DISPARITIES THAT AFFECT PEOPLE WITH DISABILITIES IN KENYA

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Abstract

Improving access to quality health care, education, training, and equal opportunities in all spheres of life for People with Disabilities (PWDs) continue to be a major concern to both the government and all stakeholders. As the Kenyan economy goes through economic hard times, the effects are more pronounced for PWDs since they suffer discrimination and are denied equal access to the available resources. They not only represent that critical segment of the marginalised population but also face special problems as a result of their disabilities. They are among the poorest of the poor. Most of them eke out their livelihood through begging with a few lucky ones surviving on handouts, selling of charity sweepstake tickets and engaging in petty trade like shoe shining and repair. A small number of them are able to get lower cadre jobs like telephone operation.

Most of these people do not know their fundamental rights and live in a state of hopelessness and despair. They are disadvantaged in terms of buildings, schools, transport system, housing and other physical structures that are not designed with the requirements of the People with Disabilities in mind. The paper highlights various disparities that affect PWDs in Kenya. It identifies causes of disability that give rise to differences in labour, capital resource ownership and infrastructure designs, between PWDs and people without disabilities. It then assesses how these differences contribute to the socio-economic predicament in which PWDs find themselves. Recommendations of minimizing disparities that affect this cadre of people are then drawn.

Introduction

Poverty Profile in Kenya

Poverty in Kenya has remained high since independence and continues to wreck havoc in all parts of the country on all categories of people. At independence, the government of Kenya vowed to eradicate poverty, disease and ignorance (Republic of Kenya, 1965). However, thirty-nine years down the line, the three enemies are still present and more pronounced than never before (Republic of Kenya, 2001a and 2002). Recent efforts to liberalize the economy, privatize state owned enterprises, retrench civil servants and rationalize government structures have worsened the poverty situation in the country.

The real Gross Domestic Product (GDP) growth rate has assumed a downward trend reaching a low level of negative 0.3 percent in the year 2000 (Republic of Kenya, 2001b). The impact of this trend on the poor, where most of the people with disabilities (PWDs) are found has been phenomenal. Gains made earlier in employment and food production have been eroded as a result of a combination of internal and external factors. Mwabu and Mullei (2000) and Republic of Kenya, (2001a) studies indicate that nearly 40 - 47 percent of Kenyan population are absolutely poor and poverty is more prevalent in the rural areas while women, PWDs and their children are the most affected groups.

Causes of Poverty

A study by Mwabu and Mullei (2000), identified causes of poverty as insufficient capacity to self provide, insufficient capacity to produce for the market, low or no incomes at all, failure to use social services and inappropriate institutions, social values and organizations. On the other hand, Sharp, Register and Leftwich (1994) identified
causes of poverty as small quantities and low qualities of resources they possess, insufficient productivity that leads
to low incomes due to low levels of training and education, relatively small inheritances, discrimination and misfor-
tunes.
A misfortune could be a business failure caused by a recession, prolonged illness, a fatal accident, and a natural or
human made disaster like the 1998 and 2001 terrorist attacks in Kenya and United States of America respectively.
These misfortunes when they strike may leave the families without any income or ability to earn an adequate
income. Therefore, in the words of Sharp, Register and Leftwich (1994: 275), "The poor are in a vicious circle that
is difficult to escape. What they need in order to move out of poverty they do not have and cannot afford to acquire.
So they remain poor"
The Problem
Improving access to quality health care, education and training and equal opportunities in all spheres of life for
people with Disabilities (PWDs) should be a major concern to both the government and other stakeholders (United
Nation, 2000a, 2000b 1975,and Republic of Kenya, 2002). As the Kenyan econo~ my goes through economic hard
times, the effects are more pronounced for the PWDs since they suffer discrimination, indignity and are denied
The issue of improving the standards of living of PWDs is therefore a critical one and a reality in Kenya. This is
because they not only represent that critical segment of the marginalised population but also face special problems
as a result of their disabilities. They do not access education, health, employment opportunities and rehabilitation
services. Their situation is not different from the worldwide one where the United Nations (1991) estimates indicate
that no more than 2 - 3 percent of the PWDs who need rehabilitation is receiving such services. The government
and other stakeholders must realize that the causes of disability are not individuals' own making and disability is not
inability. A combination of the following causes inflicts varying disabilities on the victims: Poverty, accidents,
disease, mugging, brutality thugs, domestic violence and brutality by the police.
As can be seen, an individual has no defense against these causes and so anybody can be a victim any time.
Everybody must therefore be willing and able to help this group of people out of this dilemma so that they can live
just like everyone else. They must be given opportunities to make decisions that affect their lives and be able to
pursue activities of their own choice, limited only in the same way like those of non-disabled persons. The study
therefore aims at highlighting the socio-economic status of the PWDs with the main objective of providing informa-
tion that will help the government and other stakeholders to put in place programmes and policies to help PWDs live
a decent, full and dignified life. This concern is supported by the content of the Declaration on the Rights of the
Disabled Persons, which was adopted by the United Nations General Assembly in 1982 (United Nations, 1982).
The Theoretical Framework
Several criteria have been proposed to test whether or not a proposed change in policy is an improvement in social
welfare. The welfare of the individual in this case is ensured by the extent to which his or her desires are met which
means the degree of satisfaction (Pigou, 1932, Mansfield, 1975: 457). Accordingly, a change that hurts no one and
improves the social welfare of the other people constitutes an improvement according to pareto optimality criterion
(see, Varian, 1992: 225). This criterion leads to three rules, which according to Mansfield (1975: 438) are that:
- The marginal rate of substitution between any two commodities must be the same for any two consumers.
- The marginal rate of technical substitution between two inputs must be the same for any pair of producers
- The marginal rate of substitution between any two commodities must be the same as the marginal rate of
  transformation between the two commodities for any producer.
However, the piecemeal attempts to force fulfillment of these conditions can easily be a mistake according the
Theory of the Second Best by Lipsey and Lancaster (1956). This is because some conditions may remain unfulfilled
hence there is no guarantee that reductions in the number of unfulfilled conditions will result in increased welfare.
Furthermore, many policy proposals may not be evaluated using this criterion since any change that benefits some
people and hurts others falls outside its scope. For example, a proposal that taxes be levied on people earning high
Kaldor (1939) argued that a change is an improvement if people who gain from the change evaluate their gains at a higher money value than the money value that the losers attach to their losses. Therefore money and the distribution of income are the measures of relative satisfaction of the people. For example, if a proposed change benefits Kamau and hurts Wechuli, and if Kamau would be willing to pay up to Ksh 10,000 to see the change occur, while Wechuli would pay up to Ksh 5000 to avoid the change, the change is an improvement in welfare. However, Ksh 5000 may mean more to Wechuli than Kamau in term's value. This is the criterion's major weakness.

Scitovsky (1941) proposed that a change is an improvement only if the move from the original situation to the new one is an improvement and if the move from the new to the old is not an improvement (see also Mansfield, 1977: 458). This proposition was in reaction to the weaknesses of the Kaldor (1939) criterion that indicated that a change is an improvement under certain circumstances but after that a change back to the original state of affairs is also an improvement. For example, it may indicate that a tax increase was good but after the tax increase, the criterion may also indicate that a reduction in taxes to the original level improves the welfare of the people. However, the shortcoming of the Scitovsky (1941) criterion is that monetary units are used as measures of welfare.

Bergson (1938) argued for the formulation of a set of explicit value judgements and incorporating them into a social welfare function, which represents the value judgement of the public as represented by a majority vote. A policy can then be judged an improvement or not depending on whether it moves the society to a higher social welfare function (see Mansfield, 1977: 458) The shortcoming of this approach is that social welfare based on democratic decision making do not exist in most economies, Kenya included.

Growth of real Gross Domestic Product (GDP) can be used as a measure of social welfare because growth increases employment and commodities available for consumption to the society. However, although growth may lead to improved standard of living, it may also lead to the declining of the same depending on income distribution within the economy (Koutsoyannis, 1991: 524). Hence income distribution is crucial in determining improvement in social welfare of the people in Kenya.

In summary, putting in place policies that benefit them and do not hurt people without disabilities can bring about improvement in the standards of living for PWDs. These policies should cover areas such as improvement in income distribution, provision of social services, putting in place democratic decision making process and growth in real GDP. Lack of these policies is what has caused the pathetic state in which PWDs find themselves.

**Highlight of Socio-Economic Status of PWDs**

People with Disabilities in Kenya are among the poorest of the poor (Republic of Kenya, 2002: 73 and 2001a). This is because they lack information, most of them are illiterate, they lack productive assets and are regarded, in the words of United Nation (1991) as *eternal children with "broken" bodies or minds, who cannot survive without constant care and protection*. This perception, according to the United Nation (1991), is exacerbated by a common suspicion that they are suffering the wrath of God and are being punished for misdeeds that either they or their parents may have committed.

The families and the PWDs themselves therefore endure the shame and guilt of being less than perfect in the eyes of other Kenyan. Due to this misinformation, families, the government and other stakeholders tend to provide minimal basic needs like food and shelter but no opportunities for health, education, employment, training and other essential support services that would make PWDs develop their full potential. The end result is that PWDs have become beggars on streets and survive on handouts. Some are cobblers and a few lucky ones sell charity sweepstake tickets or sweets. A limited number are employed as telephone operators. They are further disadvantaged in terms of buildings, schools, transport and housing services. These structures are not designed with the requirements of PWDs in mind and yet it is their right to use these facilities (United Nations, 1975).

At the national planning level, census and surveys do not identify PWDs. There are therefore no reliable data that indicate the number and categories of PWDs. The only crude way used by those in authority to estimate their
number is through the World Health Organization that places PWDs in any given population at approximately 10-15 percent. If these percentages are used, Kenya with a current population of about 29 million (Republic of Kenya, 2000), should have between 2.9 to 4.35 million PWDs.

Planning and national development efforts by the government and other stakeholders miss out targeting these people because of limited data. The ones available do not indicate comprehensively the number and categories of these people in any planning period. In terms of national budget allocation, institutions dealing with PWDs have been marginalised. They are given insufficient budgetary allocation year-in-year-out that make it impossible for them to effectively and efficiently deliver services and goods to the beneficiaries.

Discrimination against PWDs is widespread in all sectors of the economy. For example, according to data from the Republic of Kenya (1997), out of the approximate total of 3,696,018 PWDs in Kenya, 31.7 percent had attained primary educational level, only 5.1 percent and 0.2 percent had attained up to secondary and university education respectively. This shows that PWDs have limited access to education and are typically considered last even by their own families.

Most of the social and recreational centres cater for only people without disabilities. Buildings and other physical structures are often constructed without considering the limitations of PWDs. Furthermore, many facilities such as telephone, public transport, toilets, tourists places, health institutions, among others, are not designed to cater for PWDs. Hence PWDs cannot access most of them due to their structural designs.

In terms of employment, PWDs are usually the last ones to be considered. Their employment is limited to manual non-executive positions. They are denied economic empowerment opportunities and relegated to minor chores such as telephone operation, cobbbling, tailoring, and petty trade. The result is that PWDs are among the poorest of the poor. The causes of pronounced and glaring poverty among PWDs are attributed to the following:

- High illiteracy rate among PWDs. This rate is about 46 percent against that of the general population of about 22 percent. However the illiteracy rate vary among different types of disabilities as follows (See Republic of Kenya, 1997):
  - Visual disability 60%
  - Hunch back/chest disability 50%
  - Upper Limbs disability 56%
  - Hearing disability 62%

- Lack of income-generating ventures. This is because they can not access credit due to lack of own property hence have no appropriate collateral.

- High and rising unemployment due to illiteracy and discrimination.

- Ill health because they cannot access healthcare due to high and unaffordable fees and charges.

- Misuse of disabled women through sexual harassment, rape and abuse.

In summary, barriers to independent living of PWDs in Kenya include high illiteracy rate, unemployment, poverty and increasing number of new entrances due to road accidents. Others include lack of sign language interpreters or captioning for people with hearing impairments, lack of brailled and tapped copies of printed materials for those who are visually impaired, misunderstanding by non-disabled persons of the needs of PWDs and prejudices concerning disability.

**Challenges**

The major challenge facing the government is how to assist PWDs to develop their skills and personality as part of the effort to make them achieve full potential. The government must realize that PWDs have the same human wants and needs as non-disabled people. These needs include socialization, sexuality, hearing, economic independence, dignity, respect, access to social services, access to specialist services, marriage and raising families.

They need to be proactive members of the Kenyan society. They need others to listen to their ideas and concerns. They also need to exercise their rights to make decisions that affect their lives. They must be encouraged through
enactment of friendly policies to make decisions and take control of their own lives. This is in realization of the fact that in Kenya, there exists no clear government policy framework on integration of PWDs into the mainstream development process in all the sectors of the economy a fact that is well-documented in the Republic of Kenya (1997 and 2002). These challenges and demands have particular significance for the government while reviewing the current status of PWDs. At the same time, it must re-align the thrust of future activities to meet the emerging challenges head-on.

**Conclusion**

Persons with disabilities have a right to be treated like any other. They need to be integrated in the system in terms of education, health care, rehabilitation and social welfare. This is because they are not disabled by choice. Most disabilities are either natural or caused by road accidents as explained in the study by Nafukho (2001). They must enjoy independent living, that is, living just like everyone else. For example having opportunities to make decisions that affect their lives and being able to pursue activities of their own choice. The choices should be limited only in the same ways like those of non-disabled people. Poverty level among the people with disabilities is a challenge that needs to be addressed rather than a hopeless situation.

Therefore improving the standards of living for them through enactment of friendly policies is and will continue to be the tool by which these people and their families can move out of the abject poverty that engulfs them. Friendly policies should be enacted that will result in building capacity so that they can engage in economically productive activities. This will increase their incomes hence enhance their independence and living standards. What is needed therefore is for the government to design policies and programmes that will provide a minimum living standard for PWDs and opportunities for them to move out of poverty.

**The Wayforward**

The following recommendations are proposed to deal with the emerging policy challenges:

- Involve people with disabilities in development and decision making organs.
- Put in place legislative framework on matters pertaining to human and legal rights of people with disabilities.
- Encourage the integration of disability issues in the mainstream development process.
- Facilitate access to gainful employment, whether self or wage, by people with disabilities.
- Encourage the establishment of network links between the government and organizations that deal with empowerment of PWDs.
- The government must play a pro-active role in policy formulation, advocacy and mobilization of resources with the aim of improving the social welfare of PWDs.
- Support the establishment and growth of organizations of people with disabilities.
- Develop practical statistical methodology for data collection and compilation on people with disabilities.
- Examine key social and economic policy issues related to the equalization of opportunities for PWDs, in particular, accessibility to social services, social safety nets, employment, and sustainable livelihood.
- Exempt from tax all incomes of PWDs.
- Establish an umbrella body, which will maintain records of PWDs that have various skills and training for the purpose of job placement.
- Award scholarships, loans and fees subsidies to PWDs and their children.
- Offer free or subsidized health care and education to PWDs.
- Establish legal rules that will require public buildings and vehicles to be user friendly to PWDs so as to improve access.
- Impose a disability levy on all compensations made by insurance companies to victims in order to establish a pool of funds to help PWDs.
- Exempt from tax payment manufacturers of equipment and aids used by PWDs.
- Parents and the public should not conceal PWDs.

Reference