

ROLE OF COMMUNITY-BASED REHABILITATION CENTRES IN THE PROVISION OF VOCATIONAL EDUCATION TO CHILDREN WITH PHYSICAL DISABILITIES IN KENYA

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ABSTRACT

Disability is not inability! Globally children with physical disabilities should receive psychological, medical, and educational and social services like any other 'normal' children. A descriptive survey design was used which explored an in-depth and holistic understanding of social life. Both qualitative and quantitative measures were used to analyse the data. Purposive sampling was used to select 2 centres, 2 administrators, 12 personnel, 12 teachers, 18 parents and 30 children with physical disabilities. A quantitative approach was employed based on questionnaires containing closed-ended questions, which were administered on personnel, support staffs and children with physical disabilities. A qualitative approach was employed based on a semi-structured interview schedule containing open-ended questions which were conducted on administrators and parents of the children with physical disabilities in the centres. An observation checklist was used to collect information about activities performed by the children with physical disabilities and facilities and equipment used in the CBR centres. The study established that with provision of appropriate and adequate provision of vocational training skills, medical services, and educational programmes to children with physical disabilities they will lead an independent life and become self-reliant. The study recommended the administrators of the two CBR centres to work hand in hand with the Ministry of Health to ensure that medical services are provide and also the administrators and the personnel should enlighten children with disabilities on the value and importance of each service offered at the CBR centres. Finally, the government should see the need to assist the community-based rehabilitation centres either financially or materially so that the CBR centres can improve their services.

Keywords: Community-Based Rehabilitation, Physical Disability, Rehabilitation

INTRODUCTION

Children with physical disabilities are those whose physical limitations interfere with school attendance or learning to such an extent that special services, training equipment, materials or facilities are required (Hallahan, Kauffman & Pullen, 2009). Children with physical disabilities have emotional, behavioural, and communication disorders. In this respect, children with physical disabilities are classified into three main categories namely: neurological impairment in which a child's nervous system and spine are affected; Orthopaedic impairment where the muscles and joints are affected, and Other Health Impairments (OHI) diseases such as epilepsy, sickle cell, haemophilia and cancer affect the

child. Physical disabilities can result from lower case complications where a child is born with a disability or it can be caused by an accident (Hallahan et al., 2009).

It is estimated that over one billion people - 15% of the world's population - live with some form of disability, and of these, between 110 and 190 million have significant difficulties in functioning (WHO, 2011). According to UNICEF (2013), more than 80% of children with disabilities live in developing countries and have little or no access to appropriate services. In Kenya, according to the 2009 Census, the most prevalent form of disability is physical disability. The 2009 Census statistics show that there are 215,627 females and 198,071 males with physical disabilities in Kenya, a total of 413,698 persons (Kenya National Bureau of Statistics, 2010).

Existing data shows that 98% of children with disabilities in developing countries do not attend school, or 40 million of the 115 million children who do not attend school have a disability/impairment (UNESCO, 2004). Furthermore, according to Richler (2004), fewer than 5% of children with disabilities in developing countries reach the Education for All (EFA) goal of primary school completion. The limited learning opportunities in formal educational settings for children with disabilities create a gap that can be filled by community-based rehabilitation centres. Community-Based Rehabilitation (CBR) was defined in a joint position paper by three United Nations agencies namely: International Labour Organisation (ILO), United Nations Educational Scientific and Cultural Organisation (UNESCO) and World Health Organisation (WHO) as "strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of the Persons with Disabilities" (WHO, 2004).

Community-Based Rehabilitation was initiated in the mid-1980s but has evolved to become a multisectorial strategy that empowers Persons with Disabilities (PwDs) to access and benefit from education, employment, health and social services. It was implemented in more than 90 countries through the combined efforts of the PwDs themselves, their families, organisations and communities and relevant government and non-governmental organizations, health, vocational, social and other services (WHO, 2004). Working in disability and development involvement and participation of PwDs and their families is at the heart of community-based rehabilitation.

According to (ILO, UNESCO & WHO, 2004), the goals of CBR are to ensure the benefits of the Convention on Rights of Persons with Disabilities reach the majority of PwDs through supporting persons with disabilities to maximize their physical and mental abilities, so that they can to access regular services and opportunities, and become active contributors to the community and society at large. Secondly facilitate capacity building, empowerment and community mobilization of people with disabilities and their families. Thus; it aims at enhancing the quality of life for PwDs. In CBR centres the family meets the basic needs and ensures the inclusion and participation of the professionals, the persons to be rehabilitated and the community at large (ILO, UNESCO & WHO, 2004).

In 1989, the Kenya National Organizations of Persons with Disabilities had 130 Community-Based Rehabilitation Centres throughout the country. Together with parents' organizations, they united and formed United Disabled Persons of Kenya (UDPK). It was through the work of UDPK that the government in 1990 appointed a Taskforce to review all laws relating to persons with disabilities. The Disability Act, enacted in 2003, was the product of a recommendation of the Taskforce Report (Ministry of Education, 2003). Kenya has seen a positive move towards the provision of services for its citizens with disabilities since the endorsement of the recommendations. PwDs comprise 10 percentage of the total population of any country according to (WHO, 1994). Since Kenya has a population of 38.6 million

Persons (Republic of Kenya 2010) it can be deduced that 3.8 million are living with disabilities out of which 413698 persons have physical disabilities.

LITERATURE REVIEW

Community based rehabilitation (CBR) is a strategy for rehabilitation, equalization of opportunities, poverty reduction and social integration of people with disabilities,(ILO, UNESCO, WHO 2008). CBR is implemented through the combined efforts of people with disabilities themselves, their families and communities, and the appropriate health, education, vocational and social services.

According to Olaogun, *et. al.* (2009) rehabilitation is a creative procedure that includes the cooperative efforts of various medical specialists and associates in other health technical and environmental fields to improve the physical, mental, social and vocational aptitudes of the persons with disability, with the objectives of preserving and improving their ability to live happily and productively on the same level and with same opportunities as other persons without disabilities.

Rehabilitation is a process that assists PWDs to develop or strengthen their physical, mental and social skills. Rehabilitation within the health care services has traditionally been thought to involve the provision of therapy which includes physical, occupational and speech as well as special equipment.

Comprehensive rehabilitation services which include health, employment, education and social services which are needed to enable PWDs to attain and maintain independence, full physical, mental, social and vocational ability and full inclusion and participation in all aspect of life (UN 2008).

The life pattern of the PWD in developed countries is that of a productive attitude toward them (Agarwal and Sharma, 2002) while those in developing nation such as Nigeria are yet to find a place in the mainstream of social life, away from usual occupation of begging, due to low school enrolment coupled with ignorance of what they can contribute to the society. Accessibility to service by persons with physical disabilities and especially those with physical disabilities countries to be a major challenge in all parts of the world, but especially in developing countries.

Community BR is a philosophy of the empowerment of PWD with the active efforts of the local communities. (Report of WHO Expert Committee on Disability, 1981, in Dalal, 2009)

Peters (2003) noted that advocate of special education have suggested the adoption of CBR, because in this type of rehabilitation program the community as whole can be mobilized for support as an alternative to formal school.

CBR is typically oriented towards achieving optimal functioning quality of life and community not typically address early impairment or disability in the acute stages of injury or illness, but assists people whose impairment and disabilities require long term rehabilitation and care (Kuipers & Doig, 2010)

OBJECTIVES OF THE STUDY

The general objective of this study was to investigate the factors influencing the provision of CBR services to children with physical disabilities in rehabilitation centres in Isiolo. Specifically, the study will (i) establish the types of services offered at CBR centres, and (ii) identify vocational skills provided to children with physical disabilities in CBR centres.

METHODOLOGY

Research Design

In this study, a descriptive survey design was used to describe characteristics of subjects or phenomenal attitudes (Bell, 2000). This design explored an in-depth and holistic understanding of social life. Both qualitative and quantitative measures were used to analyse the data. Qualitative data was derived from interview guide and observation checklist while quantitative data was derived from questionnaires.

Target Population

The study targeted all children with physical disabilities in the two community-based rehabilitation centres in Isiolo County, that is Isiolo Community-Based Rehabilitation and Jesus Mary Joseph Rehabilitation centres housing 40 children with physical disabilities and 14 personnel who provided different services in the CBR centres, the two administrators who coordinated all the activities carried out in the CBR centres, 14 support staff who provided different activities and 20 parents of the children who are in the centres. The target population was 90 respondents from which the sample size was drawn.

Sampling Techniques and Sample Size

The study used purposive sampling to select the respondents for the study. The administrators of the respective CBR centres and the professionals who included physiotherapists, occupational therapists, nurses, counsellor, social workers, and teachers were selected purposively because they were the key informants of the study. Support staffs were purposively selected because they were direct in touch with the children with physical disabilities. The children with physical disabilities were purposively selected because they received services in the CBR centres. Finally, parents of the children with physical disabilities in the centres were purposively selected as respondents because the researcher was in touch with them during parents meeting.

The target population consisted of 90 respondents out of which formed the sample size of 73 respondents. They were selected using the following statistical formula which is used to calculate sample size in survey design given by $n' = n / (1 + (n/N))$ (Saunders, Lewis & Thornhill, 2009). This formula was preferred because it can be adjusted to sample size of less than 100,000.

n' = required sample size

n = 384 (used for target population of less than 100,000)

N = Target population.

Using the above formula the sum of the sample size

$n' = n / \{1 + n/N\} = 384 / \{1 + 384/90\} = 384 / \{1 + 4.26\} = 384 / 5.27 = 72.8$

$n' = 73$ respondents represented 89.5% of the target population.

The total sample size was 90 respondents, who comprised of 40 children, 30 CBR staff members and 20 parents.

Data Collection and Analysis

Questionnaires, interview guide and observation checklist were used as research instruments in the study. Data collected was analyzed using descriptive statistics. The analysis procedure employed qualitative and quantitative procedures.

STUDY FINDINGS

Types of services offered at CBR

One objective of this study was to establish various types of services offered at CBR centres. In relation to this objective, the study found out that the services offered in the CBR centre were physiotherapy, counseling, speech therapy, vocational training, occupational therapy, advocacy, mobility, community sensitization, educational program and Social work (See table 1).

Table 1. Types of Services Offered at CBR Centres

Service	Frequency	Percentage
Counselling	4	30.7
Sensitizing the community	3	15.4
Social work	2	15.4
Vocational training skills	2	15.4
Physiotherapy	1	7.7
Occupational therapy	1	7.7
Educational programs	1	7.7
Total	13	100.0

It was noted that these services were not adequately provided except for bead-making, whose provision appeared not to require specialist equipment. The data revealed that with an improvement of services children with physical disabilities would fully become self-reliant.

Vocational skills provided to children with physical disabilities in CBR centres

Another goal of the study was to identify vocational skills provided to children with physical disabilities in CBR centres. The study established that vocational training skills offered at the CBR centers in Isiolo County include; tailoring, basketry, bead making, knitting, leather work and cookery (See table 2).

Table 2. Types of Vocational Training Skills Offered in CBR centres

Vocational Training	Frequency	Percentage
Bead making	15	37.5
Tailoring	7	17.5
Knitting	6	15.0
Craft/woodwork	5	12.5
Basketry	4	10.0
Leather work	3	7.5
Total	40	100.0

The study established that these vocational courses were limited and the children with physical disabilities had no choice selection of what they wished to train in due to a shortage of equipment, materials and personnel to train them. The data revealed that the children needed exposure and guidance on the vocational courses which would provide them with future self-employment.

CONCLUSION

Based on the study findings, the study concludes that with provision of appropriate and adequate provision of vocational training skills, medical services, and educational programmes, children with physical disabilities will lead an independent life and become self-reliant. The study recommends that:-

- i. The administrators and the personnel should enlighten children with disabilities on the value and importance of each service offered at the CBR centres.
- ii. The community members and administrators should solicit for funds to expand vocational training skills to include computer, metalwork and leather work and the training of teachers on the current vocational trends. Having this background knowledge the teachers would train children with disabilities in courses which would enable them to be self-reliant after leaving the centre and start income generating activities. Therefore, workshops for practical work should be well resourced.
- iii. There is need for an intensive study to be conducted to find out the factors that influence provision of services to community based rehabilitation centres.

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