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A cross country study of the role of the three sectors on the acceptance and integration of people with intellectual and physical disabilities in Kenya and the United States of America

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By

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ABSTRACT

This study examines acceptance and integration of people with intellectual and physical disabilities in the United States and Kenya and the involvement of the three sectors. The literature review revealed that significant progress has been made over the past century in the United States, and the past decade in Kenya in treatment of people with disabilities, but there are still insufficiencies. Respondents to the survey reported that their clients struggle with acceptance and integration in their local community, and that services provided by the public and private sectors are inadequate. The findings of this study indicate that both the United States and Kenya suffer from a lack of funding and implementation behind initiatives created to improve conditions for people with disabilities.

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CHAPTER ONE

Introduction

On 13 December 2008, the United Nations consensually adopted the Convention of Rights of Persons with Disabilities and its Optional Protocol. This Convention was held in order to "elaborate in detail the rights of persons with disabilities and set out a code of implementation" (United Nations Website 2009, Disability). The United Nations estimates that over 10% of the world population lives with some form of a disability, and that they are the largest minority. Over 80% of this population lives in developing countries. This number is continually on the rise due to population growth, medical advances, the aging process, and an increase in armed conflict. It is well documented that people with disabilities have a higher prevalence of poverty, lower levels of education, and an increased risk to be victims of violence (Ibid). Several dedicated organizations exist that are improving the quality of life for people with disabilities, but they are struggling to stay afloat due to insufficient government funding, lack of community acceptance, and inadequate inclusion policies.

Significance of the Issue

People with intellectual and physical disabilities have long been considered a burden on society, draining their funding and not adequately contributing. Thus, people with disabilities have often been treated as inferior and have been denied financial, social, education, and governmental support. This is true in both the United States and Kenya. People with disabilities are one of the last remaining groups of people

struggling for equality in the eyes of the law. The United Nations reports that only 45 countries in the world have anti-discrimination policies for people with disabilities. They continue on to state that “Perception, fear, myth and prejudice continue to limit understanding and acceptance of people with disabilities” (United Nations Convention on Disabilities Website 2009, Factsheet). However, if people with disabilities are given sufficient services they can become contributing members of society.

Many of the causes of intellectual and physical disabilities are pre-, peri, post-natal, and environmentally rooted. These origins transcend race, religion, creed, and culture. Many forms of intellectual and physical disabilities can be managed when diagnosed at birth. Yet, an estimated 80% of people with disabilities live in isolated areas of developing countries, and only 2% have access to any special services (Mukuria and Korir 2006, 49). Many people in Kenya and the United States are unaware of risk factors during pregnancy that can lead to their child being born with a disability. The majority of research attributes disabilities to environmental factors and the interaction of environmental factors with psychosocial, biological, and genetic factors (Kiarie 2006, 48).

Several mitigating factors are controlled in the United States through maternal education, prenatal vitamins, vaccinations, and governmental policies (such as abolition of lead paint and asbestos in buildings). However, Kenya does not have the same regulations and therefore pregnant women are at a higher risk of bearing children with preventable disabilities. Lack of access to resources, poor nutrition, and inadequate maternal care leads some to believe that developing countries have a higher percentage of people with disabilities. Yet research shows rates of disability are roughly

the same in developed and developing countries (Ibid, 50). The difference may be that there is an under-diagnosis in developing countries. Current trends in Kenya note that unless a child's disabilities is very severe, the parents may be unaware or unwilling to accept their child's disability due to financial implications and stigmatization (Ibid, 51).

People with disabilities comprise a significant portion of the marginalized population in the United States. According to the 2008 United States census 15% of the civilian non-institutionalized American population has some form of a disability with 11% living below the poverty line (8% is the national average), and one quarter of these people need personal daily assistance. Only 23% of people with disabilities in the United States live alone or with nonrelatives, the majority live with parents or siblings (United States Census Bureau 2009, Special Reports).

Current literature discusses the encroaching problem of aging caregivers and the aging population of people with intellectual disabilities (ID) in the United States. While it is important to fund immediate needs of people with intellectual disabilities, crisis is imminent if we do not train the aging population of people with ID to care for themselves. It is also imperative that the United States funds research to prevent certain diseases and genetic mutations that cause intellectual disabilities as well as treatment options (Dymond, Gilson, and Myran 2007, 143-146). The 1990 Americans with Disabilities Act (ADA) cannot solve the problems that exist for people with ID, the United States needs to promote self-advocacy skills and educate service providers who interact with them (Unger, Campbell and McMahon 2005, 153). Right now, there is no government funding set aside to train individuals who work with children and adults with intellectual disabilities. Thus, unless parents are willing to and can afford to go into

privately run organizations, they are left with untrained individuals caring and educating their children (Dymond, Gilson, and Myran 2007, 141). This will not allow Americans to aid people with ID in growing and moving forward.

In the United States, over 99% of the funding is spent on current and immediate needs for people with intellectual disabilities, such as community services, income maintenance, general health care, and special education. Only 0.4% of the funding is spent on research and training; programs that can aid people with intellectual disabilities in the future (Braddock 2007, 171).

Both the United States and Kenya have created statutes to protect people with disabilities (Americans with Disabilities Act and Persons with Disabilities Act respectively). However, little has been done to enforce these mandates. Discrimination against people with disabilities is illegal in both countries as employers, schools, and governmental agencies continuously find exceptions.

For example, many schools in both the United States and Kenya do not have the resources to teach children with disabilities. Before educational decrees were put into place mandating the education of children with disabilities, the majority were left with few skills. Hence, problems still exist mandating that schools fulfill the requirements of the government guaranteeing free primary education. Often in Kenya, schools that do not have the resources to teach people with intellectual disabilities also lack infrastructure to allow people with physical disabilities to actively participate in the classroom (e.g. no handicap access, no Braille books), thus they deny admittance to the children. In addition, schools in Kenya can still declare children “uneducable”.

UNESCO reports that 90% of children with disabilities do not attend school (United Nations Website 2009, Disability). Although the Ministry of Education in Kenya is working diligently to increase and improve resources for educating children with disabilities, they are having difficulty mandating uniformity (Kiarie 2006, 52).

Although the American government aims to improve the lives of children with intellectual disabilities, it is not taking into account the severity of the disability and the special needs of each child and they lack of appropriate services available (Dymond, Gilson, and Myran 2007, 141). The No Child Left Behind Act, enacted in 2001 was created to promote equality in American school systems. The Act does not take into account that some children with severe intellectual disabilities do not need to stay on par with their peers in science and history; they need to focus on their adaptive behavior such as simple math and basic reading (Wakeman et al. 2007, 147).

The Americans with Disabilities Act regulates employment in both the private and public sectors. The ADA also prevents for workplace discrimination and mandates reasonable accommodation in the work establishment. Unger, Campbell, and McMahon (2005, 145) found that people with ID were more likely to encounter discrimination involving being discharged and harassed, and were less likely to encounter discrimination related to promotion, demotion, reasonable accommodation, and reinstatement. America does not have a policy requiring that employers with a minimum number of employees reserve a portion of their positions for people with disabilities. This policy is commonplace in many countries around the world (Robertson, Lewis and Hiila, 2004, 9).

Although Kenya does have the aforementioned policies regulating employment of people with disabilities, they have thus far proved to be ineffective. A report released by the Disability Rights Promotion International (DRPI) claims that people with disabilities are often exposed to situations where their basic rights are violated and that they were abused and discriminated against by employers and coworkers (Disability Rights Promotion International 2007, 48). Respondents to the DRPI survey stated that they frequently encountered double standards regarding salary. For example, employers withheld a portion of their paycheck because they incurred extra expenses by employing a person with disabilities. The government has acknowledged that these discrepancies exist, but they have only recently begun to address the complaints.

As the world population continues to grow at an average of 230,000 persons a day (World Bank Website 2009, World Data Statistics) the number of people with physical and intellectual disabilities continues to grow. Mental health and physical impairment are linked to poverty at both the individual and familial levels in the United States and in Kenya (Kiima et al 2004, 53). In the United States, the poverty rate for people with disabilities ranges from 11-26%, whereas the national average is only 8% (United States Census Bureau 2009, Special Reports). Results from a study in Kenya indicated that 86% of respondents with disabilities indicated that they were treated unequally (Disability Rights Promotion International 2007, 41). The Kenyan government has launched a Poverty Reduction Strategy Program and indicated that people with disabilities were an underserved population and the inequity needed to be addressed. However, the program does not have any specific strategy to alleviate poverty for people with disabilities. They are using the same strategies for people with disabilities

as for female-headed households, semi-skilled workers, and unskilled workers. Furthermore, this program only applies to people with physical disabilities, not intellectual (Ibid 23)

The eight United Nations' Millennium Development Goals were created to protect the world's poorest citizens. They strive for universal primary education, halving extreme poverty, gender equality, combating HIV/AIDS, among others. However, they make no mention of people with disabilities, the world's largest minority group. As earlier noted, people with disabilities are often closely associated with situations of extreme poverty, they also have high instances of HIV/AIDS, and maternal and early childhood health is closely linked to both intellectual and physical disabilities. If the Millennium Development Goals wish to improve the standard of living in the world, then they need to address disabilities and the impact they have on the quality of life in both developed and developing countries.

Definition of the Problem

Prejudice in both the United States and Kenya has resulted in an uphill battle for equality for people with physical and intellectual disabilities. Every country has different methods of integration of people with intellectual and physical disabilities. In the United States, the integration of people with disabilities is not a new concept. America spent the 20th century altering laws and opinions on people with disabilities, pushing for full integration (Routh 2005, 607). The public sector in Kenya has recently begun to implement change for people with disabilities. In both countries, the non-profit sector plays a crucial role in filling in the gaps where public services are lacking. The private

sector in both Kenya and the United States does little to employ people with disabilities and they have little incentive to do so.

Both the United States and Kenya have several shortcomings in the integration and acceptance of people with disabilities. The United States has minimum standards and regulations in place in an attempt to provide equality. The country created the Americans with Disabilities Act in 1990 to regulate employment in both the private and public sectors. Nevertheless, only 51.4% of women and 60.1% of men with disabilities are employed compared to 67.3% and 79.9% of women and men without disabilities (Disability Status 2000, 11). Inequality between people with and without disabilities is still a pervasive problem. It is very important that research be done to discover how the United States can alleviate this problem.

Similarly, Kenya is trying to improve the conditions for people with disabilities. In 2003, the Kenyan government implemented The Persons with Disabilities Act. Several other legislative actions were taken at the start of the 21st Century, such as the Affirmative Action Bill of 2000, new Labour Laws, and an international commitment to improve the conditions for people with disabilities (International Labour Office 2004, 1). In addition, Disability Kenya (www.disabilitykenya.org) is working to educate the Kenyan population about the rights of people with disabilities in and out of the workplace and fight for disability friendly services. However, it lacks plans for implementation and strategies for change. Investigation needs to be done in order to discover what options exist to remedy the inequalities in Kenya.

The care for people with disabilities varies greatly from country to country. There has been emergence of community-based service models in the United States that have led to positive changes in adaptive behavior, community participation, interactions with staff, contact with family and friends, client and parent satisfaction (Mansell 2006, 68). In Kenya, the opportunities for people with disabilities, both physical and intellectual, are limited. Poverty, inadequate resources, and lack of accessibility challenge the lives of people with disabilities. In addition, little academic research has been done in Kenya to support the notion that acceptance and integration into society allows people with disabilities to flourish and become active members in their communities.

In 2002, it was reported that although there is significant interest in disability issues, there is a lack of qualitative research on experiences with disabilities (O'Day and Killeen 2002, 9). They explain that in the past 20 years a new paradigm has emerged in the field of disabilities. No longer is disability defined by the intellectual functioning of an individual but also the interaction between an individual and their surroundings. They stress the importance of both qualitative and quantitative research in improving conditions for people with disabilities. Currently there is adequate quantitative data but progress will continue to be stunted until the qualitative data is sufficient. This study aims to fill the gap in qualitative research by examining organizations dedicated to acceptance and integration of people with disabilities.

The goal of this research is to evaluate the acceptance and integration of people with disabilities in American and Kenyan communities. Organizations involved in this study are closely involved with people with intellectual and physical disabilities and their

opinions will supply important insight into treatment of people with disabilities across the three sectors. Through qualitative methods, we can draw lessons from the respective countries and the issues can be addressed going forward.

CHAPTER TWO

Literature Review

People with disabilities have long struggled to obtain equal rights and have the same status in society as their "normal" peers. The 20th century in the United States started with mandates for institutionalization and sterilization of those with ID (Routh 2005, 607). Slowly, over the course of the century, people opened their hearts and their minds to others. The mid-20th century saw the beginning of policy reform for those with ID (Braddock 2007, 169). Reform began with John Fogarty in 1955, and the expansion of federal programs including research, government finance, and job rehabilitation. President John F. Kennedy continued the government reform with the Presidential Panel on Mental Retardation. The ideas started by the panel continued through the administration of President Lyndon Johnson with the creation of the Great Society legislation (Ibid, 169). Although there have been vast improvements over the past one hundred years, there remain several shortcomings in America preventing true equality. The United States falls short in providing sufficient political, financial, and social resources for people with intellectual disabilities.

In 1983, the International Labour Organization (ILO) hosted a convention (no 159) concerning the Vocational Rehabilitation and Employment of Disabled Persons. This initiative influenced several countries decisions to create legislation and implementation strategies promoting the social inclusion and integration of people with disabilities. Many African countries, Kenya included, have made progress in creating legislation to promote the equality of people with disabilities. However, they have struggled with implementation. The ILO challenged African nations during the African

Decade of Disabled Persons (1999-2009) to improve the conditions for people with disabilities in their respective countries. It emphasized the link between economic empowerment and social and political rights (International Labour Organization 2004, 6). Despite a few prior attempts, the improvements in conditions for people with disabilities really began in 1997 with the creation of a Task Force dedicated to promoting equality for people with disabilities in Kenya. Their first measure took shape in 2000, with the drafting of the Affirmative Action Bill and the Equity Bill followed by the Persons with Disabilities Act of 2003. Kenyan legislation for people with disabilities is on the rise, but a lack of adequate resources and infrastructure has made implementation difficult.

As with Kenya, the United States has policies in place to protect people with disabilities, but they struggle with the execution. In theory, America has the resources and infrastructure to successfully realize their policies, but often their efforts fall short of expectations. Policies such as the Americans with Disabilities Act (ADA), Individuals with Disabilities Education Act (IDEA) and the No Child Left Behind Act (NCLB) have good intentions and laudable compassion (Clegg 1999, 100, Wakeman et. al. 2007, 143) but they are costly to both the government and the personal well-being of the individuals they are trying to protect.

The Americans with Disabilities Act regulates employment in both the private and public sectors. It regulates state and local services on public transportation, public accommodations (hotels, theaters, banks, stadiums, etc), and telecommunications (Clegg 1999, 100). The ADA also prevents for workplace discrimination and mandates reasonable accommodation in the work establishment. As stated earlier, Unger et. al.

(2005, 145) found that people with disabilities were more likely to encounter discrimination involving being discharged and harassment and were less likely to encounter discrimination related to promotion, demotion, reasonable accommodation, and reinstatement. What America lacks is a policy requiring that employers with a minimum number of employees reserve a portion of their positions for people with disabilities (Robertson, Lewis and Hiila, 2004, 9). These restrictions have proved ineffective as many employers prefer to pay heavy fines rather than employ people with disabilities, be they physical or mental (Ibid, 9-10). However, in the United States governmental legislation has proved successful in that the number of people with disabilities employed in the public sector increased from 9,800 to 140,000 over the past decade (Ibid, 10) and employers have noted favorable experiences with workers with ID (Unger, Campbell and McMahon 2005, 146).

Researchers have found that while the theory behind the ADA is commendable, the positive aspects of its implementation have yet to be fully realized (Ibid, 151, Clegg 1999, 110). The theories behind this notion stem from the unconscionably high unemployment rate and the vagueness of law leading to gross misunderstandings and misrepresentations of the law; thus hindering the success of the Americans with Disabilities Act. Research also states that although the number of employed people with disabilities has risen, only less than one percent of people with disabilities have moved out of welfare status (Clegg 1999, 104). Compounding the issue is that the group of people that the ADA was designed to protect (those with intellectual disabilities) may not fully understand or even know their rights and how they may be applied to their daily lives (Unger, Campbell, and McMahon 2005, 151).

It is crucial that the government not rely solely upon a company's corporate social responsibility to do the right thing and hire someone with disabilities, but rather to give them incentive to do so. In addition, the government should hold companies who do not accommodate people with disabilities accountable. Privately owned companies need to see the benefits for them to hire someone with a disability. People with disabilities are continually the most under-utilized population. They are a group of people who when trained properly can be value-adding employees (Schur et al 2005, 18). A recent study found that one-third of employers surveyed felt that people with disabilities "cannot effectively perform the required job tasks" (Ibid, 8). They also feared the potentially costly special facilities. However, a US survey found the cost of these facilities was less than $500 USD and that 73% of people with disabilities do not require said facilities. In addition, companies reported that people with disabilities have a higher retention rate; thereby reducing costly turnover (United Nations Website 2009, Disability). It may not appear that employing people with disabilities will increase overall efficiency and profit margin, but their work ethic and desire to be accepted can ultimately increase their desire to succeed and to please. The notions of tolerance and trust are diminishing in American Society (Anheier 2005, 58) and people need to be encouraged to open the doors of their companies to those with disabilities because as was stated earlier, when given a chance, those with disabilities can prove to be a positive asset to a company.

In contrast, it was only in 2003 that Kenya created the Persons with Disabilities Act. The Act defines disability as "a physical, sensory, mental, or other impairment, including any visual, hearing, learning or physical incapability, which impacts social,

economic or environmental participation" (International Labour Organization 2004, 10). The Act allowed for the formation of the National Councils for Persons with Disabilities (NCPD), who are responsible for ensuring the implementation of rights designated by the Act. In addition, they also dictate policies to ensure that people with disabilities are educated, employed, and participate in cultural and recreational sporting activities.

The Kenyan Ministry of Gender, Sport, Culture, and Social Services held a conference in January 2004, with the goal of empowering people with disabilities. This conference led to the development of a National Action Plan to be used in conjunction with a Draft Session that began in 2001. This plan required the Kenyan government to promote equal employment opportunities for people with disabilities. The Kenyan Persons with Disabilities Act requires that employers to "secure 5% of all casual, emergency and contractual positions in employment in private and public sectors for persons with disabilities" (Ibid, 6). If companies abide by this principle, they will be entitled to a tax rebate as well as other incentives. There is also the possibility for a company to receive a tax deduction on the salaries of employees with disabilities as well as on the construction of building modifications (Ibid, 11).

The Kenyan Persons with Disabilities Act stipulates that there are financial penalties and possible imprisonment if companies discriminate against people with disabilities. However, to date, no cases have been brought before the Courts of Law (Disability Rights International Promotion 2007, 12). A study by Disability Rights International Promotion supports the claim that people with disabilities are often victims of abuse and discrimination in the workplace (Ibid, 45). There were frequent reports of employers pressuring their employees to leave when they were disabled on the job,

even if the disability did not interfere with their performance. It is apparent that the Kenyan government has taken more initiatives to incorporate people with disabilities into the workplace, but a lack of regulation, enforcement, and infrastructure has made their efforts futile.

It is estimated that only 2% of people with disabilities receive any form of special services (Mukuria and Korir 2006, 49), and that this population comprises a substantial part of the marginalized population. Recently the Kenyan government increased its efforts to improve educational opportunities for people with disabilities. It promises that children with special needs will be integrated into classrooms, and community-based programs where there are trained professionals who will work towards rehabilitation and reintegration will be provided. However, people with disabilities are systematically denied equality through three main facets: the lack of interpreters in the court of law, access to social amenities, and accessibility to buildings and transportation. In addition, Kenya has a roughly $5.9 billion (Mukuria and Korir 2006, 50) annual budget and they have only allocated $580 million over the past ten years for special education. This lack of adequate funding coupled with insufficient infrastructure prevents the participation of many individuals with disabilities in programs and services in Kenya.

The United Nations Millennium Goals posed new challenges on the Kenyan government. The second goal gives the objective that boys and girls alike will be able to complete primary education. The Kenyan Constitution declares that, “Children with disabilities have a right to benefit from a full and decent life in conditions that ensure dignity, enhance self-reliance, and facilitate active participation in society” (Kenyan Constitution 2009, Current Constitution). However, there is an absence of a zero

rejection principle (which exists in the United States under the Individuals with Disabilities Education Act). This implies that even though parents may recognize education as a right for their child, the schools are not required to open their doors. The schools can declare an inability to educate a child and refuse their admittance (Kiarie 2006, 51). This is due primarily to a lack of a specific special education policy (Mukuria and Korir 2006, 50). The Constitution and Persons with Disabilities Act are often understood in different ways and unless something is explicitly stated. Thus, in the case of educating a child with disabilities, it is the decision of the school on whether or not they accept the pupil into their school.

Educational Assessment and Resource Centers (EARC) in Kenya were created to "equalize education opportunities for children with special needs and facilitate their full integration into the school system and their community" (Muga 2003, 33-34). The screening and therapeutic services for people with disabilities are sparse and expensive. Accessibility to services and treatment is also related to the parents' ability to identify that there is impairment and to seek out services.

In addition to the cost of drugs and accessibility to treatment centers traditional beliefs play a large role in the under-diagnosis and neglect of people with disabilities in Kenya. A significant portion of the population regards disabilities as a curse from the gods, and that the family is being punished for wrongdoing; leading parents to hide their child with disabilities (Mukuria and Korir 2006, 50). This leaves Kenyan children with special needs vulnerable to abandonment, neglect, and mistreatment.

Families and communities are an integral part of the lives of people with or without disabilities. As Americans begin to realize the impact that social capital has on peoples' daily lives, the rights-based model of disability becomes more pertinent. The federal and state governments do not allocate funds towards improving social capital for people with ID (Braddock 2007, 171); thus, it is up to the private and, more commonly, the non-profits, to fill this void. The emergence of community-based service models have led to positive changes in adaptive behavior, community participation, interactions with staff, contact with family and friends, client and parent satisfaction (Mansell 2006, 68). Many people with disabilities cannot or do not know how to speak up for themselves and fight for the rights that they are given as American citizens. Therefore, it is their families who lobby for change (Dymond, Gilson, and Myran 2007, 145). The family is the core unit of society and the rights of the family need to be taken into consideration along with the rights of the state (Turnbull et al. 2007, 118). A problem arises in that the efficacy of family support is recognized but there is little funding to aid them (Ibid, 119). Therefore, it is crucial that objective measurements be assessed alongside the current subjective measurements (Zekovic and Renwick 2003, 22). Since there is no way to measure social capital objectively, it is hard to believe that the government will justify allocating funds towards programs, such as Best Buddies (www.bestbuddies.org), that foster social and community interaction.

The third sector plays a significant role in the integration and acceptance of people with disabilities in Kenya. The importance of non-profit organizations is undeniable, reflecting a distinct change in social and technological beliefs. People are wary of the capabilities of their government and thus turn their confidence to non-profits.

It is estimated that 30% of Kenya's capital development comes from community initiated development projects (Salamon 1994, 111). The private and public sectors have accepted and embraced the crucial role that the third sector plays in the development of Kenyan society. Although the services for people with disabilities are limited by funding and minimal infrastructure, they continue to play a crucial role in development, integration, and acceptance.

The Kenyan government is focusing on improving the conditions for people with disabilities, but it has encountered four main roadblocks: the combined effect of HIV/AIDS and disabilities, challenges to economic development and inclusion, limitation in attainment of uniform education, and the omission of disability concerns in the Millennium Development Goals (Disability Rights Promotion International 2007, 37). The lack of inclusion of people with disabilities in the MDGs means that there is limited funding from the United Nations making equality more difficult to obtain. A substantial portion of non-profit organizations in developing countries are focused on the ideals of the MDGs and responding to immediate needs of a population, and the needs of people with disabilities does not seem to be a priority.

That said, there are non-profits dedicated to improving the lives of people with disabilities in Kenya (e.g. Special Olympics Kenya (www.specialolympics.org), Paolo's Home (www.koinoniakenya.org), Disability Kenya (www.disabilitykenya.org), Handicap International (www.handicap-international.org) but stigma and a lack of governmental support has hindered their progress. It is crucial that the government aid the organizations and promote efforts to lessen stigmatization.

In general, parents want to see their children as integrated into society as they can possibly be, and as caregivers age, they worry about the future care of their loved ones. People with disabilities deserve to be full and active members of their communities, but stigmatization, education limits, and monetary constraints foster a prohibitive lifestyle. The government, private corporations, and non-profit organizations need to improve the political, financial, and social resources for people with disabilities in order to provide integration and acceptance in society. Once that is achieved, then people with disabilities can become full and active members in their communities.

The United States has progressed significantly over the past one hundred years in their acceptance and integration of people with disabilities. Only sixty years ago, people with disabilities were locked into large housing facilities resembling a prison; now few of these facilities still exist and people with disabilities are becoming more mainstreamed in society. Much of this progress is credited to governmental policies such as the American's with Disabilities Act, and an increase in programs for people with disabilities such as Special Education departments in schools. However, many of the programs and laws lack funding. In addition, the private sector has little involvement in acceptance and integration of people with disabilities.

Kenya appears to be trailing the United States in their acceptance and integration of people with disabilities. This deficit is due in part to the youngness of the country, having only gaining independence in the 1960s. In addition, poor infrastructure, inadequate resources, and a fervent belief that disabilities are a curse from the gods have prevented substantial improvements in conditions for people with disabilities. It is important to note that in the past decade Kenya has made substantial gains in the

inclusion of people with disabilities, beginning with the Persons with Disabilities Act continuing with the Decade of Disabilities.

The purpose of this research is to evaluate the acceptance and integration of people with disabilities in the United States and Kenya. Although policies protecting the rights of people with disabilities exist in both countries, whether or not they have been effective is unknown. Each of the participating organizations in this research has direct interaction with children and/or adults who have intellectual or physical disabilities. They have strong beliefs on the treatment of their clients by the public, private, and non-profit sector.

CHAPTER THREE

Methodology

The literature review revealed that both the United States and Kenya struggle with the acceptance and integration of people with disabilities. In both countries, the three sectors have varying degrees of involvement in improving the conditions of people with intellectual and physical disabilities. This research seeks to understand the issue of acceptance and integration of people with physical and intellectual disabilities between the two countries, whether it is different, how it is different and how what lessons can be drawn from the experiences of these countries for their respective efforts at addressing this issue going forward.

Hypothesis

Based on information gathered from the broader research question, a research hypothesis is advanced that, although the acceptance and integration of people with intellectual and physical disabilities is likely to be greater in the United States than in Kenya, change towards these people in Kenya could be occurring at a more rapid rate than in the United States, and that this will be evident through the involvement of the three sectors in the acceptance and integration of people with physical and intellectual disabilities.

Methodology/Research Design

The research design is used to structure the format of the research and to show how all of the parts of the research (treatments, measures, and variables) will work together. The choice of the research design is integral to the success of the research project. This research uses a quasi-experimental, non-equivalent control group, most different system design. It is the most efficient and effective design for researching the relationship between society's treatment of people with disabilities and their integration into a community within Kenya and the United States. This is due to the lack of randomness of the subjects and the ability for a comparative analysis between them.

The quasi-experimental design means that there is no randomness to the participants in the study. In this case, randomness is impossible and impractical. I needed to ensure that the participating organizations were involved with disabilities and that no respondents had a disability. I chose to use a non-equivalent control group because the participants could not randomly be placed into a group; they were from either the United States or Kenya. The two groups under review (Kenya and the United States), were pre-determined for their involvement with people with disabilities, and thus is no randomness of subjects. Intact non-profit and non-governmental organizations as well as government run organizations were used for this study. The countries and participatory organizations were preselected based on their involvement with people with intellectual and physical disabilities, thus removing random assignment.

The most different systems research design is used for a comparative analysis when you are comparing very different cases (e.g. the United States and Kenya) that have the same dependent variable (e.g. acceptance and integration). This research design allowed me to assume that any other circumstances present in both countries

can be regarded as the independent variable (Przeworkski and Teune 1970, 35). Independent variables used in this study are the level of acceptance and integration in the United States and Kenya, the rate of change in the United States and Kenya, and the involvement of the three sectors in both countries. The United States and Kenya were evaluated, individually, on their treatment and reactions towards people with disabilities, as well as services they provide. The most different system design allows the countries to be compared on their progress within themselves and as well as between one another. This design allowed me to develop broad ideas and suggestions on what each country can do to improve the conditions for people with disabilities. These results can then be adapted and used within other countries.

Sources of Data

Prior to collecting data, issues surrounding people with physical and intellectual disabilities in the United States and Kenya were researched. The information came from published papers, public records, surveys of organizations catering to the needs of people with disabilities, and conversations with industry experts. Organizations were chosen based on personal knowledge, referrals, and industry research. The sample size represents a small but diverse selection of organizations, seven American organizations, and five African ones. In the end, twelve organizations responded to the survey, seven American and five Kenyan.

Surveys were sent via email to potential respondents. All copies of the surveys were sent with the information sheet explaining the purpose of the study as well as my

contact details. Thirty-two surveys were sent to a group of American and Kenyan organizations. The response rate was slightly under 50%. The respondents were program providers and manager of organizations involved with intellectual and/or physical disabilities.

I sent two follow-up emails to Kenyan organizations. This was primarily to ensure a correct interpretation of Kenyan respondents. English is not the primary language and I did not want to misrepresent their ideas.

Sample

For this research, the samples of this study were divided into two main groups: organizations based in Kenya and organizations based in the United States. Of the seven American organizations, five were non-profits and two were government run organizations. All five of the Kenyan organizations were non-profits, however, it is important to note that one of the organizations was based in the United States and was funded by the United States State Department and USAID, but all of their programs were in Africa. For purposes of comparisons, the organizations should be drawn from same sources in the two countries – the differences in sources could account for observed differences/similarities in the issues in question. These organizations received a questionnaire requesting their opinion on services in their respective countries (Appendix A).

As previously stated, the programs targeted for this study were selected based on personal knowledge, referrals from program providers, and other professionals in the

field of disabilities, as well as from industry research. The program providers were contacted via email and phone to ensure that they are in fact involved in the acceptance and integration of people with disabilities. Respondents to the questionnaires were program providers and managers due to ethical obligations and to ensure that the rights of people with intellectual disabilities are upheld. All communications state the goal of the research and that anonymity is guaranteed (Appendix B).

The questionnaire contained questions designed to elicit mainly qualitative data and is used to supplement research findings. Objective indicators such as government funding, social acceptance, nonprofit services, and educational inclusion were used to determine the progress made over the past one hundred years in both the United States and Kenya. The choice of indicators was based on country progress indices that the United Nations uses in their annual reports. The indicators were chosen based on their relationship, or lack thereof, with intellectual and physical disabilities. Organizations answered the questions based on trends they have noticed in their own organization as well as in the community around them. This study collected qualitative data.

Method of Data Collection

This study collected quantitative and qualitative data. The quantitative data was obtained through a series of multiple-choice questions (Appendix A). The quantitative data evaluated how well the organizations serve the needs of people with disabilities. This included the number of clients, as well as monetary contributions from the government, private donors, and fundraisers. In addition, the research quantified

roughly how many participants in the organization serves, how many live with their families or independently, and what is the education level of the participants of the organizations. This information helped me evaluate the level of integration, acceptance, of people with intellectual and physical disabilities, as well as, the involvement of the three sectors.

The qualitative data was collected and analyzed through open-ended questions on the survey. The qualitative allowed me to evaluate the personal opinions of respondents. When dealing with a sensitive subject such as disability it was important to know how people with disabilities, families of people with disabilities, and organizations supporting people with disabilities felt on a subjective level. Hence, the interpretive questions helped me explain these findings in the research.

Analysis Plan

This study was done using a trend analysis. The results of this study provided insight not only on what is currently happening in the world of disabilities in Kenya and the United States, but also provided grounds for drawing lessons for the future. The mixture of qualitative and quantitative data was the most appropriate way that made for a well-rounded study. I used the findings to compare trends within the United States and Kenya and then was able to use the information to evaluate strengths and weaknesses within each country, particularly with reference to the involvement of the three sectors. I then drew lessons from, and on how, both countries can improve the treatment for people with intellectual and physical disabilities.

Limitations of the Study

The main limitation of this study was the limited number of respondents. It was difficult for me to get in contact with organizations and to obtain responses to the surveys. The surveys were sent to over 30 organizations and I only received 12 responses. Several of the organizations simply did not respond to the emails or return voicemails, while others stated that they would respond but follow-up yielded nothing. If this study were replicated, I would suggest increasing the number of organizations contacted, and having more time for follow-up.

Contacting an increased number of organizations would most likely have increased the number that responded immediately. In addition, some organizations could not partake in a study because of their by-laws or board regulations. I did find that follow up phone calls to both American and Kenyan organizations yielded a higher rate of response than emails. This can be difficult with the time change between the two countries as well as the lack of consistent access to phones and internet in Kenya.

However, the organizations that did respond were very enthusiastic and eager to assist me in my research. They had strong opinions on the current state of affairs for people with disabilities and all were passionate about advancing the lives of their clients. Thus, I am hopeful that my research would provide insight into possible ways to improve conditions in the future.

CHAPTER FOUR

Analysis

This chapter includes an analysis of the data collected from twelve organizations in the United States and Kenya involved with people with intellectual and physical disabilities. For this analysis, I created several figures comparing different results of the questionnaire. The following figures examine the following: various services that the organizations provided versus the needs and wants of their clients, sufficiency of services provided to people with disabilities, employment of people with disabilities in the private sector, services that the public and private sector provide their clients, and acceptance and integration of people with disabilities into the community. I used the figures to draw conclusions on how the United States and Kenya compared on the aforementioned issues. All of the figures help me to determine the results of my three hypotheses: the United States would have great acceptance and integration of people with disabilities, Kenya would be changing at a more rapid rate than the United States, and that this development would be evident through the involvement of the three sectors in both countries. The following analysis presents interesting findings about the acceptance and integration of people with intellectual and physical disabilities in the United States and Kenya and the role that the three sectors play.

According to the survey responses, all of the organizations believed that the services provided in their respective countries were insufficient, in some cases dramatically so. The majority of survey respondents stated that their clients were denied housing, employment, or social services due to their disability. This is contrary

to laws in both countries that prevent this type of discrimination. All of the organizations, in both countries, were aware of laws protecting the rights of people with disabilities, but they had mixed opinions on the success and implementation of these laws.

Many people with disabilities in the United States and Kenya face frequent discrimination and are unaware that there is legislation in place to protect them. The respondents of this survey are aware of the laws and policies in place to promote equality for people with disabilities and yet they are unsure of how to advocate for their clients in society. If those who are closely involved with advocating for additional policies, funding, and other improvements for people with disabilities are not involved with the implementation of the policies and funding than it is very easy for the services to be ineffectively used. The lack of understanding on how to implement these policies is compounded by the fact that existing laws still fail to view people with disabilities as complete citizens (Dimmer 1992, 1345). People with disabilities need to be viewed as complete citizens starting at birth. They need to be nurtured and treated the same as their non-disabled peers. If people with disabilities are treated as equals immediately than policy implementation should not be such a daunting task.

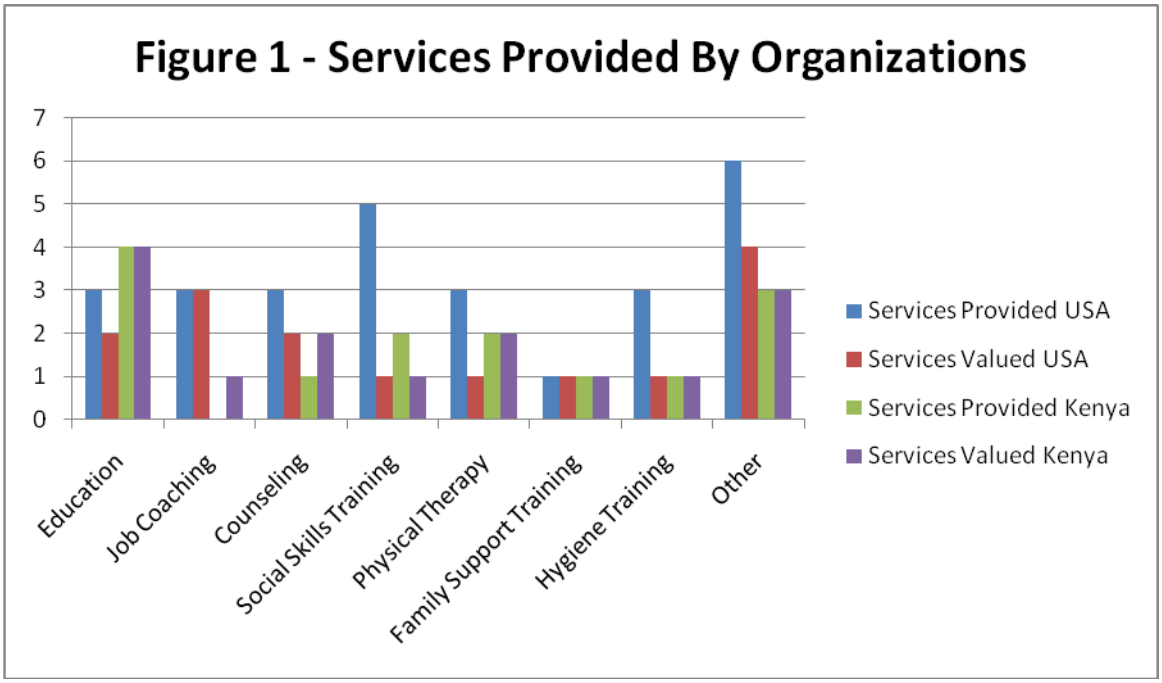
Organizations

All seven of the organizations had vast outreach in their local community and many had outreach around their country. Each of the respondents, save one, had a

close tie with disabilities, whether they were the person with a disability or one of their family members has a disability.

Organizations in the United States had a very different structure from those in Kenya. The number of clients was over 201 in all circumstances and in six American organizations, the exceptions being a Special Education Department. That said, the American organizations reported on their headquarters numbers, not their individual branches. Many of the organizations in the United States have subsidiary organizations, allowing them to provide the same services to smaller groups of individuals in varying geographic areas. The Kenyan organizations do not have this option. They have one central office that manages services for people around the country.

Figure one graphs the services provided by the American and Kenyan organizations as well as which of their services the clients' value. These services included education, job training, psychological counseling, social skill training, physical therapy, family support training, hygiene training, and other services. Some of the other services provided were speech therapy and recreational play.



Except for education, the American organizations provided more services than Kenya. Each of the American organizations provided several different services within an organization, for example, even the Special Education Department in the United States provided job coaching and social skills training for their students. The United States at least met the needs of their clients in all eight categories.

Kenya fell short of providing enough service to their clients in two categories, job coaching and psychological counseling. This could be because in Kenya the organizations were more specialized. They tend to provide one, maybe two services to their clients. Meaning that the people with disabilities and their families have to travel to more venues in order to have their needs met. In a country where there is limited infrastructure and 56% of the population lives below the poverty line (Disability Rights Promotion International 2007, 13) it makes it difficult for families to travel to different organizations to obtain services for their children. Thus, the parents of children with

disabilities are evaluating which services are most important to the success of their child and are traveling only to that organization.

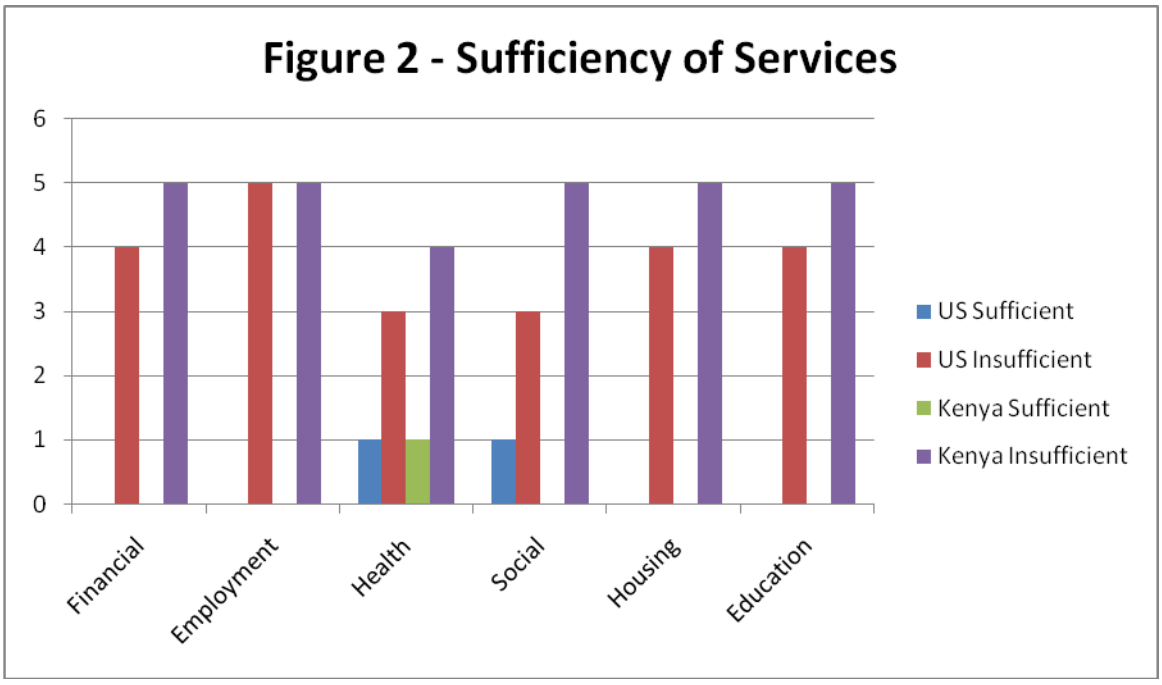
All of the services measured in this survey were seen as important by at least one of the organizations in the United States and Kenya. However, there did not seem to be a balance in any of the organization on which services they provided versus which services their clients needed most. Each of the thirteen organizations needs to evaluate the services that they are providing and which services their clients are using and which services they desire. This would allow them to have a more appropriate allocation of funds and provide their clients with alternative organizations that could better suit their needs more effectively.

The funding of the organizations plays an important role in the services that they provide. With the exception of a Chicagoland Southside Special Education Department, all of the American organizations have a budget of at least $500,001, with four of the seven having a budget of over $2,000,001. The Kenyan organizations worked with a budget of less than $100,000, except for one organization. This organization works predominantly in Africa, but is based in the United States, and they are funded by the United States State Department and USAID.

All of the organizations in the United States and Kenya listed their clients' income as under $20,000 annually, except for one. This particular organization is based in Kenya and deals mainly with deafness and blindness. In fact, all of the organizations, American and Kenyan that kept employment records stated that their clients were denied employment because of their disability. They all also stated that clients of theirs

were denied housing and social services because of their disabilities. This relates closely to the ineffective and inefficient implementation of policies aimed at protecting the rights of people with disabilities. Organizations denying housing, employment, or social services may not be aware of their obligation to treat those with disabilities as equal to those without, or they may know that there will not be repercussions to their actions. It would be interesting to research which organizations are knowingly defying the system and which are unaware of their discretions.

Figure two is a chart of the sufficiencies and insufficiencies of public services in the United States and Kenya. It explores the major industry services provided by the government, financial support, employment and unemployment services, health care, social welfare, housing assistance, and education.

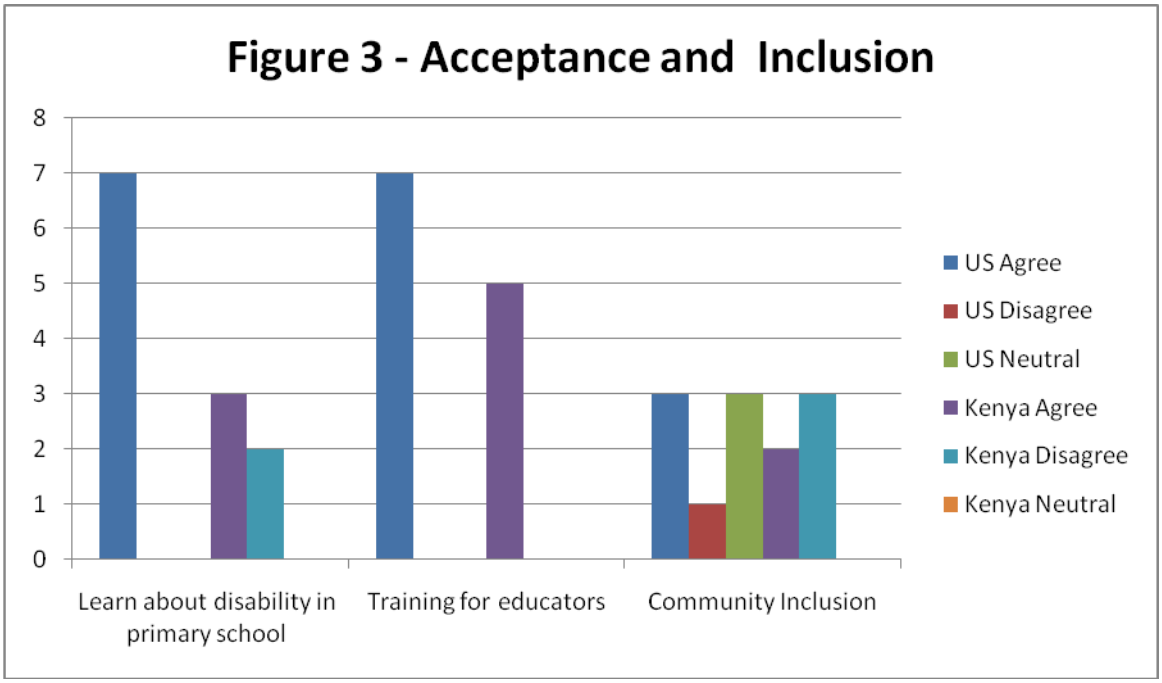


Sufficiency was defined as the organizations viewing their clients as receiving enough of the aforementioned services to live a life that allows them a sense of

acceptance and integration into their local community. All the Kenyan organizations surveyed stated that they felt all listed services were insufficient for people with disabilities in their respective country, with one exception. One organization responded that the health services in Kenya were adequate; their clients received some health care. The United States had more variation in their responses. While they all believed that insufficiencies existed, only two of the seven felt that all of the listed areas needed improvement. Two of the American organizations believed one area had sufficient services, one listing healthcare, and the other social welfare. Something worth noting is that that both of these organizations are non-profits in the suburban Chicagoland area and they rely on federal government funding. They work a niche population and have a limited capacity within their organizations. The rest of the non-profit organizations in the United States rely on private donors and have little interaction with the local or federal government, and they serve a wide array of clientele.

Due to the varying ages that the organizations represent, it was hard to determine if there is any consistency within employment of the clients. The socio-economic statuses of the populations also differed significantly between the organizations.

Figure three examines the acceptance and integration of people with disabilities in the school system and local communities. These questions ask the respondents to give their opinion whether or not people should be forced to learn about inclusion of people with disabilities into their life in the future and if people currently are welcoming this population into their community.



As displayed in Figure 3, all seven of the American organizations believed on the need for inclusion. In particular, children should learn about the acceptance of people with disabilities in primary school and that all educators should receive training on how to teach students with intellectual and physical disabilities. The respondents from Kenya agreed that educators should receive training on how to teach children with disabilities, but they were mixed on their opinion of whether or not people should learn about disabilities in primary school.

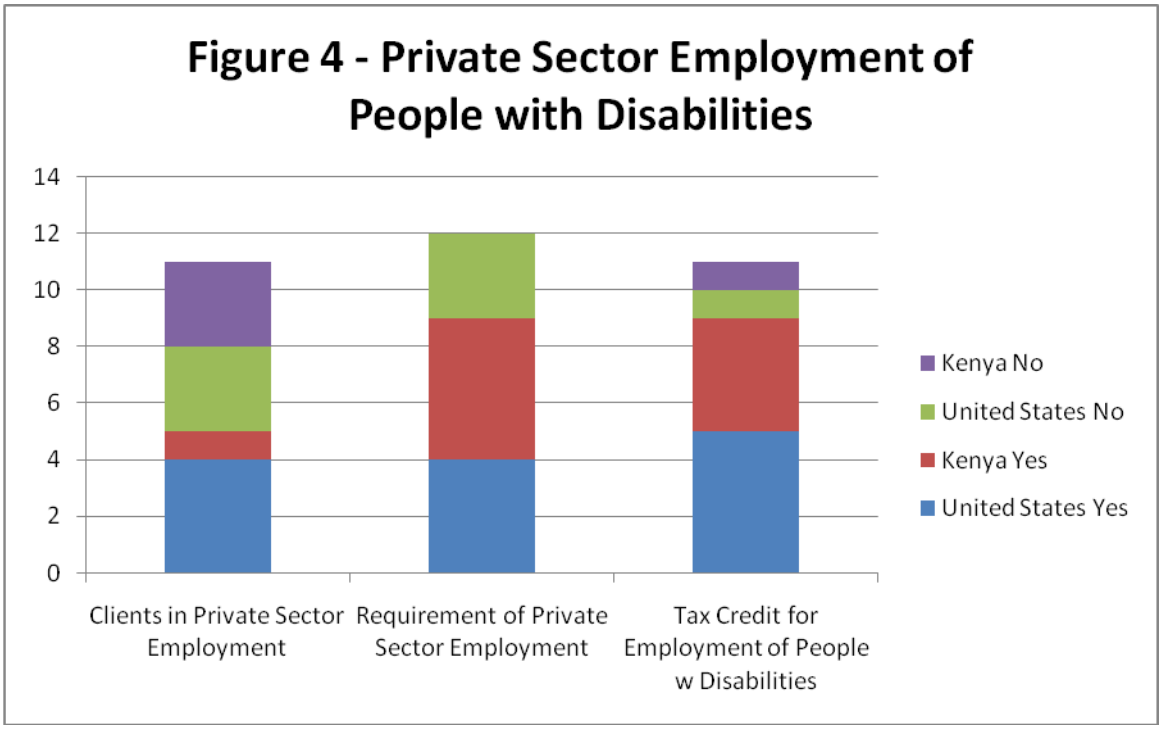
The United States and Kenya were also mixed on their opinions of how inclusive the local communities were of people with disabilities (e.g. are they welcomed to local events, to play with local children). The United States appears to be more inclusive, with 86% of the organizations stating that the community was somewhat inclusive, very inclusive, or fully inclusive. The 14% organizations that found the community to be not very inclusive of people with intellectual and severe physical disabilities. Kenya did not

have a positive opinion on community inclusion. Only 40% of the organizations believed that the community had any inclusion, and some of these organizations is based in the United States and may not have as many close community ties. Sixty percent of the organizations thought that the community was not very inclusive or not inclusive at all.

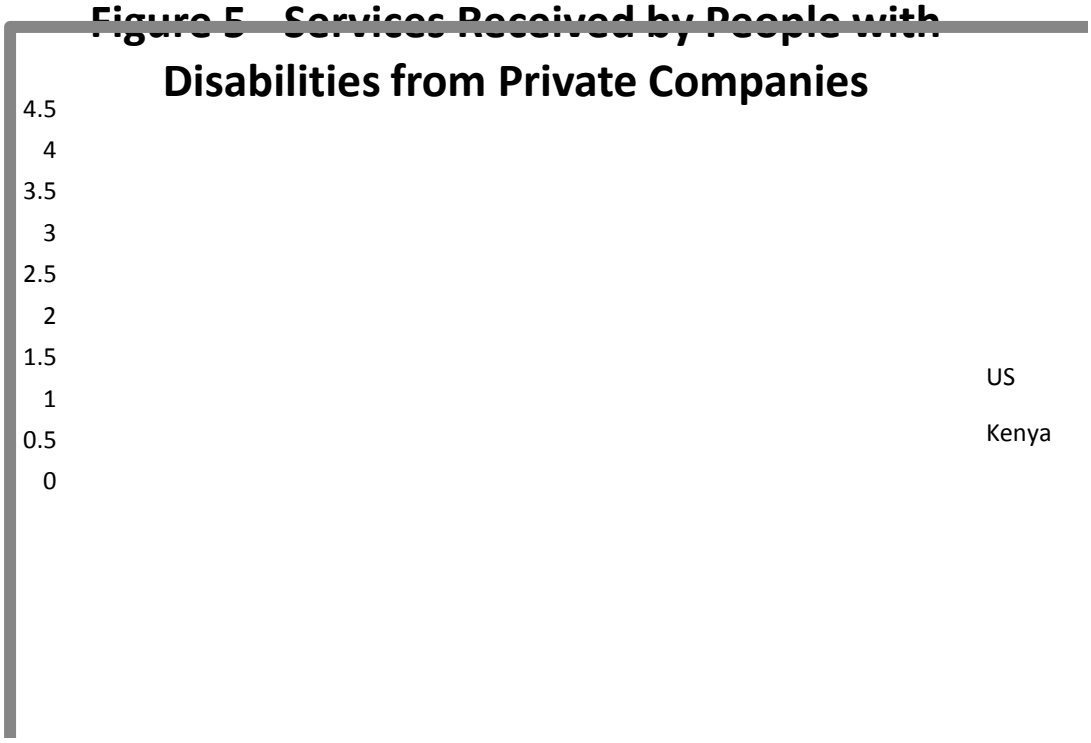
Policies in the United States and Kenya relating to the integration and acceptance of people with disabilities dictate that the "problem" is within the individual who has the disability and not within society (Drimmer 1992, 1378). Existing beliefs support societal norms of placing people with disabilities on the fringe of society and excluding them from being full members of their communities. While change has been attempted, it is clear from the research that discrimination is rampant in both the United States and Kenya. Responding organizations all agree that services are insufficient for people with disabilities and that inclusions needs to increase, but there is no consistent idea on how to produce change.

Sector Specific Questions

When analyzing the sector specific questions, there were significantly more similarities between the organizations in the United States and Kenya. Figure four displays the opinions of respondents on the employment of people with disabilities in private sector; whether they are currently employed and whether or not there should be benefits for people who employ people with disabilities.



More than 50% of the American organizations had clients that were employed by a privately run companies, whereas only twenty percent Kenyan organization had someone employed in the private sector. What I found interesting was the overwhelming majority of organizations in both countries believed that privately run organizations should receive tax credits for the duration of employment or for a set period-of-time of employment of a person with physical or intellectual disabilities.



Services that each organization receives from privately held companies were analyzed. It is evident that privately run organizations are providing little to no service for people with disabilities in Kenya. Sixty percent of the organizations in Kenya stated that they receive no support from the private sector in Kenya. The American organization operating in Kenya stated that they do receive various services from private Kenyan companies, but that it is inconsistent at best. Twenty percent of the Kenyan organizations did state that they receive assistance from private companies in hiring and job placement. This particular organization listed the highest annual income for their clients and they deal predominantly with people who are hearing or vision impaired, not people with significant intellectual or physical disabilities.

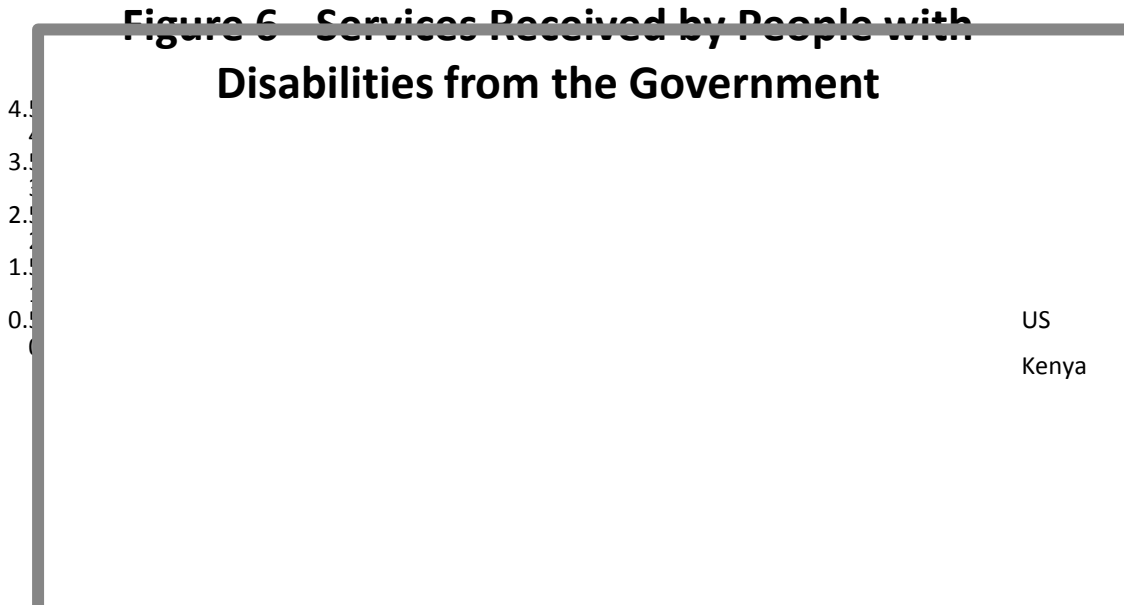
The United States does have more services provided to them by privately run companies, but it is still less than half of the organizations in every category. A positive

note is that none of the American organizations stated that they did not receive services from the private sector.

It is my belief that job training/placement was “high” in both the United States and Kenya because private organizations can see a direct result from employing people with disabilities. The Wall Street Journal reported that customers with disabilities related better to employees with disabilities and preferred to conduct business with them. This represents over $1 trillion dollars in consumer spending (Wall Street Journal 2005). In addition, one company in North Carolina reported that after hiring people with disabilities their employee turnover dropped from 80% to less than 5% over six months, productivity increased from 60% to 70%, and absenteeism dropped from 20% to less than 5%. This company also found that the positive attitudes of people with disabilities were “contagious” and that company morale significantly improved (Kansas Center for Research on Learning 2005, Help Wanted). These results affect the bottom line of a company and therefore, if they are seeing a positive increase in profits from hiring people with disabilities, they are more likely to promote the idea and to continue the practice.

Housing, education, social and community integration do not outwardly seem to affect the success of a business. Although these are closely aligned with health, attitude, and productivity, many companies may not see the importance in relation to their profit margin. Therefore, privately owned companies may shy away from assisting people with disabilities in these arenas. The United States has a higher rate of success in private sector involvement in the aforementioned areas than Kenya. In addition, providing housing, education, and outlets for social and community are an expense and

do not tend to yield a direct increase in revenue. Privately owned companies are more concerned with their profit margin than being socially responsible, thus unless they see a benefit to themselves to help people with disabilities, they have little motivation to do so.



Organizations in both the United States and Kenya receive more services from their government than they do from the private sector. However, the services are still insufficient. Sixty percent of Kenyan organizations stated that they received only one service from their government, 20% organization did not receive any services, and 20% organization did not respond (the one receiving USAID and US State Department funding). None of the organizations receives financial, housing, or counseling services from their local or federal governments.

Of all the American organizations, 14% did not receive at least one governmental service. The most common of these was local or federal funding, followed by housing, and counseling. Not one of the American organizations stated that they did not receive any services from the government. All stated that there could be more financial support. However, they did receive some monetary contribution.

Both the United States and Kenya have laws supporting the rights of people with disabilities, the Americans with Disabilities Act (ADA) and the Persons with Disabilities Act (PDA) respectively. Americans and Kenyans both stated that the Acts were a significant change, but there were differing ideas on the influence of the policies. Several of the American organizations felt that the ADA has been successful in creating societal reform. Twenty-nine percent of the organizations mentioned how the ADA led to education policy reform, early intervention, and the enforcement handicap accessibility in public locations. Sixty percent of the Kenyan organizations stated that the Persons with Disabilities Act was a “step in the right direction, but thus far there had been little implementation”.

It is the responsibility of the federal and local governments to care for their citizens (Drimmer 1992, 1341). American and Kenyan governments have done the bare minimum necessary to care for people with disabilities. They view them as a drain on societal resources and unproductive members of a community. Similar to privately owned companies the government has little incentive to provide assistance for people with disabilities as long as they view them as a burden rather than an asset. Often people with disabilities, especially those with intellectual disabilities are unable to speak up for themselves and rally for change. They are unaware that they are being treated

unjustly; they have been taught for most of their lives their self-worth is very low. It is clear that employers can benefit from integrating people with disabilities into the workforce and research has shown that communities can benefit from exposure to people with disabilities (Cummins and Lau 2003, 145). However, many people do not know about these benefits and therefore do not fight to support the rights of people with disabilities. The governments of Kenya and the United States need to not only follow through with the implementation of their policies but they need to educate the public on why these policies exist and the benefits of them.

Concerning the biggest obstacle for people with disabilities, there were several similarities in the opinions of the American and Kenyan organizations. Both countries overwhelmingly agreed that there was a lack of peer acceptance and that ignorance and fear were ubiquitous. One large international organization stated,

> "The public underestimate the competence and capabilities of this population, undervalue or underestimate their contributions to society, and therefore don't create a place for them at any table, whether it is education, employment, or community inclusion. Doctors, police officers, teachers, and other service providers aren't trained to work effectively with them, employers don't see their value, politicians don't even realize there is a need for policies to advance their well-being. Disabilities are not on the radar, not relative to other national or community priorities and it all comes down to attitudes."

Another significant obstacle that was mentioned by some organizations in both countries was poverty. I found it interesting that Kenyan organizations touched upon

how destitution was more prevalent in people with disabilities, when their country has a high level of poverty nationwide. Both countries stated that there was a lack of government funding for programs for people with intellectual and physical disabilities. None of the 12 organizations believes that there are enough services for people with disabilities, and what does exist is insufficient.

A positive aspect of this study was asking each organization what was their biggest wish for people with disabilities. Every organization, American and Kenyan, mentioned acceptance and integration in some respect. One American respondent stated that it wished that people with disabilities could, "live and work in a safe, pleasant, and rewarding environment with as much independence as possible (American Respondent)." A Kenyan respondent had the same sentiment, that there "would be independent, equal opportunities for all. [That people with disabilities would be] valued, respected and involved in the decision making in societal development (Kenyan Respondent)."

Another sentiment expressed by the American and Kenyan organizations was the need for governments to support existing organizations. One organization wrote, "We as a society realize the need to fund agencies that are working with people with disabilities before it is too late. We are losing the next generation of professionals than the career field needs to sustain what we have, much less provide for more in the future (American Respondent)." Another organization suggested providing open channels of communication between non-profits, non-governmental organizations, public departments, and private corporations dedicated to the rights of people with disabilities, both domestically and internationally.

By using the results of the data, one can identify the similarities and differences between the acceptance and integration of people with disabilities in the United States and Kenya. All three sectors struggled with providing adequate services, although some were stronger than others were. The ultimate goal of both American and Kenyan organizations is to provide a safe, inclusive, and supportive environment for people with disabilities. One respondent summed up the goal of the research while expressing frustration with the status quo. They expressed that they wished "people with disabilities could accept themselves as they are, [organizations would] work with all sectors of non disabled community and avoid confrontational strategies to lobby rights and adopt an inclusive society."

CHAPTER FIVE

Conclusion

The purpose of this study was to determine the levels acceptance and integration of people with intellectual and physical disabilities in the United States and Kenya. It also questioned whether the three sectors varied in their role on improving quality of life for people with disabilities. After gathering the data from twelve organizations, seven American and five Kenyan, the data was analyzed. Due to the nature and flexibility of the study, each country was evaluated individually using the same variables. Acceptance and integration of people with disabilities in the United States and Kenya were compared within themselves and then between one another. The results of the study allowed for the formation of broad ideas and lessons on how to improve conditions.

I analyzed the data and then compared acceptance and integration of people with disabilities in the United States and Kenya based on several criteria. I placed the data into six different figures comparing the results within each country separately but placed next to the data from the other. I believed that it was important to place the data from each country next to one another so that I could visualize how the responses from the American organizations compared to one another, and how they compared to the Kenyan organizations.

The knowledge base related in my literature review produced expectations for what the first-hand data would reveal. First, I anticipated that the United States would have higher acceptance and integration than Kenya. Second, I hypothesized that both

countries would be lacking in services, particularly in the private sector. Finally, I presumed that Kenya would be progressing at a more rapid rate than the United States and that this would be evident via the involvement of the three sectors.

Figure three analyzed acceptance and inclusion of people with disabilities. This hypothesis was partially verified. All seven American organizations believe educators and children need to be taught about people with disabilities and that this should begin in primary school. Since people tend to prefer integrating with similar people due to a fear of the unknown, the increase in education, awareness, and exposure should increase acceptance of people with disabilities (Cummins and Lau 2003, 147). Kenyans were a bit more hesitant to state that children should learn about acceptance and integration of people with disabilities in primary school. This could be due to the belief that disability is considered by some to be curse from the gods or punishment from past misdeeds, resulting in shame or embarrassment of the families (Mukuria and Korir 2006, 50-51). Although there is hesitation about whether or not children should be educated about people with disabilities, all of the Kenyan organizations believed that educators should receive training on how to deal with children who have special needs.

The hypothesis was supported in that the United States has higher inclusion of people with disabilities was also supported. Eighty-six percent of American organizations surveyed responded that the local community was at least somewhat inclusive, whereas only 60% of the Kenyan organizations said the same. This represents approximately 85% of American respondents satisfied with community inclusion and just 40% of Kenyan.

The second hypothesis stated that all services for people with disabilities would be lacking, especially in the private sector, and this was supported in both the United States and Kenya. Figures 1 and 2 in convey the responses of all organizations on the value and sufficiency of services in their respective countries. Although the American organizations provided more services than their Kenyan counterparts do, they struggle with finding a balance between provision and value. In only two of the eight services in the United States did the provision of a service equal how much clients valued the service (in the opinion of the organizations). Social skill training and other initiatives were provided by the most number of organizations and job coaching and other initiatives were the services that were most valued by the clients. To me, this means that the organizations need to work with their clients to determine how their funding should be allocated to provide the most beneficial services.

The Kenyan organizations had a closer alignment of services provided with services valued. Only two instances showed that there was a difference between the two beliefs, counseling and social skills training. This leads me to believe that although Kenya provides far fewer services, they have a better understanding of what their clients with disabilities and their families want and need. They are allocating their minimal budgets properly and are ensuring that they do their best in providing services to their clientele.

The United States and Kenya overwhelmingly believed that services for people with intellectual and physical disabilities were insufficient in their countries (Figure 2). It is important to note that while every American organization believed there was an insufficiency of services, only 29% believed all areas need improvement. On the other

hand, 60% of the five Kenyan organizations believed every area was insufficient and the other 40% felt that five of six areas were insufficient.

Figure 4 examines the relationship of the private sector with people with disabilities. Only four of the American organizations and one of the Kenyan had clients that were employed by the private sector. The International Labour Organization estimates that 386 million people of working-age are disabled and that unemployment in this population can grow as high as 80% in some developing countries. It also stated that only 35% of American's with disabilities who are of working age are employed, compared with 78% of those who are not disabled (United Nations Website 2009, Disability). This problem could be remedied by the belief shared by 57% of American organizations and all Kenyan organizations surveyed that companies should be required to hire people with disabilities. It is important to point out 71% of American and 80% of Kenyan organizations supported the plan to give tax incentives to companies who hire people with intellectual or physical disabilities.

All of the American organizations for people with disabilities received some services from privately run organizations: job training/placement, housing, education, social interaction, community integration, as well as other services not on the aforementioned list. On the other hand, only one of the Kenyan organizations received services from a privately run organization: job training and placement and another unmentioned service. Eighty percent of Kenyan organizations explicitly stated they received no services from a private company (Figure 5).

The American government provides some services to all of the participating organizations, more than what was received by privately run companies. However, all of the organizations still believe these services are insufficient. Kenyan organizations had a higher rate of response to government provided services, with the majority of the organizations receiving at least one service. However, one participant did make a note that although they were receiving services, everything was drastically underfunded. As previously stated, these results support the hypothesis that both the United States and Kenya suffer from a lack of support services for people with disabilities, especially from the private sector.

The final hypothesis predicted that change in Kenya was occurring at a more rapid rate than in the United States. The results of the survey did not allow me to definitively determine whether change was occurring at a more rapid rate in Kenya than in the United States. What the survey results did show was that Kenyan organizations were aware of the recently implemented Persons with Disabilities Act of 2003 and were waiting to see results of the Act's implementation. The Kenyan organizations were completely spilt on the effectiveness of the Persons with Disabilities Act and the government's follow through. They did all agree, however, that there were frequent policy changes that affected how they run their organization.

American organizations all believed that the Americans with Disabilities Act advanced the lives of people with disabilities. Similar to the Kenyan respondents, the Americans believed that the follow through of the government was marginal. The American policy changes had little effect on how organizations provided services to their clients. This leads me to believe either that Americans are not making as many political

decisions or that the changes are minimal. This does support my hypothesis that changes are occurring more rapidly in Kenya than the United States, but more follow-up will need to be done to determine if this in fact the case.

The results of my survey supported two of my hypotheses and potentially supported the third. However, more follow-up needs to be done to determine if these results are representative of their respective countries.

Recommendations

Both American and Kenyan governments have policies in place intended to help progress the lives of people with intellectual and physical disabilities, the Americans with Disabilities Act and the Persons with Disabilities Act, respectively. However, there is a severe lack of funding, implementation, and follow through to ensure that these policies are upheld. In my opinion, both governments should create committees that monitor the effectiveness of these policies. It will be difficult to monitor privately funded companies, but any organization receiving government money should be required to complete a biannual survey. This survey can evaluate the effectiveness of the organization, allocation of funding, and progress on the plight of people with intellectual and physical disabilities. The creation of these committees would also provide employment for people with disabilities.

Monetary incentives should be provided in both countries to help persuade organizations to hire people with disabilities. As mentioned earlier in the study the United Nations website stated that people with disabilities have a higher retention rate

than people without disabilities and this can save companies money in costly turnover. Perhaps, companies will see the value in hiring people with disabilities and over time, the incentives will no longer be necessary.

Many of the organizations, particularly in Kenya, want to connect with other organizations that have similar missions. They want to improve the lives of their clients but do not know how to start or where to go next. I believe it would be helpful for a large, worldwide organization, like Disabled Peoples International (www.dpr.org) to create a discussion board on their website with suggestions for different organizations. This would be a way for people to connect with other organizations within their country and to develop ties with organizations across the world.

People with disabilities are an oft-overlooked minority population in the world. They are a group of people with the same drive and tenacity to succeed in life as any other group of people, but they are rarely given a chance. Inclusion and acceptance are the first steps to improving the lives of people with disabilities. There are several organizations around the world dedicated to increasing the acceptance and integration of people with disabilities, but they are underfunded. The United States and Kenya have the pieces in place to make the world a safe, welcoming, and inclusive environment for people with intellectual and physical disabilities, but they need to put more funding behind their initiatives and enforce implementation.

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APPENDIX A

Please read and answer all questions to the best of your ability. Your participation in this survey is very important to me. Understanding your background, professional experience, and opinions will help me evaluate the role of the three sectors on the acceptance and integration of people with disabilities in your community. If you have any questions please do not hesitate to contact me at whitneynash@hotmail.com or +1.847.347.7578. Please indicate your answers by circling or bolding the most appropriate response. This survey should take about 20 minutes of your time. Thank you in advance for your assistance.

BACKGROUND QUESTIONS

1. What is your relationship with disabilities (intellectual or physical)? *Please mark all that apply*
    a. Parent of a child with a disability
    b. Family member of someone with a disability
    c. I am the person with a disability
    d. Employee of an organization for people with disabilities (P*lease specify title and involvement)*
    e. Governmental employee in charge of department involved with disabilities *(Please specify title and involvement)*
    f. Other (*Please Specify)*

2. In what country do you work?
    a. Kenya
    b. United States
    c. Other *(Please Specify)*

3. What is your level of education?
    a. Primary
    b. Secondary
    c. Tertiary
    d. Post Graduate

e. Other *(Please Specify)*

4. What is your age?

   a. Under 18

   b. 18-25

   c. 26-30

   d. 31-35

   e. 35-40

   f. 41-50

   g. 51-65

   h. Over 65

   i. Prefer not to say

5. What is your race?

   a. Black African

   b. White African

   c. African American

   d. Caucasian

   e. Asian

   f. Latino/Hispanic

   g. Other *(Please Specify)*

   h. Prefer not to say

6. What is your gender?

   a. Male

   b. Female

c. Prefer not to say

7. What is your religion?

a. Christian

b. Jewish

c. Muslim

d. Hindu

e. Buddhist

f. Sheik

g. Tribal

h. Other

i. Atheist

j. Agnostic

k. Prefer not to say

8. Are you a member of an ethnic tribe?

a. Yes *(If so, please specify)*

b. No

c. Prefer not to say

ORGANIZATION SPECIFIC QUESTIONS

9. What type of disability is your company involved with?

a. Physical

b. Intellectual

c. Both

d. Other *(Please specify)*

10. How many clients does your organization serve?

    a. < 25

    b. 26-50

    c. 51-100

    d. 101-150

    e. 151-200

    f. >201

11. Where does the majority of your funding come from?

    a. Federal Government

    b. Local Government

    c. Private Corporations

    d. Non-Profit or Non-Governmental Organization

    e. Private Donors

    f. Other *(Please Specify)*

12. Do you know if there is a government department involved with the acceptance and integration of people with disabilities? If so, are they involved with your organization?

13. What is the average income of your clients? (based on an annual income)

    a. <$20,000

    b. $20,001 - $30,000

    c. $30,001 - $45,000

d. $45,001 - $60,000

e. $60,001 - $80,000

f. $80,001 - $120,000

g. $120,001 - $250,000

h. $250,001 - $500,000

i. >$500,001

14. How do most of your clients pay for your services?

a. Services are complementary

b. Government assistance

c. Out of pocket

d. Other *(Please specify)*

15. What services does your organization provide for people with disabilities? *(Please mark all that apply)*

a. Education

b. Job Coaching

c. Counseling

d. Social Skills Training

e. Physical Therapy

f. Family Support Training

g. Hygiene Training

h. Other *(Please list all)*

16. Which service do your clients value as most important?

a. Education

b. Job Coaching

c. Counseling

d. Social Skills Training

e. Physical Therapy

f. Family Support Training

g. Hygiene Training

h. Other *(Please Specify)*

17. Which service do you view as most important for the community integration of people with disabilities?

a. Education

b. Job Coaching

c. Counseling

d. Social Skills Training

e. Physical Therapy

f. Family Support Training

g. Hygiene Training

h. Other *(Please Specify)*

18. What percentages of your clients have a secondary education?

a. 0% - 10%

b. 11% - 25%

c. 26% - 50%

d. 51% - 75%

e. 76% - 100%

19. What percentages of your clients' parents have a secondary education?

    a. 0% - 10%

    b. 11% - 25%

    c. 26% - 50%

    d. 51% - 75%

    e. 76% - 100%

20. What percent of your clients are employed?

    a. 0% - 10%

    b. 11% - 25%

    c. 26% - 50%

    d. 51% - 75%

    e. 76% - 100%

    f. Not Applicable *(Please explain)*

21. What percent of your clients' parents are employed?

    a. 0% - 10%

    b. 11% - 25%

    c. 26% - 50%

    d. 51% - 75%

    e. 76% - 100%

22. What is your annual budget?

    a. < $50,000

    b. $50,001 - $100,000

    c. $100,001 - $250,000

    d. $250,001 - $500,000

    e. $500,001 - $1,000,000

    f. $1,000,001 - $1,500,000

    g. $1,500,001 - $2,000,000

    h. > $2,000,001

23. Who is the primary caregiver for your clients?

    a. They live independently

    b. Parent

    c. Sibling

    d. Another relative

    e. They live in a group home

    f. They live on the street

    g. Other *(Please Specify)* _____

24. Please rank the involvement of the families of your client in your organization? (1 being not involved and 10 being very involved)

    1 2 3 4 5 6 7 8 9 10

SECTOR SPECIFIC QUESTIONS

25. Does your organization receive support from the local or national Department of Disabilities? If so, what type?

26. Does a privately held company employ any former or present clients of your organization? If so, how many?

27. Do you think that private sector companies should be required to employ people with disabilities?

    a. Yes

    b. No

28. When a company employs someone with disabilities, should they receive tax credits?

    a. Yes

    b. No

29. Should a company receive governmental monies to make a building handicap accessible?

    a. Yes

    b. No

30. Do you think that attacking someone, verbally or physically, should constitute as a hate crime?

    Strongly disagree

    Disagree

    Neutral

    Agree

    Strongly Agree

31. What percentage of your staff is:

    a. Volunteer _____

b. Paid_____

c. Religious Affiliates_____

d. Other *(Please specify)* _____

32. Should children learn about acceptance and disabilities in primary school?

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

33. Do you think that all educators should receive training on how to work with people with intellectual and physical disabilities?

a. Yes

b. No

34. Is your building handicap accessible?

a. Yes

b. No

35. Does your organization work with other organizations involved with people with disabilities? If so, which ones?

36. What governmental services do your clients receive?

a. Financial

b. Housing

c. Educational Assistance

d. Physical Therapy

e. Counseling

f. Other *(Please Specify)* _____

37. In your opinion, have governmental policies such as the American's with Disabilities Act or Persons with Disabilities Act advanced the lives of people with disabilities? Please explain.

38. Have your clients even been denied employment or terminated from a position because of their disability?

a. Yes

b. No

39. Have your clients ever been denied housing because of their disability?

a. Yes

b. No

40. Have your clients ever been denied social services because of their disability?

a. Yes

b. No

41. Is your local community inclusive of people with disabilities? (e.g. do they include them in community activities) *Please explain*

42. How would you rank the services for people with disabilities in your country?

    a. Inadequate

    b. Adequate

    c. More than adequate

    Please Explain:

43. Do you think that there are enough organizations dedicated to helping people with disabilities?

    a. Yes

    b. No

44. What services for people with disabilities in your country are sufficient?

45. What services for people with disabilities in your country are insufficient?

46. What was the most significant change for people with disabilities in your country? (e.g. a law passing, physical accessibility, educational policies)

47. In your opinion what is the biggest obstacle for people with disabilities in achieving integration and acceptance in the local, national, and international communities?

48. What is your biggest wish for people with disabilities?

49. Additional Comments:

APPENDIX B

INFORMATION SHEET FOR PARTICIPATION IN RESEARCH STUDY

A Cross Country Study of the Role of the Three Sectors on the Acceptance and Integration of People with Intellectual and Physical Disabilities in Kenya and the United States of America

You are being asked to participate in a research study being conducted by Whitney Nash a graduate student at DePaul University, Chicago, Illinois USA as a requirement to obtain her Master's Degree. Dr. Raphael Ogom, Assistant Professor at DePaul University's School of Public Service, is supervising this research.

We are trying to learn more about the role of the public, private, and non-profit sectors in regards to the acceptance and integration of people with intellectual and physical disabilities in Kenya and the United States of America. While the sectors have played a key role in the treatment of this population, significant variations exist particularly on the policies adopted and their successes and failures. Second, we believe that people with disabilities are an underserved and under-utilized population in both the United States and Kenya. The objective of this study is to understand the ways in which these countries have addressed this issue with a view to draw lessons for best practices going forward.

If you agree to be in this study, you will be asked to fill out a confidential questionnaire comprised of several short answer questions and single response questions about various systems in your country for people with physical and intellectual disabilities. The survey includes questions about your opinion on acceptance and integration of people with intellectual and physical disabilities as well as on the actual policies and social services your country provides for this population. Additionally, the survey includes basic demographic questions for the respondent on race, religion, education, age, etc. All data will be kept confidential and only the researcher and the faculty sponsor will be privy to the responses. You can choose not to participate. There will be no negative consequences if you decide not to participate or change your mind later. If clarification is necessary, the researcher may contact you via telephone or email.

If you have questions about this study, or would like to suggest other possible participants, please contact Whitney Nash, +1.847.347.7578, whitneynash@hotmail.com or Dr. Raphael Ogom, +1.312.362.8983, rogom@depaul.edu. If you have questions about your rights as a research subject, you may contact Susan Loess-Perez, DePaul University's Director of Research Protections at +1.312.362.7593 or by email at sloesspe@depaul.edu.

You will be given a copy of this information for your records.