



**STUDY ON THE PSYCHO-SOCIAL AND ECONOMIC
IMPACT OF MOBILITY CARTS DISTRIBUTED BY
PARTNERS FOR CARE (PFC) AMONG PHYSICALLY
CHALLENGED PERSONS IN KIAMBU COUNTY – KENYA**

Phelista Wangui Njeru 

Head of Department of Economics and Senior Lecturer, Mount Kenya University,
P.O Box 342-01000, Thika, Kenya
pnjeru@mku.ac.ke

Peter Gakio Kirira

Director, Mount Kenya University Foundation,
P.O Box 342-01000, Thika, Kenya
pkirira@mku.ac.ke

Connie Cheren

Partners for Care, Geoffrey Luruti Road (off Kahawa Sukari Avenue),
P.O. Box 22868-00100, Nairobi, Kenya

Mary Wang'ang' a Ashley Waudu

Partners for Care, Geoffrey Luruti Road (off Kahawa Sukari Avenue),
P.O. Box 22868-00100, Nairobi, Kenya

Abstract

The Kenyan communities just like any other communities anywhere across the globe have their members disadvantaged due to their physical conditions. They are living with , at times multiple disabilities. These members most times rely on family and well-wishers to move from one place to another. The social, economic, emotional and spiritual challenges they face cannot be underrated. Some have even opted to commit suicide in times of ultimate desperation. It's from

this background that a Study on The Psycho-Social and Economic impact of mobility carts distributed by Partners for Care (PFC) among physically challenged persons in Kiambu County – Kenya was conducted. It involved beneficiaries of fifty (50) mobility carts donated by Partners for Care, Kenya to people living with mobility impairment in Kiambu County. Out of the fifty mobility carts that were sampled among PWDs in Kiambu County, in 8 sub-counties, 44 (88%) beneficiaries were reached while six beneficiaries (12%) were unreachable due to relocation to other areas or unavailability. the aim was to analyze if there are any social, economic and psychological transformation that occurred to People with disabilities (PWD) after receiving mobility carts. The study established that the mobility cart beneficiaries had a remarkable improvement in their self-esteem, engagement, had facilitated them engage in economic activity, interaction with the family and society had improved and some had gained some degree of self-reliance. The mobility carts have brought an all-round transformation of the lives of many beneficiaries are improving their physical, spiritual and psychological welfare.

Keywords: Physical Impairment, Mobility Carts, Psychosocial, Economic Ability

INTRODUCTION

Mobility impairment is a physical condition that makes a person unable to use either upper or lower limbs which aid the coordination of different organs of the body. Immobility can either be acquired or congenital.

Irrespective of the cause, immobility can be very devastating to the individual. It affects one physically, mentally, spiritually, socially, and economically. As echoed by the Migori County Women Representative Honorable Pamela Odhiambo who became physically challenged after a road accident in which her bodyguard died and I quote.... "the pain of being different and dependent."

Waking up or growing up to the realization that you have to rely on others to go where you wish creates self-pity, resentment, anger, and low self-image. Indeed, disability goes beyond the physical disability that people see. Deep seating, anger, and sadness come to the fore as these individuals react to the condition or loss of mobility if the disability is acquired. Society doesn't make them forget either. They are constantly looked down upon, counted as a liability and therefore ignored. Indeed over 90% of physically challenged people are depressed, have a sense of worthlessness, and are seen to be emotionally disturbed or unstable.

A person who is either born with the disability or acquires it loses independence and acquires a state of permanent dependence on the family, society, and community. The most

unfortunate bit is that all those meant to assist the immobile individual have an inherent need to be free and independent. There is a clear dissonance of these two people's needs. Even without anyone being careless or unmindful, the person meant to assist will always have to balance between their own needs to be free, to compete, to work, to socialize and at the same time help a dependent family member. Most times, the family is unable to balance between their own needs to be free, to compete, to work, to socialize and others and at the same time to assist a dependent family member. Most times, the family is unable to balance their needs to compete in their world and to give the much-needed care. The immobile individual is therefore frequently considered as baggage to carry along that slows one down.

“The pain of being different is real’ ... These are the sentiments of a physically challenged person. At the adult age, the society and community expect one to fend for themselves, contribute to their families’ economic wellbeing, contribute to society, and participate in the economic growth of the country. The question is..... against the family’s /society’s / community’s/ country’s expectation, how much is this “disabled” person able to give?

It is estimated that 1.16 million people (26.2%) are mobility impaired in Kenya, according to a 2009 Kenya demographic survey. The proportion of PWDs using assistive devices/support services is quite low. The World Health Organization (WHO 2010) reports that only 5-15% of people who require assistive devices have access to them in middle-income and low-income countries. According to 2008, Kenya Survey for PWDs, the causes of physical disabilities were accidents (27%), diseases (17%) and 15% congenital. More PWDs residing in urban areas use assistive devices/support services (36%) compared with their rural counterparts (21%) according to a 2009, National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) report.

Several policies promote the development and adoption of assistive devices in Kenya. These include and are not limited to; The Constitution of Kenya (2010), Persons with Disabilities Act (2003), The United Nations on the Rights of Persons with Disabilities (UNCRPD) of (2006) and the Millennium Development Goals (MDGs), (Mbugua 2012). With these legal frameworks in place, the Government of Kenya has ensured that Persons with Disabilities (PWDs) can function in society with equalization of opportunities and realization of human rights for PWDs to live decent lives.

In Kenya, state-owned corporations like The National Development Fund for Persons with Disabilities (NDFPWD), Association of Physically Disabled Persons of Kenya (APDK), and Non-Governmental Organizations like Kenya Reinsurance and Kenya Paraplegic among others are tasked with the responsibility of providing assistive devices to People living with Disability. County Governments also have a percentage of their annual budget set aside for people living

with disabilities to contribute to their betterment. These mobility devices include wheelchairs, crutches, walking sticks, callipers, surgical boots, tricycles, and prosthetic arms and legs. Most, 24%, personal mobility devices were obtained from the private sector with very few, 3%, from government health facilities, according to a 2009, National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) report.

Despite all these bodies working together to provide mobility devices, the need for mobility devices surpasses the supply. 8% of PWDs stopped seeking medical rehabilitation services because they were too expensive. This was cited mainly in Nairobi (17%), Western (10%) and Rift Valley (9%), according to a 2009, National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) report. 67% of People living with Disability live in poverty hence cannot afford mobility devices, which are sold to them by organizations like APDK for prices ranging from kshs15,000 to 35,000. This makes the mobility devices unaffordable to them.

The question is, what does society expect from PWDs? Does society expect these people to fend for themselves? Do we expect the government to provide for them? Or do we expect foreigners to come and provide for them? And still, can we ignore them and assume they do not exist and leave it for their families to sort them out? This can be a big debate. From observations, there is minimal effort to assist PWDs. Very few seem to own them, ranging from their families, the society and the government. Although some of the parties may choose to be blind to the plight of the PWDS, this finally will always hit back at us and remains a ticking time bomb. The anger that keeps building in them and their close families will finally erupt at some point, and the target is the society. Another big question that can be asked has there been implementable policies to assist PWDs; the answer is yes! But have all stakeholders created the right intervention frameworks? A big NO!

Without proper intervention, there is a 'negative contribution' to these entire expectant stakeholders. The deviance between the expectations and reality is negative resentment from both parties. On the one hand, the physically challenged person is seen as one bringing nothing to the table but consuming, and on the other hand, the other stakeholders are seen to be bringing something to the table and sharing.

As much as this could be "true," it's not fair for the societies/ communities to expect so much yet they have not enabled those they call "dependents."

The reality is, provided with the right intervention like the mobility carts, the currently physically challenged people seen as a liability today can do more than the society/ community expects in the future. Providing them with the ability to move will not only solve their mental

anguish but also make relationships better, make them have an improved self-image, be socially stable as well as allow them to fend for themselves and their families.

According to the annual report of 2018 on PWDs in America, there is a great disparity in performance in all spheres of life between PWDs and a person living without disability, e.g. in 2017, the median annual earnings of people with disabilities in the US ages 18-64 who worked full-time, full-year was \$40,353. (Full-time defined as working over 35 hours per week and full-year defined as working over 50 weeks per year.) The median earnings of people without disabilities who worked full-time, full-year was \$45,449. This disparity of \$5,096 in median earnings between those with and without disabilities continues to grow wider as shown in the table:

Table 1: Estimated earnings for Persons with and without disabilities

Year	Persons with disabilities		Persons without disabilities		Gap	Standard error
	Earnings estimates	Standard error	Earnings estimates	Standard error		
2008	29,149	274.2	34,873	181.5	5,724	328.8
2009	29,275	257.6	34,934	128.6	5,659	288.0
2010	31,053	190.9	35,807	122.6	4,754	226.9
2011	32,648	302.3	37,340	166.2	4,692	345.0
2012	33,052	294.8	37,833	194.5	4,781	353.2
2013	34,449	223.5	38,399	213.1	3,950	830.8
2014	35,450	104.7	40,376	231.6	4,926	254.2
2015	35,820	469.2	40,638	118.2	4,817	483.9
2016	37,901	133.9	43,323	145.8	5,422	198.0
2017	40,353	340.8	45,449	230.4	5,096	411.4

Statistics represent the civilian noninstitutionalized population ages 18 to 64 who worked full-time (over 35 hours per week) and full-year (over 50 weeks per year). All dollar amounts are inflation-adjusted to 2017 dollars.

* Significant at the 5 per cent level and a one-tailed test. † Significantly different from the previous year at the 5 per cent level and a one-tailed test. ‡ Significantly different from the 2017 estimate at the 5 per cent level and a one-tailed test.

Source: Annual Report: 2018 | Disability Statistics & Demographics

Similarly, in 2017, the poverty rate of individuals with disabilities (ages 18-64) was 29.6 per cent. This is less than the estimated 30.1 per cent of people with disabilities in poverty in 2016. In contrast, in 2017, the poverty rate of individuals without disabilities was estimated at 13.2 per cent. The poverty gap between people with and without disabilities was therefore 16.4 percentage points in 2017. At the same time, 18.3 per cent of people with disabilities (ages 25-34) have not attained a high school diploma (including GED or alternative certificate), compared to 8.5 per cent of their peers without disabilities, reflecting a 9.8 percentage point gap. 4.3 per cent of people with disabilities (ages 25-34) attained a bachelor's degree or more, compared to 37.2 per cent of their peers without disabilities, reflecting a 22.9 percentage point gap.

This gap has remained relatively steady over the years, ranging from a low of 21.6 percentage points to a high of 23.8 percentage points in 2012. On relationships, 6.9 per cent of people with disabilities (ages 18-64) had never been married, compared to 36.5 per cent of their peers without disabilities.

Most PWDs are unlikely to have active or viable socio-economic engagements to earn a living according to a 2009, National Coordinating Agency for Population and Development (NCAPD) and Kenya National Bureau of Statistics (KNBS) report. If people with disabilities are employed, they commonly earn less than their counterparts without disabilities; women with disabilities commonly earn less than men with disabilities. People with disabilities are disadvantaged in the labour market. For example, their lack of access to education and training or financial resources may be responsible for their exclusion from the labour market – but it could also be the nature of the workplace or employers' perceptions of disability and disabled people (World Health Survey, 2011).

Table 2: Employment rates, the proportion of disabled and not disabled respondents

Individuals	Per cent					
	Low-income countries		High-income countries		All countries	
	Not disabled	Disabled	Not disabled	Disabled	Not disabled	Disabled
Male	71.2	58.6*	53.7	36.4*	64.9	52.8*
Female	31.5	20.1*	28.4	19.6*	29.9	19.6*
18-49	58.8	42.9*	54.7	35.2*	57.6	41.2*
50-59	62.9	43.5*	57.0	32.7*	60.9	40.2*
60 and over	38.1	15.1*	11.2	3.9*	26.8	10.4*

Source: World Health Survey. Geneva, World Health Organization, 2002–2004

(<http://www.who.int/healthinfo/survey/en/>, accessed 2 February 2011)

Also, respondents with disability in the World Health Survey, 2011, experience significantly lower rates of primary school completion and fewer mean years of education than respondents without disability. Education completion gaps are found across all age groups and are statistically significant for both sub-samples of low-income and high-income countries.

Table 3: Education outcomes for disabled and not disabled respondents

Individuals	Low-income countries		High-income countries		All countries	
	Not disabled	Disabled	Not disabled	Disabled	Not disabled	Disabled
Male						
Primary school completion	55.6%	45.6%*	72.3%	61.7%*	61.3%	50.6%*
Mean years of education	6.43	5.63*	8.04	6.60*	7.03	5.96*
Female						
Primary school completion	42.0%	32.9%*	72.0%	59.3%*	52.9%	41.7%*
Mean years of education	5.14	4.17*	7.82	6.39*	6.26	4.98*
18-49						
Primary school completion	60.3%	47.8%*	83.1%	69.0%*	67.4%	53.2%*
Mean years of education	7.05	5.67*	9.37	7.59*	7.86	6.23*
50-59						
Primary school completion	44.3%	30.8%*	68.1%	52.0%*	52.7%	37.6%*
Mean years of education	5.53	4.22*	7.79	5.96*	6.46	4.91*
60 and over						
Primary school completion	30.7%	21.2%*	53.6%	46.5%*	40.6%	32.3%*
Mean years of education	3.76	3.21	5.36	4.60*	4.58	3.89*

Source: World Health Survey. Geneva, World Health Organization, 2002–2004

(<http://www.who.int/healthinfo/survey/en/>, accessed 20 August 2009)

These statistics show that in whichever part of the world, there is a disparity between the PWDs and people living without disability. There is a need to reduce the gap if only the world can attain social, spiritual, political and economic harmony.

A Non-governmental organization known as PARTNERS FOR CARE constituted in the year 2012, has been at the forefront in making the impossible possible. They provide hope to the hopeless through making them mobile. Partners for Care look forward to a day when all Kenyans have mobility. As of September 2019 Partners for Care in conjunction with partners like counties, foundations, corporates, disabilities groups, and individuals have donated 2659 mobility carts (wheelchairs) in Kenya to meet the goal. Each mobility cart is handcrafted by teams of skilled volunteers working at Mobility Worldwide locations throughout the United States. The wheelchairs have been designed and tested for comfort and engineered for durability. Each cart is valued at Kshs. 100,000 (includes material and labour costs). Today's mobility carts are the result of 25 years of experience working in partnership with successful organizations like Partners for Care, to bring mobility to people in need of assistance.

In trying to establish the impact of assisted physical mobility, research was conducted in Kiambu County. The study involved the beneficiaries of mobility carts distributed by Partners for Care. The study was aimed at investigating the Psycho-Social and Economic impact of mobility carts distributed by Partners for Care (PFC) among physically challenged persons in Kiambu County – Kenya.

THEORETICAL LITERATURE ON PHYSICAL MOBILITY

An updated synthesis of the literature is needed to capture the most current information available to address gaps in physical mobility in society. Many of the most recent reviews of interventions to increase physical mobility has not been backed with relevant data (Conn, Minor, Burks, Rantz, & Pomeroy, 2003; Conn et al., 2002; Cyarto et al., 2005; van der Bij et al., 2002).

According to Watson's theory, "Nursing is concerned with promoting health, preventing illness, caring for the sick, and restoring health." It focuses on health promotion, as well as the treatment of diseases. ... The nursing model also states that caring can be demonstrated and practised by nurses. The caring theory is a theoretical framework developed by Jean Watson to help enhance nursing practice, management, education and research. Watson believes that health professionals make social, moral, and scientific contributions to humankind and that nurses' caring ideal can affect human development (Watson, 2006). Caring goes beyond just caring for a patient but also caring for oneself. Nurses and patients should share caring moments that become bigger than either the nurse or the patient, and the nurse potentiates healing by involving their humanity (Watson, 2006). In these "caring moments" life is

transcended, and the moment becomes part of both the patient and the nurse's life (Watson, 2006). Although this theory emphasizes on the patient, its paramount that the PWDs be considered as one that needs care and understanding. The care can be demonstrated and practiced in assisting the PWDs with means to gain some form of independence. It's not a responsibility of the professionals but the entire society. A caring environment promotes growth, accepts a person as he/she is, looks to what the person may become and offers development of potential (Watson, 2006).

Interpersonal Theory of Suicide constructs was examined in individuals with physical disabilities, a population identified as having heightened suicidal ideation. Students (N = 184) answered online-based self-report questionnaires. Students with physical disabilities (n = 49) were expected to endorse higher levels of constructs relative to other students (n = 133). Analyses of covariance indicated that those with disabilities reported higher perceived burdensomeness, but not thwarted belongingness, fearlessness about death, or suicidal ideation. Suicide prevention efforts, particularly in university settings, may benefit from focusing on reducing perceived burdensomeness in this population, as these individuals may be at heightened risk (Khazem LR, Jahn DR, Cukrowicz KC and Anestis MD (2015)). This study is a clear indication of the emotions that PWDs have to deal with daily. The study was conducted from university students, and those having achieved a milestone in education could not still be expected to show suicidal tendencies. From the study, the reality is that disability creates negative emotions at whatever level. This informs how deep the PWDs are psychologically affected. The question lingers....what happen to the PWDs living in a deplorable environment in Africa, and other less developed countries where there are fewer resources, unfriendly infrastructure and inadequate support systems?

METHODOLOGIES

Methodology is the specific techniques used to identify, select, process, and analyze information about the study problem. In this study 50 persons living with disability and had benefited from mobility carts distributed by partners for care were identified. Descriptive research design was employed. To collect primary data, both open and closed ended questionnaire was used. The questionnaires were administered by the researcher with the help of a research assistant. Data was analyzed using both descriptive and inferential statistics.

FINDINGS

PFC team found out that not only were the 44 beneficiaries using the mobility carts as mobility devices but also the cart had created economic freedom for the beneficiaries. The beneficiaries

with the cool boxes were using them to sell sodas, water, groundnuts, biscuits, and sweets. PFC team found out that individuals using the large carts were also involved in the business of selling sweets and oranges. Some of them requested for cool boxes.

Out of the 44 respondents, 15(34.1%) were aged 20 and below, 11(25%) were between 21-30, 8 (18.2%) were between 31- 40, 5 (11.4%) were between 41-50 and 5 (11.4%) were above 51. Looking at these age brackets, the majority are still young and have a milliard of economic and social needs. They wished to go to school, interact with family and friends, be able to travel, have fun, socialize, have families, and generate income for their livelihoods. Being immobile at a young age must have made them very frustrated, insecure, angry, and depressed, especially having to depend on family and friends to cater for their daily demands economically and socially. Having the mobility carts gave them wings to fly as it were. The carts gave them the freedom to achieve what they did not have before. In the same breath living with immobility for 51 years and above must have been very depressing; the five respondents in the age gap aired this. They had witnessed their lives fade away helplessly. They had to rely on their families, and many times they felt like a liability. With the mobility carts, they can now relieve their treasured family of the burden of carrying them around which they had done long enough.

Among the respondents, 26 (59.1%) were male, while 18 (40.9%) were female. In the African culture, the males are expected to fend for their female partners." Not being able to provide for my family made me feel less of a man," this was the general sentiment by the male respondents. They felt useless, suffered from low self-esteem and looked down upon by society. Anger and frustrations were feelings they had to deal with daily. The arrival of mobility carts alleviated some of these frustrations. They did not have to rely on family entirely. They could sell sweets and other merchandise and finally, bring something to the table as well. This made them feel more useful; they gained some confidence and felt like the head of the family. The female respondents experienced similar challenges, and they were grateful that now they could respond to their crying babies, bring food to the table, and contribute to their families' welfare. They appreciated that they could experience some freedom to privately attend to their natural womanhood needs without always having to expose their private affairs to someone. "Having a mobility cart is a miracle, I now can take myself to the toilet, I can change my pads, and I can clean myself. Imagining that before I had to crawl to the dirty toilets, have someone assist me when in my periodit was awful and I was very angry with everybody and felt so sorry for myself." These were some of the expressions from the female respondents.

The respondents said that before they accessed the mobility carts, some just crawled around the compound, family members would carry others, while the rest used crutches, sticks

or walking canes, and wheelchairs. All these modes of movement are very slow and not user-friendly in comparison to the mobility carts. The carts are fast, easy to operate, can be used to carry the merchandise for selling and are more dignified.

It's good to note that after receiving the mobility carts, 61.4% were able to move up to 1 km, 20% can now cover between 1-5 kms, and 15.9 % can cover over 5 km per day. This was impossible before they received the mobility carts. After the mobility carts, 50% are now able to attend school with ease. Before then, 48.8 % in the school-going age were not able to attend school, and the family carried 25.6% to school while 11.6% used crutches, walking canes and other forms of mobility. This was so hard and stressful to self and family, especially where there is unfriendly terrain and during the rainy seasons.

The respondents used varied statements to express what they felt and had to contend with before receiving the mobility carts. They said.....;

"It felt bad. Depressing to see others walk and I cannot. Loss of independence. I felt dependant. Stressful as the crutches used to hurt a lot. It felt stressful and sad as I watched others walk easily. It was depressing because I could not walk fast as I was always late for going to school. I felt stressed because I was reliant and had to be pushed. I felt sad as I could not walk as fast. It felt depressing to be carried around like a baby. I felt that the distance is very long as I limped to school. I felt unfortunate to be dependent. It felt terrible when people sympathized with me. It feels terrible that I cannot walk to school like other children. It felt terrible when I realized I am not like others. It felt awful to see others walk and I cannot. It was depressing. I felt sad when I saw many pupils sympathize with my condition and I was stressed as I used to be late all the time.

Due to the above challenges, 52.3% did not want to engage in their highest level of education, 18.4% reached the primary level, while only 11.2% studied up to tertiary level. This means the poverty cycle continued for these respondents as well as the family. The low level of education curtailed their chances of improving their lives economically.

It is unfortunate that due to this condition, the majority had to contend with loneliness. No one wanted to marry them, and 65.9% had remained single even though they would have wished to have a partner. The society did not accept them since they were perceived as a burden. 9.1 % attempted to be in a permanent relationship but ended up being hurt since they eventually got divorced. Only 18.2% had been and remained married. 100% of the respondents felt that their condition had adversely affected their relationships not only with the spouses but with other family members too.

"At times, I was made to feel guilty that others had to always leave their duties and desires to attend to my needs. They blamed me, albeit silently to their poor state, and this made me hate

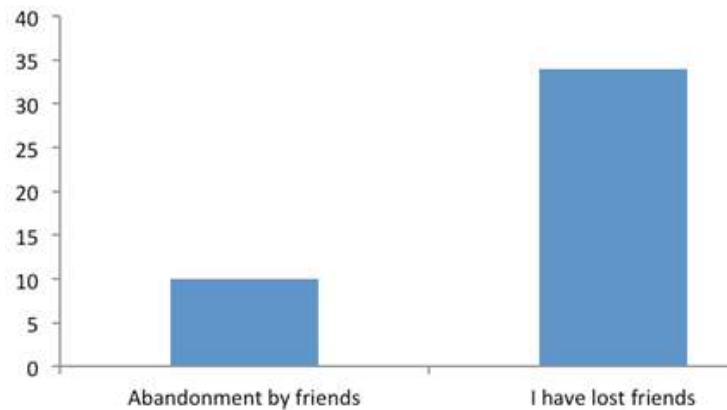
myself. I wished I did not have to be alive and maybe, just maybe my family would be happier. I blamed myself for making everyone miserable and felt like a burden. At times, I asked God why He made me this way, and it was frustrating that no answer came by. I just desired to die so that I can stop suffering."

These were some of the sentiments of the people that have lived with disability all their lives or have acquired disability due to accidents or illnesses. They used the following sentences to express the relationship challenges they faced;

"My uncles abuse my parents telling them they bore a disabled. It led to the divorce of my parents. My father abandoned my mother when I developed a disability. My wife left me after I got an accident and got disability. One time my child felt ashamed to introduce me as his father. My aunt saw me as a liability and encouraged my first wife to separate with me. I feel like a burden to my brother. My parents separated. My mother and dad separated. My father assumed the work of a caregiver as my mother left. My father stopped my education at an early age due to the baggage of carrying me. My mother could not carry me to her new home when she got married, and I was left with my grandmother. I separated with my first wife and children due to disability. My wife left me when my income reduced. My husband took up all the roles of providing. I am seen as needy, so people avoid me. My father left because of my condition, and my mother remarried. My first wife separated from me because of my disability. Some aunts tell my mother that I became a burden to her. They abandoned me, and I stay at a children's home, autistic home. My small sister used to ask my mother why she carries me, and I am a big girl. My sisters probe my mother for the reason why I am different, and this has affected my self-esteem. My dad left us. My family abandoned me. My cousins discriminate me while playing. All attention is focused on me as there is too much work for the caregiver giving her less time to take care of the other children. My grandfather refused I be named after him. My dad rejected me at an early age due to disability. My wife divorced me because of my disability. I lost my first husband. My siblings don't like me as all the attention at home is on me. My siblings rejected me when they realized I was dependent on them. My father abandoned my mother and me at an early age. My father divorced my mother. My father abandoned my mother as he termed me as a cursed child. My mother in law asked my husband why he married a disabled person. My family had rejected me and left me with my grandmother. My father separated from my mother after my birth. I have been trying to get another wife, but my family has always ridiculed the ladies focusing on my disability. My grandfather chased my parents from our ancestral home. My wife divorced me and left me with the children. My mother left me with my grandmother. My first wife divorced me because of my disability. My aunt was name-calling me a lot and emphasizing to my mother that she bore a disabled, helpless child."

Not only does the family relationship suffer, the disabled person lives alone as their friends also abandon them. 35 out of 45 respondents suffered poor relationships / discrimination as shown in the figure below.

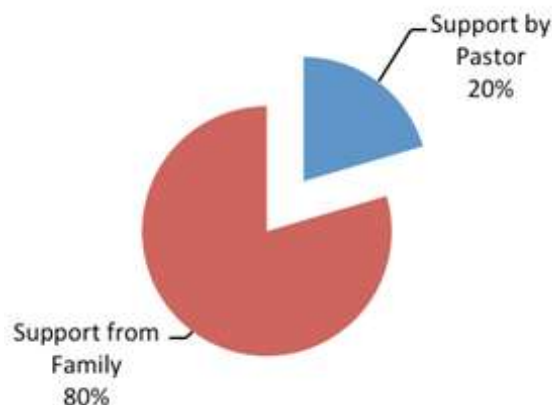
Figure 1 How condition has affected relationship with friends



The following are some of their sentiments:

"I have lost friends. I lost all my friends, and my mother's friends abandoned her. Loss of my friends due to many financial implications. Most of my friends in class (then) did not want to be in the same academic group as me. Friends abandoned me. Loss of a friend. Loss of friends due to financial implications on my therapies. I have a few playmates. They abandoned me because I could not play games with them. They used to leave me alone, and I felt so bad because I could not play with them. Friends have abandoned me. My age-mates, who were my friends, disappeared. I had to relocate due to stigma as all my friends neglected and left me. My friends ignored me and ended up abandoning me. I lost playmates after I got amputated (disabled) my friends abandoned me and no longer came to see me. My friends viewed me as a burden and most abandoned me.

Figure 2 How did you handle these relationships?



80 % of the respondents said family support helped them handle the challenges faced while 20% said support from their Pastors is what kept them going. The respondents gave various responses as to how they dealt with the challenges they faced.

"My mother is my support system. My mother has always encouraged me. My pastor has always encouraged me. My parents have always encouraged me. My mother's words of advice kept me going moreover my pastor was so supportive. He would come home, and we would pray together. I have always relied on the Bible and my Pastor. My wife has been so supportive of me. My elderly mother has always encouraged me. My mother/ grandmothers have helped me. My father has always encouraged me. My mother has always encouraged me. My grandmother has always been by my side, encouraging me every day. I always pray for the people who mistreat the disabled. My husband is my pillar. My mother has always assisted me. My mother is very supportive. My mother is my pillar. I used and still pray to God for grace. My teacher and mother have always told me that I am a special child. My mother has been my support system. My mother has always supported me. My pastor is my support system. My parents have supported me. My mother/ dad are my support system. My parents have been my support system. I relocated. My daughter has been my inspiration. My support system is my mother. God is my strength in every challenge. My grandmother is my support system. My mother is my strong pillar. My brother has been a key pillar, always encouraging me. My parents are my driving force. My Pastor has always encouraged me to look to God as in Him, and everything will be okay. My father is my strong pillar. My wife and children keep me going. My husband has been very supportive."

The respondents described the various ways they faced discrimination with the majority, 57% of the respondents saying they were unable to access public spaces while 23% complained of Public Service Vehicles (PSVs) reluctance to offer them transport. 9% faced discrimination in school among their peers, 7% were not involved in decision-making at their different levels, and 4% were subject to village gossip. Some of the sentiments they shared were:

"Public vehicles do not want to offer me transport. In the church, the pathways are not disability friendly. The public service vehicles do not recognize that I need transportation. They bypass me on the stage. Many public places are inaccessible. I tried to access a public hospital sometime back and could not because of the stairs. In a meeting, one time, they failed to recognize my hand was up, and they did not offer me an opportunity to speak. A certain hospital refused to treat me. In my former primary school, students used to ridicule me. I went to a hospital one day to request if they had therapy sessions, and the nurse insulted me. During church elections I have never been considered for leadership positions I remember one time the

chief called for a baraza and the assistant chief did not invite me due to my condition A school refused to enrol me because of my disability My opinion did not count and one time I went for a meeting, and I was excluded from voting . One time I was invited to a school function, but the toilet was not disability friendly. During some events in school, some places are inaccessible because they are not disability friendly. My friends discriminate me and do not want to play hide and seek with me because I cannot run; I once went to the hospital for therapy and met a very hostile nurse. My former school discriminated me in sporting activities In meetings my opinion does not matter In church they do not want me to perform in Sunday School Women in my village gossiped about my mother and me, saying she delivered a disabled child. I am always ignored when I ask for directions, as some people assume I am begging. Some public areas are inaccessible. In a farm where I went to request for an employment opportunity, I was rejected due to my disability. One time I went to a restaurant and the waiters bypassed me to serve a normal person. I once went to a supermarket and wanted some stuff on the upper shelves but did not succeed due to height and the attendants assumed me. We went to a Chief's baraza, and no one noticed my mother is carrying a big boy to offer her a seat and she had to stand until the end of the meeting. One time I was crossing the road with my mother and a motorist nearly knocked us down. I once went to a youth forum, and the speakers enquired what my role in the event was. It hurt me. I have been called names "Disabled" man being carried by the mother. The name-calling has dramatically affected my performance. I tried to start schooling, but the school refused to accommodate me. I once requested to be nominated for a leadership role, but they rejected me. I was nearly knocked down one time on a zebra crossing because the driver ignored me and was in a hurry. I once tried to air my views during parents meeting, and I was quickly dismissed."

The Mobility Cart Transformation

Do you think the mobility cart changed the way the society looks at you?

The respondents were asked, and 43 out of 44 (97.7%) responded in the affirmative. Only 3.3 % responded that there is no much change brought to them by the mobility cart. The respondent was not willing to divulge any further information. The respondents expressed their new experiences using the following sentences:

"I have more friends. The church built a ramp so that disabled individuals can access the church. The church has given me a front seat, I can go to church through the help of some Sunday school students who push me to church, and the front seat is spared for me. As the chairman of my group, I have lobbied for policies and laws that have helped people with disability access places. The mobility cart has helped me access these places. Due to curiosity,

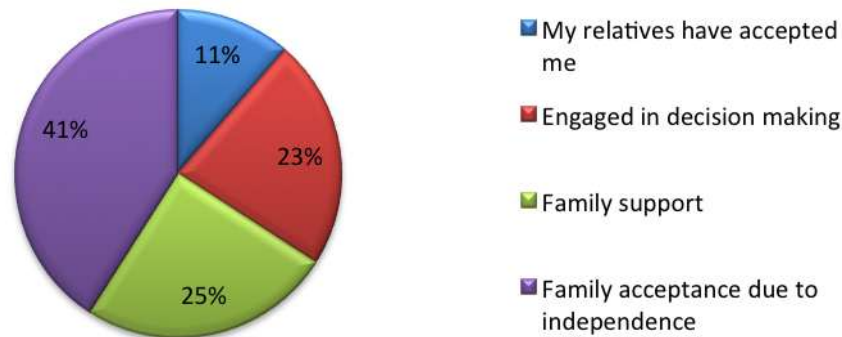
I am gaining more friends as they probe more about the mobility cart. I receive a front seat on most occasions. During meetings, they always ask for my opinion from a disability perspective. Public Service Vehicles can now transport me to hospital, unlike in the past. They are curious about the cart and want to see the cart. My church is building a toilet to accommodate people like me. I am no longer viewed as needy. I get frequent stares from curious onlookers as I am a true definition of disability is not inability, and in the church, they offer me a front seat. Public Service Vehicles offer a hand while on a hill. I have been appointed in my village Water Management Board. I have gotten more leadership appointments; I am seen as a super child because I have a unique mobility cart. Parents trust me to teach their children, unlike before, as I carry them on the mobility cart. I was appointed a board member in a school. I am now viewed as a normal child. I have more friends. I am now independent as I can go to school alone without being carried. I have seen a lot of buildings develop disability-friendly pathways. My school allows me to conduct songs during parade time, and this has built my self-esteem. I experience more love as people wonder and probe on the mobility cart. Some women have allowed their children to play with me. People have become more friendly, and other parents allow their children to play with me, unlike before. I am a super child due to the uniqueness of the mobility cart. I am more independent due to mobility. Women groups no longer see me as a liability as I can cycle to meeting places. The Sunday school teacher loves me to be at the front line as we match in church. I cycle to the front during performances. The society no longer views me as helpless, and people are friendly and love to pull me around, especially when headed to church. Women in my plot/estate no longer view me as a liability to my mother. My church has built a ramp for people like us. I am invited frequently to public meetings. I am independent; hence, I have gained more respect. People have stopped calling me the beggar but now call me the guy with the super wheelchair. People buy from my business a lot as they see it as a good way to support me. They offered me a leadership role at my church because I can now arrive on time for church activities. The church has built a ramp for the disabled to access the church. I have been appointed as a board member in my former school. They have changed the name-calling from 'disabled' to the 'sweet girl.'

Do you think your family looks at you differently now that you are using mobility cart?

Majority of the respondents (41%) reported that the mobility cart had helped them receive more acceptance from family members, while 25% said it resulted in them receiving family support financially and emotionally. 23% were now involved in decision making, while 11% reported receiving acceptance from the extended family.

Figure 3 Family Perceptions

Family perceptions towards me when I have mobility cart



The following were their sentiments:

My cousins love to pull me and play with me. My cousins play with me. They have allowed me to join their Self Help Groups. Relatives have recognized me for the first time as an asset as I do not need a lot of help. I carry my children on the mobility cart, and this has made me look like a super dad to them. My children have recognized that I am the head of the family as I can provide now. During family gatherings, they always enquire if the diet is favourable for me. My relatives have become my playmates, unlike before. My cousins are now closer to me. My aunt is now helping my dad to take care of me as she sees me as less of a burden. My opinion counts, which was not the case before. My stepsisters love me more as I carry them with my mobility cart. My children love to be carried on the mobility cart. This has assisted in bonding. My cousins during family gathering request for my opinion. I am independent; hence, their attitude has changed. My cousins tell me I own a vehicle (the mobility cart) before them. I receive more support from the extended family. My opinion counts. My age-mates want to play with me because of the mobility cart bringing our relationships closer. My family (brother) comes to the school to look after me, which he never did before. I am popular, as my sister wants to ride the cart with me. They are curious to know how I acquired a special wheelchair, and they see me as a person and not as a nuisance. We met with my dad, and he bought me a shirt. He loved the mobility cart.

My daughter in law is now supporting me. I feel more loved because of independence, and it is a relief to my mother. My siblings comfortably play with me. My father is always updating my

grandfather on progress as I use the mobility cart as a therapy tool. The concern is unimaginable. I can cycle to church hence fewer burdens to my mum. My children see me as a super dad because I can carry them in the mobility cart. My former husband is friendly nowadays and is more concerned about my welfare. My sister plays with me a lot. My father bought a car and had a sticker on it written differently-abled on board. They are more supportive and can pull me to different locations, church, and family gatherings. My father sent some money for therapy after he saw a photo of my hand (which was partially folded) is now improved. I have been using the cart as a therapy tool. I experience more love and concern from my relatives. They relate more with me, as I am less needy. I support my mother by buying food for the family, so I am seen as a provider. Due to independence, my cousins invited me to their events/ family gatherings. They honour my opinion during family gatherings. My aunts have changed their attitude towards me. They no longer call me beggar as I have my income and can support myself. My nephew loves me so much because I carry him with a mobility cart. I am an asset as I contribute to the income of the home. They request for my input during family gatherings. I help to buy our daily food, so they find me reliable.

Do you think your friends look at you differently now that you are using mobility cart?

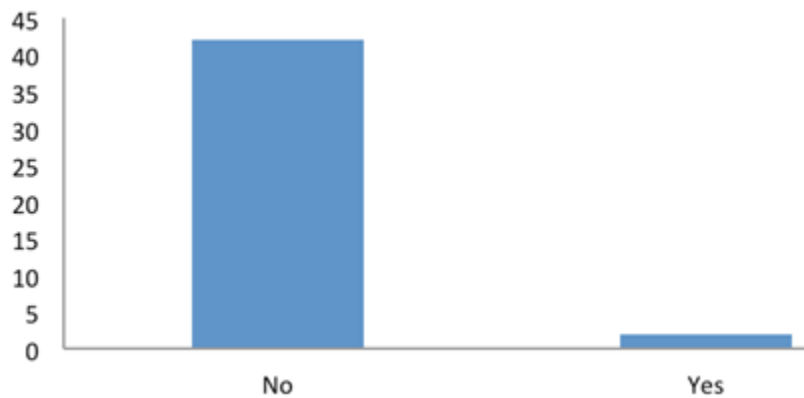
This question was posed to the individual respondents and surprisingly, the answers correlated as evidenced by a sampled responses 43 (97.7%) agreeing and only 1 (2.3%) disagreed as follows;

"I have gained more friends. I have more friends. I have gained playmates. They invite me during functions. I have been appointed the Secretary of a Self Help Group. More invites to ceremonies and gatherings and more friends. They have elected me as a secretary in our Women Group. I have more friends. They want to play with me, unlike before. I am popular as my friends all want a piece of the mobility cart. I gained two friends who pull me to bask in the sun. The uniqueness of the mobility cart has made me famous. They invite me for functions unlike before. More friends invite me to their ceremonies."

Did you engage in economic activity before you receive a mobility cart?

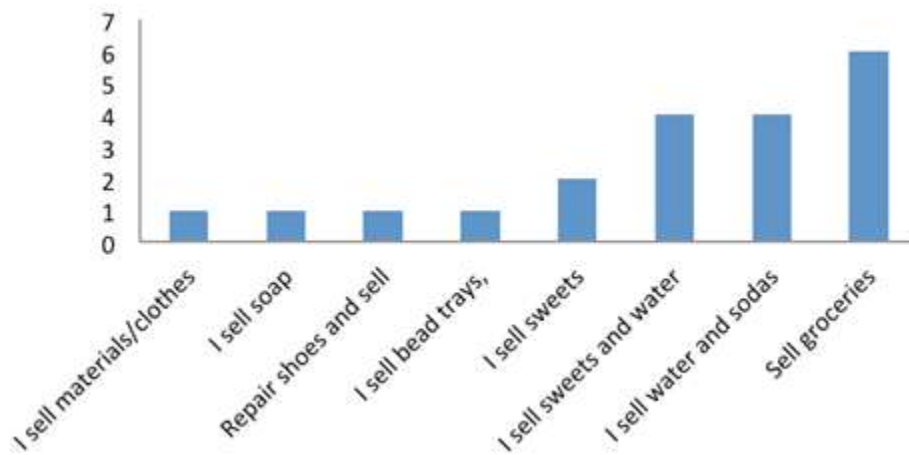
The respondents were required to state what economic activities they engaged before the mobility cart. 42 (95.5%) said they never involved in any economic activities while only 2(4.5%) carried out some.

Figure 4 Did you engage in any economic activity before the mobility cart?



Interestingly after receiving the mobility cart, there was increased independence, 20 (69%) over the age of 20 years started economic activities, and 9 (31%) remained economically inactive. Those that became active took the activities like ‘selling sodas and water, bead trays, earrings, mats and sweets, farm produce, onions and tomatoes cigarettes, groundnuts, biscuits oranges, and grapes, etc. The chart below depicts the economic activities that the recipients engaged in.

Figure 5 Economic activity after Mobility Cart



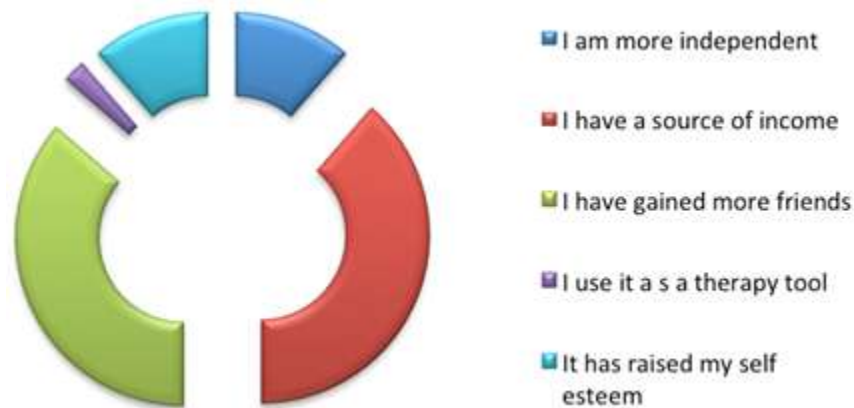
Do you feel that the mobility cart has made you more productive in life?

The respondents were asked, and to this, 100 % of them agreed to say that they are more independent, they can engage in an income-generating activity much easily, they are involved in productive activities like hawking their products, interact more easily, their self-esteem is boosted therefore they can communicate to anyone around them and are now listened to. They

said they have more recognition in disability forums and received more leadership representation positions.

Some were happy to save the time they take to get to school; the cart has helped my hands to be stronger as I use it as a therapy tool, they have more playmates at school, and they can make enough money through the business to cater for their basic needs.

Figure 6 Impact of mobility cart



CONCLUSION

From the above findings, it is apparent that the mobility carts have brought a transformation in the lives of many that were initially incapable of not only making an income but most importantly did not have the freedom to move. They had to rely on the few family members who dared to stay and a few friends that chose to stick with them. Some went through challenging emotional and physical times and were psychologically disturbed. To them, being able to independently move around and feel useful solved a milliard of psychological, emotional, economic and even spiritual turmoil they had gone through all their lives or from the time they became disabled for one reason or another. The transformation that has taken place is significant, and I believe that they will never have to go back there ever again. The respondents would not wish the suffering they experienced to their worst enemy. They requested the society to give those considered disabled just a little compassion and understanding for this goes a long way in alleviating the psychological, physical, emotional, and spiritual turmoil and confusion they go through daily.

The researcher hopes that more disabled people will be reached and their lives are given hope and meaning. All stakeholders, like the government, government agencies, private individuals, and society, as a whole, should support this. Though they are immobile, they are part of our society, and although we are mobile today, it's not a guarantee that we shall remain the same in the future. Let's give them the support they need today for this is the higher calling

of humanity. There is a need to create adequate support systems to assist the unfortunate PWDs in our society.

REFERENCES

Kenya Demographic & Health Survey, 2009 (<http://dhsprogram.com/pubs/pdf/fr229/fr229.pdf>)

Kenya National Bureau of Statistics (KNBS) Economic survey 2009

Kenya National Survey for Persons with Disabilities, 2008 (<http://www.african.org/CBR%20Information/KNSPWD%20Prelim%20Report%20-%20Revised.pdf>)

Mbugua, Z. K., Kibet, K., Muthaa, G. M., & Nkonke, G. R. (2012). Adoption of computer-based assistive technology for Persons with Disabilities in Kenya.

Plan, D. S. 2009. National Coordinating Agency for Population and Development.

World Health Organization. 2011. Joint position paper on the provision of mobility devices in less-resourced settings: A step towards the implementation of the convention on the rights of persons with disabilities (CRPD) related to personal mobility.

World Health Survey. Geneva, World Health Organization, 2002–2004 (<http://www.who.int/healthinfo/survey/en/>, accessed 20 August 2009)