"Response of the Seventh Day Adventist Church to Socio – Religious Beliefs of Children with Disabilities in Kisii County, Kenya"

[*]Teresa Ondieki, Dr. Naila G. Napoo, Dr. Hezekiah Obwoge
Department of History, Religion and Philosophy Jaramogi Oginga Odinga University of Science and Technology
Corresponding Author: Teresa Ondieki

Abstract: The purpose of the study was to investigate the response of the Seventh Day Adventist Church to religious beliefs of children with disabilities in Kisii County. GOK estimated that 10 percent of the Kenyan population has disabilities and 25 percent of this population constitutes children with Disabilities (CWDs) and 90 percent of the CWDs were exposed to stress and trauma in addition to the loss of parental love, care and protection. The contribution of the response of the SDAC in Kenya to the perspective of socio-religious beliefs of CWDs is minimal in Kisii County which is dominantly Seventh Day Adventist County in Kenya. Thus it was the purpose of this research to investigate the contribution of SDAC response of the socio-religious beliefs of CWDs in Kisii County. The study was limited by scope to Kisii County and limited to theme of CWDs. The study was set to meet the following objectives: examining socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya, assessing the role of SDAC institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya and evaluating the challenges faced by SDAC institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya. The study sought to answer the following questions, what are the socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya?, what is the role of religious institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya? And what are the challenges faced by SDAC institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya? The study was grounded on the theory of sociology of religion. This theory has three elements namely; firstly religion impacts on society, secondly on culture and thirdly on politics. The relevance of this theory is on religion's impact on society. The theory was advanced by Brayn in the 2013. This theory is specifically relevant to the study since the study focuses on the response of the SDAC to socio – religious beliefs of children with disabilities. The study used descriptive research design. The target population consisted of all 1016 children with disabilities in all SDA churches. Primary data was used by the study. Secondary data was used especially in literature review of the study. Cluster and simple random sampling techniques were used in arriving at a representative sample of 280 respondents. The sources of data for this study were from both primary and secondary sources. The data for this study was collected using researcher's judgment, description, oral interviews and focused group discussions (FGDs) were used to summarize, describe, analyze and present the study findings. Qualitative analysis methods such as observation, tabulation, and content analysis were used too. The research findings included: social-religious perceptions of children with disabilities which gave a positive influence on the self-concept of children with disabilities. The role of social-religious institutions in assisting children with disabilities such as providing them with education, education facilities and flexible curriculum; and challenges faced by children with disabilities such as poverty, environmental barriers and rejection by other people which led to low self-esteem in the children with disabilities. The recommendations based on the research findings include disability awareness campaigns to be introduced to sensitize and educate the community about disability. Local organizations, business houses, churches and government departments to promote accessible and conducive education to children with physical disabilities. The organizations of parents of disabled children to facilitate the participation of other people with disabilities in initiatives towards development of inclusive education. Based on result findings, the areas deemed necessary for further research are: exploration of what the SDA Church perceives about religion, disability, and interaction of the two respectively, in their practices. How various heads of the SDA church are assisting and dealing with constraints in teaching the children with disabilities and how they provide mutual environment for them. More research to be done on how these SDAC institutions have been overcoming the challenges faced by children with disabilities. The study is fundamentally intended to benefit SDA church administration on how to help CWDs.

ACRONYMS

ADRA	Adventist Development and Relief Agency
AIDS	Acquired Immuno-deficiency syndrome
CBR	Community Based Rehabilitation
CSOs	Civil Society Organizations
CWD	Children with Disability
DPOs	Disabled People Organizations
ECD	Early Childhood Development
GOK	Government of Kenya
HIV	Human Immuno Deficiency Virus
JOOUST	Jaramogi Oginga Odinga University of Science and Technology
KCG	Kisii County Government
MDG	Millennium Development Goals
NCCK	National Council of Churches of Kenya
NCSE	National Council for Special Education
NGO	Non-Governmental Organization
OI	Oral Interview
PWDs	Persons with Disabilities
VIS	Visually Impaired Students
SDA	Seventh Day Adventist
UN	United Nations
SDAC	Seventh Day Adventist Church
MGLD	Mental General Learning Disability

OPERATIONAL DEFINITIONS

A special School: Is a term which refers to institutions of learning which can cater for children aged between 4 – 18 years with disability or with special needs

Impairment and Disability: As used in this study, is a term which refers to a physical or mental defect at the level of a body system or organ and person level limitations in physical and psycho-cognitive activities. This disability could include inability to worship the one true God in the SDA.

Liberation Theology: Is a term which refers to setting free from some form of oppression which are economic, social, cultural and religious forms of oppression for the disabled children.

Religious Beliefs: This term refers to the underlying teachings that a religious movement requires its followers to adhere to. These teaching usually include the key pillars of faith and doctrines. Religious beliefs constitute perfect worship facilities.

Special Educational Needs: This term refers to in relation to a person, a restriction in the capacity of the person to participate in and benefit from education.

Departmental Heads This term refers to the SDA church leaders elected by to serve in various church departments

I. INTRODUCTION TO THE STUDY

1.1 Background of the Study

Globally, many societies in terms of socio – physical status, children with disabilities (CWDs) are vulnerable. They are of national concern in Africa in general and in Kenya in particular. Churches, faith based organizations, governments and non – governmental organizations have made concerted attempts towards answering both spiritual and physical needs of Children with Disabilities (CWDs). This has partly been attributed to the fact that religion is not lived in independently of other aspects of life in society and that spiritual progress and worldly development are necessarily interrelated (GOK, 2002).

In 2008, it was estimated by the PWDs survey that 4.6% of the Kenyan population are people with disability and children of 14 years of age and below who are disabled constitute 2.4 % and most disabled people live in rural Kenya (People with Disabilities/PWDs Survey, 2008). World Bank (2010) report estimated that 3.4 million Kenyan people were disabled. Traditionally, disability had been understood in negative force. It had often been perceived as a tragedy and an object of charity. Oliver (1981) contends that the social perspective of

disability amounted to social oppression of the people with disability as they were excluded from mainstream social and religious activities (GOK, 2002).

A Situational Analysis (SITAN) conducted in 2009 by the Government of Kenya to assess the quality of services to CWDs and determine the extent to which the intervention makes a difference in the lives of the target children indentified various gaps that include: quality of services offered by some of the organizations has been inappropriate leading to stigmatization and discrimination of CWDs by the rest of the community; and existing intervention only support proportion of the CWDs (GOK, 2009)..

Historically, one of the leading religious beliefs on children with disability perceived disability as punishment or test of faith, an opportunity to build character, to inspire others, an occasion for the power of God to be made manifest, a sign that one lacks faith or simply a mysterious result of God's will (Creamer, 2008).

Religious beliefs on disability became more apparent after the declaration year of the disabled by the UN in the year 1981. The leading Islamic theology in the religious beliefs on disability was postulated by the works of Mu'tazilites and Ash'arites in the years after 1980. Their major investigation was to try and answer the question that; if Allah was almighty and merciful, why then did suffering, impairments and disability exist. Theologically, the concept of theodicy attempts to explain that disability, impairment exist because of evil and as a result of leaving in an imperfect world. This religious belief forms the core religious belief as pertained to impairments and disability in Africa and Kenya in particular. In consequence religions perform the following role (UN, 1981):

Contributes to the advancement of knowledge and commitment to all humanity despite the physical disabilities. Such an influence is vital in fashioning values system. The spirit of commitment and creativity, as necessary components of wealth creation, arise from inside the person. Such conviction influence the material well being of individuals and communities. Prosperity among the PWDs cannot be achieved without taking into account the power of the human spirit and determination (Mombo, 2014).

One's beliefs make a difference in the way of organizing ones's life and in the perception of the good. Beliefs allow certain conditions and thinking under which the desired values could be unfolded and thereby affecting action. Belief structures relationship between people affect the destiny of human life, especially PWDs. Within the African culture, one finds that the way of life, the behavior patterns, the whole meaning of existence is knit together by reference to God, to the deity - to the Supreme Being. Consequently, religion and life are intimately connected, and the proper action and behavior is that which is pleasing to God, and what is commanded by God (Bakker, 2013).

Although, Islamic beliefs on suffering, impairment and disability were perceived to be necessary course of nature, it is quite a departure from other Islamic school of thought that perceive all human suffering including impairment and disability to be an act of Allah (Bakker, 2013). In spite all these religious beliefs as pertained to children with disability, the critical issue was that they had to be treated with respect and as other normal children were treated. Education had been known to be a leading liberator of mankind from poverty and other human suffering. Therefore these children with disability had special educational needs. However (Sharon P.M., 2017) points out that the mission of the Seventh Day Adventist Church is to enable every person, able bodied, or with any disability to participate fully in worship, teaching, fellowship and service through an inclusive approach which enables each of them to grow spiritually.

Traditionally, the CWDs were best cared for within their extended family systems. The existence of the strong social fabric ensured that all children belong to the entire community. The breakdown of the traditional coping mechanism due to the changing social-economic status has resulted in most of the CWDs being left on their own. In Kisii, the Church has taken a fundamental role as a liberator of children with disability since 1968 by providing holistically encompassing education. In Kisii, Christianity has contributed to religious and intellectual development of children with disabilities by developed educational institutions ranging from universities, secondary schools to primary schools with educational policies geared towards producing holistic child. In general, the church in Kenya for instance has participated aggressively to ensure that holistic education is fairly given to both boys and girls.

The Kenya Catholic Secretariat for example through her development office maintained programmes that offered holistic education to the youth in Catholic institutions of learning. Most outstanding of her programme was the Development Education Leadership Teams in Action aimed at equipping students with leadership skills to enable children with disabilities deal with life's challenges.

(Adventists, 2015) Observes that man and woman were created in the image of God with individuality to think and act out of choice. However the entrance of sin has marred the image of God in humanity. Disability alongside other human miseries is as a result of the entrance of sin. (Adventists S. C.-D., 2017), contends that disability is not caused by sin, rather that the works of God is manifested through people with disabilities. They deserve respect and social inclusion. These views on disability are also shared among all Christian churches.

Most churches in Kenya had constructed schools which not only act as centers of evangelism but also as avenues of providing holistic education for character formation among learners (Anderson, 2009). Therefore,

this study analyzed the impact of the Seventh Day Adventist Church on social-religious beliefs of children with disabilities in Kisii County Kenya.

1.2 Statement of the Problem.
     (GOK, 2002), estimated that 10 percent of the Kenyan population has disabilities and 25 percent of this population constitutes children with Disabilities (CWDs) and 90 percent of the CWDs were exposed to stress, trauma, loss of parental love, care and protection. Besides, these children are also exposed to different forms of abuse, neglect and exploitation a situation that diminishes their capacity to participate in matters that impact on their lives. Furthermore in 2012, GOK conducted a situational analysis (SITAN) to access the quality of the services rendered to CWDs and to determine the extent to which interventions that have been put in place make difference in the lives of CWDs. The study identified various gaps including inappropriate quality of the services offered by some organizations leading to the stigmatization and discrimination of CWDs by the rest of the communities and that existing interventions only support proportion of the CWDs. Although the Government and faith based organizations such as the Seventh Day Adventist church (SDAC) efforts in helping CWDs from social and economic oppression has mainly been through the provision of Special Needs Education (SNE). However, the contribution of the response of the SDAC in Kenya to the perspective of socio-religious beliefs of CWDs is minimal in Kisii County which is dominantly Seventh Day Adventist County in Kenya. Thus it was the purpose of this research to investigate the contribution of SDAC response to dimension of the socio-religious beliefs of CWDs in Kisii County.

1.3 Research Objectives
The main objective of this study was to assess the response of the SDA Church to socio – religious beliefs of children with Disabilities (CWDs) in Kisii County. Specifically the study aimed at:
1.3.2 Specific objectives
i.   Examining socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya.
ii.   Assessing the role of SDAC institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya.
iii. Evaluating the challenges faced by SDAC institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya.
1.4 Research Questions
The study was guided by the following research questions:
iv.   What are the socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya?
v.   What is the role of SDAC institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya?
vi.   What are the challenges faced by SDAC institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya?

1.5 Significance of the Study
     The study would be of benefit to scholars on research relating to disabilities of children in society. Other beneficiaries of the study would be the Seventh Day Adventist Church organization administration and related organizations especially NGOs such as (Adventist Relief Agency) ADRA working for the interest of children with disabilities. The study is also important in making of policies by county and national governments regarding CWDs. The study would be an eye opener for future researchers and scholars in the area of disabilities.

1.6 Justification of the Study
     This study was justified based on the fact that the condition that Children with Disabilities (CWDs) find themselves in is an issue of concern for the church, faith-based organizations and also of the county and national governments. This has partly been attributed to the fact that religion is living in a vacuum and that spiritual progress and worldly development are necessarily interrelated. It is of concern to county and national governments given that an estimated 10 percent of Kenyan population has disabilities and 25 percent of which are children. Over 90% of the children with disabilities were exposed to stress and trauma, in addition to the loss of parental love, care and protection (Gok, 2012; Mombo, 2013).
     Furthermore, CWDs are also exposed to different forms of abuse, neglect and exploitation, a situation that diminishes their capacity to participate in matters that impact on their lives it was of importance to many beneficiaries: Important documents addressing issues relating to the welfare of CWDs through provision of the

Special Needs Education for children with disability by recommending appropriate policy interventions. The study is also beneficial to religious leaders in key mitigation areas that required the role and support of empowering religious beliefs in the education of children with disability.

The study also will be used to emerging researchers in the areas of religious beliefs in assisting children with disability, institutions assisting children with disability and the challenges faced. The study opened up new research gaps that stimulated interest for further research in the thematic area of social-religious beliefs of children with disability in the Seventh Day Adventist Church. Finally the study was used by key stakeholders who had a vested interest in religious beliefs as a means of assisting children with disability and the provision of their special needs education in Kisii County. Consequently, there is sufficient theological, historical and anthropological evidence to show that there is no universal approach to disability, either in the way disabled children are perceived or in the way societies responded to them (Hanks & Hanks, 1980). Therefore, this study dealt with socio-religious beliefs of children with disabilities in the Seventh Day Adventist Church in Kisii County.

1.7 Limitation of the Study

The study was limited to the SDA Church in Kisii South Conference which has 85 church sponsored schools in Kisii County (KC) thereby not covering the other 46 counties in Kenya. The study was limited and dealt with the social religious beliefs affecting children with disabilities in SDA churches in KC of Kenya as the main themes of the study. To address this problem, the study set to analyze specific areas pertaining the beliefs among CWDs; the role of the religious institutions in assisting children with disabilities through provision of special needs education in KC of Kenya; and to evaluate the challenges faced by religious institutions in assisting children with disabilities in KC of Kenya.

1.8 Theoretical Framework

This study was grounded by the theory of sociology of religion. This theory is relevant because of its three fundamental pillars namely; religion impacts firstly on society, secondly on culture and thirdly on politics (Bryan S.T., 2013), provides a relevant theoretical framework to this study. He contends that, in the late twentieth and early twenty-first centuries, the sociology of religion enjoyed a remarkable growth in both theory and empirical research. The scholarly consensus argues that the early secularization thesis associated with modernization theory was misleading and simplistic, or that it was primarily relevant to northern Europe. Beyond the European framework, there is ample evidence that religion plays a major role in society, culture and politics. With urbanization in the developing world, there has been increasing piety and religious revivalism. Religion will be a major factor in political and ideological struggles across the globe in this century. One negative aspect of this focus however has been overconcentration on radical Islam and other manifestations of religious violence.

The importance of religion and the general skepticism about the secularization thesis has been accompanied by important theoretical developments. One important development has been the market or economic model of religion which stresses the supply rather than demand side of religion. However, it is not self-evident that the demand for religion is constant in time and space. The model, if it has any validity, appears to explain the vitality of religion in the American context where there is significant competition for religious services. Other developments include the post-secularization thesis of Jürgen Habermas which demands that secular and religious citizens engage in dialogue within the public sphere. Criticism of the secularization thesis has seen increasing research emphasis on popular religion, spirituality and implicit religion.

The relevance of the theory lies in the fact that religion plays a pivotal role in solving societal challenges including those of children with disabilities.

II. LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature related to children with Disabilities and relevant to religion with the Seventh Day Adventist church. This is reviewed according to the research objectives as follows. However previous studies in the thematic area of the current study have been reviewed too. They include; nature of religious beliefs, religious teachings on disability, Islam and disability, spiritual experiences and disability, liberating the children with disabilities, challenges faced by faith – based organizations in dealing with hildren with disabilities and conclusion of the chapter.

2.2 Nature of Religious Beliefs on Children with Disabilities

Religious institutions and spiritual communities had begun to understand that individuals with intellectual and developmental disabilities had spiritual lives and religious needs that were fully their own, and quite similar to the needs of individuals without disabilities (Collins *et. al*, 2003). There have traditionally been

three ways in which the relationships between religiosity and attitudes towards children with disabilities have been studied (Zaidman, 2003). One way is an analysis of the values and norms of particular religious traditions. These values can be studied by looking at the religious texts of these religions for insight into how disability is viewed and treated within these religious contexts. Another way of studying religion and disability is to examine differences in personality characteristics of religious and non-religious individuals and see how these differences, if they exist, affect attitudes and behavior toward disabled children. The third way is to compare directly the attitudes between secular and religious people (Yong, 2007).

An analysis of the world's major religious texts is a complex and often at times contradictory quest (Weisel & Zaidman, 2003). In a review of the Christian Old Testament and the Hebrew Bible. Abrams (1998) found an abundance of conflictual statements regarding disability. One perspective is that disability can be seen as God's will as a punishment, which would likely not breed positive attitudes. Another is that disability may be perceived as a test of the religious person's faith. Finally, Abrams posits that since all people are created in God's image, including those with disabilities, people would feel a moral obligation to care for the disabled children in fear that God may disapprove of indifference toward the needs of these individuals. Rose (1997) has concluded that, examination of theological references of disability; he categorized religious attitudes toward those with disabilities into four distinct groups. These categories included viewing disability as a sign of punishment, evil incarnation, and disease; disability as a challenge to divine perfection; disability as an object of pity and charity; and disability as incompetence and exemption from religious practice. Fitzgerald (1997) pointed out that these religious perspectives on disability left disabled children on the margins of society. If they are not being condemned for their disability, they are being viewed as abnormal and someone or something to be pitied. This approach turns caring and support for the disabled children into a strategy to achieve unequal social status.

Following Weisel and Zaidman's (2003) protocol, the second area of focus in the research on religious attitudes is the examination of differences in personality characteristics of religious and non-religious individuals and how these differences affect their attitudes toward disabled children. Research has found several personality characteristics to be associated with increased levels of dogmatism including authoritarianism, ethnocentrism, and rigidity (Rokeach & Fruchter, 1956). Cloerkes (1981) found that these personality characteristics were at the "nucleus of the prejudiced personality" and are closely related to prejudice toward the disabled children. As logic follows, religious individuals should be expected to exhibit more dogmatic viewpoints than those of secular individuals, and in turn hold more negative views of the disabled. However, the research findings on the attitudes of the religious versus secular have yielded inconsistent support for this hypothesis (Weisel & Zaidman, 2003).

This brings us to the third way of viewing religion and disability- through an analysis of the relationships between religious affiliation and attitudes towards the disabled children. Several studies have shown non-religious individuals to hold more positive views of the disabled children (Weisel & Zaidman, 2003). Other studies, however, have shown the opposite results with religious Christians holding more positive views of the disabled than non-religious Christians (Bishop, 1995; Erin, Rudin, & Njoroge, 1991; McQuilkin, 1990). Stubblefield (1965) found Catholics to be more accepting of the mentally retarded than were Protestants. English (1977), however, found no significant differences in attitudes toward the disabled between children from different religions. Weisel and Zaidman (2003) offered an explanation for these contradictory findings; that different outcomes may result from the use of different measures across these studies. This explanation does not account for studies that yielded opposing results that used the same outcome measures. Another explanation, offered over 25 years before Weisel and Zaidman, provides an explanation that may more clearly elucidate the causes of these findings.

In a review, English (1977) theorized these conflicting results may be more related to factors of religious orientation or motivation. He stated, "These contradictory findings may possibly be explained by differences in dogma or theological beliefs". The problem is not necessarily in the measurements used. The problem is in the information left out when looking only at religious versus non-religious or if different religions foster different attitudes toward the disabled children. The missing information English is referring to is how each individual approaches religion and spirituality in his or her daily life, no matter what religion he or she practices or if he or she practices any religion at all. Religious orientation, as a motivational construct for approaching religion, and its effects on people's attitudes toward the disabled children is the focal point of the current research study. The aim of the study is to fill this gap in the research to help better determine the link between religion and attitudes toward the disabled.

Religious orientation is defined as a motivational construct to explain why individuals seek religion and spirituality in their lives. Allport and Ross (1967) offer two types of religious orientation- extrinsic and intrinsic. Extrinsic religious orientation refers the use of religion as a tool to obtain something. Extrinsic individuals follow beliefs and religious traditions only to the extent that this might aid in achieving some sort of

mundane goal, such as a feeling of comfort or even to obtain a certain social status. Extrinsically oriented persons use religion as a means to an end.

Intrinsic individuals do not simply use their religion, they live their religion (Allport & Ross, 1967). Motivation for these individuals comes not from the hope of obtaining some personally preset goal, but from the goals which are set forth by the church itself. Religion for these individuals is thought to have a non-mundane, self-defining quality. "Other needs, strong as they may be, are regarded as of less ultimate significance" (p. 434). Both intrinsic and extrinsic orientations can be measured using the Religious Orientation Scale (Allport & Ross, 1967) or the Religious Life Inventory (Batson, 1967).

A third dimension was offered by Batson that is concerned with feelings of growth and seeking in an individual's religious search (Batson & Schoenrade, 1991a, b; Batson, Schoenrade, & Ventis, 1993). This third dimension was referred to as the quest religious orientation. Quest is characterized as "the degree to which an individual's religion involves an open-ended, responsive dialogue with existential questions raised by the contradictions and tragedies of life" (Batson, Schoenrade, & Ventis, 1993). This dynamic stance allows for a more flexible outlook on religious and spiritual matters. Quest refers to three general aspects of an individual's religious perspective- "readiness to face existential questions without reducing their complexity", "self criticism and perception of religious doubts as positive", and "openness to change" (Batson & Schoenrade, 1991b, p. 431). This religious orientation can be measured with the Quest Scale (Batson & Schoenrade, 1991a, b).

These three religious orientations have been found to be linked to a variety of social behaviors (Donahue, 1985). One behavior that has been correlated to these orientations that is of particular interest in the current study is the correlation with religious orientation and various measures of prejudice (Allport & Ross, 1967; Donahue, 1985). Extrinsic religious orientation was found to have a significant positive correlation with levels of prejudice. Donahue (1985) pointed out that intrinsic orientation has a negative relationship with prejudice but added that research has been mixed and, at times, has revealed insignificant relationships between intrinsic orientation and prejudice. Quest has been shown to correlate negatively with a broad range of prejudice measures (Batson & Burris, 1994). What has not yet been investigated is the relationship with these three religious orientations and attitudes toward disabled children.

2.3 Religious Teachings on Disability

Christianity was build from the history of the Hebrew Bible as the Old Testament and became a separate tradition with the birth of Jesus. The New Testament contained stories of what happened during and after his birth. It was important to recognize that ancient Christianity inherited the historical perspectives of its Jewish roots and built upon these themes to serve social and political ends (Miles, 2001). Disability served a markedly different literary function in the New Testament than in the Hebrew bible. Rather than simply functioning as punishment and a visible reminder of God's wrath, people with disabilities became the media through which God communicated messages of mercy and power.

A story in the book of John had Jesus clarified the meaning of disability. Jesus explained that people were not born with disabilities because of sin but instead they were born with disabilities in order to provide opportunities for God to demonstrate his power (Miles, 2002b). This was a very different message than the one conveyed in Exodus which taught that children bore the weight of their parents' sins which were manifested as disabilities (Miles, 2001). The Jesus stories were narratives of social reform (Willis, 2006) and not exclusively focused on improving the lives of people with disabilities. Hebrew rules around issues of impurity and pollution (originating in God's mandates about the priesthood to Aaron and his descendants and furthered through the David narratives) expanded to marginalize people with disabilities in multiple aspects of social life (Bishop, 1995). Stories of Jesus healing people with disabilities in public were also stories of crossing social boundaries and building community (Senior, 1995).

Miles (2002) argues that, Christian narratives had often served as the basis of civil law and social norms in Western culture since Roman occupiers began to convert around 200 A.D. The New Testament had been interpreted and reinterpreted on a regular basis for centuries and the treatment of people with disabilities had varied with these changes. Since 400 A.D. various Christian theologians had offered interpretations of intellectual disabilities as evidence that immorality was inheritable (Miles, 2001). Fifteen centuries later similar arguments were used to support the eugenics movement in the United States and elsewhere, including Nazi Germany. Sixteenth century reformer, Martin Luther made remarks about drowning children with disabilities based on his belief that these were not actually human children but rather incarnations of the devil (Miles, 2001). Not all theological interpretations of disability in Christianity were so negative. Indeed many people with disabilities were treated far more kindly by social service institutions run by the church than they would have been in state operated prisons or asylums. The overwhelming message of the Jesus narratives, however, served to set people with disabilities apart from the rest of society until acted upon by God. Implicit in the message was the idea that those who were not healed or did not live well with a disability were in some way removed from God and therefore from the community (Vogel, 2004).

2.4 Islam and Disability

Islam was the most recent and in many ways the most inclusive of people with disabilities. The word Islam means "submission to the will of Allah". Muslims believed that we were each born in the body that Allah intended us to have. Allah was perfect as was his work. Therefore, to dishonor or exclude people with disabilities from civil society or religious life was to disrespect and disregard the will of Allah (Miles, 2002b). Health was benevolence from Allah, however, disease and disability were not expressions of divine punishment or wrath. Rather, disability tested individuals and in the process allowed opportunities for atonement (Rispler-Chaim, 2007). Disabilities were considered normal aspects of the human experience by the Qu'ran and Islamic law as evidenced by the prescriptions for how and to what extent individuals with disabilities could and should participate in religious and secular life (Miles, 2001; Rispler-Chaim, 2007).

The Hebrew Bible and Christian Old Testament described the ways and extents to which participation in religious and social life should be limited or restricted to people with disabilities. Islamic law and the Qu'ran called explicitly for the inclusion of people with disabilities in social life through emphatic denials of ideas about contagion or pollution associated with disability (Rispler-Chaim, 2007). Participation in religious life and activities were required of all Muslims, with or without disabilities. Accommodations were offered to people with disabilities to make their participation in religious life possible to the greatest extent. They were also excused without consequence from religious requirements that were simply beyond an individual's ability. The individual was clearly not defined socially or religiously by his disability (Miles, 2001). In marked contrast to other religious beliefs, Islam treated people with disabilities as fully participating members of the social and spiritual community (Miles, 2001).

The Qu'ran and its teachings also functioned as the basis for modern civil law in Islamic societies. As far back as the seventh century Muslim courts were debating whether or not men with intellectual disabilities should be allowed to own property. Arguments around the issue would be considered progressive today. A man who did not manage property because of an intellectual disability was still allowed to try to do so. On the other hand was it the responsibility of the community to prevent potential harm from coming to this man by protecting him from the risk of losing property as a result of his inability to manage it? The debate tended to give more weight to the idea that to deny a man the right to own property was a greater harm than would come to him were he to lose his property (Miles, 2001).

Additionally, part of honoring the will of Allah, according to the Qu'ran, was the idea that people in a community were responsible for each other because each person was created by Allah and were honored as such. A practical consequence of this teaching was an enhanced sense of community responsibility for providing people with disabilities with what they were unable to provide for themselves (Miles, 2001). Contradictions existed however, between Qu'ranic teachings that Allah was perfect and therefore people were created as Allah intended them to be, and teachings that "for each illness, Allah had provided a remedy" (Miles, 2001). In practical terms, Muslims found themselves confused as to the appropriateness of interventions that could alter a state of disability. Such acts were interpreted as an act of rebellion or an avoidance of a trial Allah had intended for the person.

Overall, the Qu'ran and Islamic law were most remarkable in the relative little they said about people with disabilities compared to the other religious beliefs. As previously discussed, images of disability were used repeatedly in the Hebrew and Christian Bibles as representation of God's wrath, punishment for sins, metaphors for turning away from God, or to provide opportunities for demonstrations of divine benevolence and greatness through miraculous healing. These narratives were conspicuously absent from Islamic writings (Miles, 2001; Rispler-Chaim, 2007). Beyond efforts to clearly articulate ideas of inclusion and civil protection, relatively little else was said about people with disabilities. A possible reason for this absence was an effort to normalize disability and to think of abilities and disabilities as one aspect of human condition within the range of possible characteristics bestowed by Allah. As such, people with disabilities were full members of the community who had specific needs that were met in order to fulfill Allah's will but whose needs did not marginalize them or limit their access to the full experience of living in community with other Muslims (Miles, 2001).

2.5 Spiritual Experiences and Disability

As interesting as the history of religion and the images of disability presented therein, none of it mattered if disconnected from the experiences of individuals living with disabilities and their families. As had been examined, there was a long tradition of ambiguity about the meaning of disability and the place individuals with disabilities had in a culture based on religious history. On one hand rarely had individuals with disabilities been allowed to articulate their own needs and faith experiences as fully functioning members of spiritual communities. However, religious institutions had begun to understand that individuals with intellectual and developmental disabilities had spiritual lives and religious needs that were fully their own and quite similar to the needs of individuals without disabilities (Yong, 2007).

Religious beliefs, spirituality, and faith traditions provided structures that individuals with disabilities (and others) used to create meaning in their lives. The religious experiences of individuals with disabilities and the religious experiences of their families or other caregivers were often overlooked in the multicultural pedagogy of special education and in the practices of otherwise culturally competent special educators. There was a growing body of literature, however, that indicated that religion was personally relevant and meaningful to individuals with disabilities in their daily lives (Kieran, 2007).

Children with and without disabilities thought quite a lot about God, in whatever form dictated by the iconography of their culture (Torstenson-Ed, 2006). The diversity of religious beliefs among children in classrooms should automatically dictate the inclusion of religion in a multicultural pedagogy. As seen in the exploration of the religious beliefs, however, religious teachings about disability added a layer of complexity to children's religious thinking. Webb-Mitchell (2008) wrote about his experiences working with children with emotional disabilities and intellectual disabilities in an institutional setting. He found that spirituality was the common ground on which he could meet and talk with these children. Although the framework was in the Christian tradition, the belief system or the doctrine was not the point of the stories he shared. Rather, children who had great difficulty understanding the external reality of the world around them and the internal workings of themselves because of emotional or intellectual disabilities expressed deep and prolonged interest in both the practical and metaphysical aspects of their religious experiences. The examples Webb-Mitchell (2008) provided described products of childhood religious imagination that were not noticeably different from the religious interests of other children.

Margaret Mead (1956) shared her observations of the power religious instruction had to promote wholeness among people with intellectual and developmental disabilities (Smith & Johnson, 1997). She described the implicit recognition of a person's humanity when she was fully included in the ritual and doctrine of a spiritual community. Israeli parents of children with intellectual and developmental disabilities described the normative function of the bar and bat mitzvah rituals (Vogel & Reiter, 2004). Temples, churches, and mosques across the country were developing programs and practices to become more inclusive and recognizing the important contributions that people with intellectual and developmental disabilities made to spiritual communities (Harris, 2006; Vogel, Polloway, & Smith, 2006).

Families and caregivers of individuals with developmental disabilities often reported that their faith informed their attitudes and decisions around issues concerning children and other family members who had disabilities. Some interpreted their experiences of caring for a child with intellectual or developmental disabilities as an opportunity for spiritual growth. Other families interpreted the experience as a test of faith (Marshall, Olsen, & Mandleco, 2003). Parents also interpreted children's disabilities as punishment for their own misdeeds (Glover & Blankenship, 2007) and therefore they felt significant shame or guilt. Religious beliefs informed parents' attitudes about what interventions could be implemented for their children. Similarly, families who were adhered to deterministic religious beliefs did not want services they believed interfered with whatever plan or reason God had by creating their child's disability (Cho, Singer, & Brenner, 2000).

Internalized blame and shame about disabilities contributed to a parent's lack of participation in decision processes. Special educators were sufficiently aware of these issues to be able to include religion in discussions with families when designing individualized education plans and services for children. Parents who believed that God healed their child through prayer may not be interested or involved in interventions that schools were eager to try. On the other hand, schools were to be aware that participation in religious rituals like the Jewish religious ritual of Bar and Bat Mitzvahs could be very important to families. Part of culturally responsive teaching was to provide services that allowed children increase access to activities that were developmentally, age, and culturally appropriate (Rogers-Dulan, 1998). Special educators needed to be aware of religious activities, traditions, and cultural milestones that were important to students and their families so that they could work together to support children's full participation in these cornerstones of childhood experiences (Vogel & Reiter, 2004). Reaching beyond the school walls and lending expertise to religious organizations as they worked to become more inclusive and accessible to people with developmental and intellectual disabilities and their families was important (Summers & Jones, 2007). Special educators in our global community had an obligation to inquire and understand the spiritual needs of individuals with developmental and intellectual disabilities in order to plan instruction that increased access to the normal functions of daily life to which all people were entitled.

2.6 Liberating the Children with Disabilities

Balayo (2011) observed that a majority of children with disabilities in Uganda were Christians, many of whom were either Catholics or Protestants. The Catholic Church had established homes in which it took care of people and children with disabilities. The children with disabilities in these homes were placed in Primary schools close to these homes. They assisted these children with learning material such as books, pens and bags. Young children with physical disabilities were assisted to receive corrective surgery in hospitals. The disabled

in these homes were provided with assertive advices as an aid to their mobility such as wheel chairs, callipers and surgical boots. About 60% of protestant churches lacked lamps. It was very difficult for PWDs and children with disabilities in wheel chairs to access them. Some disabilities especially of the physical nature were so severe that one was not able to move to the altar, kneel and receive Holy Communion. However some churches assisted PWDs by provision of wheel chairs. This was in tandem with the area of study of establishing the religious beliefs on children with disability. Kabue (2011) in his study conducted in Limuru Kenya, using qualitative and quantitative approaches, contended that PWDs and children with disabilities participation in spiritual, social development in society were wanting. The major contribution here was that an understanding as pertains to who PWDs and children with disabilities were in society was yet to be understood.

Throughout history, disabilities had been commonly seen as acts of a vengeful God (Bible, 1797). An emergence of a child with disability was seen as punishment from God for sin. These people often had certain impairment as pertained to normal functioning of a human being. Disability was also a major issue with these people and often had to do with the restriction of activity caused by contemporary social organization. The Persons with Disabilities Act, 2003 also observed that disability was defined as a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacted on social, economic, and environmental participation. However the church had been a pioneer in caring for PWDs.

2.7 Challenges faced by Faith-Based Organizations
Sinyo (2011) argued that one of the leading challenges of disability was gender based where female persons with disability had been sentenced to life by society that was already prejudiced with gender disparity. This gender parity impacted on PWDs in the areas of; division of labour, interpersonal relations, labour productivity, equity, equality, representation, and social justice. Chappell (2011), points out that, HIV and AIDS had an impact on vulnerable groups such as women and children although its impact on PWDs and children with disabilities was not known. This was a fundamental challenge. Another key challenge which faced PWDs and children with disabilities was access to education as most facilities and structures were not user friendly to this vulnerable group in our society. There were orphans in society yet little was known about how many of them were with disabilities. This was a serious challenge in terms of special provision for them in orphanages. According to Groce (2005), most PWDs and children with disabilities were sexually harassed due to some misconstrued belief in virgin cleansing where it was believed in some parts of Sub – Saharan Africa and parts of Asia an HIV Positive man could cleanse himself of the HIV virus by having sexual intercourse with a virgin girl. Poverty had no boundaries; it adversely affected children with disabilities with greater severity than the normal population in society (DFID, 2000).

Stigma as much as it was associated with HIV and AIDS, it was equally or much more severe to affect children with disabilities in society as they were set apart from active involvement in development of societies (Link and Phelan, 2001). Employment was a key challenge facing PWDs according to Groce et al (2006) as these sections of the society were discriminated. This scenario persisted in spite of the activities of Community Based Rehabilitation (CBR). People with Disability had challenges relating to individuality, family, sexuality, and communal acceptance as related to entering marriage and attendant rights, and obligations.

To pinpoint precisely the origins of society's attitudes toward disability and disabled people was almost impossible. Among the many suggestions that had been made was the view that our perceptions of impairment and disability were coloured by a deep-rooted psychological fear of the unknown, the anomalous and the abnormal (Douglas, 1966). It was widely acknowledged, however, that our perceptions of normality were partly if not wholly determined by others through learning and the natural transmission of ideology and culture. Here ideology and culture both referred to a communally accepted set of values and beliefs which influenced the perceptions of individuals. It provided in advance some basic categories and a set of rules in which ideas and values were formed. Above all, it had authority, since each was induced to assent because of the assent of others' (Douglas, 1966). While individual perceptions and ideas varied slightly, cultural concepts were usually more rigid.

In the Old Testament much of Leviticus was devoted to a reiteration of the physical and mental perfections deemed necessary for all aspects of religious rituals (Lev. 21. 16-20). Indeed, only lately had people with learning difficulties been allowed to receive some sacraments in the Roman Catholic Church. Moreover, while the ancient Greeks and Romans placed a high priority upon the care of those injured and subsequently disabled in battle, they were enthusiastic advocates of infanticide for sickly or deformed children. In Sparta these policies were demanded by law (Tooley, 1983). Throughout the middle Ages disabled people were the subject of superstition, persecution and rejection. Haffter (1968) had pointed out that in medieval Europe disability was associated with evil and witchcraft.

Deformed and disabled children were seen as 'changelings' or the Devil's substitutes for human children, the outcome of their parents' involvement with the black arts or sorcery. The Malleus Maleficarum of 1487 declared that these children were the product of the mothers' intercourse with Satan. The idea that any

form of physical or mental impairment was the result of divine judgement for wrongdoing was pervasive throughout the British Isles in this period. And the association between disability and evil was not limited to the layman. Protestant reformer Martin Luther proclaimed that he saw the Devil in a profoundly disabled child. If these children lived, Luther recommended killing them. They were the focus of a mixture of emotions which embodied guilt, fear and contempt. William Shakespeare's Richard III illustrated clearly the attitudes that would be experienced by someone born into a world which placed a high premium upon physical normality:

Cheated of feature by dissembling nature, deformed, unfinished, sent before my time into this breathing world, scarce half made up, And that so lamely and unfashionable. The dogs barked at me as I halted by them. Shakespeare portrays Richard as twisted in both body and mind. Since he could not succeed as a lover because of his deformity he was determined to succeed as a villain. This essentially distorted and in fervently negative view of disabled people was evident in a great deal of literature and art, both classical and popular, and continued to be produced today (Gartner and Joe, 1987).

Mental and physical impairments were also primary targets for amusement and ridicule during the middle Ages. And Thomas' (2002) analysis of the joke books of Tudor and Stuart England revealed the extent of this dimension of the discrimination encountered by disabled people. Besides references to the other so- called timeless universals of 'popular' humour such as foreigners, women, and the clergy, there were many jokes about impairment and disabled people: Every disability from idiocy to insanity to diabetes and bad breath was a welcome source of amusement, 'we jest at a man's body that was not well proportioned', said Thomas Wilson, 'and laugh at his countenance. ..if it be not comely by nature'. A typical Elizabethan joke book contained 'merry jests at fools' and merry jests at 'blind folk'.

McCarthy and Kenny (2006) conducted a qualitative study on special schools in Ireland with the aim of identifying issues facing such schools, educational values and practices therein and the position of those schools given the ideological and legislative thrust towards full mainstream inclusion. Teachers and principals from special schools around the country participated in focus groups. McCarthy and Kenny (2006) found that a sense of isolation was a recurrent theme, with special schools suffering from a bunker mentality brought about by their position on the side-lines during the expansion of the policy of inclusion. They feel that they had a contribution to make towards constructing new practice, but had largely been by-passed. This feeling of isolation was mirrored in other studies (Allan and Brown, 2001; Porter et al, 2002; Beresford, Stokes and Morris, 2003; SSWG, 2003a; Norwich and Gray, 2006; Department of Education NI, 2006; Shevlin, Kenny and Loxley, 2008). Norwich and Gray (2006) stated that the push towards mainstreaming during the 1990s left special schools feeling 'done to' rather than 'done with. Teachers and principals in the sector were experiencing discomfort, not with the ideology of inclusion in mainstream schools per se, but rather with the lack of clarity created as a consequence in relation to where they fit into the jigsaw of the educational system, if at all.

Buckley (2000) conducted a survey of all Irish special schools in 2000. Of the 121 special schools surveyed, 104 responded (86% response rate). Of those that responded, 60 schools (58%) had developed links with mainstream schools and 44 (42%) had not. There were some differences in the number of schools in different categories reporting links. Within the Mild General Learning Disability (MGLD category, 25 of the 31 schools responding (81%) reported that they had established links with mainstream schools as compared to 16 of the 29 (55%) schools for pupils with MGLD. All of the five special schools for pupils with physical disabilities responding (100%) had links with mainstream schools. Based on data reported by 54 of the responding schools, 161 mainstream primary and post-primary schools were involved in links with these schools.

Buckley (2000) found that there was variation in the nature of the links established, including: The most common types of links between the schools in this study were exchange of pupils in both directions (47%), staff, material resources and pupils moving in both directions (21%) and pupils going from the mainstream to the special school only (19%). Pupils of mainly post-primary age were involved in links. Selection of individual pupils to participate in links arrangements was frequently based on teachers' judgments' and appeared to be entirely the responsibility of the special school. In terms of regular weekly links, the schools for pupils with physical disabilities had the highest involvement with 13.5% of total enrolment spending some time in mainstream each week as compared to 7.3% of total enrolment of pupils with MGLD and 11.9% of pupils with moderate GLD. "When examined closely, most special school pupils were spending most of the time in their own school and if involved in link activities, were so to a limited degree. Of a total of 3,994 students, 2,451 (61%) were involved in links (data based on inform. In nearly two-thirds (65%) of schools where pupils were involved with links, 20 or fewer pupils actually participated. Often one class was more involved than others indicating that initiatives may be left to individual teachers.

There was a dearth of literature in terms of evaluation of such links between special and mainstream schools (Porter *et al*, 2002). De Paor (2007) conducted a case study evaluation of the links programme established between her special school and the mainstream schools involved. Most of the participants surveyed (teachers and parents) saw establishment of social connections with peers and raised self-esteem as the most

positive outcomes of the links programme. While it was reported that the pupils involved in the links programme had increased access to a wider curriculum, it was not clear if the links programme had any effect on their overall academic progression and attainment. Further, there was some evidence that links between special and mainstream schools may be viewed as a way of securing the future of special schools as well as supporting mainstream schools (Shevlin et al, 2008).

There was a perception across the sector that pupils attending special schools were presenting with increasingly serious needs (Buckley, 2000; Porter et al, 2002; Irish National Teachers Organization (INTO), 2002; SSWG, 2003a; McCarthy and Kenny, 2006; Department of Education NI, 2006; Special Education Department, 2007), with the possible exception of special schools for pupils with a specific learning disability (McCarthy and Kenny, 2006). The schools seemed to be catering for pupils with more serious needs than they were originally designated for, and therefore, the range of needs within any one school was much wider than was the case historically (McCarthy and Kenny; INTO, 2006).

In a study in Scotland, Head and Pirrie (2007) had similar findings and concluded that at a time when special schools were becoming less 'specialized' in that they were now required to provide for an increasingly diverse and complex range of needs, they were increasingly being asked to become more 'special' in that the increased range of needs required them to develop new skills and approaches.

Norwich and Gray (2006) reported that special schools often saw children with complex needs, which did not fit easily into an already defined category, as additional to or different from the population of pupils for which they were originally designated. They went on to say that the admission of this cohort of pupils with more serious needs forced schools to be more flexible and responsive, but typically in an unplanned and reactive way. It also led to some defensiveness and feelings among special school head teachers and staff nationally that they were being 'excluded' from developments and undervalued in a system that exhorted inclusion, value and participation. Stevens (2007) found that the percentage of pupils with mild GLD placed in special schools dropped from 34% in 1989 to 13% in 2004. Further, 90% of the special school teachers he surveyed believed the introduction of the resource teacher model in mainstream primary school had a negative effect on pupil enrolments in special schools for pupils with MGLD.

2.8 Conclusion

The foregoing studies in Kenya demonstrate depth of disability and the magnitude of the challenges. However, it is evident that the researchers such as Balayo (2011), Kabue (2011) and Sinyo (2011) examined the literature on church and PWDs, Spiritual and social exclusion from development by PWDs, and gender parity as relates to PWDs, Other s like Groce (2005) explored sexual exploitation of PWDs especially CWDs. Burcley (2000) and Gray (2006) had examined special needs education and its nurture. While these works had contributed to the growing body of knowledge on PWDs and affects children with disabilities, empirical evidence was wanting as pertains to social-religious beliefs on children with disability and the provision of special needs education in Kisii County, Kenya. It was this research gap which the current study intended to fill.

III. RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents research design, study area, sampling procedures and sample size, data types, sources, data collection, data analysis and ethical considerations.

3.2 Research Design

This study was a cross-sectional research that sought to give scrutiny of the response of the Seventh Day Adventist Church to the socio - religious beliefs affecting children with disabilities in the Kisii County of Kenya. According to Babbie (1998:93), several research projects are designed to study various phenomena by taking a cross section carefully. This helps studies to understand informal factors and processes of a phenomenon at a particular place and time. According to Cooper and Schindler (2003), a descriptive design was concerned with why and how a variable produced change in another, and cross sectional if it was done at only one point in time or over a short period, collecting of data pertaining to the study variables encompassing socio-economic variables relevant to this study in assessing social-religious beliefs affecting children with disability in Kisii County. A general focus of inquiry pertaining social-religious beliefs in Kisii County was developed as a guide in the assessment.

3.3 Study Area

This study was carried out in Kisii County of Kenya (Figure 3.1). The County borders Nyamira County, Narok County, Migori County and Homa Bay County. It has several Sub-counties, namely: Kisii Central, Kisii South, Marani, Sameta, Gucha South, Masaba South, Kenyenya, Gucha Central and Nyamache.

Table 3.1 below shows females are more than male in all the nine sub counties of Kisii County. This portrays that there is a possibility of having more female children with disabilities. However, during research a few females were respondents as some were shy and others busy with household activities, which made males to appear more interested with the research study.

Table 3.1: Population Distribution in Kisii County in 2009

Sub-County	Area/Size (km^2)	Males	Females	Total	Population density (number/km^2)
Kisii Central	238.709	135004	143916	278920	1168.5
Kisii South	102.200	47829	52288	100117	979.6
Marani	123.803	51815	58814	110630	893.6
Sameta	77.995	32723	35243	67965	871.4
Nyamache	81.796	30847	34132	64979	794.4
Gucha South	219.3	81430	89993	171423	781.7
Masaba South	170.504	64058	72271	136329	799.6
Gucha Central	244.695	112328	126666	238994	976.7
Kenyenya	58.398	30259	27666	57925	991.9
Total	**1317.4**	**586293**	**640989**	**1227282**	**931.6**

Source: Central Bureau of Statistics (2009)

Kisii County is dotted with many churches of various denominations as Table 3.2 portrays the SDA being the most dominant with the largest number of adherent and existing congregations in Kisii County. This implies that that it has the biggest number of Children with Disabilities in the county. This calls more attention to this denomination to contribute to a greater extent in providing reliable facilities for the children with disabilities to be comfortable and productive. There are many denominations, SDA being the most widely spread (Table 3.2, most dominant with the largest number of adherents and congregation (NCCK, 2012).

Table 3.2: Seventh Day Adventist (SDA) Churches Distribution in Kisii County

Name of denomination/ religion	Number of congregations	Number of members	Number of disabled children
SDA	122	18950	1016

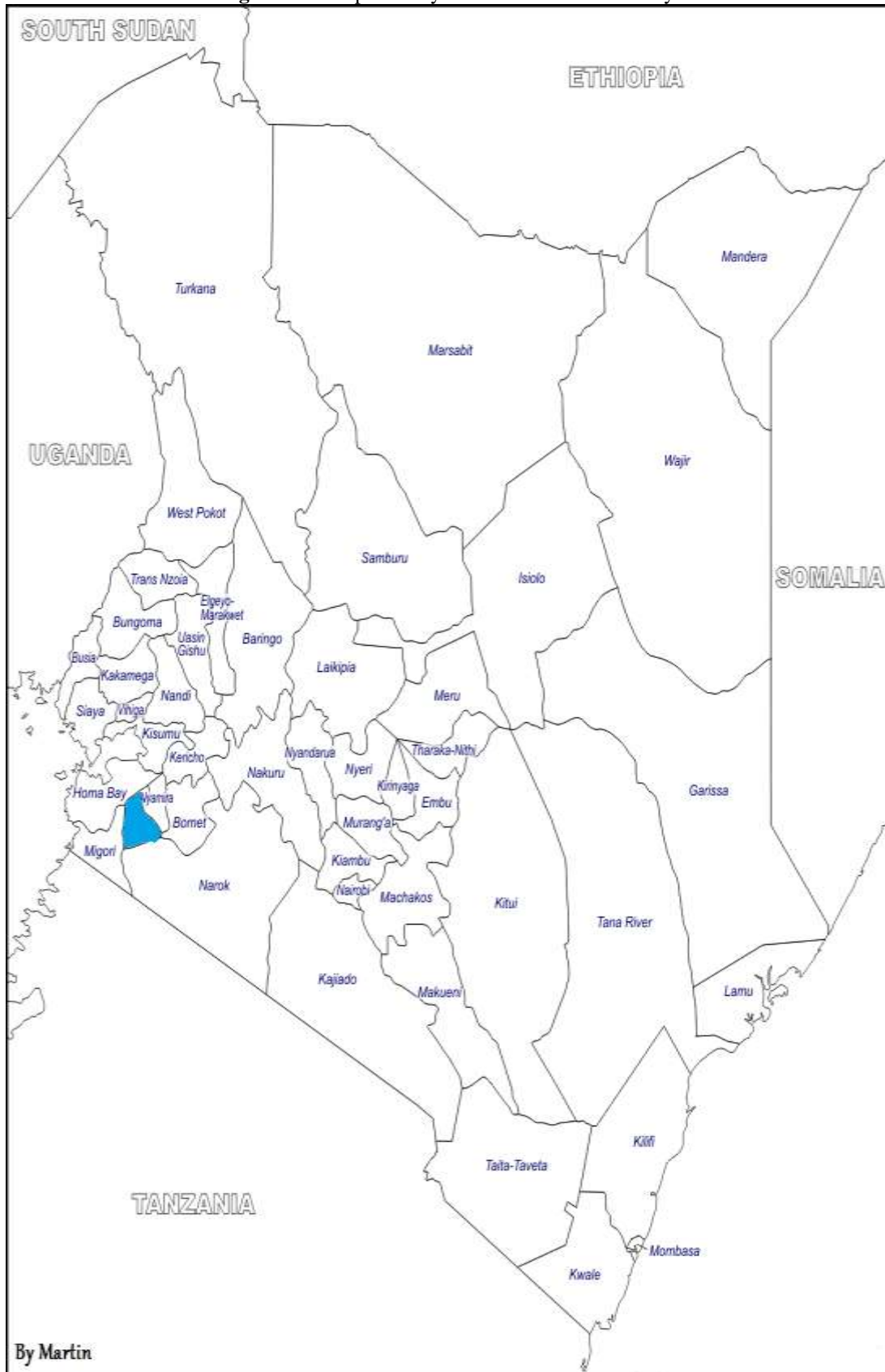**Source: NCCK Records in Kisii County, 2012**

The church branches or centers indicate numbers of congregations in Kisii County. This survey was conducted by the SDA inventory department (SDA, 2009) Map 1 on page 35 depicts the location of Kisii county on the map of Kenya while Map 2 shows the administrative boundaries.

Table 3.3 Number of SDA church congregations in the 9 sub – counties of Kisii county

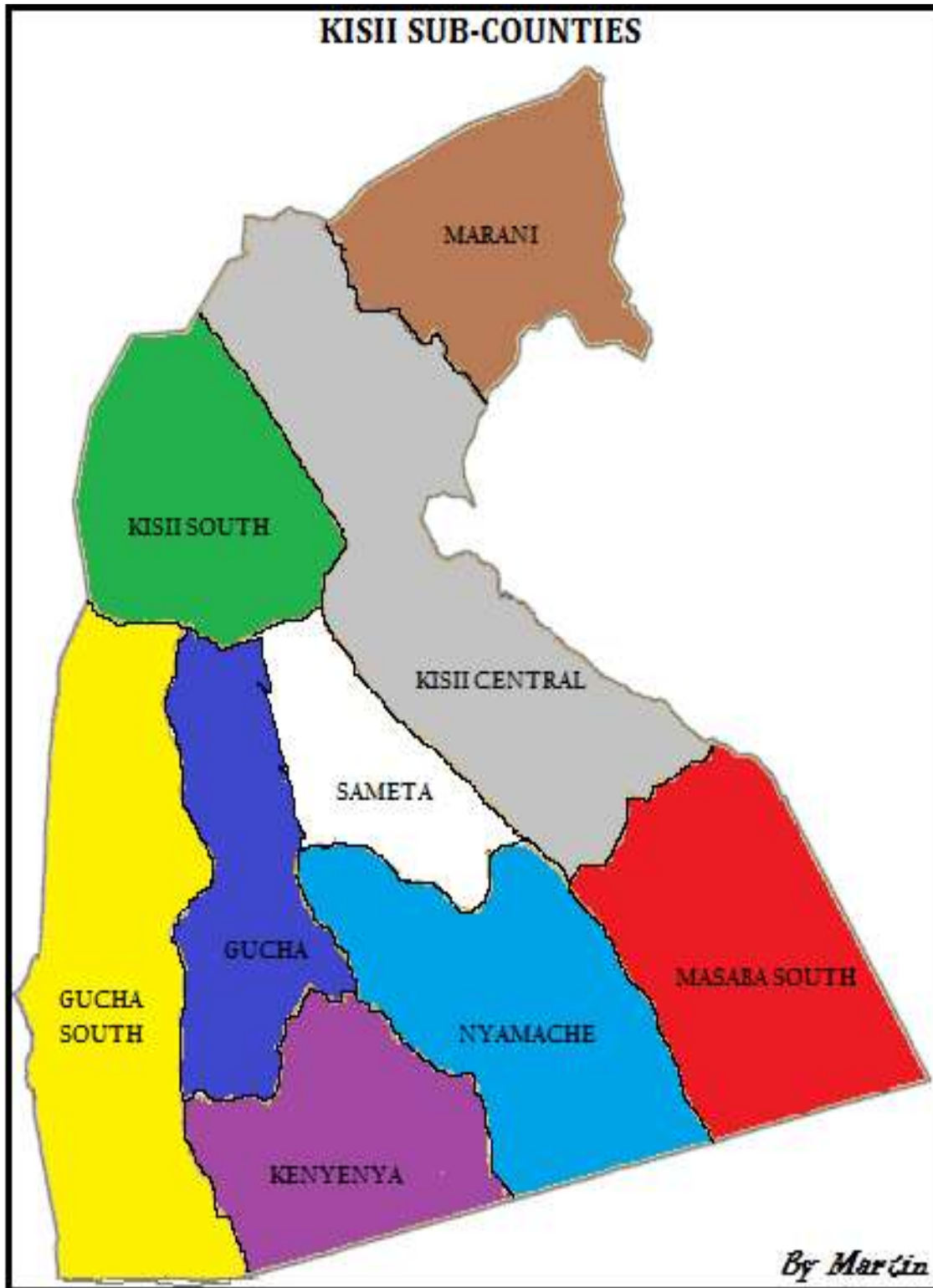| Sub - County	Number of SDA Congregations
Kisii Central	21
Kisii South	10
Marani	16
Sameta	10
Nyamache	14
Gucha South	17
Masaba South	12
Gucha Central	11
Kenyenya	11
Total	**122**

Source: Field Data (2017)

Figure 3.1: Map of Kenya to show location of study

Source: National Boundaries Records in Kenya (2009)

Figure 3.2: Map of Kisii County

Source: National Boundaries Records in Kenya (2009)

3.4 Target Population

(Statistics, 2010), estimated that the enumerated Kenyans as by the year 2009 were 38, 610,097. However, the target population for this study consisted of 122 SDA churches, 18950 members. The information (data) was obtained from disabled children from all the 9 sub-counties constituting Kisii County.

3.5 Sampling Procedure and Sample Size

Purposive and Random sampling procedures were used in obtaining sample size to constitute respondents, to prepare questionnaires and interview schedules. Purposive and simple random sampling were used to choose (30) pastors, (120) elders, (37) members and (50) disabled children from 122 SDA churches with 18950 members and 1016 disabled children making a total sample of 280. Mugenda and mugenda (2003) recommend this type of sampling techniques for studies such as this current study.
Table 3.3 shows sample structure and sample sizes.

Table 3.4: Shows Sample Structure and Size

No.	Sample Structure	Size
1	Pastors	30
2	Departmental heads	43
3	Church Elders	37
4	Church members	120
5	Male Disabled children	25
6	Female disabled children	25
Total		**280**

Source: Field Data (2017)

The church leaders (pastors and elders) provided information on the distribution of the types of CWD. To constitute the respondents of the study, the selection of gender was considered on equal basis. It does not matter where the pastors come from because the treatment to the disabled is the same. The sample size tabulation is shown in Table 3.3.
The children with disability provided information on learning environment, attitudes, self-esteem, and treatment from the church. This data is shown in raw form in Appendix three.

3.6 Methods of Data Collection
3.6.1 Self-administered Questionnaires

Questionnaires were prepared and administered according to the information from the specific groups of respondents. Closed and Open ended questionnaires warranted privacy and confidentiality; therefore, respondents answered without any fear or embarrassment. Open ended Questionnaires were superior data collection instruments over some other research instruments such as interviews in that they were not costly; required less effort from the researcher (Mugenda and Mugenda, 2003). The questionnaires were completed by the sampled church and special needs schools leadership respondents through drop and pick method. Email and telephone methods were used where possible to facilitate questionnaire administration and follow up to ensure a high response rate (Mugenda and Mugenda, 2003, Osso and Onen 2011). Data from the field was recorded by the help of four research assistants. A total of 280 questionnaires were used in this study. They were distributed to various churches within Kisii County.

3.6.2 Oral Interviews

It was significant for the researcher to do in-depth oral interviews for the heads and sub - heads of institutions for the CWDs in order to facilitate exhaustive probing on key questions from the formulated interview guide. A total of 20 Oral Interviews (OIs) were conducted. This type of interview was chosen because the researcher had a greater deal of freedom to probe and ask specific queries during the interview. Achola (2001; 42) notes that 'it is only through the interview that the evaluator can fully explorer an audience's perceptive and the reason for it" An interview schedule was used to collect qualitative data. An Interview schedule is a short form that contains study objectives that allow the researcher to record key information that meets the predetermined study objectives (Osso and Onen, 2011). Face to face interviews were conducted. The 20 schedules were administered to key informants such as religious leaders like pastors, church elders, women leaders, and youth leaders and various heads of church committees of the churches in Kisii County, Kenya by use of four research assistants.

Number of Interviewees	Age	Gender	Place	Position
OI(1)	34	M	Nyanchwa	Pastor
OI(2)	29	M	Nyatieko	Pastor
OI(3)	36	M	Mosocho	Pastor
OI(4)	38	M	Riondong'a	Pastor
OI(5)	43	M	Gionserio	Pastor
OI(6)	56	M	Nyanturago	Church Elder
OI(7)	29	M	Amasege	Church Elder
OI(8)	22	M	Nyamagwa	Church Elder
OI(9)	31	M	Kegati	Church Elder
OI(9)	40	F	Nyamache	Women Leader
OI(10)	42	F	Sengera	Women Leader
OI(11)	35	F	Kamagambo	Women Leader
OI(12)	46	F	Tabaka	Church Member
OI(13)	24	F	Magena	Church Member
OI(14)	28	F	Kenyenya	Women Leader
OI(15)	39	M	Matongo	Youth Leader
OI(16)	41	M	Boruma	Youth Leader
OI(17)	27	F	Iruma	Youth Leader
OI(18)	24	F	Manga	Head of Committee
OI(19)	38	M	Sensi	Head of Committee
OI(20)	45	F	Nyacheki	Head of Committee

Source: Field Data (2016)

3.6.3 Focused Group Discussion

The study used two Focused Group Discussions (FGDs) comprising of 20 participants each in order to probe the issues, perceptions, insights and opinions pertaining to CWDs. The two FGDs targeted children with disabilities and the other one targeted key study informants. The FGDs were conducted by the researcher who played the role of moderator. The FGDs data was recorded as research notes by the help of one research assistant. The method provided an opportunity to receive information from a group integration on a given topic. Krueger (1988) observes that FGDs are very useful in understanding how and why people hold beliefs and interests about a particular topic. In this regard, careful analysis of the discussion provided insights as to how the CWDs are involved in Kisii County. This was used as it probed key insights as it relates to children with disability and how they were liberated. One moderator facilitated the FGD. The discussions were tape recorded for transcription that gave way to qualitative data analysis procedures, like content analysis.

3.6.4 Observation Method

Both structured and non-participant types of observation were used to observe and record the CWDs in Kisii County. The researcher observed the environment where projects meant in assisting the CWDs were run. The activities contributing to assisting the CWDs informed the study. Participation of the CWDs in the intuitions was also observed and a checklist filled (Appendix iv). Of interest to the researcher were the programes, physical appearance of the CWDs, and institutions (building, Chairs, toilets, library etc) through this tool, the researcher was able to collect additional data to enrich qualitative sets of data, which helped in informing the findings of the study

3.6.5 Library, Archival and Documentary Material

This study utilized secondary sources, which were derived from published books, minutes of development meeting in institutions supporting the CWDs, report of the church supporting CWDs, articles and records from Kenya national Archives. Pertinent information was also collected from ministry of finance and planning to explain quantitative information about CWDs. This research also collected the existing literature on social religious beliefs affecting CWDs. Data was also accessed at Jaramogi Oginga Odinga University library and Kisii County Library

3.7 Data Analysis

Both qualitative and quantitative data was analyzed. Qualitative data derived from oral interviews and existing as notes was analyzed using content analysis where themes were developed. Prior to processing the quantitative data into information, the filled questionnaires were edited and checked for completeness, totality and consistency. Descriptive statistics such as percentages and graphs were used to summarize, describe, analyze, and present research findings. A pie chart was used in describing the gender of respondents because the percentages were involving only two components, male and female, of which they could be clearly represented. However, age of respondents had many divisions which could not be clear on pie chart, but they were described using vertical bar graphs.

IV. RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents the findings of research for discussion in relation to the objectives of the study namely. To examine socio – religious beliefs of children with disabilities among the Seventh Day Adventist Church, evaluate projects and institutions meant to assist children with disabilities in the Seventh Day Adventist Church and to evaluate the challenges faced by children with disabilities in the Seventh Day Adventist Church These are discussed as follows.

The analysis presented in this chapter was based on quantitative statistical analysis and qualitative. Qualitative data was generated using Oral interviews and On Focused Group Discussion (FGD). In the FGD, 7 participants were used. These seven members of the FGD comprised of; one pastor, one church elder, two children with disability, two church members and one departmental head. The seven participants were selected using the researcher's judgment that they were information rich. The researcher was the moderator and one research assistant wrote down the FGD notes. The FGD was established by inviting the seven participants into a discussion after a church service, on the church grounds. The FGD was undertaken in Kisii Central Church that is located in Kisii Central Sub – County. Thematic and content analysis technique was used to summarize, describe, analyze and present the qualitative information of this study.

**4.2 Response to Socio - Religious Beliefs Affecting Children with Disabilities**

The religious beliefs such as Christianity provided special education for children with disabilities. This included the religious education for the disabled children. Children with disabilities felt welcome and were supported to fully participate in worship or related activities. Religious participation had a positive influence on the self-concept of individuals with disabilities, that is, the participation provided a means for conceptualizing oneself in a broader, more holistic view beyond the traditional medical model of disability. Participation in religious activities also had a positive impact on social relationships, friendships, and one's sense of belonging. The social networks of children with developmental disabilities were often quite limited and tended to be dominated by family members and paid service providers. The religious groups could play an important role in restoring disconnected lives of children with disabilities by intentionally fostering mutual relationships among all members of the congregation. In addition to activities focused on worship and spiritual growth, plenty of activities and events organized within the religious groups were centred on sports, leisure, arts, fitness, and personal enrichment. Such activities presented a natural means for children with disabilities to be actively involved in the broader group and engage in recreation and leisure with their peers. Specific religious beliefs acted as sources of support that helped some parents of disabled children feel a growing sense of hope and strength. A number of research projects that had specifically targeted religious inclusion of children with developmental disabilities had yielded good results. One of the projects was constructing the children's home for the children with disabilities to assist in solving various barriers such as environment, structural and transport barriers.

4.3 Demographic Data of Respondents

The study gave information about the gender and age of respondents with regard to social-religious beliefs affecting children with disabilities in Kisii County in Kenya. The demographic data gave important information to show which group of children was most affected in Kisii County of Kenya. In this section the

frequencies of the respondents are given. For the gender, the information is given in form of pie chart because the data was not detailed. While on the age, the information was presented in form of bar graphs as it was a bit detailed as compared to the gender.

4.3.1 Gender
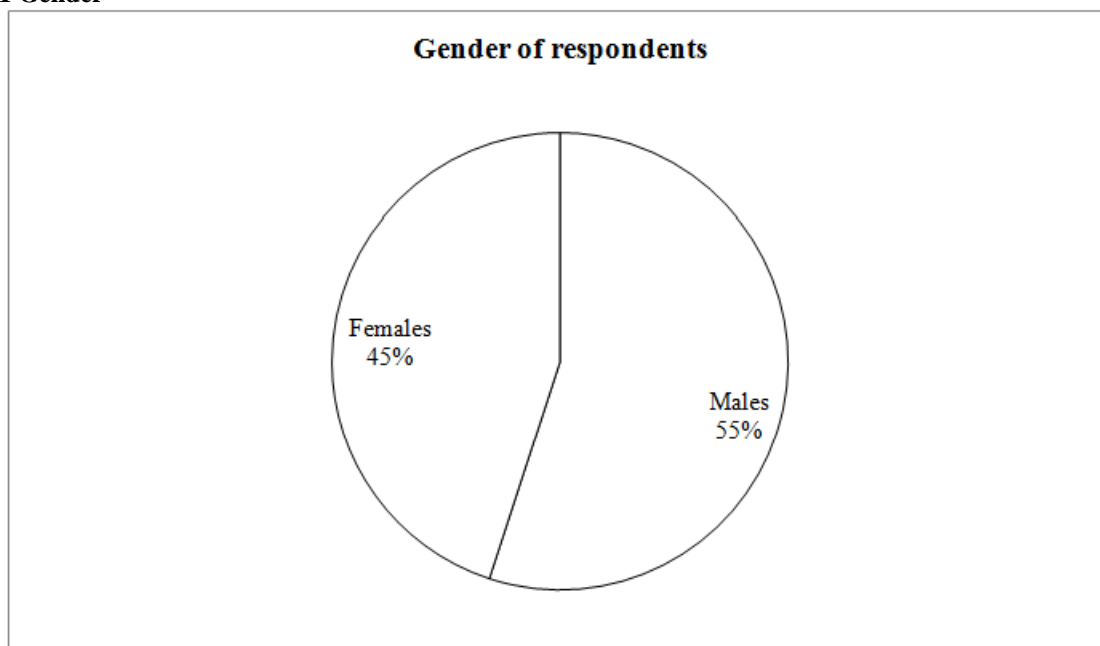
Figure 4.1: Gender of SDA Respondents
Source: Field Data, 2016

As shown in Figure 4.1 above for gender of the respondents, 55% of the CWDs were male versus 45% of the female population. This was related to specific causes of disability (more accidents and traumatic incidents among men), the lower usage of health services, and the more frequent denial of disability among women. The disability with which a person had to deal with differed from nature and extension. Ironically interviews showed that more men than women were interested in addressing the issue affecting children with disability. This could be attributed to the leadership of religious centres and churches. This indicated that there were more men in leadership than females in the sampled SDA respondents who participated in the study.. The Figure 4.1 above indicated that social-religious beliefs dictated leadership of religious movement.

4.1 Age of respondents
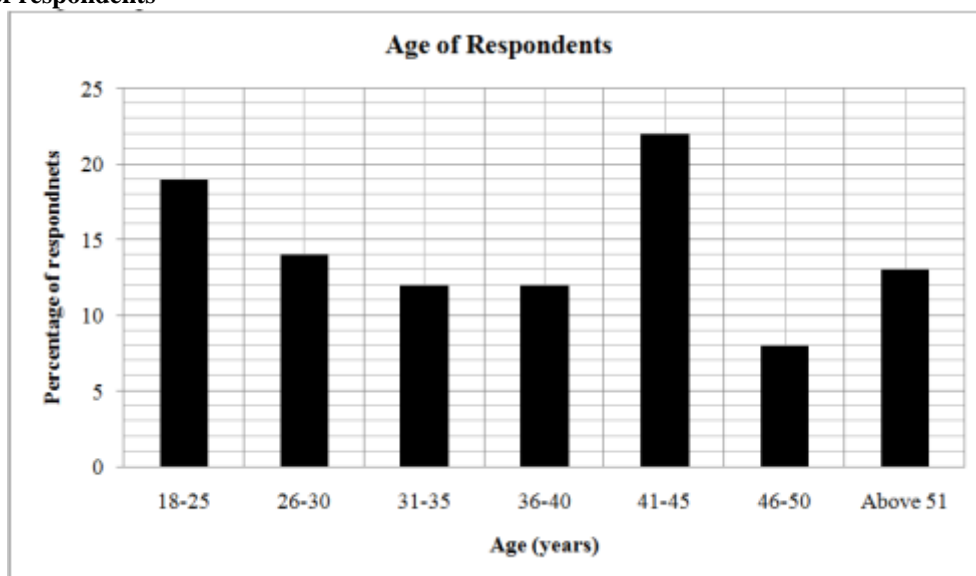
Figure 4.2: Age of Respondents
Source: Field Data (2017)

In Figure 4.2 above, the results showed that the respondents that were aged between 18-25 and 41-45 years were majority represented by 19 percent and 23 percent respectively and the implication is that they had more positive attitudes towards all the disabled groups. Other age distributions of the respondents are tabulated in table 4.3.2.

4.4.2: Beliefs of Children with Disabilities

Type of Disability	(f)	(%)
Disability is because of sins committed	110	39.3
Disability is punishment from God	100	35.7
Disability is there for the works of God to be manifested	70	25
Total	**280**	**100**

Source: Field Data (2017)

Majority of respondents represented by 39.3 percent and 35.7 percent believed that disability is as a result of sins committed and punishment from God. Minority of respondents were of a contrary belief that disability is there for the works of God to be made manifest.

4.3 Number of Children in the SDA churches in Kisii County with Disabilities

Type of Disability	(f)	(%)
Multiple disability	5	1.8
Specific learning disability	24	8.6
Autism/autistic spectrum disorders	4	1.4
Severe profound general learning disability	16	5.7
Moderate general learning disability	9	3.2
Mild general learning disability	10	3.6
Severe emotional disturbance	16	5.7
Emotional disturbance	18	6.4
Intellectual disability	9	3.2
Visual impairment	32	11.4
Hearing impairment	57	20.4
Physical disability	80	28.6
Total	**280**	**100**

Source: Field Data, 2016

The data represented on the above table indicated that the highest number of children with disabilities in Kisii County were those with physical disability accounting for 28.6 percent and those with lowest number were those with multiple disabilities represented by 1.8 percent. Other types of disabilities are tabulated in the above table. This was because some children were born with a physical disability. Other children had physical disabilities as a result of life events, like Poliomyelitis. Some were physically disabled due to accidents while others were due to physical injuries on their mothers during pregnancy. The health status of the mothers during pregnancy was one of the causes of physical disability, especially when the mothers were involved in drug abuse, which affected the growth and development of the children. This was evident on the children born by mothers who were smokers of cigarettes or tobacco and those who were ever drunk of alcohol. The emotional disturbances could cause disabilities on the children when they were not given immediate attention (OI).

4.4.2 Religious Beliefs

The theology of the CWDs forms the basis by which social problems are viewed and addressed. Disabilities are one of the major social issues of the society and the church in general. From the findings some religious beliefs saw children with disability as being associated with sorcery. Some parents believed that people who did wrong things such as stealing, killing somebody or insulting elderly people resulted in a disability through witchcraft. In certain circumstances where the person became disabled without doing anything wrong or did not step on some poison (particularly children, whom they believed to be innocent), it was perceived to be the will of God.

Others believed that disabilities were acts of a vengeful God. For example, they believed that physical and mental impairment was the result of divine judgment for wrong doing, especially when the mother tried to abort. According to African religious beliefs, the disabilities in children were inherited from the parents (Onkendi, OI(1), 12/11/2014). They believed that children with disabilities were subjects of rejection and persecution. In social beliefs, the disabilities in children were caused by a curse from the parents. Some disabilities were caused by accidents. Some indicated that physical disability was caused by a natural illness.

Their view was that either the mother became sick during pregnancy and the disease affected the unborn baby or the child became ill or got involved in an accident causing her to have a physical disability.

The African religious beliefs were convinced that disabilities in children were caused by ancestors due to failure to follow the norms (Moraa, OI(2), 12/11/14). Any form of disability was looked upon as a curse that had been bestowed upon the family to atone for the sins committed by the person or the family members in their previous lifetimes. In the past, in Kisii County, disability was perceived as either God's punishment to individuals who did not obey His commandments or a consequence of someone's evil deeds that had manifested themselves. Children with disabilities were considered unholy and were kept away from able-bodied persons to avoid contact because it was believed that such children could infect others. In some extreme instances, a child with a disability was ordered to always give a signal that there was an unclean person coming to an able-bodied by shouting "unclean, unclean" (OI (3).

Evidently, Christians expressed significantly less positive attitudes towards their children with developmental disabilities than the Muslims. This was a surprising fact, because the Christians had undergone more rapid changes towards modernization which could have logically correlated with a more humanistic and tolerant approach. The assumption was that those children were considered a hindrance to the upward mobility of the family, so that it affected attitudes in a less positive way. Main conclusion from this research was that attitudes towards children with disabilities were not derived from rationality in the first place, but rather that those attitudes were in the first place influenced by a very strong emotional component and one's own personal belief system. The blame for the child's disability was reported to be often placed on the mother, even if there may be a history of disability in the family of the father (OI(4))

Frequently, people with disabilities were regarded as 'bringing bad luck'. As a result, various bus-drivers did not stop for persons with disabilities. Another 'reason' not to stop, was the belief that people with disabilities took more time to get into the bus, and: *'time means money'*. Superstitious beliefs were evident in the market-sector as well. A participant explained that several shopkeepers lied to blind customers about the availability of products, because of existing beliefs about – and negative feelings towards – people with disabilities. Various families thought that children with physical disabilities were less intelligent than children without disabilities. As a result, various families kept children with disabilities inside the house. Some Christians perceived their disability to be God's choice (OI(5)).

4.4.3 Challenges Faced by Children with Disabilities

The children with disabilities were often sexually exploited. Girls with physical disabilities were at higher risk of physical and sexual abuse either by family members, strangers or professionals. If they were from extremely poor families, they were also at increased risk of being forced into prostitution and once there, they acquired additional disabling or deadly diseases, such as syphilis and AIDS preventing them from going to school. They were often affected by poverty. They were discriminated against. They were physically tortured. They were not well fed, not given adequate or comfortable clothing and shelter. They were jeered at by other children. They were rejected even by their parents who never gave them parental care. This made the disabled children to have low self-esteem (OI(6)).

Poverty among families of children with disabilities was a barrier towards school attendance. Children with disabilities were more likely to come from single parents, who were not working, unskilled, and unable to own their own homes. There was a cycle of poverty experienced by parents of children with physical disabilities caused by different factors such as discrimination, extra medical costs, inflexible employers, inflexible school hours, frequent shifts in quest of appropriate housing or schools and lack of government support. The majority of children with disabilities lived in absolute poverty due to a lack of community based services (OI (7)).

Environmental barriers to attending school for children with physical disabilities included the political environment such as undemocratic politics of a country, the economic environment the such as fragile economics, and geographical environment such as mountainous terrain. Physical environment barriers could stop the child going to school. Distance was also one of the major challenges to attending school for children with physical disabilities. Most of the schools in rural areas were located far from villages where children with physical disabilities lived, especially in rural areas making it difficult for children with physical disability to attend school. Transport could also be a barrier. The study found that children with physical disabilities, especially children using wheelchairs, paid more because they occupied extra space in public vehicles such as cars and buses (OI(8)).

Although much had been done across the Kisii County towards realizing the rights of children with disabilities to quality education provision, through the development of inclusive education systems, there is significant challenges still existed. This section captures the main obstacles that were articulated by the role players surveyed and interviewed and which were apparent through the data collected. The challenges identified by the respondents suggested that a myriad of factors came into play which effectively excluded children with disabilities from quality provision (OI (9)).

These factors either directly or indirectly restricted access to the education system by children with disabilities or undermined the building of inclusive education systems. They were also systemic in nature and, while not unexpected in developing contexts, were not given sufficient attention by governments or recognized as critical to the success of inclusive education environments. What was of particular concern was that where these implementation challenges were not sufficiently understood and addressed, the very idea of inclusive education was called into question and the inequalities of the past were perpetuated. For example, where teachers were ill equipped to respond to children with disabilities in their classrooms, the problem was seen to lie with 'inclusive education', rather than the state's failure to provide adequate and appropriate teaching training opportunities. The findings suggested that while the challenges were largely systemic in nature, they had a major impact on the psycho-social wellbeing of children with disabilities affecting their levels of confidence and thus their effective participation in the education system (OI (10)).

It is clear that accessing reliable, current information on disability remained a challenge in Kisii County. This was especially true regarding accurate information able to provide insight into how many children with disabilities were gaining access to existing education provision, where these children were then at school and how many remained excluded. As the study showed, it was very difficult to develop an accurate picture of access and participation by children with disabilities across the system. In those countries where special schools were in place, data on children with disabilities in the education system tended to rely heavily on the numbers of children attending these schools with limited attention to what was happening in the mainstream system (OI (11)).

It was equally important to recognize that the 'inclusivity' of an education system was dependent on its ability to respond appropriately to the different needs of all learners, including those with disabilities - its very ability to be inclusive required it to move away from a 'one size fits all' approach. To develop such capacity the system was able to ascertain the nature and levels of support that different learners required in the learning process (e.g. learning material in Braille). It was also able to identify the barriers preventing particular learners from accessing existing services and participating in the classroom to their full potential. The absence of accurate and reliable data around the nature and extent of the different kinds of support that children with different disabilities required remained a central challenge across the region (OI (12)).

4.4.4 Education

Lack of awareness around inclusive education and its importance for children with disabilities continued to be an important challenge for the region. This lack of awareness appeared to be most obvious in two important areas. Firstly, general ignorance prevailed among many sectors of the population around the importance of educating children with disabilities and their potential to succeed. A number of the country studies suggested that such ignorance tends to be informed and reinforced by historically dominant understandings of disability that regarded people with disabilities as objectives of charity rather than as productive citizens who had a right to be educated. It was also suggested that cultural beliefs were still evident which stigmatized people with disabilities and perpetuated their discrimination and marginalization within communities. Such discrimination was reinforced by derogatory language and expression which carried with it negative connotations and stereotypes. One of the most important effects of these attitudes and beliefs was the failure on the part of many parents to believe that their child with a disability should be educated. The study showed that some parents in poverty situations tended to invest more in the education of their able-bodied children than their disabled children (OI (13)).

The lack of awareness in Kisii County was also evident around the notion of inclusive education itself. Many important role players reached in the study, such as government officials, teachers and principals, appeared to have a limited understanding of inclusive education and the key principles on which it was based. From some of the responses from students with disabilities it was clear that, at the level of the school and classroom, there was still a strong tendency to categorize learners with disabilities as 'special' and 'different'. According to Margaret;

"Teachers should make (them) feel welcome, treat them equally and avoid calling us out as 'special'..." and according to Mellen:

"I catch up slowly, no one cares at times about me and if you go to school at an older age, you feel like an outsider because you are not viewed as 'normal'..."

Such practices served to perpetuate the categorization of learners into those regarded as 'normal' and those regarded as 'special', requiring different and separate forms of provision. It was clear that this lack of understanding around what inclusive education was about and its translation into practice in the classroom, contributed to learners with disabilities feeling isolated and marginalized, including by their peers. Some expressed sentiments suggesting that they preferred to 'suffer silently' and 'avoid shame' as a way of adapting to the lack of inclusivity created by the teacher in the classroom. This lack of awareness and inadequate understanding among important role players was recognized as an important challenge for the region. It was

addressed as a key area of focus in the implementation of the relevant policy processes and associated initiatives to build inclusive education (OI (14)).

One of the most pervasive challenges that emerged across the County of Kisii was the lack of teachers adequately and appropriately trained to support an inclusive education system. Respondents pointed to an insufficient number of suitably qualified teachers, especially in remote rural areas, and to the existence of teachers who were inadequately trained to respond to the full diversity of needs present among the children in their classrooms ((OI (15)). Many of the teachers, who participated in the study, when asked about the barriers they experienced in creating inclusive classrooms and applying inclusive practices, argued that they lacked more specialized skills to meet the needs of some learners in their classrooms, including those with particular kinds of disabilities. They indicated that not having the required skills undermined their confidence. It was also suggested that even where teachers had sought to improve their levels of skill and acquired more specialized knowledge, limited recognition had been given to these endeavors, both in relation to remuneration and professional status. This suggested that important skills existed within the systems that were not being sufficiently utilized. These challenges impacted on the morale of teachers and undermined their commitment to being part of the building of an inclusive education system. According to the frustration expressed by teacher, Nancy:

"I am a qualified teacher from the colleges and I went for a special course in special needs where I got a certificate, but four years now I am not recognized or promoted based on this certificate, it seems it is useless..."

It was also clear in the county that government imperatives to improve pass rates and increase efficiency in the system placed teachers and principals under significant pressure to demonstrate their own performance through the number of children that pass in the least amount of time. It was argued that in response to this pressure, teachers and principals preferred not to enroll children with disabilities as they were perceived to require more of the teacher's time and to take more time to complete their studies (OI (16)).

Underpinning this challenge was the failure on the part of the higher education systems in these countries, especially teacher training institutions, to meaningfully support the building of inclusive education systems. It was evident across all five countries that insufficient attention was being paid by universities and training colleges to offering courses that equipped teachers with more specialized skills and built their capacity to implement inclusive practices in their classrooms (OI (17)).

This challenge was linked to the failure on the part of some teachers and education officials to draw support from parents of children with disabilities and from people in the community that was in a position to assist them. In general, there was a sense that not enough was done to facilitate the participation of parents of children with disabilities in the education of their children. Similarly, optimum use was not being made of community resources that already existed, such as community-based rehabilitation (CBR) workers to assist teachers and support the development of inclusive schools in their communities (OI (18)).

4.4.5 Curriculum

Despite important progress that the county had made towards curriculum change as part of their educational improvements, it was emphasized that, in their opinion, curricula remained inaccessible to many children with disabilities. Some parents and teachers, in particular, emphasized that the curriculum was not flexible enough to meet the diverse needs of different learners with disabilities (OI (19)).

Concerns were raised, in particular, about existing assessment practices and the extent to which they failed to take into account different ways of learning and communicating. It was argued that some schools had access to equipment (e.g. Brailling machines) and assistive devices that were important to supporting effective assessment. However, many schools did not have access to these resources. In the absence of these resources it was unfair to assess learners with particular disabilities in the same way as those without such disabilities. One learner, Martin, expressed his frustration with the school's failure to make learning materials more accessible:

"For me, they do not make notes on large print. I also do not have the notes in time to study for a test or examination, so I borrow exercise books from students who write in big handwriting and copy the notes. There is not much special service that I get at school, but at home, my aunt knows that I do not have to work at a dark place..."

It was also noted that, in some instances, the national school curricular failed to provide different learning pathways for learners to follow. For example, vocational study pathways that were more suitable for some children with intellectual disabilities to pursue. For some of the respondents, the 'over–emphasis' on academic achievements had, in part, resulted in grade repetition for some learners, and consequently bred frustration and de-motivation. It was clear that improving curriculum flexibility remained an important priority for the region to pursue (OI (20)).

Responses from the FGDs
4.4.6 Education Facilities
It was argued earlier that important attempts had been made across the county to situate the needs of people with disabilities, including their educational needs, within the national development framework of the county. It was argued that this was an extremely important development for building inclusive education systems. It created a firm basis for the allocation of resources towards addressing this imperative as part of the development challenges for the county. It was also pointed out, however, that one of the study's limitations was that it was not able to conduct a detailed analysis of national budgets and government resource provision towards building inclusive education systems and that this remains an important area for further enquiry.

Despite this limitation, it was still clear from the study that, in the view of the respondents, the political will reflected in the policy frameworks was not matched by the allocation of sufficient resources dedicated to supporting the implementation of these policy goals. This was especially evident at the local level where respondents overwhelmingly identified limited educational facilities, poor infrastructure and insufficient learning materials as significant barriers to building an inclusive educations system. They mentioned specifically the physical inaccessibility of educational facilities, such as classrooms, for many physically disabled learners and the limited provision of accessible learning materials such as textbooks. Linked to the latter was the inadequate provision of necessary assistive devices that some children with disabilities required to be able to effectively learn and communicate in the classroom. These challenges appeared to be most acute in the rural areas where increased levels of poverty, poor service delivery and inadequate infrastructure generally, exacerbated these problems for disabled children.

Children with physical disabilities encountered many obstacles in trying to gain access to services and in obtaining assistance in order to meet their education needs. Infrastructure and public-vehicle design were often not accessible to children with physical disabilities. Most of the school buildings were non-accessible to children with physical disabilities whereby there was still difficulty in infrastructure, especially in rural areas. School buildings were usually built with stairs, no ramps and automatic doors or far from community centers, making them inaccessible to children with physical disabilities. Apart from that, school furniture and toilets were not user friendly taking into account the needs of children with physical disabilities.

Table 4.4: Effect of Early Children Development facilities on Children with Disabilities

Type of facility	Performance of children (%)
Wall Charts	17
Text books	10
Test papers	9
ECD Teachers	26
Resource persons	20
Laptops	12
Magazines	4
None	2

Source: Field Data, 2015

As shown in Table 4.1 above, attention was also drawn by a number of the respondents to the inaccessibility or absence of Early Childhood Development (ECD) centres for children with disabilities. The provision of appropriate ECD services was recognized as critical for children with disabilities, both for ensuring the early identification of impairments and for building their confidence for school. ECD facilities accessible to children with disabilities were therefore central to enhancing their chances of progression through the education system.

Some of the respondents suggested that, even where dedicated budgets were in place at the national level to drive inclusive education initiatives, at the local level, especially in strongly decentralized systems, other priorities often absorbed this funding, resulting in the inadequate provision of resources for inclusive education. They suggested that inadequate monitoring of resource distribution at the local level allowed such problems to continue and exacerbated the tension between national imperatives and local realities. Some respondents also indicated that the resourcing of inclusive education in their county continued to rely too heavily on donor funding. This rendered many of the things that had been achieved unsustainable. Much evidence also emerged to suggest that a substantial contribution was being made to building inclusive education by Non-Governmental Organizations (NGOs) and religious organizations. Such partnerships between the state and civil society were very important. However, building sustainable inclusive education systems involved the provision of adequate state resources at the national and local level to effectively fund its implementation. In addition, monitoring of implementation included attention to where and how such resources were being used.

4.5 Conclusion

Based on the first objective, the highest numbers of children with disabilities in Kisii County were those with physical disability and those with lowest number were those with multiple disabilities. In most cases this was due to the mothers who abused drugs during pregnancy and also those who heavy physical activities during the duration of pregnancy. Some could be due to other factors such as diseases like poliomyelitis and also accidents.

In the second objective, religious institutions assist children with disabilities in various ways such as providing special needs education, educational facilities such as manpower and ECD facilities and flexible curriculum. This improved the performance of children with disabilities in Kisii County.

In the third objective, the children with disabilities face many challenges or barriers where some are environmental, social, and emotional. Environmental barriers to attending school for children with physical disabilities included the political environment such as undemocratic politics of a country, the economic environment the such as fragile economics, and geographical environment such as mountainous terrain. Physical environment barriers could stop the child going to school.

V. SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the summary, conclusions and recommendations of the study. The principle aim of this study was to assess the social religious beliefs affecting children with disabilities (CWDs) in Kisii County. The study was guided by the following objectives; examining socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya, assessing the role of religious institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya and evaluating the challenges faced by religious institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya. The study objectives were met through adopting both qualitative and qualitative research techniques. But the study was largely qualitative through use of oral interviews and focused group discussions. Quantitative and qualitative data was analyzed using descriptive statistics and content analysis respectively to produce the following summary of study findings that are detailed in the previous chapter four.

5.2 Summary of the Findings

Below is presented the summary of key findings guided by the study objectives.

5.2.1 Findings according to Objective One: Examining socio – religious beliefs of children with disabilities among the SDA adherents in Kisii County, Kenya.

Religion is of great importance in Africa and Kenya in particular in that most people engage in some form of religious practice from time to time; thus meaning people are influenced by their beliefs surrounding the children with disabilities (CWDs). Many Kenyans voluntarily associate themselves with religious networks which they use for a variety of purposes both socially and economically. From the findings of first objective some social-religious beliefs saw children with disability as being associated with sorcery. Some believed it was a punishment for wrong doing of the parents. The punishment was from vengeful God or from the ancestors. In some traditional beliefs said disability was inherited by the children from the parents. Some disabilities were caused by accidents while others were due to sickness and abortion by the mother.

The study established that some beliefs associated CWDs with curses, or due to witchcraft. Others believed it was through inheritance from the parents while others due to accidents or parents sickness or abortion. Social-religious beliefs played important in the lives of children with disabilities. Religious played a great role of restoring mutual relationship between disabled children and the rest of the congregation. The promotion of human rights by the government benefited both the disabled children and the rest of the population of Kisii County. The challenges faced by the children with disabilities could make them feel rejected and have low self-esteem. Due to this fact the government and NGOs could provide facilities which made the life of disabled children comfortable.

5.2.2 Findings of Objective Two: Assessing the role of religious institutions in assisting children with disabilities through provision of special needs education in the SDA church in Kisii County, Kenya.

On the findings of the second objective, the religious beliefs played a big role in restoring disconnected lives of children with disabilities by intentionally fostering mutual relationships among all members of the congregation. In addition to activities focused on worship and spiritual growth, plenty of activities and events organized within the religious groups were centred on sports, leisure, arts, fitness, and personal enrichment. In addition, the religious beliefs supported the children with disabilities by eradicating their poverty through construction of children's home and other social amenities such as hospitals and schools.

5.2.3 Findings of Objective Three: Evaluating the challenges faced by religious institutions in assisting children with disabilities in the SDA Church in Kisii County, Kenya.

On the third objective, the study found that the institutions which assisted the disabled children and also the disabled children encountered various challenges which made it difficult to support these children. The challenges could be structural, environmental, economical, social, financial and resource barriers. These challenges could make it difficult for the religious institutions to provide special needs, especially special education to the children with disabilities. These challenges could make the children with disabilities to feel rejected and to have low self-esteem.

5.3 Conclusions

Based on the objectives, the study concludes that:

5.2.1 Spirituality and religion played important roles in the lives of families of children with disabilities. Religious practice often brought meaning, solace and strength during difficult times. It could also bring friendship and emotional and practical support through religious communities and organizations. Families of children with disabilities needed support to be able to benefit from religious practice and activities. Religious and community disability organizations could step up and fill the need for supports. It didn't take a lot of time or money, just awareness and a willingness to reach out.

5.2.2 The inclusion of children with disabilities was not simply a charitable act. It was a process inspired by the promotion of human rights that benefits the entire population of Kisii County and provided a clear statement of a government's commitment to all its citizens and to the principles of good governance. International human rights instruments, including the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities, provided critical policy imperatives, frameworks and guidance for the development of inclusive practices.

5.2.3 The commonly contributing factors to a lack of education among children with disabilities were physical and social barriers. The negative effects of attitudes of community members also contributed towards a lack of school attendance of children with disabilities in Kisii County. If the government departments in collaboration with local organizations (NGOs), through community participation provided accessible schools, transport facilities and resources, there could be less percentage or number of child with disabilities out of school in Kisii County. Such actions would demonstrate positive attitudes of the communities, NGOs and government departments towards school attendance of children with disabilities.

5.4 Recommendations

Drawing from the findings of this study, various recommendations were made according to the objectives of the study as follows:

5.3.1 According to the first objective, it was recommended that to really be meaningful to persons with a disability, it was recommended to pay attention to religious values. It was important to focus on the positive and negative effects of religious values on the lives of people (with disabilities). Furthermore, it was recommended to pay attention to the opinion of society at large, and to pay attention to the role that religious leaders could play in the acceptance of people with disabilities. Disability awareness campaigns to sensitize and educate people and communities about disability needed to be introduced, for example, through pamphlets, booklets, seminars, banners, posters.

5.3.2 The recommendation in the second objective was that all local community organizations, business houses, churches and government departments through the Ministry of Education must be involved to promote accessible and conducive education to children with physical disabilities.

5.3.3 In the third objective, it was recommended to develop a strategic plan on inclusive education that aimed to increase access to educational opportunities for children with disabilities through the development of inclusive education systems in Kisii County. This plan should be linked to and aligned with other key instruments and programmes which seek to increase access to education and address development challenges within the region. Ministry of Education in partnership with organizations in Civil Society should facilitate among all role players the development of a common understanding of inclusive education, giving particular attention to the conceptual concerns underpinning inclusive education to ensure that all role players are able to make sense of what is needed to transform existing education systems to fully meet the needs of all children and are able to translate these concepts into meaningful strategies and practices.

Ministry of Education should prioritize initiatives aimed at equipping teachers to participate with confidence in inclusive environments and have the skills to respond to the educational needs of all children in their communities. Initiatives should give attention, in collaboration with relevant professional bodies, higher education institutions and teacher unions, to the integration of the values, principles and practices underpinning inclusive education into the mainstream curricula of under-graduate student teachers and the development of appropriate courses at the post-graduate level for further, more specialized study. Similarly, government should,

in collaboration with relevant service providers, develop appropriate in-service training courses to equip existing teachers with an expanded skills base and enhance their understanding of the values, principles and practices underpinning inclusive education. The latter should form part of accredited professional development offerings for teachers. Ministry of education should actively encourage and support initiatives toward building inclusive education which are embedded within local communities and which actively bring together and support relationships between key role players across communities, especially parents, teachers, local health workers, community and traditional leaders, local government officials and other community resources that are able to provide support to schools. Ministry of Education should facilitate greater involvement by parents' organizations in existing initiatives around inclusive education. This should include all initiatives that seek to take forward national development goals and promote education for all.

Organizations of parents of children with disabilities should actively facilitate the participation of other parents and people with disabilities in initiatives towards the development of inclusive education in their countries. This should include their participation in multi-sectoral and inter-organizational partnerships established to support government efforts to implement inclusive education and monitor progress. Ministry of Education should ensure that policies aimed at increasing access to education for children with disabilities and building inclusive education systems should ensure that attention is given to facilitating access to all levels of the education system, especially early childhood development, and that initiatives that are aimed at supporting the transition of students from school to work address fully the needs of children with disabilities so as to enhance their ability to access productive employment.

Ministry of Education should develop appropriate monitoring and evaluation mechanisms and processes that are designed to monitor the implementation of inclusive education. This should involve the development of a set of appropriate indicators that can be used to measure progress around those elements that are recognized as critical to the building and maintenance of inclusive education systems, especially in developing contexts. The development of appropriate indicators should be matched by immediate efforts to strengthen existing data collection and analysis capability so as to ensure that accurate and reliable evidence can be collected to verify progress and inform decision making.

5.5 Areas suggested for Further Research
The areas for further research were derived from the objectives of this study and are discussed as follows:
5.5.1 Future research should include an exploration of religion and disability that is wider and deeper than the current introductory survey presented here. Other belief systems may interpret disability in ways that are substantially different than the religious beliefs discussed in this study. There is far more to explore in the Christian bibles and the Qu'ran both in the images of disability presented and the act of religious literary criticism itself. Qualitative research should explore what teachers think about religion, disability, and the intersection of the two in their practice. Students, parents, and special educators need opportunities in which to reflect on their beliefs about their spiritual and religious beliefs about developmental and intellectual disabilities in order to understand how, when, and why these beliefs influence needs, service delivery and instructional practices.
5.5.2 More research should be done on how various heads of institutions are assisting the children with disabilities and how they provide mutual environment for them. Various religions have different ways of handling the children with disabilities and they could like the heads of sponsored institutions to adhere to their regulations and guidelines. Thus there is need to carry out more research on how the religions relate with the heads of institutions.
5.5.3 There are many challenges faced by children with disabilities. Further research should be conducted on how the religious institutions have been overcoming these challenges to enable the life of disabled children to be comfortable. Disability is not inability. Therefore, there is need to carry out more research on how various institutions, both social and religious, have made the life of children with disabilities to be more productive.

REFERENCES

[1]   Adventists, G. C.-D. (2015). The 28 fundamental Beliefs. Washngton DC, USA: GC.
[2]   Adventists, S. C.-D. (2017). Disabilities Ministries, Promoting full inclusion and full Participation. Nashville.
[3]   AFER. (2011). Leadership. Nairobi: AMECEA Gaba Publications - CUEA Press.
[4]   Amigu, T. (2005). Jumuiya Ndogo Ndogo: Small Christian Communities in Tanzania on the way to Dar-es-salaam.
[5]   Anderson, S. (2009). How to Kill Adventist Education. Review and Herald Publishers.
[6]   Aringo, M. (1998). The role of Small Christian Communities in liberation, in, structures of sin seeds of liberation, Tangaza Occassional Paper No. 7. Nairobi: Pauline's Publications Africa.
[7]   Avolio, B., & Bass, B. (1988). Transformational leadership, charisma and beyond. In J. Hunt, B. Baliga, H. Dachler, & C. Schriesheim, Emerging leadership vitas (pp. 29-49). Lexington, MA: Lexington Books.
[8]   Bakker, M. (2013). Islam in the West, Religious Studies. Netherlands: Leiden University.
[9]   Bass, B. (1990). Bass and Stogdill's Handbook of Leadership: A Survey of Theory and Research. New York: Free Press.
[10]   Bass, B. (1985). Leadership and Performance Beyond Expectations. New York: The Free Press.
[11]   Bass, B., & Avolio, B. (1994). Improving Organizational Effectiveness through Transformational Leadership. Sage: Thousand Oaks.
[12]   Bennis, W., & Nanus, B. (1985). Leaders: The Strategies for Taking Charge. New York: Harper and Row.
[13]   Bishop, M. (1995). Foreword. In M. Bishop, Religion and disability: Essays in scripture, theology, and ethics (pp. v-x). Kansas City, MO: Sheed & Ward.
[14]   Bryan S.T. (2013). Religion and Contemporary Sociological Theories. Newyork, USA: Sociopedia.isa.
[15]   Cho, S., Singer, G., & Brenner, M. (2000). Adaptation and accomodation to young children with disabilities: A comparison of Korean and Korean American parents. Topics in Early Childhood Special Education, 20 , 236-249.
[16]   Collins, B., Epstein, A., Reiss, T., & Lowe, V. (2003). Including children with mental retardation in th religious community. Teaching Exceptional Children, 33(5) , 52.
[17]   Creamer. (2008). Embodied Limits and Constructive Possibilities. Oxford Journal on Disability and Christian Theology .
[18]   Draulans, V. (2004). Gender and Religious Leadership: Some Critical Observations from a Western Europe Perspective, in Religious Leadership and Christian Identity. Munster.
[19]   Flatuve, M. (2008). Small Christian Communities. St. Austin Catholic Parish.
[20]   Glover, N., & Blankenship, C. (2007). Mexican and Mexican Americans' belief about God in relation to disability. Journal of Rehabilitation - Washington, 73(4) , 41-50.
[21]   GOK. (2002). Population Census Report. Nairobi: Government Printer.
[22]   Hagedorn, R. (1996). Introduction to Small Christian Communities. Archdiocese of Ceninnatti.
[23]   Hanks, J., & Hanks, L. (1980). The Physically Handicapped in Certain Non-Occidental Societies. In W. Phillips, & J. Rosenberg, Social Scientists and the Physically Handicapped. London: Arno Press.
[24]   Harkness, G. (1972). Women in Church and Society: A Historical and Theological Enquiry. New York: Abingdon.
[25]   Harris, J. (2006). Intellectual disability: Understanding its development, causes, classification, evaluation, and treatment. New York, US: Oxford University Press.
[26]   Healey, J. (1992). Evolving a New Model of Church. Verbum SVD, Vol. 29, No. 5. AMECEA Gaba Publications, Eldoret .
[27]   JohnPaulII. (1996). Post-Synodal Apostolic Exhortation on the Church in Africa. Vitae Consecrata, St. Paul's Publication, Nairobi .
[28]   Kabue, S. (2011). Persons with disability in church and society. Africa: Zapf chancery publishers Ltd.
[29]   Kaitholil, G. (1998). Make Leadership your Target: The Target Series. Bandra, Mumbai: Better Yourself Books.
[30]   Kang, P. (2009). Small Christian Communities. The Fundamental Paradigm of the Church. FABC Office of the Lally and Family.
[31]   Kapena, S. (2000). How to be a Wise Leader. Nairobi, Kenya: Paulines.
[32]   Kasper, W. (2003). Leadership in the Church: How Traditional Roles can serve the christian community today. New York: Trans. Brien, McNeil.
[33]   Kerlinger, F. (1986). Foundations of Behavioural Research, 2nd ed. New York: Holt, Reinhart and Winston.
[34]   Kieran, F. (2007). Communities for the Kingdom. Eldoret, Kenya: AMECEA Gaba Publications.

[35]   Kothari, C. (2005). Research Methodology: Methods and Techniques. London: Wishwa Prakashan Limited.
[36]   Krishnan, V. (2005). Transformational leadership and outcomes: Role of relationship duration. Leadership and Organization Journal, 26(5/6) , 442-457.
[37]   Lakeland, P. (2009). Church. Living Communion. Collegeville: Liturgical.
[38]   LeVine, A., & Barbara, B. (1977). Nyansiongo: A Gusii Community in Kenya. Huntington, New York: Robert E. Krieger Publishers Company.
[39]   Marshall, E., Olsen, S., & Mandleco, B. (2003). A Spiritual Experience: Perspectives of Latter-Day Saint families living with a child with disabilities. Qualitative Health Research, 13 , 57-76.
[40]   Mejia, R. (1992). The Church in My Neighbourhood. Nairobi: St. Paul Publications - Africa.
[41]   Miles, M. (2001). Martin Luther and childhood disability in 16th century Germany: What did he write? What did he say? Journal of Religion, Disability, & Health, 5(4) .
[42]   Miles, M. (2002b). Some influences of religion on attitudes towards disabilities and people with disabilities. Journal of Religion, Disability, & Health, 6(2/3) , 117-129.
[43]   Morrisey, F. (1977). The Judicial Status of Women in Contemporary Ecclesial Law. In F. Morrisey, Sexism in Church Law: Equal Rights and Affirmative Action. New York: Paulist Press.
[44]   Mugambi, J., & Wasike, A. (1992). Moral and Ethical Issues in African Christianity. Nairobi: Iniative Publishers: a division in Iniatives Ltd.
[45]   Odongo, J. (2011). Wise Sayings. Kampala: Christian Graphics Ltd.
[46]   Oliver, C. (1981). A new model of the Social work rule in relation to disability. In J. Campbell, The handicapped person: A new perspective for social workers. London: RADAR.
[47]   Rispler-Chaim, V. (2007). Disability in Islamic Law. Dordrecht, The Netherlands: Springer.
[48]   Rogers-Dulan, J. (1998). Religious connectedness among urban African American families who have a child with disabilities. Mental Retardation, 36 , 91-103.
[49]   Senior, D. (1995). Beware of the Canaanite Woman: Disability and the Bible. In M. Bishop, Religion and disability: Essays in scripture, theology, and ethics (pp. 1-26). Kansas City, MO: Sheed & Ward.
[50]   Sharon P.M., S. N. (2017). Making the gospel accessible , A practical disability traininjg guide and resource manual for special needs coordinators. UK: British Union.
[51]   Smith, J., & Johnson, G. (1997). Margaret Mead and mental retardation: Words of understanding, concepts of inclusiveness. Mental Retardation, 35 , 306-309.
[52]   Statistics, K. B. (2010). The 2009 Population and Housing Census. Nairobi, Kenya: Government Printer.
[53]   Summers, S., & Jones, J. (2007). Cross-cultural working in community learning disabilities services: clinical issues, dilemmas and tensions. Journal of Intellectual Disability Research, 48 , 687-694.
[54]   Thomas, P. (2002). The Social Model of Disability is Generally Accepted Coalition. The Magazine of the Greater Manchester Coalition of Disabled People , 17-21.
[55]   Tichy, N., & Devanna, M. (1986). The Transformational Leader. New York: Wiley.
[56]   Torstenson-Ed, T. (2006). Children and God in the multicultural society. British Journal of Religious Education, 28 , 33-49.
[57]   Tromp, L., & Kombo, T. (2006). Proposal and Thesis Writing. Nairobi, Kenya: Pauline Publications.
[58]   UN. (1981). The International Year of Disabled Persons. New York, USA.
[59]   Vogel, G., & Reiter, S. (2004). Significance of a Bar - Bar Mitzvah ceremony for parents of Jewish children with developmental disabilities. Mental Retardation, 42 , 294-303.
[60]   Vogel, J., Polloway, E., & Smith, J. (2006). Inclusion of people with mental retardation and other developmental disabilities in communities of faith. Mental Retardation, 44 , 100-111.
[61]   Webb-Mitchell, B. (2008). Confession: A journey toward reconciliation between the church and people with disabilities. Liturgy, 23(2) , 47-55.
[62]   Willis, G. (2006). Christ among the partisans. New York Times .
[63]   Yong, A. (2007). Disability, the human condition, and the spirit of eschatological long run: Toward a pneumatological theology of disability. Journal of Religion, Disability & Health, 11 , 5-25.

<div align="center">APPENDIX I: QUESTIONNAIRE</div>

THE SOCIAL-RELIGIOUS BELIEFS AFFECTING CHILDREN WITH DISABILITY IN KISII COUNTY, KENYA
(FILLED BY CHURCH MEMBERS)

Please provide honest responses as much as possible. This is not an exam and as such there is no right or wrong answers. The collected information will be used for academic purposes only. Thank you for taking your time to participate in this questionnaire. Kindly answer all questions as fully as possible. Your views and comments are an important part of this process.

A. PERSONAL INFORMATION OF RESPONDENTS
   Please tick the response that represents your answer
1. Gender
(i)   Male   ( )   (ii) Female   ( )
2.   **Name (Optional)**………………………………
3.   **Age of respondent**
      18 – 25 years
      26- 30 years
      31 – 35 years
      36 – 40 years
      41 – 45 years
      46 -50 years
      Above 51 years
4.   Name of Religious institution: …………………………
5.   Address of Religious institution: ……………………………
6.   Religious institution Telephone Number: ………………………………………
7.   Religious institution Email Address:/ Fax Number: (if any)………………………

B: RELIGIOUS BELIEFS ON CHILDREN WITH DISABILITY
 (FILLED BY CHURCH MEMBERS)
8.   How many pupils with disability are in your Church? ………………………………
9.   What are the **primary** assessed disabilities of the pupils in your church/mosque?

Nature of Disability	Number of children with disability
Physical Disability	
Hearing impairment	
Visual Impairment	
Emotional Disturbance and/or Behavioural Problems	
Severe Emotional Disturbance	
Mild General Learning Disability	
Moderate General Learning Disability	
Severe /Profound General Learning Disability	
Autism/Autistic Spectrum Disorders	
Specific Learning Disability	
Multiple Disabilities (specify)………….	
Total	

10. Provide your opinion regarding the issues raised.
Issue
a.   What would you say regarding that physical disability is the leading special needs for education
b.   Comment on the issues that, hearing impairment is the leading special needs for education
c.   Visual impairment is the leading special needs for education
d.   Behavioural problems is the leading special needs for education
e.   Severe emotional Disturbance is the leading special needs for education
f.   Other (Specify).......... is the leading special needs for education
11. Comment on the religious beliefs about children with disability
a.   Children with disability are subjects of rejection
b.   Children with disability are subjects of persecution
c.   Children with disability are substitute devil's children for human children
d.   Children with disability are associated with sorcery

e. Mental impairment is the result of divine judgment for wrong doing
f. Physical impairment is divine judgment for wrong doing
g. Disabilities are acts of a vengeful God
h. There is low PWDs participation in spiritual activities in churches
12. State the challenges of PWDs especially children with disabilities face
a. The children with disability are often sexually exploited
b. The children with disability are often affected by poverty
c. Children with disability lack access to education
d. Children with disability are affected by loss of parents through death
e. Children with disability are often discriminated

APPENDIX II: ORAL INTERVIEW SCHEDULE FOR RELIGIOUS LEADER
THE SOCIAL-RELIGIOUS BELIEFS AFFECTING CHILDREN WITH DISABILITY IN KISII COUNTY, KENYA

Name: …………………………………………………………………………………
Age: ………………………………….. Sex: ……………………………………….
Type of leadership: …………………………………………………………..

1. Give the examples of children disabilities you observe among the people you lead.
……
……
……
…………………………………………

2. What are the causes of the disabilities in children?
……
……
……
…………………………………………

3. In your own opinion, what are the possible solutions to the problems of disabled children?
……
……
……
…………………………………………

4. How do you help the children with disabilities in your church?
……
……
……
…………………………………………

5. Which challenges do you get as a leader when assisting the children with disabilities?
……
……
……
…………………………………………

6. How many children do you have with disabilities in your church?
………………………………………………………………………………………………

7. How do children with disabilities relate with other people?
……
……
……
…………………………………………………………………………………

APPENDIX III: FOCUSED GROUP DISCUSSION INSTRUMENT
THE SOCIAL-RELIGIOUS BELIEFS AFFECTING CHILDREN WITH DISABILITY IN KISII COUNTY, KENYA
Number of participants …………………………………………
Thanks for agreeing to be part of the focus group discussion. I appreciate your willingness to participate. The reason I am having this focus group discussion is to find out the social–religious beliefs affecting children with disability in Kisii County, Kenya. I need your participation and want you to share your honest and open thoughts and opinions with the focused group discussion.
Ground rules:
1. I WANT YOU TO DO THE TALKING.
I would like everyone to participate.
I may call on you if I haven't heard from you in a while.
2. THERE ARE NO RIGHT OR WRONG ANSWERS
Every person's experiences and opinions are important.
Speak up whether you agree or disagree.
I want to hear a wide range of opinions.
3. WHAT IS SAID IN THIS ROOM IS CONFIDENTIAL
I want everyone to feel comfortable sharing when sensitive issues come up.
4. I WILL BE TAPE RECORDING THE GROUP (are you comfortable yes   no)
I want to capture everything you have to say.
I will not identify anyone by name in my report. You will remain anonymous.
1.   What is your attitude towards the children with disabilities?
……
……………………………………………………………………………..
2.   How does your church assist the children with disabilities?
……
……
……
………………………………………
3.   Which special needs does your church provide to the children with disabilities?
……
……
……
………………………………………
4.   Do you find any challenges as a church when assisting the children with disabilities? List some of the challenges that you encounter.
……
……
……
……
……………

APPENDIX IV: OBSERVATION CHECK LIST
The following items were observed by the researcher during data collection for this current study.

No.	Item	Observation
1	Challenges CWDs faced	
2	Economic status and empowerment of CWDs	
3	Living standards of CWDs	
4	Facilities used by CWDs	
5	Sanitary facilities used by CWDs	
6	Lev el of social inclusion of CWDs	
7	Level of participation of CWDs	