

Christian Response to Challenges Faced by Children with Disabilities: A Case Study of St.  
Francis Xavier Roman Catholic Church, Malindi

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**Abstract**

Children with disabilities are among the most marginalized and excluded in the society. This study aimed at ascertaining the typologies of disabilities among CWD in Malindi Sub-County; challenges faced by CWD, parents and caregivers, how they mitigate them and the role of St. Francis Xavier Roman Catholic Church in addressing the plight of CWD and its efficacy. A qualitative methodology was used to collect primary data. Structured and semi-structured interviews and focus group discussions were used in collecting data. The result indicated the existence of various types of disabilities among CWD in Malindi Sub County; including physical disability, mental disabilities, visual impairment, and hearing and speech impairments. Challenges faced by CWD included neglect, abuse by the able-bodied, inability to access assistive devices, mobility challenges, lack of awareness of rights, inability to access buildings and facilities and proper housing, inability to access specialized healthcare, inability to acquire employment, inability to socialize, and inability to access specialized education. Challenges faced by parents include joblessness and poverty, inability to access disability-specialized public amenities, marital and family breakups, stress, inability to access information, communication challenges, inability to access government funding, negative attitude by society, insecurity, negative impact of disability on siblings, and lack of formal training in disability issues. The study concluded that though the church had put in place some measures in addressing the plight of CWD, the efforts have not been efficient. To achieve efficacy, the study proposed that the church should set up full-fledged disability ministries; involve parents and the entire society in the planning and mainstreaming disability issues and build synergy and proper working relationships with government and other stakeholders.

**Keywords:** Children, disabilities, Malindi Sub-County, Christians, CWD

**1. INTRODUCTION**

Conditions of disability are a reality in human society, and can be experienced by any regardless of class, color or gender. People living with disability can be found in major and minor streets, at workplaces or institutions of learning globally. A child born with disability can be stressful unless necessary assistance is accorded to the family to cope up with disability challenges. This study sought to establish the challenges experienced by children living with disabilities and their parents in Malindi Sub County of Kenya, and the response put in place by St. Francis Xavier Roman Catholic Church to mitigate the same.

The study aimed at achieving five main objectives: to ascertain the typologies of disabilities among children living with disabilities in Malindi Sub County; to establish challenges faced by Children living with disabilities in Malindi Sub County and their Causation; to establish challenges faced by parents/guardians and caregivers of children living with disabilities in Malindi Sub County and how they mitigate them; to determine what ST. Francis Xavier Roman Catholic Church in Malindi Sub County is doing towards the plight of children with disabilities and its effectiveness; and to propose more effective ways that the church can apply in responding to their plight.

A qualitative survey design was employed in data collection. The design utilized various techniques including focus groups, individual in-depth interviews, case studies, and observation. It allowed the study to comprehend the experiences and attitudes of respondents towards Christian response to children with disabilities in Malindi Sub County.

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The study adopted the functional theory proposed by Emile Durkheim, which postulates that religion has a role in maintaining the health and continuity of a society (Colomy, 2001). Religion's key function is to unite members of a given community and create rules that govern the behavior of individuals in creating a harmonious society. Applying the functional theory to this research, the study was able to relate the function of Christian teachings of caring and inclusion of persons with disabilities in the church, as outlined by Jesus (Luke 14:21-23). (Tada and Bundy, 2011).

## **2. Methodology**

### **2.1 Research design**

The study employed the qualitative survey design in collecting data. Qualitative research design is an interpretive technique that seeks to describe, decode, translate, and otherwise come to terms with the meaning of certain phenomena. It draws data from a variety of sources including people (individuals and groups), organizations and institutions, texts (published, including virtual ones), objects and artifacts, and events and happenings. During data collection this design utilized various techniques including focus groups, individual in-depth interviews, and observation (Cooper and Schindler, 2008). Qualitative survey design allowed the study to comprehend the experiences and attitudes of respondents towards Christian response to children living with disabilities in Malindi Sub County.

The population of children in 2012 who were aged between 10-14 years was 165,912 (Kilifi County Development Profile, 2013). The World Health Organization approximates that 15% of the global population are people living with disabilities. Based on this, 15% of the children aged between 10-14 years will be the approximate number of children living with disabilities in Kilifi County. This research noted that there are no records that indicate the exact or estimated population count of children living with disabilities in Malindi Sub County. However, the target population was conveniently picked from St. Francis Rehabilitation Center in Malindi.

### **2.2 Sample Size Determination, Selection and Sampling Design**

According to United Nation's (UN) *Enable Factsheet on Persons with Disabilities* (2015) and World Health Organization (WHO, 2014) 15% of the global population are people who suffer some form of disabilities which is approximated to be above one billion globally (Tada and Bundy). Using this 15% approximation by WHO and projecting the number of CWDs in the 10-14 year bracket in Kilifi will mean getting 15% of the total number of children 165,912 who are in this age group. This gives a population size of 24,887 children living with disabilities in Kilifi County.

According to Bailey (1982), 30 elements are considered by many as the minimum size of a sample (Chadwick, Bahr and Albrecht, 1984). Other researchers opt for a minimum sample of 100 units while others opt for 200. This study used purposive sampling technique to pick 30 CWDs (15 boys and 15 girls) from St. Francis Rehabilitation Center, 30 parents/guardians of CWDs (drawn from Malindi Sub – County), 3 priests, 4 physiotherapists and 2 caregivers to represent the larger population. Three government officials were targeted; one from the NCPWD and two from the County Culture and Social Services department. The study further sought data from the assessment officer at EARC which operates under the Kilifi County education office on the number of special schools, teachers and level of enrollment.

### **2.3 Interviews and Data Collection**

The interviews were conducted by asking the respondents questions contained in the questionnaire as an interview guide. Structured questions were used to get specific responses while semi-structured questions were used to get more insight into the respondents' perspectives and opinions of the information they give, which would not otherwise have been captured by the rigidity of the structured questions. Separate interview guides were used for the different categories of interviewees (CWDs, parents/guardians, priests, administrator, physiotherapists, caregivers, county and national government officials) to gain specific

responses from the respondents. The researcher also conducted three focus group discussions with the management board of St. Francis Rehabilitation Center, executive board of KFCF and parents with CWDs. Each focus group discussion consisted of 8 -12 members. During all the focus group discussions, the researcher and the research assistant took notes and recorded the responses given by the participants.

## 2.4 Data Analysis

The study used contextual thematic analysis of data to identify common themes in the data. Data analysis was done through differentiating themes, scrutinizing, comparing, contrasting and finally interpreting them on the basis of emergent meaningful patterns that were observed from the data as the evidence from which the research findings was used to draw conclusions and make generalizations. The different themes captured from the data were contextually analyzed and the emerging patterns and findings presented in a report that details the findings of the study.

## 3. Study Findings

### 3.1 Typologies of Disabilities among Children Living with Disabilities in Malindi Sub-County Demographic Configuration of the CWDs who took Part in the Study

The first part of this study targeted thirty (30) children living with disabilities, all of who were resident at St. Francis Rehabilitation Centre. Half of these interviewees (15) were male gender (15 or 50%), while the other half (15 or 50%) were of female gender. All of the children that participated in the study had at least one type of disability.

Table 1: Types of Disabilities among CWDs Interviewed at St Francis Rehabilitation Centre

Disability Type		Number of Male	Percentage	Number of Female	Percentage
Physical	Lame	1	7%	2	13%
	Crippled	2	13%	3	20%
	Albinism	0	0	0	0
	Cleft lips	0	0	1	7%
	Missing body parts	2	13%	2	13%
	Spinabifida	0	0	0	0
	Multiple	3	20%	3	20%
Mental	Cerebral palsy	7	47%	4	27%
	Autism	0	0	0	0
	Hydrocephalus	0	0	0	0
	Epilepsy	0	0	0	0
Visual	Blind	0	0	0	0
Hearing & Speech	Deaf/Dumb	0	0	0	0

### Types of Disabilities among Children of Parents Interviewed

The second part of this study targeted parents with CWDs randomly picked from Malindi Sub-county. The types of disabilities among their children were recorded as shown below:

Table 2: Types of Disabilities among Children of Parents Interviewed

Disability Type		Number of Children	Percentage of Total
Physical	Lame	6	18%

	Crippled	2	6%
	Albinism	1	3%
	Cleft lips	1	3%
	Missing body parts	1	3%
	Spinabifida	1	3%
	Paralysis	4	12%
	Multiple	5	15%
Mental	Cerebral palsy	4	6%
	Autism	1	3%
	Hydrocephalus	1	3%
	Epilepsy	1	3%
	Learning	1	3%
Visual	Blind	1	3%
Hearing	Deaf	3	9%
Speech	Dumb	3	9%
TOTAL		34	100%

### 3.2 Challenges Faced by Children Living with Disabilities in Malindi Sub-County and their Causation

The finding of this study highlighted a number of challenges faced by CWDs as highlighted below:

#### Neglect as a Challenge faced by CWDs

CWDs reported suffering neglect by parents, society and caregivers. 67% of the female CWDs who participated in this study reported having suffered neglect by parents compared with 33% who indicated they had not suffered such neglect. On the other hand, only 33% of the male CWDs reported to have suffered neglect by parents, while 67% reported the contrary. When asked how the society they live in viewed child disability, 97% of the parents reported that the society views disability as a curse. Only 7% of the respondents indicated that the society treated the disabled children favorably. A similar number of male CWDs (47%) reported not to have suffered neglect by caregivers compared to 27% female respondents. 6% of the male respondents gave a neutral feedback compared to 33% of the female respondents.

#### Abuse as a Challenge Faced by CWDs

Eleven out of the fifteen male CWDs (73%) that were interviewed in this study reported to have experienced either physical or sexual abuse. When asked whether they have suffered physical or sexual abuse 9 female CWDs (60%) answered in affirmation. 27% of the male respondents and 33% female respondents reported not to have suffered physical and sexual abuse. Only 7% of the female respondent gave a neutral response to the question. Most parents with disabled children who took part in this research also reported that their children faced abuse by able-bodied persons, especially able-bodied pupils at school. The same was affirmed in a discussion with St. Francis Rehabilitation Centre Board, who noted that some of the CWDs (physically and mentally disabled) had suffered physical and sexual abuse by the able-bodied who took advantage of their vulnerability. This challenge was also echoed by the KFCF board who noted that the problem of misuse of CWDs was common among children with mentally disabilities because of their diminished intelligence.

#### Inability to Access Assistive Devices as a Challenge Faced by CWDs

87% of the male CWDs respondents in this study reported having a challenge of inadequate resources (disability aids) such as wheelchairs, standing frames, special seats and crutches. 13% of the male respondents answered to the contrary. Female respondents (100%) reported that assistive devices are inaccessible. The same was echoed by the parents, caregivers, physiotherapists, KFCF board, and St. Francis Rehabilitation Centre board, who noted that assistive devices were too costly and thus

inaccessible to most of the disabled children and their parents (see table 4 below for prices of some of the assistive devices).

An interview with the county government culture and welfare officers revealed that the county didn't have a budget for disability assistive devices. The NCPWD officer at the county reported that they always offer assistance with assistive devices like wheelchairs, tri-cycles, white canes, crutches, etc, whenever those in need seeks assistance at their offices or through their field officers. Such clients have to pass through the health department for assessment by the rehabilitation teams. Once the assistive device was recommended, their office made a request to the national headquarter office where the funds for such purpose were managed.

Table 4: Some Assistive Devices and their Unit Prices (March 2017)

Source: Occupational Therapy Department – Department of Heath Kilifi County

No	Name	Description	Unit Price	
			Kenya shillings	Approximate price in US Dollars
	Waist support	Small & medium	1500	15
	Neck collars	Small & medium	2000	20
	Crutches	Auxiliary	3000	30
	Crutches	Wrist	3000	30
	Trampoline	-	50000	500
	Walking frame	-	5000	50
	Sitting aid	Adjustable	20000	200
	Standing frame	Adjustable	25000	250
	Thoraco-lumber corsets	Small & medium	3000	30
	Commode	-	15000	150
	Orfit gold sheet	1.6mm	22000	220
	Mole pad/sheepskin padding	-	20000	200
	Crutch Tips	Assorted sizes	150	1.5
	Volcano roll (hook)	Self adhesive	20000	200
	Volcano roll (loop)		20000	200
	Hand resting splints	Assorted sizes	5000	50
	Hearing Aids			
	Wheelchairs	Various Types	15000 -100000	150-1000

### Mobility as a Challenge Faced by CWDs

When asked whether they have suffered mobility challenges due to difficult in accessing transport means, 93% of the male CDWs respondents answered in the affirmation, compared to 80% of their female counterparts. Only 7% of the male respondents reported having had a transportation challenge as compared to 20% female respondents. None of the respondents gave a neutral response. Poor transport infrastructure, inaccessible buildings, inaccessible transportation means and unfriendly public transport providers were cited by the other participants as some of the contributors to mobility challenges.

When asked what they were doing to address the challenge of mobility due to inaccessible roads both the county and national government officials reported that they were working closely with the relevant departments to ensure that road contractions were disability friendly in compliance with the legal requirements in the disability Act. They were optimistic that with time and proper allocation of funds this challenge will be overcome.

### **Lack of Awareness of their Rights as a Challenge Faced by CWDs**

When asked whether they were conversant with their rights under the Kenyan and international laws, 13% of the male CWDs respondents answered in affirmation as compared to 20% female respondents. A whopping 87% of male respondents and 73% of female respondents reported not being aware of their rights as CWDs. Of the female respondents 7% gave a neutral feedback. No neutral feedback came from the male respondents.

### **Access to Buildings and Facilities as a Challenge Faced by CWDs**

A considerable number of CWDs who took part in this study reported having a challenge of access to buildings and facilities. When asked whether disabled children they had experienced a challenge of access to buildings in church, school and at home, 86% of the male respondents answered in affirmation, while 87% of their female counterparts reported the same. 7% of the male respondents gave a neutral feedback with 13% of the female counterparts giving a similar response. Only 7% of the male CWDs reported not having a challenge of access to buildings and facilities. The same was underscored by parents of CWDs and St. Francis Rehabilitation Board who reported that access to facilities at home, school and church/mosques remain a challenge due to poor construction. 33% of the parents interviewed were particular that their worship places had no ramps, making access a challenge.

When asked on the measures the government had put in place to ensure access to buildings and facilities by the disabled, both the county and national government officials interviewed acknowledged that access to buildings remains a challenge to the disabled (especially the private buildings). The departments had tried to sensitize all relevant public departments to build ramps so as to make their buildings accessible as possible by those on wheelchairs. The NCPWD officer reported that the council was carrying out accessibility audits in the county to see how much progress they had made in addressing the challenge of access to buildings and facilities. It has been noted that students with disabilities have to cope with negligent building codes, non-certified aides, and legal accommodations, as well as physical and verbal abuse from peers, which make them feel different from others (Davis, 2011).

### **Access to Healthcare as a Challenge Faced by CWDs**

Seventeen out of the thirty CWDs interviewed reported having a challenge of access to healthcare. 67% of the male CWDs interviewed said healthcare remained a challenge, while 53% of the female counterparts interviewed reported healthcare remaining a challenge. 26% of the male CWDs felt that healthcare was not a challenge while 7% returned a neutral feedback. 47% of the female CWDs interviewed felt that healthcare was not a challenge.

The cost of healthcare, unavailable specialized healthcare facilities, equipment and personnel, were cited by the other participants as contributors to the healthcare challenge. The challenge of access to healthcare has an implication on the general health of the CWDs. Some of the parents interviewed reported that some of the CWDs were always sickly and in need of constant medication which was not readily available. Parents with children suffering from epilepsy reported their children suffering injuries to their bodies due to continuous falling during seizures.

### **Inability to Socialize as a Challenge Faced by CWDs**

40% of parents interviewed reported that their children were unable to socialize well with other children in the society. Some had developed low self-esteem due to their disabilities that made other children mock and make fun of them. Others by the nature of their disabilities (the mentally disabled) exhibited violent tendencies that kept the other children away. In addition, some like those with albinism could not

socialize due to the negative perception by the society who ensured their children kept away from them, fearing that the condition was contagious.

### **Inability to Access Specialized Education**

Some of the parents interviewed in this study reported their children having a challenge of delayed schooling due to financial constraints and lack of specialized schools. As a result, their CWDs were forced to share classes with younger pupils, resulting in low-self-esteem. The same challenge was echoed by the administrator and the board of St. Francis Rehabilitation Centre, who noted that access to special schools for those with speech, hearing and visual disabilities was a big challenge at the County. Lack of specialized personnel and learning assistive devices (due to costs) were cited as other contributors to this challenge (see table 6 below for prices of some of the learning assistive devices).

The assessment officer at EARC (Education Department Kilifi County) reported that the county had a total of 7 special schools who offer education to children with various disabilities (see table 7 below). In addition, there were 62 schools with special education units who offered integrated education model. In general, all these units had enrolled a total of 2446 students (by the time of this study). This population of students was served by a total of 159 teachers specialized in special needs education.

Table 6: Learning Assistive Devices for Visually Impaired and their Costs (as at April 2017)

Source: Zoedu Pharmacy – Nairobi

No	Type of Assistive Device	Cost in Kenya shillings.	Cost in US Dollar
	Braille (Perkins)	99500	995
	White Cane	3500	35
	Thermoform	12000 per box	120
	Closed Circuit Television	38500	385
	Slate/Stylus	3200	32
	Braille Papers	1500	15
	Talking Watch	8500	85
	Talking Calculator (Scientific)	12000	120
	Magnifiers	8500	85
	Reading Stand	16500	165

Table 7: Special Schools in Kilifi County and Category of Disabilities Handled

No	Name of Special school	Type of Disability Handled
	Kibarani Special School for the Deaf	HI
	Pwani Vocational and Secondary School	HI
	Sahajanand Special School	HI, MH, PH
	Gede Special School	PH, CP, HI
	Marafa Special School	PH, CP, HI
	Sir Ali Special School	MH
	Kakuyuni Special School for the Deaf	HI

### **3.3 Challenges Faced by Parents/Guardians and Caregivers of Children Living with Disabilities in Malindi Sub-County and how they have Mitigated them**

#### **Joblessness and Poverty as a challenge faced by Parents/Guardian of CWDs**

All of the respondents (parents/guardians) interviewed (100%) cited poverty as one of the major challenges they faced. Some said they were confined to the home taking care of their disabled children who could not be left unattended, thus unable to seek employment. Some parents argued that poverty had made them unable to meet the special needs of their CWDs and at the same time take care of their other family members. When asked whether poverty was one of the major challenges facing CWDs, all the male (100%) and female (100%) children living with disabilities answered in affirmation.

To mitigate the challenge of poverty, most of the parents reported having resorted to fundraising from friends and well-wishers for the upkeep of their CWDs. Some parents reported having had to take loans from self-help groups to run small scale businesses. Other parents were engaged in manual jobs in order to provide for their children and families. Some of the respondents reported to have taken their disabled children to boarding special schools and children homes at tender ages in order to mitigate the challenge of poverty.

### **Inability to Access Disability-Specialized Public Amenities**

Most of the parents interviewed in this study reported having a challenge of inability to access disability-specific public amenities. 43% of the parents reported being unable to access specialized medical facilities for their CWDs as a result of unavailability of specialized hospitals and medical professionals; and the costs involved. Some cited unavailability of specialized schools to handle some of the disabilities their children had.

### **Marital and Family Breakups**

Another challenge according to some of the respondents was marital and family breakup as a result of marital conflicts. Due to illiteracy and ignorance, parents blamed each other for the birth of a disabled child. 57% of the parents of CWDs who took part in this study reported being married, while 43% said they were single parents. 7% of those who reported being single were fathers whose wives had either separated or divorced as a result of their child being born with a disability. None of the fathers interviewed was single as a result of having not married. 26% of the single mothers reported being either divorced or separated by their husbands as a result of their child having a disability. Only 10% of the single mothers reported having not married at all (see table 8 below).

Table 8: Marital Status of the Parents who participated in the Study

Marital Status of parent	No of participants	Percentage of the total
Married (couple)	17	57%
Single mother (Divorced/Separated)	8	26%
Single mother (Not married)	3	10%
Single father (Divorced/Separated)	2	7%
Single father (Not married)	0	0

### **Inability to Access Information on Disability as a Challenge Faced by Parents/Guardians and Caregivers of CWDs**

Most parents interviewed reported being unable to access information on how to handle some of the disabilities. Most parents experienced shock in the event of a child being born disabled as they lack prior knowledge on disabilities. The most affected were parents whose children had speech and hearing disabilities, who needed information on matters like communication. The medium through which information on policy on disability, the rights of the disabled, and the various plans put in place to assist the disabled by the government, was channeled was inaccessible by the very people the information was intended.



When asked the measures that government had taken to ensure access to information by parents of CWDs, the two levels of government agreed that access to information remained a challenge as currently there were no resource centres in the county where parents and the disabled could access information. However, this was part of their strategic plan, pending availability of funds. The NCPWD officer noted that dissemination of information to the disabled, especially the blind and deaf, was too costly. For example, the cost of translating a simple document into Braille was enormous. Having a sign language interpreter in all public institution was also too costly.

The county officials reported that they had formed networks in every sub-county where they had registered groups who work with the disabled. They had created social media networks (WhatsApp groups) where they shared information. Kilifi County Disability Network was one of such groups. They further reported that plans were underway to put up a children rehabilitation centre in one of the localities (Madzayani) where disabled children could be rehabilitated.

### **Communication barrier**

27% of the parents/guardians interviewed reported that their children were facing communication challenges. Some of their CWDs had speech challenges as a result of deafness and dumbness, while those with cerebral palsy suffered from distorted speech. Most of the parents reported having no knowledge of communication skills like sign language, making communication with their children difficult. Caregivers at St. Francis Rehabilitation Centre interviewed also reported lacking training in sign language.

To mitigate the challenge of communication, some parents reported having developed their own informal sign languages. They had gradually trained their children certain signs which with time they had become accustomed to as a way of communicating. One parent reported having learnt basic sign language from the internet, which enabled him to communicate with the child, who had acquired sign language knowledge at school.

Asked whether there were plans to train parents with disabled children in sign language, the officials at both levels of government reported that currently there were no such plans. The county officials said that they intend to begin training their staff in sign language (when funds are available) who can then roll it out to groups working with the disabled. The NCPWD officer said that they were offering training to a few personnel (two people) in key departments like hospitals, police stations and customer care departments (government) in sign language. She was hopeful that in future they will be able to offer the same to parents.

### **Inability to Access Government Funding for the Disabled as a Challenge Faced by Parents/Guardians of CWDs**

Parents noted that though the government reported having set aside funds for the disabled, these funds were not accessible to the parents in the remote areas. Most parents reported living in poverty with their children despite of the funds being availed by the government.

An interview with the NCPWD officer confirmed that indeed there were funds allocated for the disabled, which were operated at national level and distributed to the various counties as per need. The disbursement of the funds was done in two ways. The first was the economic empowerment program, given as grants to DPOs to empower the disabled economically. The second was the cash transfer program, which targeted persons with severe disabilities who required 24-hour protection. They were required to register in the program, and then be issued with program cards, which they used to access the fund at KCB bank branches or agents. A total of Kenya shillings 2000 was disbursed to every recipient per month. However, the county government officials reported that there was no specific fund at the county for the disabled.

**Negative Attitude by the Society as a Challenge Faced by Parents/Guardians of CWDs**

93% of the parents interviewed reported that the society viewed disability negatively, with only 7% reporting the society being accommodative (see figure 1 below). Most of the parents reported facing discrimination and stereotyping by society. Some reported suffering from negative tagging and name-calling by society as a result of their children’s disabilities. The parents’ focus group argued that most parents are stigmatized by the people in the community, who still consider disability as a result of either a curse or witchcraft. To cushion their CWDs from the effects of negative stigma from the society, most parents reported showing them love and affection.

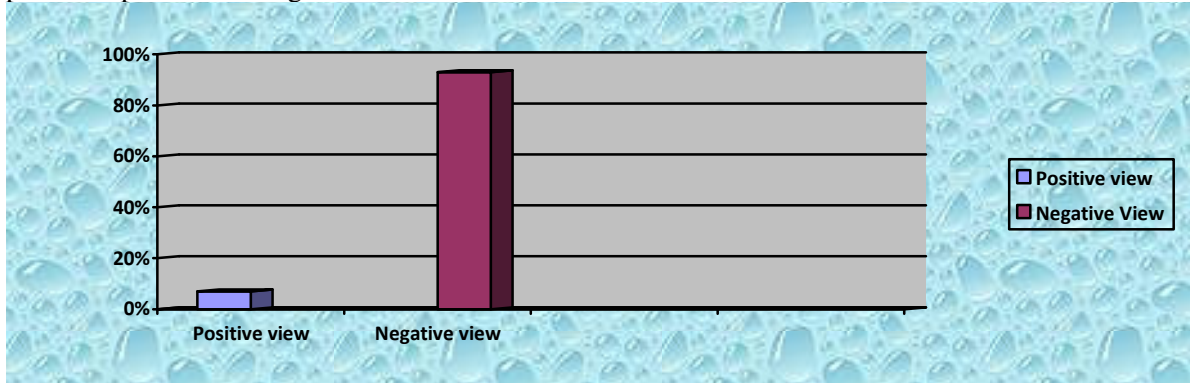


Figure 1: Parents' Response to Societies Attitude towards Disability

**Lack of Formal Training a Challenge Faced by Caregivers of CWDs**

One of the challenges faced by caregivers working with CWDs was lack of formal training for the job. This study interviewed two caregivers that work with St Francis Rehabilitation Centre. One of the caregivers at the time of the interview had served the Centre for seven years, while the other had served for six years. When asked whether they had any professional qualifications for the job they were performing, the first caregiver reported to have only studied at primary school level up to standard seven, while the second caregiver went to standard eight. None of the caregivers had had any formal training in their work field.

**3.4 ST. Francis Xavier Roman Catholic Church’s Response to the Plight of CWDs in Malindi Sub-County and its Efficacy**

**The Setting up of St. Francis Rehabilitation Centre**

The major contribution of the church according to the result of this study was the establishment of St Francis Rehabilitation Center in 2007, which has offered accommodation and food to the most vulnerable children in the community, including CWDs. At the centre CWDs are provided with medical support like physiotherapy, psychosocial counseling, occupational therapy and other orthopedic services. The centre at the time of this study was reported to be catering for various types of disabilities. These included physical disabilities (60%), mental disabilities (28%) and multiple disabilities (12%), (see table 9 below).

It was clear from the findings that the limited capacity at the centre, inadequate staffing and limited funding were the limiting factors to its effectiveness. In addition, the church also lacked proper information on the process used to recruit the CWDs into the centre leaving out many CWDs who could have benefited from the services offered therein.

Table 9: Forms of Disabilities Catered for at St. Francis Rehabilitation Centre

No	Type of Disability	Population	Percentage
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1 Physical disabilities	24	60%
2 Visual disabilities	0	0
3 Mental disabilities (cerebral palsy & epilepsy)	11	28%
4 Multiple disabilities	5	12%
5 Speech and hearing disabilities	0	0
Total	40	100%

### **Church Outreach Programs**

The outreach programs initiated by the church were aimed at offering support to the needy in the community by offering spiritual nourishment, advocacy on children rights and support with food and clothing. However, a gap existed in this effort as it was not tailored towards people living with disabilities, including CWDs. The outreach programs were not aimed at offering respite care to CWDs and their families. Counseling, which most parents and families of the CWDs requested, wasn't part of the mandate of such programs. Counseling was said to be offered only to those with disabilities who sought it at the centre. However, the priests who offered the same were not trained to handle the disabled. The fact that 93% of both male and female CWDs felt that the church hadn't done much in offering them counseling and mentorship to help ease their challenges means that much has to be done.

Provision of foodstuffs, clothing and healthcare to the CWDs and their families by the church on the face value appeared to be a good move in addressing their challenges. However, in the long run it could end up creating dependency on the part of the recipients. There is need to equip them with necessary skills and resources to become financially self reliant.

### **Initiation of Development Programs in the Community**

The church's effort in addressing cultural misconception in the society towards disability through investment in education, initiation of development activities and the general advocacy on the rights of children through school-based outreach programs, were moves in the right direction. However, these programs were not directly benefiting CWDs as they are generalized and not disability-specific in nature. It should be noted that a whopping 93% of both CWDs genders were of the opinion that the church was doing very little to address the challenge of negative attitude by the society.

### **Initiation of an Interdenominational Council**

The initiative to come up with an interdenominational council to address issues affecting the society including matters disability was a right move that could help address the plight of CWDs if it is made their core mandate. A united front in addressing the challenges facing CWDs, where all stakeholders work collectively would be more effective than disjointed approaches as it has been. This forum has to come up with intentional programs to proactively address the plight of CWDs rather than being discussion forum. They have to address the gap that exists in the area of advocacy on the rights of the disabled.

### **Training and Capacity Building**

The church scored poorly in the area of capacity building on disability matters. Very little was being done to train and equip those working with the disabled including priests, caregivers and teachers. It should be noted that apart from a few physiotherapists who were trained to offer therapy to the CWDs, most of the caregivers and staff had no formal training. The church could not effectively minister to the disabled when its clergy have no formal training on disability matters and yet they have to lead from the forefront in addressing their plight of the disabled. The priests and other personnel working with CWDs could not effectively offer counseling due to lack of expertise.

### **Access to Buildings and Facilities**

Access to buildings and facilities was another area that the church had performed poorly with 93% of the male CWDs respondents and 80% female CWDs respondents reporting that church facilities and building were inaccessible. As witnessed by the priests interviewed, most of the church facilities (apart from the newly built St Francis Catholic Church which has ramps for wheelchairs) remained inaccessible to the disabled. This had resulted in poor attendances to church services with only 33% of the CWDs interviewed reporting attending church services.

### **Inclusion of CWDs in Church Service and Programs**

The church had performed poorly in the area of inclusion of the disabled in its services and programs, with 93% and 80% male and female CWDs respectively reporting that church programs did not take care of their interests. Apart from a few physically disabled CWDs who sung in the children choir, there was little involvement of the disabled in church programs. It should be noted that 47% of the parents interviewed reported that their CWDs did not attend church services as there were no programs for the disabled. It was clear from the observation of the researcher that the church had not considered the disabled persons in its leadership hierarchy. Persons living with disabilities were disadvantaged in church services where communication was hampered by lack of sign language interpreters.

The church has also to work on the attitude of its members to make them more welcoming to CWDs. The fact that a bigger percentage of CWDs (87% male and 47% female) reported finding no warmth and acceptance in the church congregation, points to a gap that exists that has to be bridged. When asked whether they regularly attend church services, 33% of both male and female CWDs respondents reported to be attending the church services regularly. 60% of the male respondents reported not to be attending the church services regularly as were 67% of the female respondents. 7% of the male respondents were neutral on this question.

### **Facilitating Access to Information by CWDS and their Parents**

Access to information by CWDs and their parents was another area that the church has to address. With 73% and 93% of the male and female CWDs respectively feeling that the church and organizations dealing with the disabled hadn't done much to help them access information needed for their wellbeing, much has to be done in this area. Access to information on causes of disability and disability rights will help enhance the wellbeing of CWDs and their parents. The church has to consider partnering with other stakeholders to address this.

### **Parents' Perspective of the Church's Response**

When asked whether the Catholic Church had offered them any support in caring for their CWDs, 27% of the parents who took part in the study felt that the church had not supported them at all. 40% of the respondents reported that apart from visitations and prayer, they had received no other support. 17% of the respondents felt that apart from occasional food donations, there was no other support. 13% of the respondents reported that the church had supported with education and healthcare support respectively. 3% of the respondents said the church had helped by accommodating their children living with disabilities. A similar 3% reported that the church had helped instill good moral in their children.

When asked how the church environment had facilitated their CWDs inclusion in church activities and the specific capabilities they had developed through such programs, 23% of the parents who took part in the study reported that the church had incorporated their disabled children into special children choirs, drama teams and dancing groups. 30% reported that involvement of their CWDs was a challenge due to poor construction of church buildings that was making access a challenge. 10% of the respondents noted that the church environment is not favorable to their CWDs as there were no sign language interpreters in church. 47% of the parents interviewed reported that their CWDs do not attend church as the church has no programs for the disabled. 13% of the respondents reported that most people in the church congregation do not want to associate with their disabled children. Finally, 3% of the respondents felt that the church environment is warm and friendly, although there were no programs for the disabled.

### 3.5 Effective Ways the Church can Employ to Achieve Efficacy in its Response

#### **The Necessity of Full-fledged Disability Ministry at Local Church Level**

In its endeavor to mitigate the challenges facing CWDs in the general Kilifi County the church has to consider creating full-fledged disability ministries at the local church level. These are fully funded and supported ministry departments with the mandate to handle all matters that relate to the disabled in the church and the entire community. It will be necessary for such a ministry officially staffed by the local church, and more importantly to have a person with a disability seat on the committee heading such a ministry. A discussion with KFCF Board was of the idea that creating a disability ministry at church level will help champion the rights of the disabled. The church has to establish a disability mainstreaming ministry or department in order to minister effectively to those with disabilities (White, 2014).

Clear policy guidelines have to be put in place to govern the work of the disability ministry. Such policies will ensure that the disabled play a pivotal role in the church, serve in various church positions, actively participate in the church services, ensure that skills and talents inherent in the persons living with disabilities are harnessed, developed and deployed in the enhancement of God's kingdom agenda. Morris noted that, "We need to look at each person as an individual person with endless possibility of spiritual gifts," (Morris, 2010). With strong policies the church will ensure proper access to its facilities by those living with disabilities and also guard against their discrimination. Physical design of buildings, including lighting, sound and signs is an issue that needs to be considered at policy level. The physical design of the church building speaks first and strongest about the value the parish community places on the inclusion of people with disabilities (The Federation of Diocesan Liturgical Commissions Liturgical Arts and Music Committee, 2005).

The priests interviewed were of the opinion that the church has to change its philosophy towards the disabled, by educating the society from tender ages to honor and value the disabled. To tackle societal discrimination and stigma associated with disability; attitudes have to be shaped at early stages of life (Copestake, et al, 2014). The priests also said that the church has to conduct research on how to best offer support to the various forms of disabilities, as opposed to uniform approach to all disabilities may not be sufficient. This can only be well implemented with the right policies in place.

In addition to policy development, the disability ministries will be tasked with initiating and running outreach programs specifically targeted on PWDs in the community. The outreach teams will ensure that the disabled receive home-based respite care, disability-specific counseling for parent with children living with disabilities, children living with disabilities and their siblings, who in most cases have been neglected in the current initiatives by the church. Respite care promotes the health and wellbeing of the carers, family functioning and concrete supports, social development and independence (Merriman and Canavan, 2007).

When asked what they thought if done would help better their future, most of the CWDs that took part in this study were of the opinion that the church offer them counseling to minimize stigma by society. 63% of the parents interviewed said that the church should organize regular visitations to the homes to offer moral support and counseling to CWDs and their families. Family counseling offers parents help in accepting the problems, in developing empathy for the child, and in providing a beneficial home environment (Ruth, et al, 2016).

The disability ministry team will also work on the attitudes among church members by ensuring that the church atmosphere is conducive and welcoming to the disabled including CWDs. The disabled have to feel welcomed, loved, appreciated and supported if the church intends to attract and maintain them as part of its congregation. The deepest spiritual need of every person is acceptance as a member of the family of God (Kunz, 2011). The church should be a place where parents and children with intellectual disabilities can attend without apologizing, without being stared at, without being silently condemned (Hauerwas, 2004).

Disability ministry teams will further be tasked with offering advocacy within the community to help address the cultural misconception surrounding disability. The teams will appoint, train and commission disability champions within the community to work with community leaders and other stakeholders to address disability matters. Disability-specific advocacy campaigns challenge the lack of understanding, ignorance and negative assumptions about disabled people in wider society (Copestake, et al (2014).

These teams will also develop mentorship programs geared towards building capacity for the disabled to deal with stigmatization and prepare them for self-sufficiency. Mentoring experiences provide a critical link between the academic setting and work environment offering students with disabilities opportunities to explore career areas, apply their knowledge in a work setting, and develop new skills within a supportive atmosphere (Getzel and Briel, 2008).

### **Incorporation of the Disabled, their Parents and the Entire Society in the Planning and Implementation of Programs Aimed at Addressing their Plight**

From this study it was clear that the church is playing some role in addressing the challenges facing the disabled in the community. However, most of those with disabled children were to a large extent unaware of what the church was doing. There is need for greater involvement of the parents of CWDs, persons living with disabilities and the entire community in the church's effort. The church has to ensure that these persons are represented on the management board at St Francis Rehabilitation Centre and on the relevant committees running the centre. By involving them even in policy formulation and implementation, it will be easy to gain their input on how best to address their plight, other than the current situation where those with no disability plan everything based on their own understanding of the challenges. To effectively address challenges facing the disabled, there is need to place more people with disabilities in decision-making positions and involve them in planning and implementation of programs and services that directly involve them (Choruma, 2006).

### **Disability-Focused Training and Capacity Building**

Training has been identified as one of the actions the church should undertake to address the challenge of inclusion of the disabled. The areas identified for training included leadership, congregation, workshop on accessibility and education on disability in general (White, 2014). To address these gaps in training, it will be necessary for the Roman Catholic Church to invest in disability-focused training for their ministers and other workers dealing with the disabled. They have to be equipped to handle disability counseling, handling of the various disabilities and sign language. Training of sign language interpreters will ensure that the church is able to reach out to and minister to the disabled effectively. It will also ensure that the disabled church members enjoy equal opportunities in the church services as the able-bodied members.

The physiotherapist highlighted some of the skills that parents need to be trained in to be better equipped in handling CWDs. These skills include: lifestyle skills – skills to handle the various forms of disability; basic physiotherapy skills. This will help parents take care of therapy of their CWDs while at home; general pediatric skills – skills geared towards taking care of disabled children; basic medical skills – this will be especially beneficial for parents who have children on permanent medication; and basic counseling skills – this will help parents offer counseling to CWDs and siblings at family level.

### **Building Synergy and Proper Working Relationships with Government and other Stakeholders**

One major gap that came up in this study was the poor working relationships between the church, the government and other stakeholder that work with the disabled. From all indications, the stakeholders seemed to be operating independent of each other. This to some extent, contributed to the ineffectiveness in addressing the plight of CWDs as highlighted above. The church's disability ministry should be tasked with building proper working relationships with the government, other churches, religious and non-religious organizations, with the aim of responding effectively to the plight of CWDs. Stakeholders like government and charities had a vital role to play in addressing challenges facing the disabled (Copestake *et al.*, 2014).

The church, government and all stakeholders work together, mobilize resources and deploy the same to addresses the challenges raised in the study. By building closer working relationships with the government at both national and county levels, the church will be able to address the challenge of poor policy dissemination at grassroots levels. By pooling together, the church and all stakeholders will ensure access to information by translating the relevant policies into understandable dialects at the grassroots.

The second area that the church has to build synergy and closer working relationships with the government and other stakeholders is in the provision of education to CWDs. It is the opinion of this researcher that a hybrid model of education, where special units for CWDs are incorporated into existing schools, will address most of the challenges faced by CWDs in accessing education. A hybrid model of education will enhance the learning abilities of the CWDs, build their confidence, while enhancing societal acceptance (Qayyum, *et al.*, 2013). If all schools in Kilifi County had special units with trained personnel; the problem of access to education could have been addressed.

The church has to work with both the government and other stakeholders in addressing the challenge of access to buildings and facilities and transportation. Access to toilet facilities was cited as a big challenge they faced. They further called on the church to help find acceptance and accommodation by public transport providers. If the church was involved with all stakeholders from policy formulation level to implementation the problem of access to buildings and facilities would be a thing of the past. One major challenge facing the disabled from this study was access to transportation means. The problem is not only with poor transport infrastructure construction, but also poor attitude on the part of providers. The church has to proactively work with the policy makers to ensure these challenges are addressed.

The fifth area the church can address through these linkages with other stakeholders is resource mobilization and deployment. Lack of resources was a consistent challenge that came up in this study. CWDs had a challenge acquiring assistive devices and accessing specialized education. The church has to work on expanding the capacity of St Francis Rehabilitation Centre to accommodate more CWDs, and if possible build more such centres in the entire county. The church should further work with the government and other stakeholders to put up disability resource centres where parents and PWDs can access information on matters of disability. The KFCF board highlighted the need to create parents support groups where parents with CWDs can find support.

Finally, the church has to work with the government and other stakeholders in poverty eradication campaigns. From this research it can be concluded that poverty is the major contributor to challenges faced by CWDs. The church's response cannot be effective unless the poverty situation the parents and CWDs find themselves in is addressed. Through these synergies, programs aimed at empowering the parents to be financially self-sufficient have to be developed and deployed. The church has to work on modalities of helping CWDs access government funds. Lack of proper monitoring mechanisms to ensure that monies disbursed by the government for the disabled benefited the intended beneficiaries has been cited as a challenge (Kenya National Commission on Human Rights, 2014). By building closer working relationships with all stakeholders the church would be able to ensure proper management of such funds.

### **Conclusion**

This study was based on five objectives. The first objective was to ascertain the typologies of disabilities among children in Malindi SubCounty. The second objective was to establish challenges faced by CWDs and their Causation. The third objective was to establish challenges faced by parents/guardians and caregivers of CWDs and how they mitigate them. The fourth objective was to determine what St. Francis Roman Catholic Church in Malindi Sub County is doing towards the plight of children living with disabilities and its effectiveness. The fifth objective was to identify more effective methods that the church can apply in responding to the challenges of children living with disability.

Various types of disabilities were found to be present among CWDs in Kilifi County. These include cerebral palsy, physical disability, multiple disabilities, missing body parts, cleft lips, spinabifida, autism, paralysis, hydrocephalus, learning disabilities, albinism, epilepsy, deafness, dumbness, and blindness. The researcher grouped these disabilities into four major categories for easy of categorization. These groups included physical disabilities, mental disabilities, visual disabilities and hearing and speech disabilities.

The study succeeded in highlighting a number of challenges that still face CWDs in Malindi Sub County. These challenges included neglect by parents, caregivers and society; abuse by the able-bodied in the society; inability to access assistive devices; mobility challenges; lack of awareness of rights; inability to access buildings and facilities; inability to access specialized healthcare; and inability to access specialized education. Some of the factors that were found to contribute to these challenges were poverty, poor planning, and poor implementation of policies on disability. Other factors were scarcity of information on disability, and negative cultural beliefs and practices.

The study also highlighted a number of challenges faced by parents with CWDs. These included joblessness and poverty; inability to access disability-specialized public amenities; marital and family breakups; inability to access information; communication barriers; inability to access government funding; negative attitude by society; and lack of formal training in disability issues. Parents had employed various approaches in mitigating these challenges. This included fundraising to take care of their families; acquisition of loan facilities from self-help groups to run small scale businesses; and taking CWDs to boarding special schools and rehabilitation centres. St Francis Xavier catholic Church had put in place a number of measures in responding to the plight of CWDs and their parents. The establishment of St Francis Rehabilitation Centre as a rescue centre for vulnerable children was the greatest contribution by the church in addressing the plight of CWDs. The centre offers accommodation, medical care and other services to CWDs. Though the church had put in place measures to address the challenges facing CWDs and their parents, a lot still needs to be done to make its response more effective and fill the gaps that exist.

### **Recommendations**

Based on the findings, this study makes the following recommendations in improving the church's response to the plight of CWDs:

- I. The church to establish full-fledged disability ministries or departments at local church level with full mandate of developing policies on disability and championing the welfare of the disabled PWDs.
- II. The church must ensure inclusion of the disabled, parents with CWDs and the general society in planning and implementation of programs aimed at addressing the plight of the disabled.
- III. The church has to invest in disability-focused training and capacity building for its ministers and personnel.
- IV. The church to purposefully work towards building synergy and proper working relationships with government and other stakeholders working with PWDs.



### Suggestions for further study

The efficacy of any response to the plight of the disabled, particularly CWDs must put into consideration the population of the recipients. It was clear from this study that there was no documented data on the number of persons living with disability in Kilifi County. This study suggests that future studies consider coming up with the actual data on the number of persons living with disabilities (including CWDs). In addition, the study recommended that the church builds synergy and closer working relationships with government and other stakeholders in responding to the plight of CWDs. However, the study did not outline the exact measures the church should employ in achieving this. Future researcher should consider coming up with the specific mechanisms to be employed in building such synergies.

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