on disability.

Firstly, Jesus refuted the prevalent attitude, which connected disability with sin. The best example is that which is recorded in John 9:1-3. Jesus and his disciples encountered a young man who was born blind. His disciples asked him, "who sinned, this man or his parents that he was born blind?" Jesus specifically replied "Neither this man nor his parents sinned"... (John 9:2). In this answer he stressed that the young man who was born blind should not be connected with sin. Moreover, it is assumed that not every disability is connected or is the result of sin as the attitude of the day seemed to stress. Paradoxically and indirectly, he seems to emphasize that some disabilities could be caused by sin. For example, Jesus warned the man who had been disabled for thirty eight years, "see you are well again. Stop sinning or something worse may happen to you" (John 5:14). This seems to suggest that this man was disabled because of the sin he had committed which had necessitated his being disabled for those thirty eight years.

Secondly, he stressed that some disabilities happen or take place, so that the work of God might be displayed in them. Some of the best examples include his advice on the young man who was born blind as stated above, thus "...this disability had happened so that the work of God might be manifested in his life" (John 9:3). This means that this miracle took place so that Jesus might heal him and be able to confirm what he stated succinctly "while I am in the world, I am the light of the world" (John 9:4).

The point of the disabled man who had been in that condition for thirty eight years indirectly illustrates this point. Jesus went to the pool where he was with a great number

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of other disabled people, but Jesus only singled out this man and healed him. The Bible does not tell us, neither does Jesus himself explain why he left others and concentrated only on one disabled person. This may indirectly emphasize the fact that not every disabled person will be healed. Hence, PWDs should continue being cared for by whatever arrangements, which are available for them.

Thirdly, Christ emphasized the value of connecting the physical healing with the spiritual one. There are two examples to illustrate this teaching. When he healed the person who had been disabled for thirty-eight years, this man was so excited that he could not know who had healed him. When he had problems with the Jewish religious leaders as to why he was carrying the mat on Sabbath against the law and who had healed him, he could not tell them who had done this miracle. The Bible records that Jesus again took the initiative to look for this person in the temple and said to him "See, you are well again. Stop sinning or something worse may happen to you" (John 5:11-14).

In this way, Jesus followed him up to give him this warning so that he may avoid any sinful circumstances, which seem to have, caused him the thirty eight-year disability conditions.

Another incident was that of the young man who was born blind from birth. After healing him, he also had problems with the Jewish religious leaders in connection with his being healed on Sabbath and was excommunicated. Jesus demonstrated his maximum care when he followed him up to comfort him, and to assure him who he was. This gave this young man an opportunity to believe in Jesus and thus experienced both physical and spiritual healings (John 9:35-38). These two incidents emphasize that the church should care for disabled people both physically and spiritually.

Fourthly, Jesus practically demonstrated that caring and healing disabled people was more valuable than the legalistic and rigid observance of Sabbath regulations. Most of the healing incidents of PWDs took place on the Sabbath day, and led to controversies and criticism from the Jewish religious leaders of the day. They accused him of breaking the Sabbath regulations/laws and of encouraging those he healed to break these regulations/and laws.

One of the best examples is when Jesus healed the woman whose back was bent for eighteen years (Luke 13:10-17). In this incident, the Jewish religious leaders were very indignant and advised people to seek healing on other days except Sabbath. Jesus sharply challenged the synagogue leader who had given such advice saying " You hypocrites! Don't each of you untie his ox or donkey from the stall and lead it out to give it water? Then should not this woman, a daughter of Abraham whom Satan has bound for eighteen long years, be set free on the Sabbath day from what bound her?" It is said that when he said these words, his opponents were humiliated, but the people were delighted with all the wonderful things he was doing. (Luke 13:14-17). In another incident, Jesus asked his critics "Is it lawful to heal on the Sabbath or not? If one of you has a son or an ox that falls into a well on the Sabbath day, will you not immediately pull him out?" He then healed the man who was suffering from dropsy and they had nothing to say. (Luke 14:1-6).

These two incidents stress in the strongest terms Jesus' teaching that emphasize the fact that caring and healing PWDs is more valuable and should be given greater urgency and priority on the Sabbath day to demonstrate God's love rather than keeping

the Sabbath regulations which were legalistic, rigid and inhuman without God's love and mercy during the time of Jesus.

Fifthly and more importantly, is Jesus' inspirational teaching on disability vis-à-vis eschatology with special reference to Luke 14:12-24. This teaching was given when Jesus and other invited guests congregated in the house of a prominent Pharisee for a special meal on the Sabbath day. Jesus illustrated this revolutionary teaching in two main ways. He taught about the special blessedness of the one who invites the poor and the disabled to his/her meal (Luke 14:12-14). In this passage, he challenged his host that when he has a feast, he should invite "*the poor, the crippled, the lame and the blind*", that in doing this, he would be blessed and repaid at the resurrection of the righteous. (When those who perform such good works are promised to be rewarded). He further clarified that such disabled guests cannot invite him in return or repay him in any way. This was a revolutionary teaching because under normal etiquette, Jesus observed that such a prominent Pharisee (or anyone would invite his friends, brothers, relatives or rich neighbours, who are in a position to invite him in return or to repay him in any possible way). According to the Jewish theology, the repayment or reward on this resurrection of the righteous was said to be the climax of all the blessings and rewards anyone would imagine. Furthermore, they believed that it is only the able-bodied Jews only who were qualified for such an eschatological event, while PWDs were disqualified because of their respective disabilities as the Qumran Community stated ⁸. Appropriately, this seemed to have been the issue that prompted one of his fellow invited guests to exclaim, "Blessed is he who shall eat bread in the Kingdom of God!" (Luke 14:15).

This prompted Jesus to correct this Jewish attitude and theology on disability vis-à-vis eschatology, by giving his second teaching on how PWDs can only qualify by the way they positively respond to the invitation extended to them. Jesus illustrated this teaching by using the parable of the Great banquet (Feast as recorded in Luke 14:16-24). To this Banquet, many guests were officially invited. However, when time came for them to attend, the owner of the banquet extended his invitation, but they gave excuses and refused to attend. Consequently, the host sent his servant to "go out quickly into the streets and alleys of the town and bring in 'the poor, the cripple, the blind and the lame' (Luke 14:21). These poor and disabled people were said to have responded to this unexpected invitation positively, and were qualified to enjoy the banquet. Paradoxically, those who automatically and officially qualified were left out because they failed to respond to the invitation, which had been extended to them. In this teaching, Jesus challenged the Jewish mentality and attitude by stating that eschatological participation does not depend on who qualifies directly and automatically from the human view point, but who positively responds to the invitation extended to him/her whether one is disabled or not. Alternatively, this teaching also implies that these poor and disabled people had valid and convincing reasons to refuse this invitation, because under normal circumstances, due to their poverty and general appearance, such people could not have qualified for such high-class social gatherings.

The third main way of the New Testament perspective on disability is Jesus Christ's concern for the continuation of his care and teaching on disability through his (Great Commission especially in Mathew 28:11-20 and Mark 16:15-20.

Jesus Christ had set the best example in the way he uniquely cared for by healing various disabled people and in his revolutionary teaching on disability during his earthly ministry. More importantly, he was founding a unique community called the church, which was to include people from different nationalities and walks of life. He had to make sure that PWDs would also be included through the preaching of the Gospel, which would be the spiritual invitation to them so that they too, could believe in him and be part of his new community, the church. Thus, before his ascension to heaven, he commanded his disciples to continue this transforming ministry, which would affect time and eternity. The Great Commission as recorded by Saint Mathew commands.

"Therefore and make disciple of all nations, baptizing them in the name of the Father and of the Son and of the Holy Spirit, and teaching them to obey everything that I have commanded you. And remember I am with you always to the end of the age" (Mathew 28:19-20). It would be assumed that PWDs are not left out among those to be reached and discipled. Saint Mark's Gospel alludes to their inclusion when he writes.

"Jesus said to them 'Go into all the world and preach the good news (the Gospel) to all creation. Whoever believes and is baptized will be saved, but whoever does not believe will be condemned. And these signs will accompany those who believe. In my name they will drive out demons ...they will lay their hands on the sick and they will recover". (Mark 16:15-18).

It should be noted that even if these passages do not directly mention disabled people, however, they indicate indirectly that they are included in general terms. The following points can be deduced.

Firstly, the making of the disciples of all nations (Mathew 28:19) was going to affect PWDs in this promised New Community of Christ's Church.

Secondly, the preaching of the Gospel to the "whole creation" (Mark 16:15) was to act as Christ's special invitation so that they can be given opportunity to believe in him thus become members of his universal church and finally participate in the heavenly Kingdom which is the climax of all the eschatological enjoyments and blessings where human and spiritual disabilities will be transformed into the unlimited eternal perfection.

Thirdly, the aspect of "casting out demons and the recovering or healing of the sick" (Mark 16:17-18) would include PWDs. Apparently, this would also indirectly mean that the demonic powers would challenge the ministry of the Apostles and of those who would follow them as they had challenged Christ. Jesus Christ also assured the apostles and those who would believe in their teaching that they were to succeed in their respective ministries on the condition that they would be empowered by the Holy Spirit (Luke 24:49 and Acts 1:8) and that whatever they did was in the name of Christ. (Mark 16:17).

When Jesus ascended to heaven, the apostles obeyed his Great Commission as he had commanded them. From the day of Pentecost when the church officially started they also continued the ministry to PWDs following Jesus Christ's example. The ministry of Saint Peter and Saint Paul as highlighted by St. Luke in the Acts of the Apostles is directed to PWDs. among others, Saint Peter ministered to two disabled people. The one on the Beautiful gate of the Temple in Jerusalem (Acts 3:1-10) and the paralytic Aeneas of Lydda (Acts 9:32-35). Saint Paul also dealt with two incidents. The healing of the physically disabled man at Lystra (Acts 14:8-10) and the mentally disabled slave girl at

Philippi (Acts 16:16-18). It is assumed that even if other apostles are not directly mentioned in such a ministry, they also individually obeyed their Lord's Great Commission, and that such a pattern continued up to AD 500.

4. The Christian Church's Perspective on Disability Especially From AD 500-1900.

From AD 500 to AD 1500 what is commonly referred to as the Middle Ages, the church seemed not to have continued to implement Christ's example of his practical care and teaching on disability. It is said that the church was affected by the negative Greek-Roman attitude, which did not care for PWDs. This can be supported by the following information:

"The deformed offspring of both the superior and inferior were recommended to be put in some mysterious place⁹. The ancient Greeks used to kill disabled children at birth. This was the practice, not only because these infants threatened to grow to be of economic burden but also because their births were viewed as a form of retribution from the gods"¹⁰.

Gradually, the church did not focus on the healing of PWDs, and there was no explanation. To make matters worse, the mentally disabled people were generally referred to as sick and possessed by evil spirits. From AD 1500-1900, the situation had become alarming. For example, during the Protestant Reformation time, "Christian theologians such as Martin Luther and John Calvin indicated that the mentally retarded and other disabled persons were possessed by evil spirits. Thus, these religious leaders and others of the time often subjected PWDs to mental and/or physical pain as a means of exorcising the spirits."¹¹

In Britain, where Christianity was very much established, the situation of PWDs was very discouraging. It is stated that "in the eighteenth century in Britain 'cripples' were considered to be lower class citizens along with beggars, the unemployed and *those fallen from grace through vice*. In the late eighteenth century institutions started to spring up to which PWDs could be removed. These were not places of care and treatment but places where those considered a burden and an embarrassment could be kept away from ordinary life where their bodily needs would be met without disruption to society".¹²

Many people, including church leaders, developed destructive views concerning PWDs through the influence of Darwinism. They "held that 'defectives' (the term they had developed to classify all PWDs) were unnatural and every measure should be taken to eradicate disability, attempts were made to ban signing and to stop deaf people from marrying each other in case it led to the human race becoming deaf. As a matter of fact, religious leaders were accused to have justified gross acts of inhumanity towards PWDs... Religion has been misused by people in positions of power to justify the segregation and mistreatment of a section of the deaf who are misunderstood and undervalued"¹³. This situation seems to be still affecting most of the churches, which have not been sensitized concerning disability awareness.

Positively from about 1850s due to some special disability awareness campaigns, the situation of PWDs started to improve. Evangelicals were among the first to care for disabled children, and they displayed a new love and compassion towards them. Their work stirred the public conscience and it led to several agencies being set up to provide for the spiritual, educational and vocational needs of these children. Other agencies also

included adult disabled people and the situation started to change positively, but very slowly¹⁴. This changed situation influenced missionaries and colonial administrators, who initiated some agencies/institutions to care for disabled people. However, most of the emphasis was caring for them in separate institutions. By 20th century the emphasis of *integration* was encouraged, which would include all aspects of the life the church included.

Conclusion

The foregoing pages of this chapter have delved into the four perspectives (epochs) on PWDs and their treatment. It is clear that the pre-Jesus historical epoch was contemptuous of PWDs. ATR associated PWD with inexplicable curses and bad omen. Some children were killed by their parents at birth to avoid shame and embarrassment.

The teachings and actions of Jesus brought revolutionary changes in the Jewish legalistic and class-based society. This was seen in cases that involved PWDs as well. However, Jesus' teachings and examples were short-lived after his ascension to heaven. The Middle Ages saw the revival of the contempt with which PWDs were held. Even the great reformation crusaders like Martin Luther fell into this trap. Darwinism led many astray. It was not until the middle of the 19th century that the fortunes of PWDs began to change for the better, but even then, only gradually.

What has been discussed in the four main perspectives, namely, the African Traditional Religion, the Old Testament, the New Testament and the Christian Church from AD 500 to 1900, have given the background of how PWDs were cared for whether positively or negatively.

The next chapter introduces and discusses the findings of this study against the background presented in the preceding chapters. Whereas in the earlier periods of social organization it is possible to excuse the marginalization of PWDs on the basis of ignorance and relative technological backwardness, the 20th century has seen a great leap in human understanding and knowledge to be better placed in appreciating the plight of PWDs.

ENDNOTES

- ¹ JOHN S. MBITI, *African Religions and Philosophy*, (Oxford: Heinemann Educational Publishers, 1977) page 1, and 2. This message is paraphrased for emphasis purposes.
- ² J.M. IGALIA and I. MBIKUSITA-LEWANIKA (Eds) *The Disabled Child, The Family and The Community* (Nairobi: UNICEF Eastern Africa Regional Office, 1982) page 8. What has been paraphrased, is part of the message Dr. J.M. Igaga delivered on the topic "The Plight of Disabled Children in Africa" during the UNICEF Conference which was held in Addis Ababa, Ethiopia in 1981.
- ³ CAROLINE A. PICKERING, *How to Help with Epilepsy* (Nairobi: The Kenya Association for the Welfare of Epileptics (KAWE), 1996) pages 1f. the message is paraphrased.
- ⁴ J. R. PORTER. *Leviticus*. (Cambridge: Cambridge University Press, 1976) page 154.
- ⁵ ROBERT J. KARRIS'S Comments on the Gospel of Luke in RAYMOND E. BROWN (et al-eds) *The New Jerome Biblical Commentary*, (London: Geoffrey Chapman, 1990) page 706
- ⁶ TED HARRISON, *Disability: Rights and Wrongs*, (Oxford Lion Publishing, 1995) page 10.
- ⁷ This is the message discussed from the time of Jesus Christ up to about AD 500, when the caring of the Disabled people reached the climax.
- ⁸ This Qumran Community attitude has been highlighted above at the background of the three different attitudes during the time of Jesus, which stressed that PWDs cannot participate in the eschatological heavenly blessings because of their respective disabilities.
- ⁹ SYLVIA WALKER, "The Handicapped in Ghana: Status and change in Information and Attitude" (P.H.D. Thesis, Columbia University Teachers College, 1978.
- ¹⁰ TED HARRISON, *ibid*, page 10
- ¹¹ SYLVIA WALKER, *ibid*, page 19
- ¹² TED HARRISON, *ibid*, pages 10-11
- ¹³ *Idem*
- ¹⁴ GEOFFREY HANKS, *60 Great Founders*, (Ross-shire: Christian Focus Publishers, 1995) Page 378.

CHAPTER THREE

CARING FOR PWDs: THE NAIROBI CHRISTIAN COMMUNITY.

1. INTRODUCTION

This chapter highlights the views of respondents from the analyzed questions of four sets of questionnaires used to gather data from the field. These were designed for pastors/church leaders, ordinary Christians, parents/guardians of the disabled children and for PWDs. The responses are organized as follows; 'The Nairobi Christian Communitys' Care of PWDs, 'The PWDs' Views and concerns of the Care of Nairobi Christian Community and the "Perspectives of the parents of Disabled Children on the Nairobi Christian Community Care'. These are followed by suggestions on 'Church Activities and Sunday Services- Integrating PWDs' 'The Churches' Contribution to PWDs' Participation in the Ministry' and 'Christian Neighbourhoods Care for PWDs and their Families'. The latter section of third Chapter contains general suggestions, which do not fit in the three broad suggestion themes but are significant for this study.

2. CARING FOR PWDs: THE CHRISTIAN COMMUNITY IN NAIROBI¹

This section emphasizes the responses of pastors and ordinary Christians with regard to the care of PWDs in Nairobi. The emerging observation is that there is no significant impact on the Church's care of PWDs in Nairobi for several reasons. Many of the reasons are structural and logistical, i.e. the design of buildings and packaging of religious prayer Books and hymn books during the Sunday materials like services are not PWDs-friendly, Church officials are not trained in Braille and sign language skills to be able to communicate to PWDs.

A majority of Church leaders (62%) indicated that PWDs attended church services. With regard to the allowance of the wheelchairs in churches, a dismal number (10%) answered in the affirmative especially with regard to whether their churches give allowance for the wheelchair users to reach the Holy Communion Table without assistance.

Few of the pastors (10%) indicated that their churches had provision for special facilities for PWDs such as sign language and Braille materials; Only 26% of the pastors indicated that they had invited PWDs to facilitate as preachers or any other spiritual function in the year 2000.

A significant number of the pastors (68%) indicated that they had conducted different functions/activities for PWDs during the year 2000. These included weddings, healing ministry, baptism, counselling, confirmation, visitation and missions.

A small number of the pastors (14%) indicated that they had received some orientation training on ministering to the PWDs. The majority of the pastors (76%) indicated that they had never attended any disability awareness seminar since they left theological colleges. Only 18% of the pastors/church leaders indicated that they had held disability awareness seminars/course in their churches.

The majority of Pastors (86%) indicated that they had never sponsored anyone for a disability awareness seminar, and only a dismal numbers (10%) of the pastors indicated that they have sponsored a disabled person for theological education.

Only 4% of the pastors indicated that they have separate services of worship for PWD^s (that is for the deaf). Less than half the pastors (38%) had shared the gospel with PWDs outside their pulpit ministry.

The foregoing illustrations demonstrate clearly that Church leaders, who should be on the vanguard of championing the cause of PWDs, have not done enough to uplift the spiritual wellbeing.

Disability versus a Curse

An overwhelming majority of the pastors (86%) of those interviewed stated that they did not agree that disability is connected with a curse, misfortune or any punishment from God, and that nothing happens without his approval. A small number of them (8%) indicated that they were not sure if there is a connection between disability and a curse. The majority of the pastors interviewed indicated that they did not have a disabled relative.

Majority (67%) of the Christians who were interviewed indicated that different disabled people attended their churches every month. These included the blind, the deaf, the mentally disabled, the physically disabled and the epileptics. No deaf/blind were recorded.

However, only a small number of the respondents (17.8%) indicated that someone with a wheelchair could enter their respective churches up to the Holy Communion (Altar) or Platform where services are led.

Most respondents (92%) indicated that their churches did not provide special facilities for PWDs in their churches. These included interpretation of sign language to the deaf and Braille materials for the blind.

Slightly over half of the respondents (53.3%) indicated that they had organized different functions to PWDs, during the year 2000. These included weddings, healing

ministries, baptisms, counselling, confirmations, visitation and missions. There were no ordinations.

Seventy eight percent (78%) of the Christians interviewed indicated that PWDs are not part of their congregations, but that they had at least seen some disabled people during the year 2000. These had included, the blind, the physically disabled, the epileptic, the mentally disabled, the deaf, the deaf-blind.

A few churches (29%) had invited disabled people to facilitate in spiritual functions. These were mainly the blind, and the physically disabled who facilitated in preaching and singing, even as a significant majority of the respondents (76%) indicated that there were disabled people in their neighbourhoods.

Of the ordinary Christians interviewed, 48.9% indicated that PWDs participated in the Christian activities of their neighbourhoods. These included Bible Studies, prayer meetings, Christian Fellowship meetings, music/singing groups, visitation programmes, counselling programmes, healing ministries, and disability awareness programmes.

Only 42.2% of the respondents indicated that their churches were involved in emphasizing the healing of PWDs. An overwhelming majority of ordinary Christians (95.6%) indicated that there were no separate services for PWDs in their churches.

A small number of ordinary Christians (13.3%) interviewed had attended any disability awareness seminars or conferences or workshops. All the respondents (100%) indicated that their churches had not organized any disability awareness seminar/course, which would have sensitized Christians about the needs of PWDs and their families.

No one agreed with the statement which states that 'some people believe that in one way or another, disability is connected with a curse, misfortune or any punishment from God, and that nothing happens without his approval'; although 15.6% responded that they were not sure.

Nearly half (42.2%) of the respondents stated that they had PWD relatives. As opposed to Church leaders, ordinary Christians experience more significantly the problems that attend disabled people. Even then, it is clear from this synopsis that a majority of the Christians are not sensitized on how to handle these problems. Additionally, even though many ordinary Christians have confessed the presence of disabled people within their neighbourhoods yet the membership of PWDs in their congregations is insignificant, even as many PWDs attend their services. This brings out the observation that these congregations are themselves not as accommodating of PWDs as they should.

3. THE NAIROBI CHRISTIAN COMMUNITY'S CARE OF PWDs : PWDs' VIEWS AND CONCERNS

Profile

The following information is contained in the tables in the appendix section. However, PWDs constitute the subject matter of this study. Their detailed and fleshed out profile is thus provided here.

There were 37 (thirty-seven) PWDs respondents to this study. Roman Catholics comprised of 16.2%. African Instituted Churches were 5.4% while Protestants were 78.4%. Of these those from Central and Makadara divisions were 21.6% each; those from Pumwani, Westlands, Dagoretti and Embakasi respectively were 10.8% each. Kasarani comprised 9.2% while Kibera had 4.4%.

Two point seven percent (2.7%) were assistant pastors. 24.3% had other leadership positions, which included positions such as choirmasters, pianists, and treasurers. 72.9% indicated that they did not hold any position in the church.

Thirty two point four percent (32.4%) of the respondents indicated that they did not have any occupation/profession. 67.6 stated that they had them. These included Non-Governmental Organization administrators, Civil Servants, Librarians businessmen or businesswomen and teachers.

Five point four percent (5.4%) were below 19 years of age. 37.8% were aged between 19 and 25 these were the majority. 27.1% were aged between 26 and 35; 21.6% were aged between 36 - 45, those between 46 - 55; 56 - 65 and over65 comprised 2.7% of each. 40.5% were male while 59.5% were females. The majority, (64.9%) were singles while 35.1% were married.

Thirteen point five percent (13.5%) had no formal education; 32.4% had certificates, 13.5% had diplomas, 35.2% had Bachelor of Arts degree while 5.4% had Master of Arts degree. There was no doctorate holder.

Education Sponsor

One of the main reasons why education sponsorship was and remains an issue of importance is that it enables an assessment of the contributions of either the Church or the Christian organizations to the integration and development of PWDs. Respondents indicated as follows: 62.2% were sponsored by their parents, 8.1% by churches, 2.7% were sponsored by secular organizations which included Higher Education Loans Board (HELB) which sponsored the majority of the students, other sponsors were the National Fund for the Disabled of Kenya and Chandaria Foundation. All respondents were Kenyans.

Disabilities

The disabilities of those interviewed were physical disabilities 54.1%, blindness 16.2%, Epilepsy 10.8%, mental disabilities 5.4%, while deafness was 13.5%. The causes of their disabilities were as follows: 24.4% which were the majority, were caused by Polio/Poliomyelitis, 16.2% were from unknown sources after sickness and accidents respectively. 13.5% were connected with birth defects, including Congenial Complications and malformation, 5.4% were caused by injections, while the remaining three cases of 2.7% were caused by mothers high blood pressure, nervous breakdown and lens dislocation.

The majority of the cases were discovered when the children were between 1 and 5 years of age, 10% between 6 and 10, 8.1% between 11 and 15 and 16 to 20 respectively. 5.4% were between 21 and 25 while 2.7% were between 26 and 30.

Care from the Christian Community in Nairobi

The respondents indicated that the following churches were near their respective residences namely Nomiya Luo (of the African Instituted Churches), Pentecostal Churches (that is Full Gospel Church and Kenya Assemblies of God), and the Door Christian Fellowship, Presbyterian, Roman Catholic, Anglican, Methodist, Seventh Day Adventist Church (SDA) and Africa Inland Church - AIC.

The majority (83.8%) showed that the Churches they indicated were up to 2 Kilometers, 10.8 that they were between 3 and 5 Kilometers, while 5.4% that they were between 6 and 10 Kilometers. Less than half(48.6%) of PWDs respondents indicated that they attend Churches, which are near their residences while 51.4% indicated that they did not attend Churches near where they stay.

The blind indicated that either relatives or friends guide them, while the physically disabled indicated that they used their natural modes such as using wheelchairs, crutches, or public transport especially "*matatus*".

Highlights

First; an Anglican physically disabled pastor whose nearest church is of the same denomination, indicates that he is forced to serve in another, which is 10 Kilometers away because this is where he was assigned to work officially, by his church.

Second; a Presbyterian physically disabled person, whose nearest church is Full Gospel Church does not attend it because the path to this church is not smooth for a disabled person to go through. This implies that she could be having trouble to get to any church due to architectural facilities and others which she could not elaborate.

Third; a physically disabled Pentecostal church member did not attend the church near her which is the Christians Fellowship because when she attends this church, the congregation stares at her, and the pastor prays for her to get healed every time she is seen in this congregation. As a result she is forced to attend a different church where she says she feels more comfortable because they welcome her the way she is without embarrassing her.

Fourth; a mentally disabled Roman Catholic, whose nearest church is the Methodist Church, could not attend it because people stared at her. As a result, she is forced to attend another church, which is further because they make her to feel comfortable.

Fifth; a mentally disabled member of the Living Word Church, whose nearest church is the Roman Catholic one, does not attend it because she likes where they sing praise songs and worship before the preaching is done This Church as a result becomes more lively than the one she attends.

Only 37.8% indicated that the churches they attend take care of their respective disabilities so that they are able to worship more comfortably and meaningfully. These include the ability of someone with a wheelchair to enter the church up to the Altar without any assistance, having interpreters for the deaf and Braille materials for the blind.

A significant majority of PWDs (75.7%) of the respondents indicated that the churches they attend held various ministries to them during the year 2000. These included Baptisms, Holy Communion, visitation, counselling, healing ministries, Bible studies and leading church service.

Less than half the respondents (43.2%) indicated that during the year 2000, the churches they attended asked them to get involved in ministering to God and their fellow human beings. Various activities included, attending disability awareness seminars, attending theological colleges, preaching in the church, and preaching in special crusades/missions, facilitating seminars or workshops or conferences.

An insignificant proportion of PWDs (8.1%) indicated that they had applied for Theological Training through their churches. Out of these, one obtained a Diploma, the other one got a Bachelor of Divinity degree, while the other one's application is being processed. Unfortunately, a staggering 91.9% indicated that they have never applied for theological training. It is assumed that either PWDs themselves might not have applied. It is however noted that one said he had his application rejected because of his/her disability.

PWDs displayed a high degree of participation in Church activities (67.6%), which were restricted to their neighbourhoods. These activities include Bible studies, prayer meetings, Christian fellowships, music or singing groups, visitation programmes, counselling programmes and disability awareness programmes.

Many PWDs (67.6%) indicated that during the year 2000 Christians in their neighbourhoods offered them special care activities. These included visitations, prayers, assisting them to attend churches and offering them healing ministries.

Firstly, there is an emphasis on healing missions by PWDs. 64.9% indicated that they had attended different special healing crusades/missions. These included those of Benn Hinn (1999 and 2001), Reinhardt Bonke in Nairobi and Nakuru (1988, 1991, 1996 and 2000), Seventh Day Adventists' crusades of 2001; Maximum Miracle Centre crusades conducted by Pastor Pius Muiru of Nakuru (2000) and Nairobi (2001), Living Word Crusade (2001), Roman Catholic Charismatic Renewal in Nairobi (2000), Evangelist Nelson Wairimu currently known as Theresia Wairimu of Faith Evangelistic Ministries of 1997, Ecumenical Crusade in Kisumu Town Hall in 1995. Special Crusade at Kaloleni Centre (near the City Stadium) of 1988, that of T.L. Osborn in Kisumu of 1977, and those of Margaret Wairimu of Banana Hill of the 1970's.

Secondly, responses concerning those who attended the above crusades/missions expecting to be healed, show that they were not healed although 5.4% indicated that they felt some positive changes especially spiritually even if they were not healed physically.

4. THE NAIROBI CHRISTIAN COMMUNITY'S CARE OF DISABLED CHILDREN: PARENTS' PERSPECTIVE

Care of the Christian Community

A sizable majority (65%) of the respondents indicated that their pastors ministered to their children during the year 2000. These included visitation, holy communion/Eucharist, counselling, prayers for healing and bible studies.

Many (40%) also pointed out that of the respondents indicated that Christians in their neighbourhoods ministered to their families in connection with their disabled children during the year 2000. The activities included prayer meetings, counselling,

visitation, house fellowships and evangelistic healing ministry. Significantly however, over half (60%) pointed out that they had not been privileged with a visit from Christians.

Many parents (55%) indicated that they had taken their children to the church or other religious meetings for example Crusades to pray for their healing. Less than half (45%) have attended some disability awareness course, which has enabled them to know how to care for their disabled children better.

Groups which were reported to have organized these seminars included, those organized by the Roman Catholic church, Karen School for the Deaf, Forum for African Women Educationists (FAWE), Nairobi Special Integrated Programme and National Council of Churches of Kenya-NCCCK. Fifty five percent (55%) indicated that they had not attended such seminars.

5. SUGGESTIONS

(i) Church Activities and Sunday Services Attendance- Integrating PWDs.

All the respondents made several germane suggestions as to how best to integrate PWDs into Church activities. Different respondents made the suggestions, in some cases. Quote a number of the pastors (32%) suggested that worship services and liturgies should be revised so as to enhance the integration of PWDs in the church services and neighbourhood Christian activities. These would include sign language for the deaf, Braille liturgical books such as prayer books, hymnbooks for the blind.

The pastors also suggested that churches should provide structures of their buildings, which would encourage disabled people. These should include entrances to

buildings, spaces for wheelchair users in the ordinary church services, and other social amenities. The pastors suggested that church leaders and Christians should visit PWDs and their families, so that they may encourage them with the word of God and prayers.

Additionally, pastors suggested that the Christian community should not look at PWDs as abnormal or failures in life, instead they need to recognize, accept and love them like other non-disabled people. Churches should specifically train more pastors and Christians in disability awareness issues by learning skills such as sign language and Braille. That this would enhance the integration of PWDs (especially the deaf and the blind) in activities of the churches and neighbourhoods.

PWDs should be integrated in the pastoral care/ministries of the church and the neighbourhoods. The pastors stressed that they should work together with other non-disabled people as a team, so that they feel that they are also human beings who have something to offer to others.

Outreach arms of the church should be established to sensitize all people and bring to the fore the need to care for the welfare of PWDs and their families. For example, they should follow the example of the public media such as Family Television and Radio, Kenya Broadcasting Corporation to mention just a few.

The pastors called for PWDs services or meetings not to be separate as this may encourage their isolation and disability stigmatization. Hence, they should be allowed to mingle freely with others whether during the ordinary Sunday Services or in their respective neighbourhoods.

Specific disabled people should be identified and considered especially if they cannot fit in the ordinary Sunday services, separate services should be recommended instead of neglecting them. It should be noted that some of the congregations are very rigid and not prepared to allow any sign language interpretation for them, this is why some pastors suggested this point.

All the above suggestions are not realizable with the level of training and infrastructure of the Church. Consequently, churches should invest in developing professional services, for example, by hiring sign language interpreters, hiring Braille experts to conduct Bible studies for the blind.

Churches should train/equip Christians in general and ushers in particular on how they can care for PWDs during church services and the Christian activities in their neighbourhoods. Special counselling and healing ministries should constitute an integral part of Church programmes to encourage disabled people and their families. However, they should avoid stereotype mentality, which emphasizes disability as a result of only a curse or a punishment from God. Assure them that God is able to meet their respective needs (including spiritual and physical healing/salvation) whether directly or indirectly.

In order to realize the integration of PWDs in the Church, the church should organize regular special services to create disability awareness to PWDs and their families. This would mean to giving special groups opportunities to minister, such as the deaf choirs, the blind playing musical instruments and any other activity in which they can participate

Churches should separate services for PWDs in order to reach them more effectively. It was noted that these suggestions contradicted the emphasis of integration.

The point which is stressed is that it would be better to do this than to neglect them, either by not caring for them completely or by neglecting them when they attend the service and not understand, such as the deaf attending ordinary service may not understand what is going on completely.

The Christian community should express genuine appreciation as well as acknowledging their contributions. Church leaders and Christians should be encouraged to hold fellowships with disabled people. In this way, Christ's unique care and teaching especially that of eschatology vis-a-vis disabled people in relation to Luke 14:12-24.

The respondents also made other suggestions. Appeals should be made so that members of the congregations should bring forward disabled people so that they may be assisted spiritually and professionally. For example this may enable some to join Sunday schools, be assessed for educational processes and prevention of further damage caused by disability.

PWDs should be involved in teaching Sunday school classes. This has the potential of inculcating in young and upcoming Christians the appreciation that PWDs are a normal part of society, are as capable as any other member of the society in any capacity.

The organization of crusades, seminars or workshops should take into consideration the potential role of PWDs and involve them accordingly. PWDs should be provided with special assistants to keep them while they are attending church services or neighbourhood activities.

Churches should provide pastoral care to disabled people and their families irrespective of their denominations. This would encourage fellowships and other appropriate areas of concern.

Churches should develop specialized ministries (such as St. Stephen's ministry that operates in the Presbyterian Church of East Africa), which sensitizes pastors and Christians on how to care for disabled people and their families.

Churches should train non-disabled people in acquiring sign language interpretation, Braille skills and other general assistance formalities concerning disabled people, as this would enhance the interaction of all people and their participation in social and religious activities.

Significantly, the respondents suggested that Churches should arrange to take Holy Communion (Eucharist) to PWDs and their families especially those who cannot get to church. At the same time, they called on pastors to prepare special services to encourage PWDs and their families.

Parents of disabled children recommended that Pastors/priests should set aside special Sundays monthly to preach or talk on different disabilities. This will create disability awareness to Christians and encourage also PWDs and their families. Churches should also invite various professionals or experts on different disabilities so that they may sensitize Christians, disabled people and their families. This will also encourage those who hide disabled people to expose them to the public. This would lead them to get appropriate assistance and to correct the attitude that disabilities are caused by witchcraft.

Proposals for integrated Sunday Schools with facilities, which would benefit different disabled children, were put forward by the Parents. These would include sign language interpreters for the deaf and Braille materials for the blind.

Church leaders and Christians should visit parents of PWDs, pray with them and encourage them to believe in God who will overcome the challenges of their children's disabilities to an end in heaven where there will be no disabilities. Also, that the same God will give them wisdom and strength to continue caring for their children more encouragingly.

Churches should take special care of the disabled children and help them to understand how to live with their respective disabilities. This would inspire these parents to serve God and their fellow human beings more meaningfully and without bitterness or complaints.

A special Centre for the meetings and fellowships of PWDs and their families is recommended. Churches should open special centres where they can be trained more comfortably.

Church services, which make them comfortable for example, special ushers to assist PWDs in general will be correct steps in the right direction. This arrangement would make them more creative and integrative.

Spiritually, PWDs were of the feeling that the church should extend pastoral care ministry to PWDs whether they attend churches or not. At the same time, they should be encouraged to pass on the same message to their counterparts.

There is need for interdenominational services for PWDs in which disabled pastors would enhance the meaningful and appropriate ministry to them.

(ii) 'The Churches' Contribution to PWDs' Participation in the Ministry'

Church leaders and Christians should identify the gifts/talents and abilities of disabled people so that they may be trained and assigned specific duties such as preaching, teaching, reading lessons, leading worship and any other activity in which they can participate, as this would enhance their effective service and integration. As a corollary to the foregoing, the pastors advised that Churches should organize/facilitate disability awareness seminars/workshops to sensitize pastors, Christians, disabled people and their families, so that this may enhance pastoral care to PWDs. Church leaders and Christians should change the negative attitude towards disability. This could be through caring for them out of pity when they come to churches or crusades, to be cared for as special cases; to be prayed for healing, offer them positive services bearing in mind that disability can happen to anyone at any time. Disabled people should be given the role of the facilitators in Church meetings and related activities so that it may inspire the participants.

A crucial observation by the Pastors was the need for the initiation of special projects that would include the mentally disabled, since they are often left out. The Church on behalf of Christ should be an inspiration to PWDs. This would enable them to understand God's will and sufficient grace for them, also reminding them that there will be no disability in heaven. Disabled people should be involved in leadership and the decision-making machinery of the church so that they may participate fully in expressing

their views to the formalities that have effective decisions. These would include parish councils, diocesan and provincial synods, and general assemblies.

Church leaders and Christians should realize the individual spiritual needs of PWDs and be able to counsel them accordingly. Similarly crucial, the church should provide for their physical, mental and psychological needs.

Separately, churches should identify disabled people who are called to be ordained into the ministry. They should be assessed without discrimination or prejudice and be accorded theological training like anyone else and consequently be ordained as pastors/priests. It was noted that they should also be considered for the best training such as masters and doctorate degrees. It was noted that out of the thirty seven (37) PWDs who were interviewed in this study, only 5.4% held Master of Arts Degrees, and that none had a Doctorate degree.

The Church should encourage disabled people to have self-esteem/self-worth. This means encouraging them to share their experiences and having their views taken very seriously.

The Christian community should initiate systematic fellowships for PWDs and their families in churches and neighbourhoods with the aim of sharing the whole counsel of God in accordance with the way Jesus cared and taught on disability.

Christians should be sensitized to serve disabled people and their families as Christ's ambassadors. Christians should encourage PWDs and their families to live positively with their respective disabilities, Churches which have not started any ministry to the disabled and their families by integrating them in their churches and

neighbourhood activities are challenged to take a positive step no matter how small it may be.

Church leaders and Christians should arrange special tours to enable disabled people to visit interesting places or establishments. Some Christians who have their own personal means of transport should assist disabled people to their desired visitations or wherever they want to go. For example, visiting friends, going for church services/crusades and back home.

Churches should sponsor disabled people who qualify and feel called to the ministry to attend theological colleges/seminaries. PWDs should be included in the daily pastoral care programmes/activities in church settings and neighbourhoods. The church is encouraged to come up with a specific Centre to cater for PWDs and their families. And the Church should train PWDs to be trainers of others especially those who will train other disabled people.

An insignificant number of respondents (1.1%) suggested that the church should give them overall spiritual and moral support, for example, to allow them to participate in retreats, emphasize more on spritual salvation/healing rather than on the physical one.

The suggestion was made by ordinary Christians that the church should organize counselling programmes which would enable PWDs to get rid of their inferiority complex or negative attitudes towards disability.

The church should look at the needs of PWDs individually since each case and each person is unique, then they should be assisted accordingly.

Training to PWDs should be 'disability friendly'. The PWDs respondents suggested that the church should assist disabled people by giving them relevant institutions and teachers who understand them. Churches, the respondents suggested, (especially those which are financially able) should hire or employ sign language interpreters, so that the deaf may be conveniently integrated in ordinary congregations of various churches.

Nairobi-based Churches should initiate special schools/institutions to cater for the children who have various disabilities. This would enhance the spiritual components, which is missing in secular institutions.

Most of the parents/guardians interviewed suggested that church leaders and Christians should encourage parents of disabled children to serve God and their fellow human beings wholly. This means that the disabled children should be given some work to do such as, being involved in church groups, singing, reading lessons, preaching, teaching, involving them in various committees and any activity which they can be able to perform. This would enable them to feel loved and accommodated/or integrated.

Special care can be achieved by the church through educational programmes to enlighten parents of the disabled children and their parental roles in caring for the general welfare of their children as part of their service.

Christians should be sensitized to love, care and accept the parents of the disabled children the way they are. This is because the church has been accused of caring more for the well-to-do parents and neglecting the poor.

(iii) Christian Neighbourhoods Care for PWDs and Their Families

Christians in neighbourhoods should be sensitized to assist PWDs to go to church and to return to their respective homes.

The pastors were of the view that Church leaders and Christians in general should treat disability as a communal issue, rather than leaving it to PWDs themselves and their families. Part of this appreciation would require that leaders and Christians undergo sensitization to learn how to resolve communication difficulties such as when they are dealing with the deaf and the epileptics.

Churches, which have not started caring for PWDs and their families, are challenged to make sure that they start taking any action no matter how small it would be rather than to continue neglecting such a vital ministry.

The majority (66%) of the pastors/church leaders suggested that churches should identify the gifts/talents/abilities of PWDs and encourages them to utilize them to the maximum in churches and their respective neighbourhoods. Such activities would include, serving as elders, preaching, teaching, reading lessons, singing, playing the keyboard, giving testimonies, leading services, participating in Bible studies, leading youth groups, being involved in administrative matters and any other activity they can manage to participate in, as this would enhance their service to the Christian community.

It was also suggested that pastors, church leaders and Christians should motivate disabled people spiritually and morally by welcoming them and enabling them to feel loved, accepted and appreciated. This could include welcoming them to church to reflect on what Jesus taught about a host who gave them a special invitation to his feast (Luke

14:16-24 especially verse 21). In this case, invitation to the Gospel of Christ becomes the gateway to personal faith in Jesus and a foretaste of heavenly blessings and happiness.

Churches should set apart special funds to specifically care for the needs of PWDs and their families. The said funds would be used to advance grants to PWDs to start small-scale businesses to finance their training in the management of such businesses and make them self-reliant. In order to stress that "*Disability is not inability*", PWDs should be assured that their disability does not hinder them from serving their God and their fellow human beings. This would also serve to change popular attitudes that PWDs are incapable of any productive activities. PWDs should be assured that God loves them and can use them irrespective of their disabilities.

Christians should visit disabled people and their families so that they may support them spiritually and morally. This would include praying and sharing God's word with them. They should be sensitized to meet material and financial needs of PWDs and their families where necessary. For example, paying fees for the children of those who cannot make it, providing wheelchairs, hearing aids or any other need. This can be through *harambees* (fund-raising), which would enable those, concerned to set up such a fund.

Special groups of committed people (Christians) including relevant professionals should set out to address the needs of disabled people and their families. Their activities would include, identifying them through their visits to them, and generally to know their neighbourhoods so that they may easily provide appropriate pastoral care.

Christians who have experiences of caring for disabled people and their families should be at the forefront of sensitizing others who do not have such experiences. For example, guiding the blind, handling those with wheelchairs, sign language for the deaf,

Braille materials for the blind. For this will enhance quick integration of disabled people in the Christian community.

The encouragement of Christians to join the already existing church groups, which are caring for PWDs, was suggested. For example, the Roman Catholic group called *Challenge Programme* that assists the severely mentally disabled people.

PWDs and their families should be invited to visit other families of the same challenges so that they may encourage one another. Visits to PWDs and their families and the sharing with them of the message of hope should be a constant feature of Christians. They should be guided towards true faith for healing whether spiritually or physically.

Christians should be sensitized to accept, appreciate, welcome and love disabled people, *whether they are saved or not*. This means that socialization should take place in order to enhance their comfort.

Christians should initiate fellowships in their respective neighbourhoods and encourage PWDs to attend. Bible studies and other Gospel-sharing programmes should be part of these activities. Christians should be sensitized to assist disabled people in their daily chores/activities; this should be to all PWDs, but especially to disabled women.

Encouraging and counselling PWDs by listening to them when they talk could provide a valuable opportunity for advising PWDs on the value and importance of education/training of the disabled children.

Eleven point one percent (11.1%) of respondent ordinary Christian respondents suggested that PWDs should be *integrated* in churches and neighbourhood activities

including cell groups. Sign language for the deaf and Braille materials for the blind should be encouraged so as to make such disabled people to participate more effectively.

Motivation of PWDs to serve God using their talents/gifts/abilities in handling various church and neighbourhood activities was cited as an important aspect of the Church's duty. This would show them that they are as important as any other members of the Christian community. Christians should empathize and sympathize with PWDs following Christ's example.

PWDs neighbours' should be encouraged to learn sign language and Braille in order to communicate/assist the deaf and the blind more effectively.

Families of PWDs should be encouraged to initiate support groups. This would encourage and strengthen them in meeting their individual parental challenges and their respective disabilities.

Christians should be sensitized to assist disabled women in their daily family chores/activities. This is important in the African context that traditionally expects women to be in charge of the household chores. This cultural orientation is inimical to the wellbeing of women with disabilities. Similarly, Christians should offer daily assistance of different activities/chores from disabled women who reside in their respective neighbourhoods

The encouragement of PWDs to forget concentrating on their disabilities negatively, which would demoralize them, and instead inspire them to positively contemplate a better future was similarly suggested. This aspect is closely related to the suggestion that PWDs should be sponsored to attend disability awareness seminars so

that they may be able to learn the secret of transforming their disability into greater usefulness.

The church should discourage PWDs from wallowing in self-pity and being self-centred; they should instead transform the challenges of their disabilities into opportunities to encourage others who might be suffering more than them. Significantly, PWDs should be encouraged to know that God may turn their disability into greater usefulness by the way he has done with others such as Joni Erickson Tada. She got disabled through a diving accident and she became paralyzed from the chest downwards, to the extent that she uses her mouth to write, developing an international writing and speaking ministries, because she adopted strong faith and Christian beliefs by accepting Jesus Christ as her Saviour. She is a sterling example of the adage '*disability is not inability*'. This can be emphasized by her attitude to her disability "I do not care if I am confined to this wheelchair provided that from it I can bring glory to God"².

Christians should be sensitized on the importance of being available to assist disabled people and their families whether at the church or in their respective neighbourhoods. For example, assisting them to attend the church and back to their home, handling appropriately the seizures of the epileptics, assisting the blind and the deaf or wherever and whenever there would be any need.

Churches and Christian organizations should initiate community-based projects where disabled people and their families can participate in and be able to earn a living. It was recommended that the provision of social amenities to be in the reach of PWDs, whether at the church or in neighbourhoods so that they may be able to live more comfortably.

It was suggested that Churches should set up neighbourhood follow-up groups, which would specifically monitor the affairs of PWDs and their families. For example, to find out those who are sick, who did not attend churches or anything that would be affecting them.

It was proposed that churches should arrange special organizations/agencies to equip disabled people and their families the value of education, health care, human rights and other issues, which would enhance such awareness.

The majority of the parents suggested visiting the families of the disabled children so that they may be strengthened through their challenges.

The church should sensitize Christians to assist disabled people such as the epileptic parents in their housework. Churches should make sure that disabled people are encouraged to know how to read and write. This applies to those who have no formal education, which might have been caused by their respective disabilities.

The organization of interactive meetings with parents of disabled children aimed at making them understand and appreciate their disabled children since they are a gift from God like other children was encouraged. This will also give them an opportunity to talk about their children.

(iv) Other Suggestions

The following suggestions constitute other suggestions raised by respondents in the study other than those in the three theme-oriented categories above. They are all the same important if the integration of PWDs is to be fully accomplished and their welfare enhanced. Social and economic integration and advancement are important and serve to compliment the imperatives for spiritual integration. Therefore, further efforts are

required in several areas as well, as shown below. Churches, for example, should sponsor PWDs to acquire skills/trades so that they may become self-reliant and sustaining.

PWDs should be provided with equal treatment in employment considerations. Prejudice on the basis of disability in recruitment, retention, promotion and dismissal should be discarded. In this regard, PWDs should be encouraged to express their views freely by enabling them to know that they have rights as other fellow human beings.

Churches should find ways and means of identifying desperate disabled people and how they can care for them. These would include the street beggars and the mentally disabled, who appear to be helpless on streets. For example, the churches should use Christian social workers so as to enhance their professional know-how in helping such needy cases. This is however not to say that all street beggars are physically disabled.

Churches should initiate income-generating projects and encourage disabled people and their families to participate. This would involve the initiation of self-help economic projects to assist PWDs to be self-reliant.

Churches should introduce/promote social programmes whereby PWDs and their families would be integrated. Additionally, community-based rehabilitation should be encouraged.

The building of schools/institutions/centres that are skills-oriented targeting PWDs should be undertaken so that they may be trained in skills or trades which would enable them to earn a living. It is similarly crucial that PWDs are involved in decision-making for development. It was recommended that specialized institutions be built for

disabled children, particularly to meet overwhelming cases such as those children who are blind and deaf at the same time.

Using positive terms such as “Differently challenged” instead of “disabled” or “handicapped” people should discourage the diffusion of the stigma of disability.

Some PWDs should be medically trained to handle some specific disabilities such as epilepsy. This will lessen the shock of some members of the church or public who do not know how to handle such cases.

Christians visits to PWDs and their families could be organized systematically by assigning some elders or supervisors who would mobilize other Christians in their respective neighbourhoods to make sure that visitation is done systematically and practically.

The respondents also suggested that Christians should identify relevant institutions, which cater for various disabilities such as clinics for the epileptics, assessment centers in schools, eye clinics and should advise PWDs accordingly to take advantage of these specialized services in the quest or the betterment of their lives.

The creation of employment opportunities for PWDs including the less disadvantaged and the building of Christian homes to accommodate PWDs who cannot be handled or integrated in any other way.

Churches should provide PWDs with physical/mental and financial assistance to enable disabled people to procure necessary facilities such as wheelchairs, hearing aids, and other general materials and financial needs like paying fees for the disabled children of the parents who cannot afford to educate them.

A significant observation was the call by PWDs for the discontinuation of the practice of forcible prayers whenever they come to church or attend crusades, for they are not sick. They would like to hear the message like any other person instead of being embarrassed with the healing-oriented approaches..

PWDs who are not called in the ministry, but can pursue other fields, should be sponsored to achieve academic excellence. It is observed that this suggestion connected with training recommends that they should be offered the best that is at least Master of Arts and Doctorate degrees. It was noted during the analysis of the thirty seven(37) PWDs that none had a doctorate degree.

The respondents proposed that PWDs especially those who are involved in church activities/programmes and leadership should strive to inspire their counterparts on how to minister for a better integrative ministries in churches as well as their neighbourhoods.

PWDs should be trained in counselling and other ministries so they may serve others better. This should be augmented with counselling seminars for the parents of the disabled children where they and their children would express themselves and get relevant advice.

ENDNOTES

¹ The Christian Community in Nairobi includes Pastors and Ordinary Christians. See Table in the Appendices section for a profile of the Ordinary Christians.

² Bruce Milne, The Message of John, (Leicester: Inter-varsity press, 1993) page 158.

CHAPTER FOUR

CONCLUSIONS AND RECOMMENDATIONS

This concluding chapter has dealt with three main points: First, the summary of the research findings. Secondly, the testing of the hypotheses and thirdly, recommendations.

Summary of the research findings

This study set out to investigate if the Christian community in Nairobi is doing enough of taking care of PWDs. The sad conclusion borne out by its findings is that the Christian community in Nairobi has fallen short of its potential especially in relation to integrating the PWDs in its churches and Christian activities in their neighbourhoods.

Five main observations have emerged in this study:

Firstly, there is no coordinated Christian policy on disability concerns in the church. Secondly; few churches and their general premises are constructed in PWDs friendly manner. Thirdly, many churches (including Cathedrals) do not integrate PWDs with their ordinary congregations for example in providing sign language interpreters for the deaf, provision of liturgical books such as prayer books and hymn books in Braille for the blind plus the general sensitization of their congregations for such integration. Fourthly, the parents of the disabled children feel that they are not cared for especially from the church's pastoral care perspective. Fifthly, the PWDs themselves feel left out, rejected and uncared for by the Christian community.

The Christian community in Nairobi is part of the general Christian family. Hence, every Christian family, including the Nairobi one, exist not in a vacuum, but in a

society with other religions and is constituted of different cultural persuasions but perhaps of more importance is that the cardinal guide of the Christian faith is the Holy Bible, where teachings as revealed in chapter two of this study, clearly advocates a more humane, accommodating or integrative and understanding approaches to PWDs in general. In this regard, the Nairobi Christian community has fallen short of the glory of God by not accomplishing as much as they should. The Nairobi Christian community has not only a religious but moral obligation and social duty as well, to integrate and care for PWDs. Enlarging the frameworks on how PWDs can better be integrated into a society beyond the religious domain is important in appreciating the fact that PWDs are part of not only a religious but a social family as well. Consequently further research is called for in other disciplines like architecture and engineering to find out what efforts are being made by professionals to integrate PWDs into society.

This study has revealed the challenges that are connected with the caring for PWDs and that they are not completely neglected. However, there is still much to be done especially if the Christian community has to follow the example of Jesus Christ (the Founder of the Church) who set the best example in his caring for them and his teaching which were unique and extraordinary especially his emphasis of disability vis-à-vis eschatology (Luke 14:12-24) as highlighted in Chapter Two of this study. The emphasis stressed in this study has to do with integration of PWDs in Church and neighbourhood activities. It is hoped that this study especially the New Testament perspective will help to inspire disability awareness and lead to positive practical action bearing in mind the Biblical challenge, *“where there is no vision the people perish”* (Proverbs 29:18-King James version).

Testing of the Research Hypotheses.

According to the findings of the study the following has emerged:

First, according to the study it was proved that the Christina community (the church) is not caring for PWDs the way they should. This was emphasized especially in their responses in general and their suggestions in particular, that even those who would have been integrated were not allowed to do so in churches and in the Christian activities in their neighbourhoods.

Second, it was borne out that most of the church leaders and Christians in general have the attitude and belief that people become disabled because of God's punishment, curse, misfortune and not being loved by God. The majority of the pastors and Christian indicated that they disagreed with the statement.

Third, the hypothesis was proved that PWDs develop beliefs and attitudes that the church does not care or welcome them to be part of God's family (the Christian community) even those who could be integrated. For example, that is why the deaf churches started because the deaf people felt that the ordinary congregations did not understand, loved or treated them with respect.

Fourth, the hypotheses that the Pentecostal churches, which emphasize healing, are not caring for the disabled people was not proved. For example, most of the Pentecostal-oriented churches are the ones, which have facilities, which encourage the integration of the disabled people in churches, Such as sign language for the deaf.

Recommendations

The following recommendations are in two major categories. The first category deals with policy-oriented issues, which emphasize the caring for PWDs in their families in churches and their respective neighbourhoods. Churches must squarely face the PWDs integration in church and neighbourhood activities. The second category of the recommendations deals with suggestions for further research.

Policy Recommendations

1. There is urgent need for churches to modify the architectural facilities of their churches and church buildings so that PWDs especially the wheelchair users may feel more comfortable.
2. Churches should encourage adopting special facilities such as sign language interpreting for the deaf and Braille materials such as prayer books and hymnbooks for the blind. Only 10% of the pastors who responded indicated that they had these facilities in their churches.
3. Qualified disabled people should be invited to facilitate spiritual and professional functions such as preaching, teaching, conducting disability awareness seminars, and others which would be relevant for them.
4. There should be disability awareness courses in theological colleges. This can be confirmed by the pastors who were interviewed; only 14% indicated that they had received some orientation training on ministering or caring for PWDs.
5. Agencies or organizations dealing with disabilities should facilitate disability awareness seminars to pastors, lay leaders, Christians in general, disabled people and their families to be sensitized to disability issues. It was noted that 76% of the

pastors/church leaders who were interviewed indicated that they had never attended such seminars.

6. Churches should sponsor pastors, Christians, disabled people and their members of the families to various disability awareness seminars such as those conducted by the National Council of Churches of Kenya (NCCCK).
7. PWDs who qualify should be encouraged and sponsored to attend theological colleges. They should be accorded highest academic or professional training up to masters and doctoral degrees. Discrimination or prejudice should be avoided when it comes to processing their recruitment. For example, from those who were interviewed, only 10% of the pastors indicated that they had recommended them to such institutions, while 10% of PWDs indicated that they had applied (but some expressed their sentiments that they could not be accepted because of their respective disabilities).
8. Churches or Christian agencies should form a Disabled Christian Fellowship, which would include both the PWDs and those involved or interested in such a ministry so that they may experience a Christian Fellowship. PWDs would be encouraged to facilitate and participate fully.
9. Interdenominational crusades missions should be organized where speakers would be PWDs, and various disabled people and groups be invited to participate. The emphasis would be PWDs and the able-bodied. It was clear that 100% of PWDs responded that they had attended the crusades or missions which were facilitated by undischabled people and that PWDs had been invited to be prayed for so that they may be healed.

10. Churches and relevant Christian organizations should initiate training or educational institutions for disabled children particularly those who are both deaf and blind at the same time to emphasize the spiritual perspective. It is observed that many institutions cater for the blind or the deaf separately and most of such institutions are at Thika especially those, which are administered by the Salvation Army.

Recommendations for further research.

1. At the academic level, it must be pointed out that a discouraging paucity of studies or researches on PWDs in relation to religion persists. This study is at the best only a very small and modest contribution to the increasing need for further research on the plight and solution of PWDs. Thus there is need for a systematic and thorough professional research on PWDs in relation to religion, the focus should be especially on Christianity and Islam, which are the two religions that affect most Africans. This kind of research should first focus on Nairobi City so that the PWDs' situation in this city may be clear. The second focus would be on the whole country, Kenya. This also may enable those concerned to know the situation of PWDs on the national level. Such a research can be conducted by either an individual concerned by the PWDs plight, church or non-governmental organizations (NGOs), or the National Council of Churches of Kenya (NCKC) or any other Institution of Higher Learning.
2. There should be a through research on how PWDs could be sponsored to acquire the best theological education and other relevant training in colleges and Universities. The following issues could be studied, scholarships, bursaries, relevant texts such as theological text books in Braille especially to cater for the blind, lecturers, including those who know sign language, architectural facilities of institutions concerned, and

other appropriate issues. It is noted that colleges and Universities assume that the students and members of staff are able-bodied.

3. Research should be conducted on how pastors in particular and interested Christians in general could be sponsored to specialize in sign language and Braille and other PWDs-related theological studies. As a result they may be appropriately equipped to integratively serve the challenging twenty first century church, which should not continue ignoring, isolating or discouraging PWDs who are said to compose a staggering 10% of every country's population.

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- (c) between 26 and 35 (f) above 56 and 65
(g) above 66

6. Sex

- (a) Male (b) Female

7. Marital status:

- (a) Married (b) Single

8. (i) Your highest level of education:

- (a) No formal education
(b) Certificate (e) Masters Degree
(c) Diploma (f) Doctorate
(d) Bachelors Degree (g) Other (specify)

(ii) Who sponsored your education?

- (a) Parents
(b) Church
(c) Christian / Religious Organization
(d) Other (explain)

9. Type of disability:

10. Cause of disability

11. Age at which the disability was discovered years

12. Nationality

PART TWO: CONCERNING THE CARE FROM THE CHRISTIAN COMMUNITY

13. What is the nearest church (denomination) from your residence?

14. How far is it from where you stay? Kms.

15. Do you attend this church?

(a) Yes

(b) No

(c) If yes, how do you get there? _____

(d) If no, why?

(e) If you attend a different church from the one nearest to where you stay, which one do you attend?

16. Does the church you attend take care of your disability so that you are able to worship more comfortably and meaningfully? For example:

(a) Can someone with a wheelchair enter your church up to the Holy Communion Table, (Altar) or Platform without any assistance?

Yes

No

(b) An interpreter for the deaf.

Yes

No

(c) Materials in braille for the blind.

Yes

No

(d) Other, please specify

17. Which ministry did the church you attend offer to you during the year 2000? For example:

- | | | | | |
|------------------------------------|-----|--------------------------|----|--------------------------|
| (a) Bible studies | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Prayer Meetings | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Christian/Fellowship Meeting | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Music/singing Group | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Visitation programme | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (f) Counselling programme | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (g) Disability Awareness Programme | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (h) Other (Briefly explain) | | | | |
-
-

21. During the last year (2000), did the Christians in your neighbourhood offer you any special care? Such as:

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| (a) Visiting you | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (b) Praying for you | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (c) Assisting you to attend the church | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (d) Offering you a healing ministry | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| (e) Other (briefly explain) | | | | |
-
-

22. Have you ever attended a special Crusade/Mission for Special Prayers or Healing?

- (a) Yes (b) No

(c) If yes, briefly explain

(i) When?

(ii) Which crusade/mission?

(iii) What happened?

PART THREE: CONCERNING YOUR PERSONAL SUGGESTIONS

23. What are your suggestions on how the church can integrate and meaningfully care for disabled people in the ordinary Sunday Services and other daily Pastoral Care activities of the Church?

24. What are your suggestions on how the church as part of its caring programme can encourage people with disabilities to serve God and their fellow human beings?

25. What are your suggestions on how the Christians in your church can care for people with disabilities and their families more relevantly in your Church and their neighbourhoods?

6. Sex
 (a) Male (b) Female
7. Marital status:
 (a) Married (b) Single
8. Your highest level of education:
 (a) No formal education
 (b) Certificate (d) Masters Degree
 (c) Diploma (e) Doctorate
 (f) Bachelors Degree (g) Others specify _____
-

9. Your Nationality _____

PART TWO: CONCERNING THE DISABLED CHILD

10. Age of the disabled child years
11. Sex of the child (a) Male (b) Female
11. Type of disability / handicap _____
-
12. Cause of disability _____
13. Age at which the child's disability / handicap was discovered-----years
14. Does the child go to school? Yes No
- If yes, which school does he / she attend? _____
-

15. Who meets the educational expenses of this child? Parents

Other explain _____

PART THREE: CONCERNING THE CARE OF THE CHRISTIAN COMMUNITY.

16. During the year 2000, what kind of service did your church minister give to your child?

(a) Baptism

(d) Visitation

(b) Confirmation

(e) Counselling

(c) Holy communion/Eucharist

(f) Bible study

(g) Prayers for healing

(h) Other (explain) _____

17. Within the year 2000, did the Christians in your neighbourhood minister to your family in connection with your disabled child?

(a) Yes

(b) No

(c) If yes, specify whether it was through:

i) Prayer meetings

(ii) counselling

(iii) Bible studies

(iv) Visitation

(v) Evangelistic ministry to pray for his/her healing

(vi) Other (please explain)

18. Have you ever taken your disabled child to the church or other religious Meeting eg Crusades to be prayed for his/her healing ?

(a) Yes

(b) No

(c) If yes,

(i) Which Church/crusade was that ? _____

(ii) When did it take place ? _____

(iii) What happened ? _____

19. Have you ever attended any Disability Seminar Course, which has enabled you to understand how to care for your disabled child better? (a) Yes (b) No

(c) If yes, who prepared this seminar/course?

(i) Your church? Yes No

(ii) Other (explain) _____

20. Do you take your disabled child to your regular Sunday Church Services of your church ? (a) Yes (b) No

(c) If Yes, what assistance does your child receive from you church during these services? _____

PART FOUR: CONCERNING YOUR SUGGESTIONS

21. What are your suggestions on how the church can integrate and meaningfully care for Disabled People and their families in the ordinary Sunday Services and other daily Pastoral Care activities of the Church?

22. What are your suggestions on how the church as part of its 'caring programme' can encourage the parents of the disabled children to serve God and their fellow human beings? _____

23. What are your suggestions on how the Christians in your church can care more for the disabled children and their parents / guardians in their neighbourhoods?

3. QUESTIONNAIRE FOR PASTORS/CHURCH LEADERS

'Caring for People with Disabilities: The Christian Community in Nairobi'.

This questionnaire requires simple answers, which will be a tick or simple words or sentences on the line provided.

PART ONE: GENERAL PERSONAL INFORMATION

1. Which is your church / denomination?

- | | |
|--|---|
| (a) Anglican Church <input type="checkbox"/> | (b) Africa Inland Church <input type="checkbox"/> |
| (c) Roman Catholic <input type="checkbox"/> | (d) Pentecostal Church <input type="checkbox"/> |
| (e) Presbyterian Church <input type="checkbox"/> | (f) African Independent/Instituted <input type="checkbox"/> |
| (g) Methodist Church <input type="checkbox"/> | (h) Baptist Church <input type="checkbox"/> |
| (i) Other (Specify) | |
-

2. Which administrative division is your local church located?.

- | | |
|---------------------------------------|--|
| (a) Central <input type="checkbox"/> | (b) Pumwani <input type="checkbox"/> |
| (c) Makadara <input type="checkbox"/> | (d) Westlands <input type="checkbox"/> |
| (e) Kasarani <input type="checkbox"/> | (f) Dagoretti <input type="checkbox"/> |
| (g) Embakasi <input type="checkbox"/> | (l) Kibera <input type="checkbox"/> |

3. Your position in the Church:

- (e) Vicar/Parish Priest/Minister/Pastor
- (f) Curate/Assisting Priest/Deacon
- (g) Non-stipendiary/Attached
- (h) Others (specify)
-

4. Your age bracket:

- | | |
|--|--|
| (a) Between 19 and 25 <input type="checkbox"/> | (d) between 46 and 55 <input type="checkbox"/> |
| (b) Between 26 and 35 <input type="checkbox"/> | (e) between 56 and 65 <input type="checkbox"/> |
| (c) Between 36 and 45 <input type="checkbox"/> | (f) above 66 <input type="checkbox"/> |

5. Sex

(a) Male

(b) Female

6. Marital status:

(a) Married

b) Single

7. Your highest level of education:

(a) Certificate

(d) Masters Degree

(b) Diploma

(e) Doctorate

(c) Bachelors Degree

(f) Others (specify)

8. Your Nationality:

PART TWO: INFORMATION CONCERNING DISABILITY AND THE CHRISTIAN COMMUNITY IN NAIROBI

9. How many disabled persons attend your ordinary church services in a month?

(a) The Blind

(b) The Deaf /Blind

(c) The Deaf

(d) The Mentally disabled

(e) The Physically Disabled

(f) The Epileptics

(g) Other (specify) _____

10. Can someone in a wheelchair enter your church up to the Holy Communion Table, (Altar) or Platform without any assistance?

(a) Yes

(b) No

(c) If no, what could be done to meet this need?

11. Does your church provide special facilities for PWDs, such as: Sign Language interpretation for the deaf, materials in Braille for the blind, e.t.c ?

(a) Yes

(b) No

(c) If yes, Explain

12. Have you invited any persons with disabilities as preachers/facilitators in any spiritual function in the year 2000?

(a) Yes

(b) No

(c) If yes, specify the disability and the function they facilitated/preached in

13. Specify how many functions you have conducted for people with disabilities in the year 2000.

(a) Weddings

(b) Healing Ministry

(c) Baptisms

(d) Counselling

(e) Confirmation

(f) Ordination

(g) Visitation

(h) missions

(i) Other (specify)

14. In your Theological Training, did you do any course on how to care for people with disabilities?

Yes

No

If yes, specify what type of training you had and for which disability?

15. Since you left Theological College/Bible School/Seminary, have you attended any Seminar that created awareness on disability (people with disabilities)?

(a) Yes

(b) No

(c) If yes, specify what type of disability was emphasized in your seminar/course.

16. Have you ever organized a Disability Awareness seminar/course in your church?

(a) Yes

(b) No

(c) If yes, specify what type of disability was emphasized in your seminar/course

17. Has your church ever sponsored someone to attend any Disability Awareness Seminar?

(a) Yes

(b) No

(c) If yes, specify whether the sponsored person was disabled or non-disabled and who facilitated the seminar

18. Has your church ever sponsored a disabled person to attend any Theological College / Seminary?

(a) Yes

(b) No

(c) If yes, specify the disability of the sponsored person and which Theological College / Seminary he/she attended.

19. Does your church have a separate service of Disabled People such as the deaf, which worships in a different building apart from the ordinary Sunday services?

(a) Yes

(b) No

(c) If yes, specify the reason why this happened, and what type of disability.

20. Did you share the Christian message with any disabled person directly other than through the ordinary preaching / teaching ministry during the year 2000?

(a) Yes

(b) No

(c) If yes, what disability did this person have?

21. 'Some people believe that in one way or another, disability is connected with a curse, misfortune or any punishment from God. They state that nothing happens without His approval.' Do you agree with this belief?

(a) Agree

(b) Disagree

(c) Not sure

(d) Other (explain briefly)

22. Do you yourself have a disabled relative?

(a) Yes

(b) No

If yes, specify his/her disability

PART THREE: CONCERNING YOUR PERSONAL SUGESTIONS

23. What are your suggestions on how the church can integrate and meaningfully care for people with disabilities in the ordinary Sunday services and other daily Pastoral Care activities of the Church?

24. What are your suggestions on how the church as part of its caring program can encourage People with Disabilities to serve God and their fellow human beings?

25. What are your suggestions on how the Christians in your church can care for people with disabilities and their families more relevantly in your church and their neighbourhoods?

4. QUESTIONNAIRE FOR ORDINARY CHRISTIANS

Caring for People with Disabilities: The Christian Community in Nairobi.'

This questionnaire requires simple answers, which will be a tick or simple words or sentences on the line provided.

PART ONE: GENERAL PERSONAL INFORMATION

1. What is your church/denomination?

- (a) Anglican Church (b) Africa Inland Church
(c) Roman Catholic Church (d) Pentecostal Church
(e) Presbyterian Church (f) African Independent/Instituted Church
(g) Methodist Church (h) Baptist Church
(i) Other (Specify)
-

2. Which administrative division is your local church located?

- (a) Central (b) Pumwani
(c) Makadara (d) Westlands
(e) Kasarani (f) Dagoretti
(g) Embakasi (l) Kibera

3. Do you hold any position in the Church?

- (a) Yes (b) No
(c) If yes, what is your position?
-
-

4. Your occupation / profession.

5. Your age bracket:

(a) below 19

(b) between 19 and 25

(c) between 26 and 35

(d) between 36 and 45

(e) between 46 and 55

(f) between 56 and 65

(g) above 66

6. Sex

(a) Male

(b) Female

7. Marital status:

(a) Married

(b) Single

8. Your highest level of education:

(a) No formal education

(b) Certificate

(c) Diploma

(d) Bachelors Degree

(e) Masters Degree

(f) Doctorate

(g) Others (specify)

9. Your Nationality:

PART TWO: CONCERNING CARE FROM THE CHRISTIAN COMMUNITY

10. How many disabled persons attend your ordinary church services in a month?

(a) The Blind

(b) The Deaf /Blind

(c) The Deaf

(d) The Mentally disabled

(e) The Physically Disabled

(f) The Epileptic

(h) Other (specify) _____

11. Can someone in a wheelchair enter your church up to the Holy Communion Table, (Altar) or Platform without any assistance?

(a) Yes

(b) No

12. Does your church provide special facilities for PWDs, such as: Sign Language Interpreting for the deaf, materials in Braille for the blind, e.t.c?

(a) Yes

(b) No

(c) If yes, explain

13. Specify how many functions your church organized to minister to people with disabilities during the year 2000.

(a) Weddings

(b) Healing Ministry

(c) Baptisms

(d) Counselling

(e) Confirmation

(f) Ordination

(g) Visitation

(h) missions

(i) Other (specify)

14. In case People with Disabilities are not part of your congregation, did you see at least one during the year (2000)?

Yes

No

If yes, which disability did this person have?

15. Did your church invite any disabled persons as preachers/facilitators in any spiritual function in the year (2000)?

(a) Yes

(b) No

(c) If yes, specify the disability and the function they facilitated/preached in.

16. Are there some disabled people in your neighbourhood?

(a) Yes (b) No

(c) If yes, what are their disabilities?

17. Do they participate in the Christian activities of your neighbourhood ? eg

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| (a) Bible Studies | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) Prayers Meetings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) Christian Fellowship Meetings | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) Music/singing group | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) Visitation programme | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (f) Counselling programme | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (g) Healing ministry | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (h) Disability Awareness Programme | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (i) Other (briefly explain) | | |

(ii) If yes, what are the disabilities of those who attend?

18. Does your Church/Denomination emphasize the healing of People with Disabilities?

(a) Yes (b) No

(c) If yes, briefly explain

(j) How do they conduct these healing ministries?

(ii) How do they care/treat those who do not get healed?

19. Does your church have a separate service of Disabled People such as the deaf, which worships in a different building the ordinary Sunday services?

(a) Yes

(b) No

(d) If yes, specify the reason why this happened, and what type of disability?

20. Have you ever attended any Disability Awareness Seminar/Conference?

(a) Yes

(b) No

(c) If yes, briefly explain:

(j) Who was the Sponsor? _____

(ii) What disability was emphasized? _____

(iii) How has this Seminar helped you to understand how to care for Disabled People? _____

21. Has your church organized any Disability Awareness Seminar/Course so as to sensitize Christians about their needs?

(a) Yes

(b) No

(c) If yes, briefly explain

(i) Who was the sponsor?

(ii) What disability was emphasized?

22. 'Some people believe that in one way or another, disability is connected with a curse, misfortune or any punishment from God. They state that nothing happens without His approval.' Do you agree with this belief?

- (a) Agree
- (b) Disagree
- (c) Not sure
- (d) Other (explain briefly)

23. Do you yourself have a disabled relative?

Yes

No

If yes, specify his/her disability

PART THREE: CONCERNING YOUR PERSONAL SUGGESTIONS

24. What are your suggestions on how the church can integrate or care for People with Disabilities in the normal Sunday Services and other daily Pastoral Care activities of the church?

25. What are your suggestions on how the church as part of its "Caring programme" can encourage People with Disabilities so that they may conveniently serve God and their fellow human beings?

26. What are your suggestions on how the Christians in your neighbourhood can care for people with disabilities and their families more meaningfully?

5. TABLES

TABLE 1: SAMPLING TABLE

Category	Population	Target	Target %	Actual	Actual %
Pastor/Church Leaders	784	80	10.2	50	6.3
Churches	176	80	45.5	10	56
Ordinary Christians	150,000	50	0.03	45	0.03
Parents/Guardians	15,000	30	0.2	20	0.1
People with Disabilities	15,000	240	1.6	37	0.2

TABLE 2: QUESTIONNAIRE RESPONSE RATE

Category	Target	Actual	% Rate
Pastor/Church Leader	80	50	62.5
Ordinary Christians	50	45	90
Parents/Guardians	30	20	66.6
PWDs	240	37	15.4

TABLE 3: DISTRIBUTION OF RESPONDENTS BY CHURCH CATEGORIES

Category	Protestants	Catholics	A.I.Cs	Total
Church/Church/Leaders	40	4	6	50
Ordinary Christians	35	4	6	45
Parents/Guardians	13	5	2	20
Disables people	29	6	2	37
TOTALS	117	19	16	152

NB: A.I.Cs Means Africa Instituted Churches originally known as African Independent churches.

Table 4: Distribution of respondents by administrative divisions of Nairobi province

CATEGORY	D I V I S I O N S								TOTAL
	1	2	3	4	5	6	7	8	
Pastors/Church Leaders	11	8	5	5	3	3	5	10	50
Ordinary Christians	11	6	2	6	2	3	5	10	45
Parents/Guardians	4	1	3	3	2	1	1	5	20
PWDs	8	4	8	4	3	4	4	2	37
TOTALS	34	19	18	18	10	11	15	27	152

LEGEND OF ADMINISTRATIVE DIVISIONS AS ARRANGED BY THE AUTHOR OF THIS STUDY FOR FUNCTIONAL PURPOSES.

- DIVISION 1 = CENTRAL DIVISION 5 = KASARANI
 DIVISION 2 = PUMWANI DIVISION 6 = DAGORETTI
 DIVISION 3 = MAKADARA DIVISION 7 = EMBAKASI
 DIVISION 4 = WESTLANDS DIVISION 8 = KIBERA

TABLE 5: RESPONDENTS' POSITION OF LEADERSHIP IN THE CHURCH.

Category	Senior pastors	Assistant pastors	Voluntary pastors	Other leadership position	No leadership position	Total
Pastor/church Leaders	32	7	5	6	0	50
Ordinary Christians	0	0	0	26	19	46
Parents/Guardians	0	0	0	10	10	20
Disabled people	0	1	0	9	27	37
Totals	32	8	5	51	56	152

TABLE 6: RESPONDENTS' AGE

Category	A G E S							TOTAL
	<19	19-25	26-35	36-45	46-55	56-65	>65	
Pastors/Church Leaders	0	1	11	17	15	6	0	50
Ordinary Christians	0	8	17	13	6	1	0	45
Parents/Guardians	0	1	4	8	5	2	0	20
PWDS	2	14	10	8	1	1	1	37
TOTALS	2	24	42	46	27	10	1	152

TABLE 7: DISTRIBUTION OF RESPONDENTS BY SEX

CATEGORY	MALES	FEMALES	TOTAL
Pastors/Church Leaders	41	9	50
Ordinary Christians	18	27	45
Parents/Guardians	8	12	20
PWDs	15	22	37
TOTALS	82	70	152

TABLE 8: DISTRICTION OF RESPONDENTS BY MARITAL STATUS

CATEGORY	MARRIED	SINGLE	TOTAL
Pastors/Church Leaders	41	9	50
Ordinary Christians	27	18	45
Parents/Guardians	13	7	20
PWDs	13	24	37
TOTALS	94	58	152

TABLE 9: EDUCATIONAL LEVEL OF RESPONDENTS

CATEGORY	NFE.	CERT	DIP.	BA.	MA.	PHD.	TOTALS
Pastors/Church Leaders	0	16	8	11	13	2	50
Ordinary Christians	6	28	4	6	1	0	45
Parents/Guardians	2	12	3	1	1	1	20
PWDs	5	12	5	13	2	0	37
TOTALS	13	68	20	31	17	3	152

The meaning of abbreviations:

N.F.E. - No Formal Education

CERT. -Certificate

DIP. - Diploma

BA. - Bachelor of Arts

M.A. -Master of Arts

P.H.D. - Doctor of Philosophy

TABLE 10: DISTRIBUTION OF RESPONDENTS BY NATIONALITY

CATEGORY	KENYA	NON-KENYANS	TOTAL
Pastor/Church Leaders	43	7	50
Ordinary Christians	45	0	45
Parents/Guardians	17	3	20
PWDs	37	0	37
TOTALS	142	10	152



Did You Know ?

- 7 10% of the population of any country is disabled.
- 7 Many institutions for the disabled cater mainly for their physical needs.
- 7 99% of Christian mission is directed to able-bodied people.
- 7 Many churches and para-church organizations are without a single disabled person.

International Fellowship for the Handicapped is a missionary movement working among the handicapped people along with the churches in every country. It is managed by a Board of Trustees, with its headquarters in Eastbourne, U.K.

MAIN AIMS

Evangelisation
Integration
Motivation

To reach disabled people with the Gospel of Jesus Christ
To integrate them into the Church of Jesus Christ
To create an integrated community of disabled people
To develop their capabilities and to help them to become self-reliant

MEANS

- 7 **Personal Contact** : Visiting the disabled people in their homes, places of work, rehabilitation centres, institutions and anywhere they are found.
- 7 **Fellowship Centre** : a place where disabled people are invited and Christian volunteers offer friendship, fellowship and practical help.
- 7 **Fellowship Camp** : an integrated holiday camp for disabled people, where the gospel is presented.
- **Braille Literature** : Production and distribution of braille literature for individuals, libraries, churches, missions, institutions and to make Bible correspondence course available in braille.
- **Christian Education** : through seminars and workshops.
- **Training Institute** : to train those interested in working among disabled people.

Gospel is not handicapped. The rightful place of any handicapped person is the Church of God

IN THE 1980's

The Ministry began in India to reach the nation's ten million visually disabled people.

Today there are 10 couples and 4 singles working along with 25 associates all over the country mainly supported by churches and prayer fellowships.

Pray for : *Braille Literature in 14 major languages*
Dedicated workers
85 million disabled people to be reached with the Gospel

IN THE 1990's

The Lord enlarged the vision to reach the disabled people of Asia (Isaiah - 54:2,3)

To accomplish this we need :

- 7 35 dedicated couples, or pairs, from any part of the world.
- 7 A training institute to be set up in an Asian country, to equip people to work among the disabled people.
- 7 Churches or prayer fellowships to adopt different countries, and to pray specifically and support until the work in each country becomes indigenous.

OUTREACH IN 1992

The Lord wonderfully opened doors for us in Nepal in the beginning of the year 1992. A council has been formed to organize various programmes and also to set up a National Board.

1.6 million disabled people

Main religion - Hinduism

Pray for : *Dedicated couples to work in Nepal*
Government Registration for IFH-Nepal

OUTREACH IN 1993

Phillippines

5.68 million disabled people
 Pray for openings in Churches

Uganda

1.47 million disabled people
 Pray for Rev. James & Jemima Nsongu as they share this vision to churches.

For further information write to the :

Executive Director : INTERNATIONAL FELLOWSHIP FOR THE HANDICAPPED,
 P.O. Box 3488, Anna Nagar, Madras - 600 040. INDIA.

BOARD OF TRUSTEES

Dr. G. K. Venkatesh
Dr. M. S. Subramanian
Dr. P. S. Subramanian
Dr. R. S. Subramanian
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