

FACTORS INFLUENCING PARTICIPATION BY
PHYSICALLY CHALLENGED PERSONS IN PUBLIC
DECISION MAKING ORGANS IN GUCHA DISTRICT.

BY

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DECLARATION

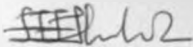
This research project is my original work and has never been submitted for the award of a degree in any other University.



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This research project has been submitted for examination with my approval as the university supervisor.



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DEDICATION

To my beloved wife Dorothy Muchungi and our dear children Kelly, sally, Ethan Kevin and my mother Ruth. In appreciation for their encouragement, support and inspiration in my career development .

And my late father Isaiah Wangwe as we celebrate second silver jubilee of his death.

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Abstract

In Kenya , many government and international instruments have focused almost entirely in the involvement and participation of the physically challenged persons in all aspects of decision making organs. Participation as a concept of development entails involvement in decision making process by the disadvantaged members of the society at all levels on matters that affect their day to day lives. The study focuses on the factors influencing participation by physically challenged persons in public decision making organs in Gucha district.

The study was guided by the following objectives

To determine whether gender of the physically challenged persons influence their participation in public decision making organs in Gucha district.

To establish whether education level of physically challenged persons influence their participation in public decision making organs in Gucha district.

To examine whether income levels of the physically challenged persons influence their participation in public decision making organs in Gucha district.

To determine whether assistive devices influence participation of physically challenged person in public decision making organs in Gucha district.

The research methodology used in this study was survey design., the sampling technique used in the study was sample random sampling where four out of seven divisions were sampled based on geographical structures. Data for the study was collected using questionnaires to a target population of 503 and the total number of respondents for the study were 150 as a sample size which is 30% of the target population. Collected data was corded entered , cleaned and analyzed using Statistical package for social sciences.

The key findings of the study were summarized as follows:

On gender and participation male remained the most dominant gender with 56.8% of the physically challenged persons in Gucha district as compared to female 43.2%. on public participation in decision making organs 12.7% of females on the level of education. majority of the physically challenged, 70.5% had attended a lower primary level of education while 6.6% had attended above secondary level. On participation in public decision making organs, 13.7% stated that they participated in public decision making organs.

On income level of 89.7 % of the physically challenged had an income of below kshs.5000 with only 10.3% who had an income of above kshs.5.000.

Assistive devices and participation truly showed that majority of the physically challenged persons 93.5% had no assistive devices as compared to 6.5% who said they had them from the above findings. it can therefore be concluded that gender, education levels, income levels, and assistive devices influenced participation of the physically challenged persons in Gucha district.

It is therefore recommended that the government ensures full implementation of Disability Act 2004 which would help to address the factors influencing participation by the physically challenged persons in public decision making organs.

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CHAPTER ONE

INTRODUCTION

1.1 Background of the study.

Participation is a concept that has been popularized in community development since 1970s. It refers to influence on development activities by the disadvantaged. Baetz (1984) says that participation refers to how individual members of a community are not only guaranteed a fair and equitable share of the benefits of development, but also how they can be assured the opportunity of contributing to their fullest capacity and in ways most meaningful to them.

Lisk (1985) defines it as the active involvement of a broad mass of people in the choice, execution and evaluation of programmes designed to bring about a significant upward movement in their levels of living. Chekki (1979) views it as a democratic way of involving citizens in decision making on matters related to their lives. Bhatmagar and Williams (1992) conceptualize participation as a process by which people especially disadvantaged people influence decisions that affect them.

Participation is incomplete without the dimensions of empowerment which is one of objective of popular participation. Empowerment is perceived as more equitable sharing of power and higher level of polluted awareness and strength for the disadvantaged people (Mulwa, 1992). In this context therefore , it is argued that the most important result of a development activity might not been increased in economic production on incomes but rather

the development of peoples capacity to initiate actions on their own and influence decisions of more powerful actors. The promotion of popular participation is therefore concerned with the distribution of power in society for it is power which enables groups to determine which needs and whose heads will be met through the distribution of resources

In Africa, participation is associated with the terms harambee movement which is Kiswahili word that means "let us all pull together". The term is used in the discussion of economic and social developments in Kenya just as similar concept as are used in African countries like Ujamaa in Tanzania and humanism in Zambia. It embodies ideas of mutual assistance joint effort, mutual social responsibility and community self reliance.

In Kenya, the concept of participation is entrenched into the philosophy of harambee established at independence as "the envisage social development objectives entailed the promotion and implementation of programmes aimed at enhancing the quality of life of nations families." (Government of Kenya 1988).

But in the public decision making organs, the physically challenged persons do not adequately participate in parliamentary, local councils, schools and management boards, community development fund projects. Studies in Kenya have pointed out gross inequalities in participation and representation by the physically challenged men and women in public decision making organs at national and local levels. Other studies focus on the lack of equitable education policy for addressing the complex social structure which adversity influence the physically challenged.

The social cultural profiles in various communities have left the physically challenged persons without traditional family support attributed to cultural phenomenon of discrimination.

stigmatization and unsatisfactory educational background. However, there exists age and gender imbalance, and inadequate mobility assistive devices which constraints participation of the physically challenged persons in all public decision making organs.

The study therefore sets to investigate the main factors influencing participation of physically challenged persons in public decision making organs in Gucha District.

1.2: Statement of the Problem

In community development process, participation by the physically challenged persons in public decision making organs as related to planning, implementing and evaluating of programmes meant to improve their lives is usually very low. However, lack of person involvement in decision making deprives the physically challenged person of the opportunity to develop their own potential as human beings and therefore have a say in formulating government policies. The assumption is that development encompasses people as a resource with growth in their knowledge and skills for identifying their problems planning for solutions and taking necessary action. Low participation by the physically challenged persons in public decision making organs leads into reduction of growth in local capacity which embodies democratic principles of equity and social justice. This however leads to non physically challenged persons deciding and doing things on the behalf of the physically challenged hence depriving them of the chance to learn and gain experience necessary for their self esteem..

1.3: Purpose of the Study

The purpose of this study was to investigate the factors influencing participation of physically challenged persons in public decision making organs in Gucha district.

1.4: Objectives of the Study.

This study was guided by the following objectives:

1. To determine whether gender of the physically challenged persons influence their participation in public decision making organs in Gucha district.
2. To establish whether education level of physically challenged persons influence their participation in public decision making organs in Gucha district.
3. To examine whether income levels of the physically challenged persons influence their participation in public decision making organs in Gucha district.
4. To determine whether assistive devices influence participation of physically challenged person in public decision making organs in Gucha district.

1.5: Research Questions

1. To what extend does gender of the physically challenged persons influence their participation in public decision making organs in Gucha District?
2. To what extend does level of physically challenged persons influence their participation in public decision making organs in Gucha District?
3. To what extend does income of the physically challenged persons influence their participation in public decision making organs in Gucha District?
4. To what extend does assistive devices influence participation of physically challenged person in public decision making organs in Gucha District?

1.6: Significance of the Study

It is hoped that this study helped the physically challenged persons to asses the capacities in participating in day to day issues of their lives affecting them positively and

negatively and best to push for their interest and needs. The study may also be used to lobby and advocate for physically challenged persons needs and interest, rights, privileges hence ensuring community members appreciate their roles and eliminate discrimination and stigmatization.

Further the study would promote stakeholder collaboration between government of Kenya, community members development partners community based organizations, non governmental organizations etc to ensure implementation of disability act and policy.

However, it would also form a platform for financial mobilization by the government and development partners so as to ensure physically challenged persons achieve equal opportunities by obtaining education and employment welfare and rehabilitation and that they fully participate and have access to community social services and benefits of the country.

This study would help the Ministry of Gender, Children and Social Development to generally carry out measures for public information on the rights of the persons with disabilities as provided in the persons with Disabilities Act 2003 and other international instruments.

The study would however make some contributions to the existing knowledge on participation by the physically challenged persons in public decision making organs. Why there are a number government policies and legislations that address the needs of the physically challenged persons, there is less emphasis on promoting their participation and due to stigmatization caused by cultural norms, customs and traditions. The study would promote their participation with the government and other agencies playing the role of ensuring equality and social justice through policies and other international instruments. The study would

therefore in turn assist the government, CBOs, NGOs and other international agencies to evaluate their strategies so as to enable the physically challenged persons to participate in the development process.

1.7.: Delimitations of the Study.

The groups to be involved in the study included the Physically challenged persons who are the main target group. The study would want to investigate factors affecting their participations in public decisions making organs in Gucha district.

Second group were district senior government officers in the office of the president and provincial administration, ministry of education, ministry of gender, children and social development, ministry of health, ministry of planning etc.

This was because the officers are in charge of implementing relevant government policies and legislations related to physically challenged persons in partnership with other development agencies.

Third group were managers of various projects within the constituencies, social councils, school boards, water projects, church organizations. This is because they were managers and coordinators of public development projects and coordinator of public development projects, gathering community needs and needs and interest including the physically challenged persons.

1.8. Limitations of the Study.

The major constraint of the study was the vastness of the district. Gucha district is a large district with high population and therefore selecting five locations out of the total twenty means that finding of the study may not be generalizable.

Second constraint was that the study focused on women and men with disabilities who feel neglected, frustrated, discriminated, rejected and ignored by the society and the government as argued from the government initiated programmes such as women enterprise fund and the youth development fund for other categories without developing a national disabled development fund. Since this study employed all interrogative approach to primary data collection, most respondents would be reluctant with low morale to give relevant information. They would be reluctantly view the study without value to their miserable lives because of fear of stigmatization. In order to overcome this limitations, the study improved communication and rapport with respondents to increase their confidence and trust in the process. The respondents were assured of confidentiality and professionalism in their responses.

1.9. Scope of the study.

The study will cover Gucha District which is one the thirteen districts in Nyanza province. It borders Kisii Central District in the North and West, Transmara to the East and Rongo District to the South. The district had five divisions namely: Ogembo, Sameta, Nyamache, Kenyenyia and Magenche. The three constituencies in the district are Bomachoge, Bobasi and south Mugirango. The study was carried out in the Ogembo, Sameta Magenche and Kenyenyia divisions which were purposefully selected and due to the fact that disability was rampant in the district.

1.10: Basic Assumptions of the Study

The study was based on the assumptions that:

- i. The information given by respondent was truthful.
- ii. Respondents were cooperative and provide the information required in this a research project

1.11: Definitions of Significant Terms.

Access: To resources, benefits information decision making for example is influence by acceptable gender and the established gender division of labour.

Attitude: Enduring organization of motivational, emotional, perceptual and cognitive process with respect to some aspects of a persons environment.

Disability: Is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Gender discrimination: Refers to unequal or preferential treatment of individuals or groups on the basis of the agenda that results into reduced access to / or control of resources opportunities.

Handicap: Is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment

of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

Participation: A general term used to refer to enrolment, retention, progression, performance and transition.

Physically challenged: Is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.

1.12: Organization of the study.

Chapter one discusses introduction, background of the study, statement of the study, objectives of the study, research questions, significance of the study, Limitations of the study and delimitations of the study

Chapter two discusses literature review including introduction, participation, gender, education, disability, income, assistive devices, theoretical and conceptual framework.

Chapter three discusses research design, target population, sample size and sampling techniques, data collection instruments, research validity and reliability and data analysis method.

Chapter four discusses data analysis, interpretation and presentation.

Chapter five looks at summary of findings, conclusions, recommendations, discussions and further research.

CHAPTER TWO:

LITERATURE REVIEW

2.1: Introduction

This chapter review literature on the following thematic topics and subtopic: concepts of participation, gender, disability, attitude, education, income, assistive devices which conceptualizes participation by the physically challenged persons in public decision making organs. However, theoretical and conceptual frameworks are presented.

Participation in decision making

Participation is a desired and necessary part of community development activities. "Citizen Participation is the process that can meaningfully tie programmes to people (Spiegel 1968). However Jackson (1962) and Billington (1974) content that freedom and the right to make decisions is the shaping force in grass root democracy i.e. people's right to participate. Participation is therefore important since it allows individuals definition of self esteem and self identity in society Dierbill (1992) Passewitz (1992).

Cahn and Camper (1968) suggest that participation by all citizens has rationale in that merely knowing that one can participate promotes dignity and self sufficiency with the individual. Second, it taps the energies and resources of the individuals and finally participation provides special insight information and experiences which contributes to the sundress of community sector.

Bridges (1974) cites advantages of active participation in community affairs such bringing of desired change by expressing one's desires and leading to understand and appreciate individual needs and interests of community gains amongst others.

Cook (1975) argues that citizen participation can legitimate a process, its plan, actions and leadership without which this kind of support scores of worthwhile projects would never be achieved in many communities participation and community settlement is therefore a product of citizen involvement. However participation in decision making occur when citizen led positive benefits. These therefore means that there should be appropriate organizations structure available for people to express their interests such as project committees and decision making organs. The structures will enable citizens determine whether or not to participate (Hormas 1974). This is part of the trade off each citizen will consider in deciding when and how to participate in public community decisions. Since there are normally threatening issues to participation, often seen to be moral, social, economical and political (Blaw 1964, Emerson 1976, Kullberg 1977, Turner 1975)

Gender of the physically challenged

Mcain (1992) defines gender as socially constructed roles and responsibilities between women, men, boy and girls. Thomson (1997) defines Gender as relationship between sexes in societies usually seen as operating hierarchally-men being more powerful and dominant whose women less powerful and weaker. These power relations produce stereotypes of masculinity and femininity traits and behaviour that are expected of men and women. Connel (2002) says Gender in the structure of social relations that centres on the reproduction arena and the sets of practices (government by structure) that being reproductive destruction between bodies into social process. However, the nature culture, sex and gender have the reflection in the distinctions between impairment and disability. Disability has been used to refer to a system of social relations that limit the individual in their daily lives.

Gendered experience and analysis of disability reveal sustained patterns of difference between men and women Gershick (2000).

Butler (1990) Butler (1993) argues that on Psyche and Gender, disability has been used as a powerful metaphor in psychology, particularly as a means for assign to women the status of incomplete or deformed men. In addition, gender stereotypes have been used to characterize disabled people, particularly men who soon presented as feminized and lacking masculine traits. There is ample evidence that women with disabilities experience major psychosocial problem that remain largely neglected including depression, stress, lowered self esteem and social isolation. (Nosevc and Hughes 2003). Evidence also suggests that women tend to be directed forwards home based activities while men are likely to be purported into moreover these images have real consequences in terms of education, employment, election, nomination and appointments, victimization and whose that in turn reinforce the images in the public sphere.

Lorber (2000) has shown that while social action around disability issues has benefited both men and women, women with disabilities are less likely to be economically self supporting. These patterns together with conventional norms of femininity have high denied the guest for independence for women with disabilities. Women thus confront major obstacles not only to over coming disability environment, but also in achieving equal outcomes as men similarly disabled (Fairchild, 2002).

Disability is defined as: "Physical, mental, sensory or other impairment, including any visual, hearing or physical incapability which impacts on social economic and environmental participation" Disability is an evolving concept and that disability results from the interaction

between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others .

Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

Government effort to mainstream disability led to years of advocating for disability issues to be mainstreamed into the national development agenda finally paid off for Kenya's disability movement as the government has included disability mainstreaming indicator in its 6th Cycle (2009/2010) Performance Contracts. This all started with lobbying and awareness, development of the persons with Disabilities Act No 14 of 2003 which has been since then has been enacted and in the process is being operationalized. It aimed at restoring their citizenship, humanity and provides a framework of fighting stigma, guarantee rights to employment, rehabilitation, barrier-free environment, sports and recreation and to achieve equalization of opportunities for Persons with Disabilities. Others include a Draft Equity Bill and Draft Affirmative Action bill and establishment of National Development Fund for people with disabilities which in at the present operational as proposed in the Act a Council for PWDs has been established.

The Kenya Vision 2030 specifies measures to provide opportunities for the poor and vulnerable, including those with disabilities, geared towards improving their standards of living. These include: the establishment of a Consolidated Social Protection Fund of 2 per cent of revenues for cash transfers to Orphans and Vulnerable Children (Voss); the elderly and other persons facing vulnerabilities; full implementation (including appropriate budgetary

allocations) of the Disability Fund; and provision of financial assistance to persons with disabilities for socio- economic empowerment.

The government has also made deliberate efforts to ensure representation of people with disabilities in decision-making processes at all levels in order to ensure that issues affecting them are adequately addressed in policies and legal framework, programmes and projects.

It has been observed that the term disability "can have very different meanings and connotations depending on the cultural background and social environment"(Bruhns 1995) of using it. However, among the Abagusii and Nandi peoples, disability goes beyond the concrete/visible impairment as it calls for an explanation of its probable causes that are not always medically-based. For instance, a woman with an impairment in her limbs, but who is married and has satisfied her procreation role, is not deemed disabled as opposed to the beautiful, unblemished but sterile woman (Gbodossou 1999). Alternatively, a man that is not in any visible way impaired but is unmarried (*Kipkochutkei*, Nandi and *Omogesi*, *Ekegusii*37) is readily identified as "not normal". The foregoing examples point to the fact that the concept of disability cannot be taken for granted. This is because it is a culturally bound and determined notion. However, the reality today is that, the disabled, as a social category, are being created through research surveys, projects, the school system and government policy pronouncements (Ingstad & Whyte 1995).

For purposes of clarity, we use existing terms – physically challenged, impairment, disability and handicap - according to WHO (1993). An impairment refers to any loss or abnormality of psychological, physiological or anatomical structure or function. A disability is

any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Finally, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual. The WHO definition implies that an impairment can lead to a reduction in the efficiency of an individual according to usual norms of a society, and it is only this deviation that makes an impaired person disabled. A handicap implies that an impaired person is socially disadvantaged, and may be discriminated against for deviating from social norms. Bruhns (1995) note that a disabled person often faces negative attitudes, rejection and even isolation in society, and therefore becomes handicapped. All these add up to showing that disability is nothing absolute; rather, it is a social construction. WHO recognises the following types of impairments and disabilities: physical and visual disabilities, hearing and/or speech impairments, mental impairments, mental illness, fits and lack of feelings. Although we recognise these categories, for purposes of this paper we follow Helander (1992) that "a disabled person is the one who in his or her society is regarded or officially recognised as such, because of a difference in appearance and/or behaviour, in combination with a functional limitation or even an activity restriction".

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Explicitly or implicitly the physically challenged persons have been treated as objects of change and relation between the planning bureau and the physically challenged persons takes the form of subject acting upon an object as these people are dictated upon and obey decisions that authorities and planners do for them. This is rarely the case in Kenya. The physically challenged persons do not participate and are not free to make their own decisions which other

leaders and community members will abide with. People assume responsibility over their decisions and the consequences thereof. Local communities are formed in the volition of the physically challenged people of the society.

Attitude of members of the society

Disability is an important dimension at which discriminative occurs based on attitude. The social cultural profiles in various Kenyan communities have left the physically challenged persons without traditional family support attributed to cultural phenomenon of discrimination and stigmatization. Customs and tradition can be valuable resource as a point of peoples sense of identify and self confidence and can therefore lowered the quality of participation by the physically challenged persons in decision making where people keep them static for one reason or other, they become obstacles in the way of development (Swanepoel 1993).

However, the beliefs and value bias by members of the community tend to pull us more to some sections of the community while overlooking others. The sentiments have been built in people towards the physically challenged over a long period of time sometimes since childhood. Members of the community have been socialized to believe that physically challenged persons are useless, ignorant and a burden to families and society. This disposition has created a bias in the way the physically persons are judged, respected, trusted and participate in public decision making organs at local levels.

The temptation is more real where it happens that the physically challenged have been discriminated on one time or another on education opportunities, access and control of economic resources and within elections, nominations, appointments of project management committees and overall membership.

The attitude towards the physically challenged persons has in deed affected their participation in local councils, women and youth groups, farmers association, school committees, community development projects health committees churches committees and other institutions, most of these formal institutions are bound together by people and by interests. They also interact with one another in various ways that suit those interest (Swanepoel, 1993). It therefore proper to note that attitude have sheltered the physically challenged sense of dignity, self esteem and self actualization with decision on their needs and interest done by experts.

Research study by Ogechi & Ruto:(2002) portrayal of disability through personnel names and proverbs in Kenya; evidence from Ekegusii and Nandi asserts that Ekegusii social set up and beliefs about the relationships between man and nature provide the framework upon which causes of disability are explained. This is because the different perception, attitudes to and the treatment of the disabled people seem to be determined by the indigenous belief system.

The Ekegusii and Nandi social set up and their beliefs about the relationship between man and nature that provide the framework upon which the causes of disability are explained. This is because the different perceptions, attitudes to and the treatment of the disabled people seem to be determined by the indigenous belief system. Their way of life of the Abagusii and Nandi is governed by communality and participation. Social responsibility is esteemed and highly stressed. The family, the age group, the clan and the community participate in the tasks at hand, be it rearing up a child, or building a hut etc. Being a person is defined by the degree of one's integration into the social and communal life (Chebet & Dietz 2000, Ng'andou 1999, Talle 1995).

It should be noted that the studied communities are quite accurate about the description of specific impairments. The physically, hearing and visually impaired people and so on are distinguished but this does not transcend into what Albrecht (1999) terms as the overarching categorisation of them into a distinct group. Deviation is noted and accepted as thus but not redefined. Naturally, this has both advantages and disadvantages. Constructing the portrayal of Disability as a distinct group means that it is easy to focus on the specific impairments and therefore think of ways of alleviating the handicap these impairments may present rather than rehabilitating and equalising of opportunities.

Dealing with disabled people as a separate group of the society is overtly evident in countries of the North where special services and facilities are adapted to the needs of the disabled people. The unintended consequence, however, is that this leads to the focus of the impairment, sometimes to the exclusion of the person (Ingstad 1990; Devlieger 1995; Albrecht 1999). It is on this note that the indigenous view becomes advantageous. It views the disabled person as normal, but different. This person is therefore, *in principle*, integrated into the community. We stress *in principle* because although the disabled person is considered normal, the belief system tries to find an explanation for the causes of disabilities and efforts are made to avoid the occurrence of disabilities.

For the Abagusii, the hand of *Engoro* was always present to ensure observance of the horizontal relationships. Unpleasant behaviour such as inter-clan homicide, adultery, incest or such related wrongs could invite a penalty from intermediary spirits (Ochieng 1974). The spirits could kill members of the offending homestead through disease, make them insane, sterile or even cause them to bring forth children with impairments. When symptoms like

impairments were observed, an *omoragori* (seer or diviner) was consulted to interpret the wishes of the ancestors and once known, they were carried out (Ochieng'1974). In a recent study, Raikes (1990) notes that there is fear of witchcraft especially during pregnancy among Abagusii which is associated with the traditional beliefs. This retrogressive culture is particularly upheld by those not highly schooled in Western education. Therefore, when impairments that can be simply explained medically (such as polio-related impairments) strike, witchcraft is invoked and a neighbour or a co-wife suspected of being jealous could be accused of bewitching one. This type of witchcraft, *ogokonwa*, is commonly invoked between co-wives in polygamous households.

Bota (2002) reports of a case where parents among a polygamous Abagusii family neglected their disabled child. The mother of the child with multiple disabilities abandoned it at her matrimonial home after she divorced the husband. On his part, the estranged husband left the child under the care of his other wife who had no obligation to take care of another woman's baby. To make it worse, she had no awe over a disabled child that required much more attention. Subsequently, the neglected child died.

Other studies however unravel the extent to which the Abagusii and Nandi attitude on disability is reflected thro personal names and proverbs. Personal names "serve principally to label and identify individuals" (Allerton 1989). Children in Gusii are known by two names- father names but in some cases, names may reflect on denot one form or another of disability. According to Swanepoel (1993), illiteracy causes inferiority complex among the people, fear makes people abstain from taking initiatives "thinking that they cannot make any worthwhile contribution." In this case therefore, people believe that innotion participation and representations must come from the educated people or from the rich.

Illiterate people also come to realize that they cannot develop their own organization on their own since they need a literate person to act on their behalf. This limitation has really worked against physically challenged person self confidence and independent actions.

Income levels of the physically challenged

Disability and poverty are often intertwined. The Ministry of Planning and National Development millennium development goals progress report of Kenya 2003, indicates that the levels of poverty in Kenya now stand 56% against a target of 21.7% by year 2015. Majority of persons with disabilities live in extreme poverty. In line with its Poverty reduction policy, the government will develop strategies to improve persons with disabilities reduce their poverty level and make themselves reliant and able to participate in national development.

In Kenya, gender patterns in relation to disability indicate that poverty hits harder on women and girls due to patriarchal property ownership structures. However, Aid is less likely to reach women and girls who are able to compete in situations of scarcity. In public arena, more women than men are classified as disabled and while disabled people are much more likely to live in poverty, women are likely to be poorer than men especially in countries like Kenya, where women are often heads of household. Disabled women are less likely to be in the paid workforce than either men with disabilities for non-disabled women are in general having lower from employment (Abu-Habib 1997 Meekosha and Dowse 1997, Snyder 1999/Charowa 2002).

As defined in the disability act of 2004, disability means physical, sensory, mental or other impairment including any visual, hearing, learning or physical incapability which impacts addressing on social i.e. economic or environmental participation.

Kenya government's vision on disability is a society that is fully inclusive and provides equal opportunities and access to services for persons with disabilities. Its goal is to create a conducive environment for persons with disabilities to realize their full potential and contribute to development of society. Disability Act of 2004, gazette supplement No 111 (acts no 14), 9th January 2004).

Kenya earliest recorded initiatives towards disability phenomenon for organized care and provision of services goes back to missionary era in 1946. The salvation army church established a programme to rehabilitate men blinded during the second world war. However, the first post independence education and man power training enquiry, the Ominde commission of 1964, recognized the need for education and training in the disability sector. It recommended measures to address the government's role in the coordination and improvement of service quality and delivery strategies and transition from school to employment world (Ominde commission 1964).

The parliament sessional paper number 5 of 1968 set the pace for government leadership in provision and coordination of services for persons with disabilities. It also established the vocational rehabilitation division in the department of social services. This effort resulted into the establishment of industrial rehabilitation center in Nairobi in 1971. ten rural vocational rehabilitation centers were subsequently established country wide to offer courses in carpentry, dressmaking and health work (government session paper number 5, 1968). In 1975, the special education section was set up within the ministry of education to coordinate education for general with special needs. Independent sections with specialized staff responsible for every disability category were later established within the inspectorate and curriculum

development arms of the Ministry of Education (Government Printers: Ministry of Education 1975).

There emerged natural association and community based groups formed and managed by persons with disabilities to advocate and to pressurize for services and participation in national development. They created awareness to act as representatives of persons with disabilities and press for services provisions (national disability policy 2006). They include Kenya union of blind (KUB) established in 1959, Kenya National Association of Deaf (KNAD, 1987) and the Kenya Society of the Physically Handicapped (KSPH, 1986).

In 1989, these national organizations alongside other smaller district and community ones came together to form the United Disabled Persons of Kenya (UDPK). UDPK became an umbrella body with a stronger voice and negotiation capacity to champion disability advocacy work. It has worked very closely with the government in raising awareness, identifying needs and services for disabled persons and organizing events as the UN international day for persons with disabilities.

Parents association and support groups have also in the past made useful contribution in respect to children and adults with intellectual disabilities (national disability policy 2006). The government declared 1980 the national year for persons with disability a head of 1981, united nations international year [of the disabled persons. Community based rehabilitations(CBR) strategy was introduced during this period of great awareness drive. It was considered a suitable approach to actively involve communities in the change of attitudes and acceptance of persons with disabilities.

Early initiatives for this strategy in meeting the government needs and service provision started with ministry of health and remain an important feature of service delivery to persons with disabilities.

Education levels of the physically challenged persons.

In 1884, the ministry of education introduced the educational assessment and resource services (EARS) which has greatly improved in the growth and quality of education services for children with special education needs (Ministry of Education, government printer 1984.) EARS embraced a multi-sectoral approach by different professionals such as teachers, social workers and medical workers. It involved the community in identification, assessment, intervention and placement and placement in education services. The strategy also aimed about changing community attitude in discrimination and stigmatization towards women and men with disabilities. One may want to establish to what extent this has been achieved.

Another remarkable progress in addressing the disability concerns came in 1993 when the attorney general, appointed a task force to review laws relating to persons with disabilities. The task force went round the country collecting views from the public and persons with disabilities. It completed its assignment within three years and presented a report and draft bill which was signed into law in Dec 2003 (Kenya gazette supplement no 111 (Acts no 14).

The persons of disabilities act of 2003 was brought into effect in June 2004 (Kenya Gazette supplement, Nairobi 9th January 2004). Its key provisions was the establishment of a national council of persons with disabilities whose mandate is to implement the rest of the act on the rights, privileges and protection of women and men with disabilities.

The document addresses preconditions for equalization of opportunities which include awareness raising, medical care, rehabilitation and support services. Another target areas of equalization of opportunities were accessibility, education, employment, income maintenance, discrimination and or equal basis with others and encourage their participation in public affairs including participation and representation is association concern with public and political life of the country and in the activities and administration of political parties and any other representation at international, national, regional and local levels.

Kenya being a signatory to the United Nations Convention on the Rights of Persons with Disability has domesticated and operationalized these instruments through policies, legislations and programmes. But there is need to ascertain the positions of levels of participations and self representation by women and men with disability at local levels. According to the ministry of gender, sports , culture and social services report on African decade of persons with disabilities (1999-2009). Kenya reflection and action January 2004, it brought together government and civil society actions to discuss and formulate the country plan of actions.

The conference was to identify the key 'challenges facing persons with disabilities in Kenya. Some of the challenges include gender inequalities, the double jeopardy of invisibility. Here the society views women with disabilities as lesser human beings because disabilities often distorts the physique. Kenya women with disability are invisible in leadership in most public domains such as parliament , local government. the schools parents teachers associations (PTAs), parish councils, who's including those dealing with women and even leadership of the disability movement.

They are ignored and discriminated in family gatherings, birthday parties, schools.

parents day, fundraising meetings, family planning and other public frames including within the family. The focus on the basis of my research `study to establish to true position and data on women self representation in the above `mentioned `public decision making organs `at the local level in the last ten years which was the set period. Another challenge `during the conference was the inclusion and representation of women and men with disabilities |in all public decision making organs of the society.

This was to be achieved through institutionalization of representation of women and men with disabilities in the local councils, parliament and all other public decision making organs through mobilization awareness creation and capacity building of people with disabilities. This was however to be achieved by lobbying of political parties to accommodate people with disabilities and ensure existence of disability desks in all ministries at national to local levels to advocate to representation. The study is meant to establish the achievement in the most ten years (1999-2009) .

There is need to research for evidence to where there is enormous |change of attitude among rural communities to support and allow self participation and representation to public `decision making organs that determine their dignity and address their needs and interest of persons with disabilities. This research study would want to establish the practical research data of numbers of women and men with disabilities in public decision making organs as evident support to government policies, legislations and programmes in collaboration with the international `community, civil society and faith based organizations(the people with disability act 2004).

Article 29 of the United Nations convention on the rights of persons with disability. Participation in political and public life states parties and other organs, shall guarantee

to persons with disabilities political rights and the opportunity to enjoy them on an equal basis with others and shall undertake:-

To ensure that persons with disabilities can effectively and fully participate in policies and public life on an equal basis with others, directly on an equal basis with others, directly or through their chosen representation including the right and opportunity for persons with disability to vote and be elected and perform all public functions at all levels of governments.

To promote actively an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs without discrimination and on equal basis with other and encourage their participation in public affairs including participation and self representation in association concerned with public and political life of the country. Kenya having administered and operationalized these instruments through policies, legislation and programmes, there is need to ascertain true position of levels of participation and self representation by women and men with disability at local levels in social, economic and political spheres.

2.2 Theoretical Framework

This section provides an overview of the theories that guided this study to examine the participation by the physically challenged persons in public decision making organs.

The theory considered for this was conflict theory because it dealt with structural view of society with socio economic and political issues of conflict of scarce resources, social values and other social goods. (Abraham ,1982). Conflict theory was inspired by the ideas and work of Karlmax and the interpretive sociology of Max Weber. Conflict theory is a social theory which emphasizes a persons or group ability to exercise influence and control over others,

thereby affecting social order. It posits that individual and groups struggle to maximize their benefits inevitably contributing social changes such as politics and revolutions which may not involve physical violence since struggle continued struggles exists among all different aspects different society. Maxweber argued that the existence of different social classes caused conflict among social classes and change in the society. Weber emphasized power, authority and social change.

Conflict theory assumes that different groups in society have different interest and hence a potential for conflict is the way the society is organized which benefits some groups to take advantage of others (Haralambuse and Holborn, 2008) the theory assumes that the society is made of struggling and competing actors (Abraham 1982) and therefore conflict occurs when supported groups become organized and aware of their interests. In respect for this study, conflict theory addresses competition of scarce resources such as money, wealth, prestige and social status. The idea of competition can explain the nature of interaction by the physically challenged and the society in relation to prestige, power, education money and decision making authority.

Conflict theory can also explain the idea of gender. This type of conflict can be noticeable by the implications of a type of culture that is for men and a type of culture that is for women with disabilities. Conflict theory explains education structuring in equality whereby children enter school with a wide range of knowledge, physical, social, emotional cognitive skills. Therefore children from lower income families face a disadvantage over those from wealth families. Finally, with respect, conflict theory employment requirements the efforts of the non physically challenged persons monopolizing or dominating jobs by imposing their social cultural standards on the

physically challenged persons within the society. Education levels that does not favour the physically challenged persons places them at the bottom of the economy while conditioning them to accept their low status in the class structure in any society.

2.3: Conceptual Framework

This conceptual framework mapped out the society in which the physically challenged persons live with other members of the society and therefore allowed the examination of the factors that influenced participation by the physically challenged persons in public decision making organs.

Independent variable

Dependent variable

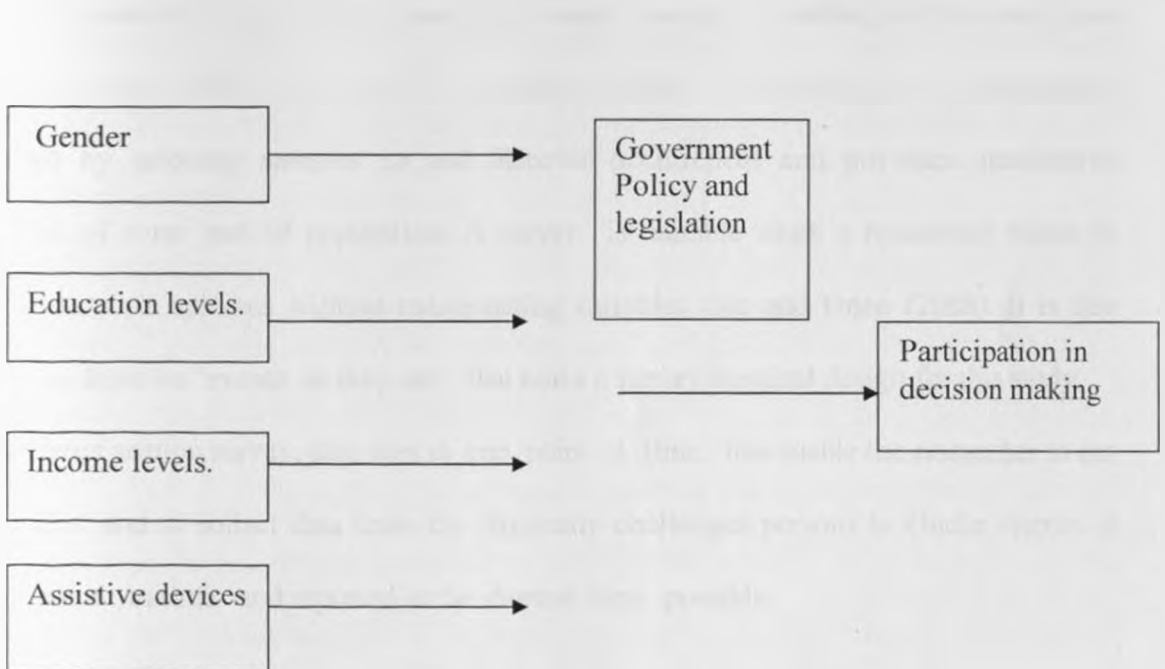


Figure 1. Independent and dependent variable

The dependent variables of this study are attitude, educational levels, gender, income, age and assistive devices which have considered in relation to participation of the physically challenged to see whether they influence participation or not.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1-Introduction.

This chapter covers the following topics: research design, target population, sample and sampling procedures, research instrument, instrument validity, instrument reliability, data collection procedures and data analysis techniques.

3.2: Research Design.

The research design for this study was survey design. According to Oso and Onen (2008) and Amin (2005), A survey is a present oriented methodology that investigates populations by selecting samples to and discover occurrences and provides quantitative descriptions of some part of population. A survey is suitable when a researcher wants to describe events or opinions without manipulating variables Oso and Onen (2008). It is this intentions to describe “events as they are” that make a survey the ideal design for this study.

Through cross section survey, data was at one point in time. this enable the researcher to cut down on cost and to collect data from the physically challenged persons in Gucha district at just one point in time and reported at the shortest time possible.

3.3. Target Population.

Target population refers to an entire group of individual having common observable characteristics (Mugenda and Mugenda, 2003). The target population for this study was 503 physically challenged persons in Gucha District.

3.4: Sample selection and Sampling Technique.

A sample is a small group selected from the target population (Mugenda and Mugenda, 2003). It is however, large enough to represent the salient characteristics of the accessible population. A sample of 150 respondents was selected from a target population of 503 within the district. Mugenda and Mugenda (2003) stated that a sample of 30 percent is appropriate for a target population that is small in size.

Sampling, on the other hand, refers to the process of selecting a number of individuals for a study in such a way that the individuals selected represent the large group from which they were selected (Mugenda and Mugenda, 2003). Simple random sampling technique was used to select 150 respondents. This technique gave each and every individual in the target population an equal chance of being selected.

3.5: Research instruments.

The instruments administered for collecting data from the field included questionnaires and interview schedules for the physically challenged persons within Gucha district. Questionnaire were used because the study was concerned mainly with variables such as gender, educational levels, income levels and assistive devices which were reflected in the views, opinions and development. Such information was best collected using questionnaires as recommended by Mugenda and Mugenda (1999). It was also appropriate when the population being studied is large, time is limited, subjects are scattered, topic is sensitive and it however allowed freedom of responses.

Interview schedules were used because it allowed the researcher to obtain in-depth data which were not possible to get using questionnaires. This was possible by using probing questions. Mugenda and Mugenda (1999). It was also useful because one was able to see the

person being interviewed and how one was reacting, it therefore allows you to observe the situation.

3.5.1: Piloting.

Pre-testing of the data collection instruments was done before the actual survey was carried out to ascertain feasibility of the study instruments. Pre-testing was meant to determine whether the questions were acceptable, answerable, analyzable, applicable and to enable the interviewees discern, alter or detect any question which were being misinterpreted or were too sensitive to be asked without offending the physically challenged persons and thus come up with a good final questionnaire.

The pre-testing instruments were later selected for the actual study, piloting was carried out with data collected by use of structure questionnaire and interview schedules. The study employed the test retest reliability test. Questions were design and put across explicitly and guides given on how to report by ticking where appropriate.

3.6: Validity Of Research Instruments.

Validity refers to the degree to which the research instrument measures what it purports to measure (Mugenda and Mugenda, 2003). Validity therefore has to do with how accuracy that data obtained in the study measures the variables. This study utilizes validity which according to (Mugenda and Mugenda, 1999) is a measure of the degree to which data collected using a particular instrument represents specific indicators or contents of a particular concept. The indicators for this study was the male and female representation, education levels, income levels and number assistive devices by the physically challenged persons. The validity of instruments were evaluated using three expert lecturers to ensure

that the instruments were measuring what it purported to measure and the objective of the study were well represented in the item.

During the piloting, ten female and ten male with disabilities from Kuria District helped in clarifying some of the responses which assisted in removing ambiguity and hence the validity of the items were assured and captured in the final document.

The research instrument was validated by the results from the pilot study. The instrument was further validated by three experts in the area of study.

3.7: Reliability Of Research Instrument

Reliability refers to the degree to which the research instrument measures what it's supposed to measure consistently (Mugenda and Mugenda, 2003). Therefore, though one acknowledges that measurement errors are never completely eliminated but one may seek to minimize them as much as possible to increase the reliability of the conclusion made from a study. According to Nunnally and Bernstein (1994), reliability refers to the extent to which a test is capable of consistently yielding the same results or near the same score, each time the test is administered to the same individual regardless of opportunities. The reliability of the instrument was ascertained through test-retest method where the researcher first administered the questionnaire to the selected respondents and repeated the same after some times. The researcher then used Spearman Brown Prophecy formula to calculate reliability of the research instrument. The reliability was then found to be 0.88. This showed that the instrument was reliable.

3.8: Data Collection Procedures

The researcher got a permit from the Office of the President and Provincial Administration and Ministry Of Gender, Children and Social Development and introductory

letter from the University of Nairobi. The researcher visited the District Commissioner, Ministry offices, Chiefs, Ass Chiefs, village elders, schools, public decision making organs officials for familiarization.

Data collection was carried out by the principal researcher in the company of research assistants who assisted in locating the key informants. The research assistants were selected from members of the community who had interest in the study and were residents from the research area able to communicate well in both English and Ekegusii and to read and write. The research assistants were recruited and trained in the study for three days. The training basically involved:

- i. Understanding contents of the questionnaire
- ii. How to ask questions,
- iii. How to probe and record,
- iv. How to locate people for interview,
- v. Establishing a rapport with the interviewees,
- vi. Using of appropriate language while conducting interview,
- vii. How to conclude interview and thanking the interviewees.

3.9: Data Analysis Techniques.

Data collection in the field was continually supervised and the quality controlled by the principal researcher. Raw data from the questionnaires was coded and entry done using statistical package for social sciences (SPSS) data entry programme. Data was analyzed by use of descriptive statistics involving frequencies and percentages. The summary of these results were then represented in terms of frequency tables. Qualitative data are non numerical in nature, thus the values of a numerical variable can only be classified into categories called

classes (Mendenhall, W and Sinchich, T., 2003). Quantitative data were describe numerically using measures of central tendency (Mean , Mode and Median) and measures of distribution (frequencies and percentages). The information was presented in the form of tables from which conclusions and recommendations were made.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.1: Introduction

This chapter analyses data pertaining to the factors influencing participation of the physically challenged persons in public decision making organs in Gucha District. The factors considered were demographic variables (i.e gender and level of education), level of income and assistive devices used by the physically challenged persons in the district.

4.2: Response Return Rate

A total of 150 out of 180 target population were sampled and included in the main study. However 125 respondents returned the questionnaire. This represented a questionnaire return rate of 83.3%.

4.3: Demographic Characteristic.

4.3:1: Gender

From the study, the researcher asked the physically challenged respondents to state their gender and show how it influenced their participation in public decision making organs in Gucha District. Their response were as follows:

On gender, 71 (56.8%) stated that they were male while 44 (43.2%) said that they were female as shown in table 1 and figure 2 below

Table 1: Gender of Respondents

Gender	Frequency (f)	Percentage
Male	71	56.8%
Female	44	43.2%
Total	125	100.0%

From table 1 and figure 2 above, it can be seen that more male 71 (56.8%) than female 44 (43.2%) participated in the study.

Table 2: Gender and participation in public decision making organs Cross-tabulation

			Do you participate		Total
			No	Yes	
Gender	Female	Count	52	1	53
		% within gender	98.1%	1.9%	100.0%
		% of Total	43.3%	.8%	44.2%
	Male	Count	62	5	67
		% within gender	92.5%	7.5%	100.0%
		% of Total	51.7%	4.2%	55.8%
Total		Count	114	6	120
		% within gender	95.0%	5.0%	100.0%
		% of Total	95.0%	5.0%	100.0%

Table 3: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.937	1	.164		
Continuity Correction(a)	.941	1	.332		
Likelihood Ratio	2.152	1	.142		
Fisher's Exact Test				.226	.167
Linear-by-Linear Association	1.921	1	.166		
N of Valid Cases	120				

On participation in public decision making organs in the district. 62 (12.7%) out of 67 (100.0%) male said that they participated while only 1 (2.3 %) out of 53 (100.0%) female said that she participated.

A Chi Square test to determine if Males and Females were distributed differently on participation in public decision making organs in the district failed to indicate a significance difference, $X^2(1, N=120)= 1.937, p=0.164$. An alpha level of 0.05 was adopted for this and all subsequent statistical tests.

From the above, it can be said that gender as a factor has no influence in the participation of the physically challenged persons in public decision making organs in Gucha District.

4.5: Level of Education

The researcher also asked the physically challenged respondents to state their level of education and show how it influenced their participation in public decision making organs in Gucha District. Their response were as follows:

On the level of education, 12 (98%) respondents said that they had attained nursery level education, 52 (42.6%) had attained primary level, 28 (23.9%) had attained secondary level, 6 (49%) had diploma level, 2 (1.6%) had university level of education. 22 (18.0%) respondents said that they had not attended any formal education while 3 (2.4%) failed to respond to the question. Table 2 below shows the level of education of the respondents.

Table 4 : Level of Education of the Respondents

Level of education	Frequency (f)	Percentage (%)
Nursery	12	9.8
Primary	52	42.6
Secondary	28	23.0
Diploma	6	4.9
University	2	1.6
None	22	18.0
Total	122	99.9

From table 2 above it can be seen that majority of the respondents 86 (70.5%) had attained a primary level of education and below while only (6.6%) respondents had attained above secondary level of education.

Table 5: Level of Education and participation in Public Decision Making

Crosstabulation

			Do you participate		Total
			No	Yes	
State your level of education	None	Count	22	0	22
		% within state your level of education	100.0%	.0%	100.0%
		% of Total	18.5%	.0%	18.5%
	Nursery	Count	12	0	12
		% within state your level of education	100.0%	.0%	100.0%
		% of Total	10.1%	.0%	10.1%
	Primary	Count	49	2	51
		% within state your level of education	96.1%	3.9%	100.0%
		% of Total	41.2%	1.7%	42.9%
	Secondary	Count	26	1	27
		% within state your level of education	96.3%	3.7%	100.0%
		% of Total	21.8%	.8%	22.7%
	Diploma	Count	5	0	5
		% within state your level of education	100.0%	.0%	100.0%
		% of Total	4.2%	.0%	4.2%
	University	Count	0	2	2
		% within state your level of education	.0%	100.0%	100.0%
		% of Total	.0%	1.7%	1.7%
Total		Count	114	5	119
		% within state your level of education	95.8%	4.2%	100.0%
		% of Total	95.8%	4.2%	100.0%

Table 6: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	47.337	5	.000
Likelihood Ratio	16.054	5	.007
Linear-by-Linear Association	8.576	1	.003
N of Valid Cases	119		

A Chi Square test to determine if levels of education were distributed differently on participation in public decision making organs in the district indicated a significance difference. $X^2(5, N=119) = 47.337, p=0.000$. An alpha level of 0.05 was adopted. It can therefore be said that the level of education influenced the participation by the physically challenged in public decision making organs in Gucha District.

Since only 10 respondents as from objective one on gender, stated that they participated in public decision making organs in the district and since majority of the respondents (86), had attained primary level of education and below, it can therefore be said that the level of education influenced the participation by the physically challenged in public decision making organs in Gucha District.

4.6: Level of Income and Participation in Public Decision Making Organs

The researcher also asked the physically challenged respondents to state their level of income and show how it influenced their participation in public decision making organs in Gucha District.

Out of 125 respondents, only 97 respondents responded to this question (objective), and their response showed that 57 (58.8%) respondents had an income of Kshs. 1,000 and below, 22 (22.7%) had an income of between Kshs. 1,001 to Kshs. 3,000, 8 (8.2%) had an income of between Kshs. 3,001 to Kshs. 5,000, 1 (1.0%) had an income of between Kshs. 5,001 to Kshs. 7,000 while 9 (9.3%) respondents had an income of Kshs. 7,001 and above as shown in table 3 below.

Table 7: Level of Income of the Respondents

Level of income (Kshs)	Frequency (f)	Percentage (%)
1000 and below	57	58.8
1001-3000	22	22.7
3001-5000	8	8.2
5001-7000	1	1.0
7001 and above	9	9.3
Total	97	100.0%

From table 3 and figure 4 above it can be seen that majority of the physically challenged 87 (89.7%) had an income of Kshs. 5000 and below while only 10 (10.3%) respondents had an income of Kshs. 5001 and above.

Table 8: Level of Income and Participation in Public Decision Making Organs

Crosstabulation

			do you participate		Total
			no	yes	
State your level of income in Kshs per month	below 1000	Count	54	3	57
		% within State your level of income in Kshs per month	94.7%	5.3%	100.0%
		% of Total	57.4%	3.2%	60.6%
	1001-3000	Count	20	1	21
		% within State your level of income in Kshs per month	95.2%	4.8%	100.0%
		% of Total	21.3%	1.1%	22.3%
	3001-5000	Count	7	0	7
		% within State your level of income in Kshs per month	100.0%	.0%	100.0%
		% of Total	7.4%	.0%	7.4%
	5001-7000	Count	1	0	1
		% within State your level of income in Kshs per month	100.0%	.0%	100.0%
		% of Total	1.1%	.0%	1.1%
	7001 and above	Count	6	2	8
		% within State your level of income in Kshs per month	75.0%	25.0%	100.0%
		% of Total	6.4%	2.1%	8.5%
Total		Count	88	6	94
		% within State your level of income in Kshs per month	93.6%	6.4%	100.0%
		% of Total	93.6%	6.4%	100.0%

Table 9: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	5.398	4	.249
Likelihood Ratio	4.083	4	.395
Linear-by-Linear Association	2.540	1	.111
N of Valid Cases	94		

A Chi Square test to determine if levels of income were distributed differently on participation in public decision making organs in the district failed to indicate a significance difference. $X^2 (4, N=94) = 5.398, p=0.249$. An alpha level of 0.05 was adopted. It can therefore be concluded that the level of income does not influence their participation in public decision making organs in Gucha District.

Since only 10 respondents stated that they participated in public decision making organs it can therefore be concluded that the level of income influenced their participation in public decision making organs in Gucha District.

4.6: Assistive Device and Participation in Public Decision Making Organs

The researcher also asked the physically challenge respondents to state whether they have assistive devices and show how these devices influence their participation in public decision making organs in Gucha District. A total of 123 out of 125 respondents responded to the question and their response were as shown in table 4 below.

Table 10: Assistive Devices

Assistance devices	Frequency (f)	Percentage (%)
With assistive devices	8	6.5
Without assistive devices	115	93.5
Total	125	100.0%

From table 4 and figure 5 above, only 8 (6.5%) respondents stated that they had assistive devices while 115(93.5 %) respondents said that they did not have assistive devices.

Assistive Device and Participation in Public Decision Making Organs

Table 11: Assistive devices * do you participate Crosstabulation

			Do you participate		Total
			No	Yes	
Assistive devices	No	Count	108	4	112
		% within assistive devices	96.4%	3.6%	100.0%
		% of Total	90.0%	3.3%	93.3%
	Yes	Count	6	2	8
		% within assistive devices	75.0%	25.0%	100.0%
		% of Total	5.0%	1.7%	6.7%
Total		Count	114	6	120
		% within assistive devices	95.0%	5.0%	100.0%
		% of Total	95.0%	5.0%	100.0%

Table 12: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.218	1	.007		
Continuity Correction(a)	3.412	1	.065		
Likelihood Ratio	4.133	1	.042		
Fisher's Exact Test				.051	.051
Linear-by-Linear Association	7.158	1	.007		
N of Valid Cases	120				

A Chi Square test to determine if levels of income were distributed differently on participation in public decision making organs in the district indicated a significance difference, $X^2 (1, N=120)= 7.218$. $p=0.007$. An alpha level of 0.05 was adopted. It can be said that the assistive devices influenced the participation of physically challenged in public decision making organs in the district.

Since only 10 respondents had said that they participated in public decision making organs in Gucha District, and since majority of the respondents 115 (93.5%) said that they did not have assistive devices. therefore it can be said that the assistive devices influenced the participation of physically challenged in public decision making organs in the district.

The researcher further asked the respondents to give reasons why they did not participate in public decision making organs. Their response were as shown in Table 5 below:

Table 13: Reasons for Not Participating in Public Decision Making Organs

Reason	Frequency (f)	Percentage (%)
Social stigma/ Discrimination	87	89.7
Low education levels	12	10.3
Inability to communicate	7	10.9
Biased education	6	8.4
Lack of appropriate legislation	3	3.0
No reason	8	8.2

The researcher finally asked the respondents to suggest ways of improving their participation in public decision making organs in Gucha District. Their response were as shown in table 6 below.

Table 14: Suggestions for Improving Participation in Public Decision Making Organs

Suggestions for improving participation	Frequency (f)	Percentage (%)
Provide social income/ Devices	65	81.3
Public education / awareness	19	52.0
Empower the physically challenged	7	7.9
Grants opportunities	9	9.3
Educate the physically challenged	6	8.4
Lobby/Advocacy	7	7.9

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION, RECOMMENDATION AND DISCUSSION

5.1: SUMMARY OF FINDINGS

The study on the factors influencing participation of the physically challenged persons in public decision making organs in Gucha District. Participation as a concept of development entails involvement in decision making process by the disadvantaged members of the society at all levels on matters that affect their day to day lives and hence the study focused on that physically challenged persons in the Gucha District. This study was guided by the following objectives:

To determine whether gender of the physically challenged persons influence their participation in public decision making organs in Gucha district.

To determine whether education level of physically challenged persons influence their participation in public decision making organs in Gucha district.

To determine whether income levels of the physically challenged persons influence their participation in public decision making organs in Gucha district.

To determine whether assistive devices influence participation of physically challenged person in public decision making organs in Gucha district.

The research methodology used in this study was surveyed design. The sampling technique used in the study was simple random sampling where four out of the seven division were sampled based on geographically structures.

Data for the study was collected using questionnaires to a target proportions of 503 and the total number of respondents for the study were 150 as a sample size which is

30% of the target population as recommended by Mugenda and Mugenda (2003). The sample was composed of 71 males and 44 females.

The key findings on each of the objective of the study are summarized below:

Gender and Participation in Public Decision Making Organs.

Males remained the most dominant gender of the physically challenged persons in Gucha District. Out of 125 respondents 71(56.8%) stated they were males and 44 (4.32%) said that they were females.

On participations in public decision making organs in Gucha District 9 (12.7%) out of 71 (100.0%) male said that they participated while only 1(2.3%) out of 44 (100.0%) females said that they participated. Therefore from the above gender as a factor influenced the participation of the physically challenged persons in public decision making organs in Gucha District.

Level of Education and Participants in Public Decision Making Organ.

Majority of physically challenged persons (70.5%) have attained primary level of education and below while only 8 (6.6%) have attained above secondary level of education.

On participation in public decision making organs only 10 respondents (%) out of 86 (%) stated that they participated hence a level of education influenced participation of the physically challenged persons in public decision making organs in Gucha District.

Level of Income and Participation in Decision Making Organ.

A large number of the physically challenged persons (89.7%) in Gucha District had an income of Kshs. 5000 and below with only 10.3 % respondent who had an income of Kshs. 5001 and above.

On participation to decision making on 10 respondents out of 97 participated and therefore the level of income influenced participation of the physically challenged persons in public decision making organ in Gucha District.

Assistive Devices and Participation in Public Decision Making Organs.

Findings showed that majority (93.5%) of the physically challenged persons in the district do not have assistive devices as compared to only 6.5% who said they have them.

On participation in public decision making organs by the physical challenging persons: assistive devices greatly influenced their participations since majority and access to public decision making organs remain a major obstacle

5.3: Conclusions

From the above findings, Gender influences participation since male (12.7%) participated in decision making organs compared to female (2.3%).

On the level of education as a factor influencing participation in public decision making organs of the physically challenge persons, it can be concluded that only majority (85.4%) have attained below primary level of education and therefore cannot participate in public decision making organs.

On the level of income as a factor influencing participation of the physically challenged persons in public decision making organ. research finding show that majority have income below Kshs. 5000 and hence do not participate in public decision making organs.

On assistive devices as a factor influencing participation of the physically challenged persons in public decision making organs in Gucha District. findings show that the majority (93.5%) do not have assistive devices as compared to only 6.5% who have them.

5.4: Recommendations

Summary findings and conclusions on gender as a factor influencing participation of the physically challenged persons show that majority are male (12.7%) compared to female (2.3%).

It is recommended that more female be given opportunity to participate in public decision making organs in Gucha District so as to ensure that gender issues and concerns are addressed .

From conclusion level of education influenced participation of the physically challenged persons with majority (85.4%) having attained education below primary level. It is therefore recommended that the physically challenged persons be given education opportunities so as to empower them to participate in making decisions that affect their lives.

Findings on the level of income showed that the majority of the physically challenged persons in Gucha District has low income below Kshs. 5000 .
It is recommended that the physically challenged persons be availed employment opportunities and development of income generating activities and programs so as to

empower the economically for the to participate in public decision making organs in Gucha District.

Finally as seen in the above conclusions. majority of the physically challenge persons lack assistive devices making mobility a critical issue for their participation in public decision making organs in Gucha District.

It is therefore recommended that the physically challenged persons be availed assistive devises through economic empowerment programs such as disability development fund as well as through charitable organizations.

Further Research

It is necessary to carry out a comparative study on the factors that influenced few women to participate in public decision making organs as compared to more men. Its is however necessary a full scale survey on why the physically challenged persons don't fully participate in public decision making organs inspite government policy such as disability act 2004 which advocates for the rights and privileges of the physically challenged persons.

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APPENDIX I

QUESTIONNAIRE FOR THE PHYSICALLY CHALLENGED PERSONS

This questionnaire is a set of questions designed to generate data necessary to accomplish the objectives of this research project. The study focuses on factors influencing participation of the physically challenged persons in public decision making organs in Gucha District. The study is purely for academic purposes and therefore information given will be treated with outmost confidentiality.

(Please tick as appropriate)

1. State your gender

Male Female

2. State your level of education

(i) None (ii) Nursery (iii) Primary
(iv) Secondary (v) Diploma (vi) University

Any other (specify).....

3. Are you employed, self employed or not employed

(i) In wage employment (ii) Self employed (iii) Not employed

If not employed, what is your main occupation.....

4. State your level of income in Kshs. per month

(i) Below 1000 (ii) 1001-3000 (iii) 5001-7000
(iv) 7001 and above

5. State the nature of your disability

(i) Physically impaired (ii) Visually impaired (iii) Hearing
impairment

(iv) Mentally impaired (v) Blind

(vi) Say/using sign language (vii) Deaf/able to talk normally

Any other (specify).....

6. Do you have any assistive devices?

Yes No

If yes state the devices you have for your use

If not, how do you support yourself with our disability condition

.....

7. Do you participate in public decision making organs in Gucha District?

Yes No

If YES state the public decision making organ that you participate in Gucha District

- (i) Local councils
- (ii) School management committees
- (iii) CDF committees
- (iv) Public Health management Committees
- (v) District Social Development Committees
- (vi) District Education boards
- (vii) District Environment Committees
- (viii) District HIV/AIDS Committees

Any other (specify).....

If NOT give reasons why you do not participate in public decision making organs

.....

.....

Suggest ways of improving your participation in public decision making organs

.....

.....

APPENDIX II

LETTER OF TRANSMITTAL

WYCLIFFE N. WANGWE.
UNIVERSITY OF NAIROBI
P.O BOX 30197
NAIROBI.

Dear Sir/Madam,

**RE: A STUDY INTO FACTORS PARTICIPATION OF PHYSICALLY
CHALLENGED PERSONS IN PUBLIC DECISION MAKING ORGANS**

I am a student at the University of Nairobi pursuing a Master of Arts Degree in Project Planning and Management. The purpose of this research is to study factors influencing participation of the physically challenged persons in public decision making organs. Your genuine responses to the items in this paper will make the study a success and help all concerned parties to provide better services in future.

Please indicate your answer to the statements carefully by ticking the appropriate response according to you. Your response will be treated with utmost **confidentiality**.

Thank you in advance.

Wycliffe N. Wangwe.



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NCST/RR1/12/1/SS/757/3

Date:

19th August 2010

Mr. Wycliffe Namulata Wangwe
University of Nairobi
P. O. Box 2461
KISII

Dear Sir,

RE: RESEARCH AUTHORIZATION

Following your application for authority to carry out research on *"Factors influencing participation by physically challenged persons in public decision making organs in Gucha District"* I am pleased to inform you that you have been authorized to undertake research in Gucha District for a period ending *31st December 2010*.

You are advised to report to the District Commissioner and the District Education Officer, Gucha District before embarking on the research project.

On completion of the research, you are expected to submit two copies of the research report/thesis to our office.

A handwritten signature in black ink, appearing to read 'P. N. Nyakundi'.

P. N. NYAKUNDI
FOR: SECRETARY/CEO

Copy to:

The District Commissioner
Gucha District

The District Education Officer
Gucha District

THIS IS TO CERTIFY THAT:

Prof. / Dr. / Mr. / Mrs. / Miss... WYCLIFFE.....

NAMULATA WANGWE.....

of (Address) ... UNIVERSITY OF NAIROBI...

P.O. BOX 2461, KISII.....

has been permitted to conduct research in

..... Location,

..... GUCHA..... District,

..... NYANZA..... Province,

on the topic Factors influencing.....

..... participation by physically.....

challenged persons in public.....

decision making organs in Gucha.....

District.....

for a period ending... 31ST DECEMBER, 20..10...

Research Permit No. NCST/RRI/12/10

Date of issue 19/08/2010

Fee received SHS 1,000



Applicant's Signature

Secretary
National Council for
Science and Technology

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