

THE IMPACT OF VOCATIONAL REHABILITATION TRAINING
ON ECONOMIC PERFORMANCE OF
FEMALES WITH DISABILITIES IN NYANZA PROVINCE KENYA

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GENERAL INTRODUCTION

In order to better conceptualise what rehabilitation is about, one should have a good knowledge of what both disability and rehabilitation are. Rehabilitation as a process can only be discussed or considered when a disabling condition exists. It is thus a necessary precondition for the discussion of rehabilitation process. In rehabilitation circles disability implies a medically defined condition. It can be described as any long term or chronic physical, emotional, or mental condition which has come about as a result of disease or illness, inherited or congenital defect, trauma or other calamity to the mind or the body. The condition should be severe enough to limit an individual's capacity to function in any activity, productive or otherwise. Rehabilitation's goal is to address the disabling condition and restore residual functional capacity to a person who has the handicapping condition.

In its strict sense rehabilitation can be viewed as both a creative and curative process in which the residual physical and mental capacity of persons with handicapping conditions are developed and utilized up to the point whereby they can be used in productive employment. The goal of rehabilitation can thus be described as increased independence for persons with handicapping conditions both economically and socially. Viewed from this angle, placement becomes the primary goal of rehabilitation process which can be effected in industry, production workshop or self-employment. Both placement and rehabilitation go hand in hand and cannot be separated from each other if any meaningful result is to be obtained in the rehabilitation process.

This study set out to examine the impact of vocational rehabilitation training on economic and social contributions of females with disabilities in the four districts of Nyanza Province namely; Kisii, Kisumu, Siaya and South Nyanza. The study examined also the extent of their involvement and contribution to national development.

VOCATIONAL REHABILITATION PROGRAMMES IN AFRICAN COUNTRIES.

The 18th. General Assembly of the International Social Security Association held in 1973 in discussing the problem of persons with disabilities in developing countries stated that the proportion of persons who are required to support the remainder of the community by their work is growing smaller. It is possible to estimate the period when the burden of the non-working population and persons with disabilities will no longer be supportable by the working population unless appropriate measures are taken in advance. While this may be true of the developed countries where there is provision for social security and other social benefits, the developing countries reflect a completely different scenario.

In developing countries, changing social attitudes towards persons with disability including family obligations towards the underprivileged have lessened as a result of the pressure of urbanization and industrialization. Persons with disabilities have lost the support they traditionally received from their families and this trend is continually growing due to the social and economic changes. The society is increasingly called upon to step in and organise public assistance for the dependent handicapped person. This trend has been encouraged by the constant unemployment and sometimes underemployment problems that these countries face. In many instances, the provision of occasional service.

has been the norm in solving the problems of persons with disabilities in developing countries. This approach has been necessitated by the presence of high unemployment among non-disabled persons who get priority in employment services. Such an approach should be viewed as a short term solution to unemployment problem created by disability and does not address the long term solution to both employment problem and economic plight of persons with disabilities. On the other hand, supporting persons with disabilities places a heavy burden on their families which in turn affects their living standards. The above is the scenario where persons with disabilities find themselves in developing countries and the society is increasingly called upon to step in and organize public assistance for them.

One of the continents where disability abounds is Africa. Since there is so much diversity in the continent as regards to social political and economic factors the rehabilitation needs of the continent likewise differs. These differences call for concerted efforts from all quarters, and for an all embracing approach in rehabilitation services. The concept of vocational rehabilitation serving the whole person seems to have had its roots from America where returning the person to the world of work forms an important aspect of this approach. This approach has received wide acceptance throughout the world including the African continent. Little information is available on vocational rehabilitation programmes in African countries in general, and worse still on vocational programmes that focus on the performance of females. There is a tendency in developing countries to view vocational rehabilitation programmes and services as a luxury which is neither necessary nor affordable. The constant unemployment and sometimes underemployment has preoccupied the planners to the extent that they do not take time to consider the plight of the handicapped.

The planners' interest is constantly focussed on the majority of the population who happen to be non-disabled persons. It is on these non-disabled persons that priority of placement and training is placed. This is also coupled with the African social approach to disability whereby the responsibility of looking after persons suffering from disability rests squarely on the members of the family both close as well as extended, and even goes as far as the clan. All these have militated against the provision of programmes for persons with disabilities both males and females within the African context. However, the current social changes and the prevalent economic conditions have made it impossible to uphold the traditional african social practices whereby the members of the community took it upon themselves to provide for their less fortunate members.

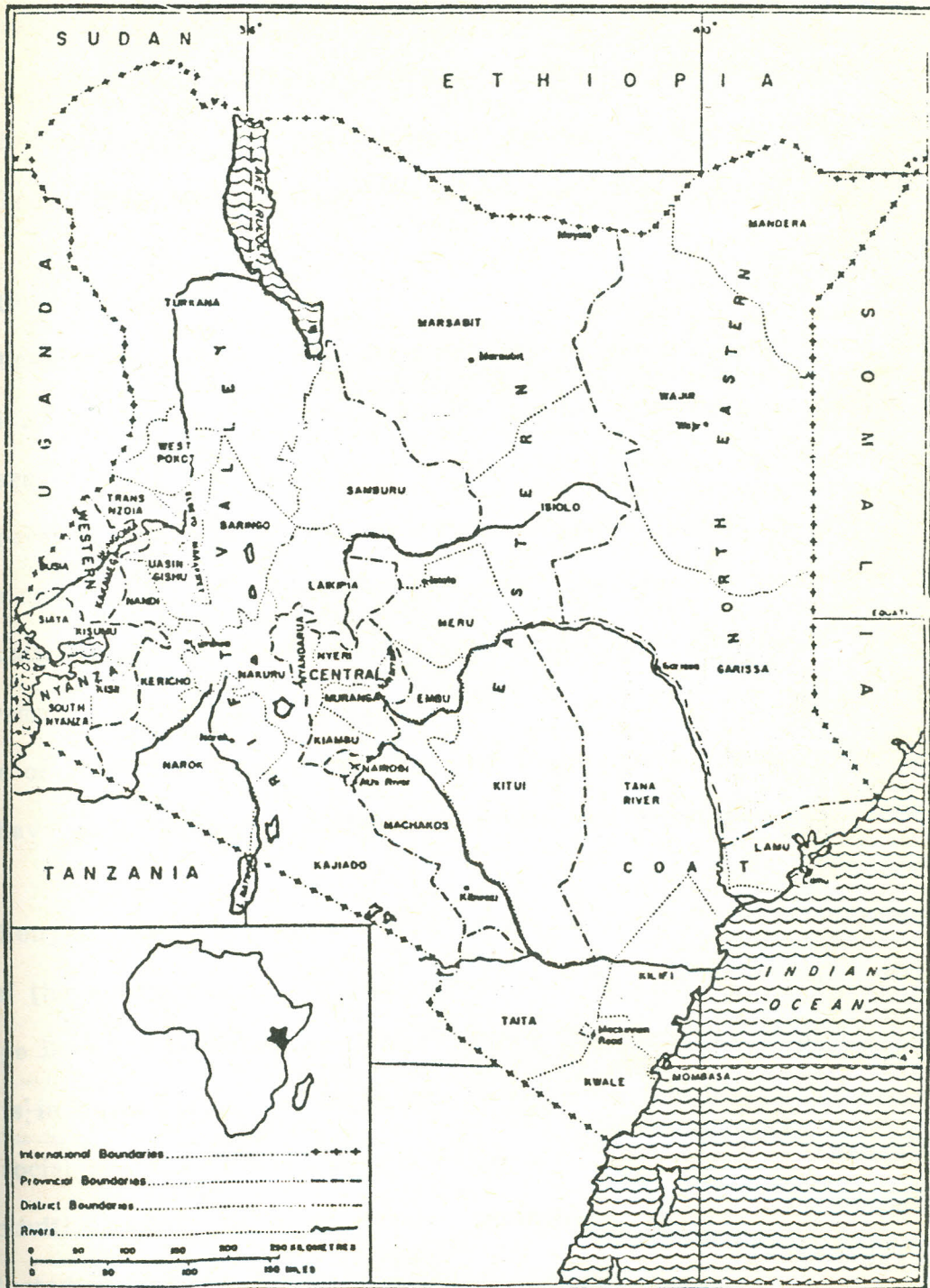
VOCATIONAL REHABILITATION PROGRAMMES IN KENYA.

Soon after independence in 1963, the Government of Kenya established a Parliamentary Committee to study and recommend an appropriate programme that would address the unemployment problem for persons with disabilities in the country. The Committee's recommendations formed the basis of a Parliamentary Sessional Paper No.5 of 1968. The Sessional Paper in turn formed the legislative framework for the establishment of the Kenyan Vocational Rehabilitation Programme. The Programme had as one of its explicit objectives the training and placement of persons with disabilities in gainful employment either in the formal or in the informal sector of the economy. The Sessional Paper also stipulated the age limits of the persons that could be trained and resettled in the programme, (i.e those persons with disabilities who are between the age of 16 and 45 years). It is advisable to note that the age limit was not arbitrarily placed but was based on the life expectancy of the average Kenyan at that time, and how long a person would be expected to work after training.

The overall objective of the programme was to integrate persons with disabilities in the economic and social life of their communities as well as to make them contributors to the economic development of the country. However, due to the prevalent economic conditions in Kenya in particular and the endemic unemployment problems that have faced all African countries, the programme was geared to rural self-employment. The primary aim was the resettlement of persons with disabilities in their home communities where they could still rely on the support of their families for the running of their enterprises as well as for psychological support. Although this was a noble intention, it was obvious from the study that some of the relatives may have considered the physically disabled females to be wanting in business acumen. Some of them apparently used the disabled persons for their own gain rather than that of the owners of the business. In one or two cases it was apparent that the disabled person was at a disadvantage in dealing with the non-handicapped member of the family.

By 1971 the Kenya government had initiated a programme of Vocational Rehabilitation with the primary aim of making persons with disabilities economically and socially independent as well as active partners and contributors to national development. However, with high unemployment in the urban areas, the government programme was geared to rural self-employment for persons with disabilities. One of the reasons that was used to steer this programme away from competitive employment was the desire to keep the handicapped persons out of urban areas and to keep them from the demeaning occupation of begging that was getting rampant among the handicapped population within the country. This study set out to examine the performance of trained females with disabilities in self-employment as well as to investigate the social and economic changes that take place as a result of their vocational training.

The Kenyan vocational rehabilitation programme trained persons with disabilities in three trades or professions, namely; tailoring, leather-work and carpentry. Later the programme included agriculture as one of the trades in which trainees were specialised. As can be seen from the list of courses offered the choices were limited and thus those whose residual capacity would not allow them to undergo the training were excluded. Apart from that the females were at a disadvantage as regards to choice as the only open avenue was tailoring. This bias towards one specific trade militated against the improved economic performance of handicapped females. Furthermore a study by Odeck, (1989) had shown that although tailoring was a favourite area for the handicapped females, it was less paying than the other areas as far as self-employment was concerned. The limit in choice also militated against the females as it left open only one traditional occupation that was dominated by females namely tailoring. In the selection process those with mild physical disabilities who could still use their limbs reasonably well to perform intricate activities received preference over the more severely physically handicapped females. The map on page 7 shows the location of all the Vocational Rehabilitation Training Centres in Kenya.



Administrative map of Kenya

The training was done in 7 provincial centres which had by 1983 trained over 1200 persons with disabilities. Among those who were trained females formed a small number since they could only compete for places in tailoring while males could compete for places in all the crafts or trades. This reliance on tailoring could have some other adverse results as their success depended on an area that was highly competitive as well as highly saturated with cheap ready made clothes from other countries.

An estimated survey (Odeck, 1987) showed that the population of persons with disabilities in Kenya who were between 14 years and 40 years old was 326,347. Of this number, 164,489 were females aged between 14 years and 40 years. Among the above total population of persons with disabilities, 1200 persons had been trained in vocational rehabilitation by 1982. This figure shows that the training of physically handicapped persons in Kenya in vocational rehabilitation in a ten year period from the inception of the programme was not high. This low figure cooled with the limitation in the choice of trade for females explains why there are few handicapped females who have gone through vocational rehabilitation training.

The Kenyan Integrated Rural Survey (1974/75) indicated that approximately 87% of the population live in rural areas and half the households in Kenya engage in rural non-farm activities. Since the higher population concentration is in rural areas, the locus of any attempts to address the economic and social problems should be geared to the improvement of rural areas and to activities which focus on rural communities. Furthermore research conducted in Western Kenya had shown that the income in the rural non-farm informal sector was higher than that earned in the urban formal sector, (Kongsted and Monsted, 1980). It is these reasons that were instrumental in the choice of rural self-employment as the type of programme that the Kenyan Vocational Rehabilitation Programme took.

RATIONALE FOR THE STUDY.

The few studies that have focussed on employment of persons with disabilities in developing countries have reported contradictory findings. Thresher (1978) showed that in an experimental settlement scheme in Malawi those with visual disabilities did better than the sighted. This showed that success in farming was not based on visual ability but on a person's hard-working and determination. In Kenya, a survey conducted by Nkinyangi and Mbindyo (1982), which addressed the performance of persons with disabilities in self-employment found that vocational rehabilitation did not result in any gainful employment in most of the fields in which persons with disabilities were trained. This conclusion implies that the training did not achieve one of its major objectives namely economic improvement of persons with disabilities. The survey concluded that there was a serious need to rethink the whole structure and purpose of vocational rehabilitation programme, and to adjust it to the contemporary realities of the Kenyan job market.

A study done by Odeck (1988) on the performance of persons with disabilities in self employment found that most of the physically handicapped persons who had been trained were satisfied with their own performance. This conclusion was based on self reports made by handicapped persons themselves who considered themselves as better of than their colleagues who had not been trained. This conclusion was reached inspite of the great variations in their monthly income which suggested that their conception of themselves and their performance was not based on monetary gains but on their quality of life as compared to others who were in the same predicament. A further rationale for undertaking this study was based on the conception that no study known to me has focused on the performance of females with disabilities in self-employment as well as examined their social and economic performance as a distinct group.

Studies directed specifically at non-handicapped persons in the informal sector have shown that the self-employment in non-farm enterprises have considerably higher average incomes (Kongsted and Monsted, 1980). Carlsen (1980) found that 21% of the people employed in the urban sector had lower incomes than the average income of all self-employed and wage employed working in non-farm rural enterprises. In his investigation of the informal non-farm sector Maleche (1976) found that the incomes in rural self-employment were 16% higher than those of urban wage earners. The same conclusion was reached by an ILO (1972) study which examined the earnings in rural areas.

A further view that the informal sector was more productive than urban employment was shown by Chuta and Sethuraman (1984) who reported that rural non-farm activities, ranging from manufacturing to trade and services provide over one fifth of rural employment in many developing countries and the most important of them is self-employment in small scale activities.

Odeck (1988) showed that trained persons with disabilities performed better in certain trades than in others especially in rural self-employment. The performance of females with disabilities in self-employment in similar areas and circumstances should be examined to find out whether they also conform to the reported findings.

Finally, another important aspect of this study which would be of interest to both planners and policy makers would be to investigate whether the time and money spent on the training of females with disabilities has produced any positive results. However, it would be socially imprudent to overstress the cost benefit analysis when we consider the reported improvement in the quality of life by the trained past trainees of vocational rehabilitation centres.

RESEARCH OBJECTIVES

This research set out to examine three objectives namely:

1. To examine the contribution of trained females with disabilities in the economic life of the community in which they live. This examination focussed on their economic undertakings, and investigated the income they receive from economic activities.
2. To investigate the change in the social conditions of trained females with disabilities. This investigation focussed on their perception of their social status vis-a-vis other members of the community. It also focussed on the perception of non-disabled persons towards females with disabilities.
3. To examine the contribution of trained females with disabilities to national development. This focussed on their activities that are geared to national development like cooperative movement, harambee contributions and any voluntary development activities.

RESEARCH QUESTIONS

In order to address the research objectives mentioned above, the following research questions were posed.

1. What impact has rehabilitation training had on the economic earnings of females with physical disabilities?
2. What impact has vocational rehabilitation training had on the social lives of females with physical disabilities?

3. What contributions have females with disabilities made towards national development as a result of their vocational training?

DEFINITION OF TERMS

Some of the terms used in this report have specific meanings that should be understood in their context so as to avoid any ambiguity.

Vocational Rehabilitation

The term vocational rehabilitation was defined by ILO (1973) as:

"The continuous and coordinated process of rehabilitation which involves the provision of those vocational services, e.g., vocational guidance, vocational training and selective placement, designed to enable a disabled person to secure and retain suitable employment" ().

According to Roberts (1975), vocational rehabilitation broadly embodies the uniqueness of individuals and their right to participate in all aspects of life, including contributing to the society to the fullest extent they are capable, while narrowly stressing the objective of remunerative employment. Operationally defined, vocational rehabilitation is the provision of any rehabilitative services (including medical, social, educational, and habilitative) to a vocationally handicapped person for the purpose of occupational adjustment (or readjustment) in work that may or may not be financially remunerative. This operational definition can be further simplified to mean, the ability to use the restored capacity of persons with physical disabilities in either self-employment or economically gainful activities where they could earn a livelihood that is typical of the communities in which they live. This is the way it is used in this study.

Rehabilitation

The International Labour Office (ILO, 1973) and others have adopted a broad definition of rehabilitation which states:

"The restoration of handicapped persons to the fullest physical, mental, social, vocational and economic usefulness of which they are capable"

(p.).

This definition is all inclusive and suggests an ideal goal which is seldom achieved in normal practice. Total rehabilitation according to Wright (1980) incorporates the full range of rehabilitation services for the broad objectives of social usefulness and personal satisfaction in restored productivity and independence. A working definition of rehabilitation is the provision of any kind of service given to individuals to correct, avoid or compensate for their handicapping problems. While attempts will be made to use the working definition, it should be born in mind that at times the totality of rehabilitation as described by Wright has also been used.

Disability

All men suffer from some kind of limitation which may be physical or psychological which renders them incapable of performing certain tasks. Wright (1980) described disability as any physical, mental or emotional condition that is chronic or long lasting. The condition must be severe enough to limit the individual's functional capacity which results in, or threatens to be a handicap to productive activity. Marge, (1988) gave an all embracing definition of disability as any restriction or lack of ability to perform an activity in the manner, or within the range considered normal for a human being.

This restriction should be related to a physiological, anatomical, mental or emotional impairment, which is chronic or permanent in nature. The restriction should be judged to be a cultural, social, economic, and/or environmental disadvantage. This definition of disability given by Marge will be the one implied in this paper, unless otherwise stated.

Physical Disability

The term physical disability refers to causes of limitations in functions whether the disability stems from disease, injury, or birth condition. A physical disability may be either temporary or permanent. In the Kenyan vocational rehabilitation programme physical disability was defined as any kind of impairment that affects the use of hands, arms, legs as well as any impairment that interferes with movement of any of the limbs. To address this limitation, the programme further required that acceptance to it presupposed the presence of residual ability to use any of the limbs, and ability to stand or sit for prolonged length of time with or without assistance. A second condition for acceptance was that there must be the ability to use any of the tools used in any of the three trades or crafts taught in the training centres, namely carpentry, leatherwork and tailoring.

The Informal Non-farm Sector

Much has been written on the informal sector and apparently each writer seems to show a slight difference in meaning when discussing it. For the purposes of this study, "The informal rural non-farm sector" means all economic activities excluding agriculture carried on outside major towns or municipalities. It includes all economic activities in rural market centres and small urban centres, (Odeck, 1990). It also includes family owned businesses that either sell goods or provide services to people of low to moderate incomes and even beyond, as can be seen by the impact of kiosks on service provision to local peoples.

CHAPTER TWO

RELATED RESEARCH AND LITERATURE REVIEW

In looking at the literature that pertains to self-employment of handicapped persons the following areas were given attention, since they seemed relevant to the topic under examination.

- . Vocational Training and the development of skills.
- . The Rural Informal non-farm sector.
- . Employment contribution of the Informal non-farm sector.
- . Economic growth and Rural Informal activities.
- . Self-employment in the Informal non-farm sector.
- . Handicapped Persons in self-employment.

Self-employment per se is an area which has not always been given the attention and respect that it deserves. In many developed countries there is very little literature that deals with self-employment for persons with disabilities, (Rehab Brief, 1985). The situation is even worse when one looks at developing countries and pathetic when one considers handicapped persons. Throughout this paper focus will be placed on literature that discusses the informal non-farm sector regardless as to whether it is rural or urban. There will be also no differences made on whether the literature is dealing with handicapped or non-handicapped persons. It is also assumed that the informal non-farm sector is the same as self-employment.

The Rural Informal Non-farm Sector

The term "rural informal non-farm sector" refers to all economic activities which are carried on outside the major towns or municipalities, but excludes all activities directly connected with agricultural or livestock production.

As indicated above, the term includes all activities located in rural market centres and small towns which mostly depend on rural economies on full or part time basis. One of the best descriptions of the informal sector was given by Sears, Jolly and Singer (1973), when they stated that the concept of the informal sector illuminated issues far beyond those directly related to the statistics of employment. There appears to be a sharp analytical significant dualism between the aided, organized, large scale, foreign influenced formal sector, and the often given lip service and mainly ignored small scale, family based, and essentially self-reliant informal sector. In spite of these diametrically opposed concepts, the two sectors co-exist side by side and more often than not interact and support each other. It is in this formal sector that the handicapped persons should be seen as making their contribution and impact on the economy.

Current thinking and practice in Kenya has stressed the possible role of the informal sector in the development process. This stress has been supplemented by the building of informal or "JUA KALI" sheds in most municipal and urban areas in the country. These sheds have received not only government support but also funding from both within and from donor agencies. Freeman and Norcliffe (1981), have argued the case for their promoting the growth of economic activities on the grounds of their being labour intensive, and intermediate technologies, which have increased inter-industry linkages in the rural areas. One of its major contributions is the accumulation of capital and appropriate technology to the local areas.

Economic Growth and Rural Informal Activities

An International Labour Organization (ILO) report of 1972 showed that the informal sector provided employment and necessary goods and services for lower income groups.

This report further argued that the informal sector should be promoted as an alternative source of future growth and employment creation strategy for the government. Although this recommendation was not taken very seriously the sector continued to grow and the impact of its growth on employment creation is what has drawn the attention of policy makers and planners to it at present. This reawakening of interest towards the informal sector has been further highlighted by the high rate of unemployment in the country. The result is a clear shift towards accommodating the sector and inclusion in the current development strategies for amelioration of unemployment within the country.

Sears, Jolly and Singer, (1973) following the above ILO (1972) report showed that the informal sector in Kenya already appeared as an area in which adjustments to a prevailing situation had been made with a high degree of intelligence and ingenuity, entrepreneurship, and appropriateness. The sector has shown a high degree of responsiveness to technological adaptations to actual circumstances which are greatly admirable.

Mbithi and Rasmusson (1977) in discussing economic growth patterns showed that the majority of the Kenyan population at that time were already in non-wage activities and thus were self-employed. The situation has not changed much in the 1990's apart from the fact that the sector has begun to make its impact felt in most if not all circles within the country, and its contribution to economic growth is no longer a debatable issue.

Employment contribution of the Informal Sector

There is evidence that the bulk of employment in the country is in the informal sector, (ILO, 1972, Monsted, 1980, Maleche 1977). A Kenya government Select Committee on Unemployment in the country reported that the informal sector employed approximately 448,000 people in 1968 (Republic of Kenya 1970), and thus it was both an important sector in employment creation and income generation.

A further support of this was given by the ILO (1972) report which also indicated that the informal sector not only provided employment for a large number of people but also had higher incomes for those who were involved into it. This report pitied the informal sector against the formal sector at the dismay of most administrators who had considered formal employment as better and more lucrative. Child (1978) reported that the enterprises in the informal sector were more efficient in their use of capital and labour and hence deserved more attention in any employment creation discussions. Although Child's finding was based on non-handicapped persons it should also be applicable to persons with disabilities. This is even more so when we find that the majority of the service providers in the informal sector consists of masons, tailors, carpenters and other tradesmen offering a wide range of basic skills and services. Apart from offering services, the rural informal non-farm sector contributes tremendously to the accumulation of capital in the rural areas, thus creating opportunities for employment as well as for generating income. The existence of the informal sector is crucial for the survival of a large number of the rural population who have either minimal basic skills or none at all.

Vocational Training and the Development of Skills

One of the benefits of the informal sector is that it provides valuable opportunity for practical experience which we often call on the job training. Rempel and House (1978) reported that informal sector provided valuable on the job training which has made many people to function as artisans without any formal training or to venture into some kind of businesses of their own. Unlike the informal sector, vocational rehabilitation training was geared to impart skills to persons with disabilities. These skills are aimed at providing a greater measure of independence as well as increased social and employment mobility. This was the purpose of the Kenyan vocational rehabilitation programme.

An ILO (1986) report commenting on the same observed that if the unemployment problem was not significantly reduced, the programme could be justified on the provision of much needed skills to persons with disabilities. The value of the acquired skills could best be appreciated when one looked at the impact of increased artisans in the rural areas who provide goods and services at prices the ordinary rural man can afford.

Finally one should also look at other benefits that accrue from vocational rehabilitation training namely the psychological satisfaction of being productive rather than a perpetual consumer of services and goods. The acquisition of a skill makes one a creator, and manufacturer of something. This is important for the building of ones personal concept and sense of belonging, which a person with disability needs not only to develop, but to show to others. The building of personal concept is just as important as any economic gains that may be received as a result of vocational training.

Self-Employment in the Rural Informal non-farm Sector

One of the notable characteristics of the informal sector is the ease of entry into it. This characteristic among others has made it possible for one to venture into the informal sector without and prior preparation or set condition that should be fulfilled before entry. Faruque, Zacharia, Smith, Nwanganga and Golladay (1980) summed the characteristics thus:

- Ease of entry,
- Reliance on indigenous resources,
- Small scale operation, and
- Unregulated and competitive markets.

All these characteristics make the informal sector a most versatile and dynamic source of employment, that requires basically ones ingenuity and determination for successful operation. The informal sector in Kenya was geared to cater for the vast numbers who lack access to any of the economic opportunities in the formal sector, (Rempel and House 1978).

The informal sector as it responds to the prevailing situations by meeting the demand for inexpensive modern style goods and services for rural consumption. It is by nature innovative and as such is more likely to increase or encourage skill development than the formal sector. As Child (1979) put it that the informal sector can probably survive and even thrive under a policy of neglect. This statement shows the type of determination needed for self-employment in this sector.

Other scholars like Ogutu (1986) have viewed the informal sector as a last resort undertaking for the younger people who have completed high school and are unable to get employment in the urban areas. In spite of this view, Ogutu still showed that the number of self-employment school leavers was increasing rapidly. This could be interpreted to mean that it was either gaining credence among school leavers or that there was a severe lack of other employment options open to them within the country. One thing is obvious and that is that self-employment is not an option for all people. Some people are suited for it by their nature while others are not suited for it. Research has shown that self-employment is an option for only a minority of persons who include persons with disabilities too, (Institute for Informal Studies, 1982). It can be argued that it takes a certain amount of discipline to succeed in self-employment. This fact should not be ignored when one is looking at the performance of persons with disabilities in self-employment.

Handicapped Persons in Self-employment

Various studies that have focused on self-employment for persons with disabilities have reported encouraging results. Thresher (1978) in a seminar held in Nairobi on employment of handicapped persons reported that persons with visual impairments have consistently performed better than their non-handicapped colleagues in an agricultural scheme in Malawi.

Almuthy

This report showed that disability is no bar to success where there is determination to perform well. An evaluation report in the Department of Social Services Headquarters (1976 - 1979) showed that training had improved the economic life of persons with disabilities and in doing so created a social disturbance whereby persons with physical disabilities became economically independent from their non-disabled family members, (Anonymous, 1982). In this case training caused a problem in social control by changing the roles of the actors, that is the handicapped persons ceased to look upon their non-handicapped family members as their sole support economically and socially. Training opened avenues that had hitherto been seen as closed for good to handicapped persons. This report also showed that there was a drastic change taking place in the economic and social arena, and the traditionally accepted practices towards persons with disabilities were being challenged. The community was being made to re-evaluate the traditional approach towards disability and to adopt a more positive approach to handicapping conditions. There were other documents notably in the Department of Social Services that indicated that the general performance of persons with disabilities in self-employment was producing encouraging and positive results contrary to initial expectations.

A survey conducted by Nkinyangi and Mbindyo (1982) reported that vocational training was not achieving its desired purpose as most of the former trainees were neither in gainful wage employment nor in meaningful self-employment. The report concluded that there was serious need to reconsider the structure and purpose of the programme so as to adjust it to the current realities of the Kenyan job market. A similar finding was reported by Godfrey and Mutiso (1979) in their study of village polytechnic graduates.

While this findings were supported by data one still has to examine whether everybody is capable of succeeding in self-employment? The training may be good and thorough but personal dispositions must also be taken into account when one considers the area of operation. They may graduate as good artisans, but have they graduated as successful businessmen? This to me is the crucial question that should be asked when it is found that the former graduates do not do well.

CHAPTER THREE

POPULATION, SAMPLING AND DATA COLLECTION

Introduction

The focus of the present study was the impact of vocational rehabilitation training on economic performance of females with disabilities in Nyanza Province. In order to achieve this objective the study focused on three aspects, namely the economic aspect, the social aspect and finally the contribution towards development aspect. A variety of quantitative data were collected as well as qualitative approaches that addressed these three were used. Apart from examining the impact of vocational rehabilitation training on females with disabilities, the study also looked at their quality of life as seen by non-handicapped persons and as reported by the physically handicapped persons themselves.

Population

The population for the study was made up of all females in Nyanza Province, who were between ages 16 years and 45 years of age. The choice of age was not arbitrarily made but was based on the policy recommendation that were responsible for starting the programme in the Ministry of Culture and Social Services. It was stipulated that the Vocational Rehabilitation Programme for persons with disabilities would identify and train those persons who have attained the age of 16 years and above upto a maximum of 45 years of age. The rationale behind this was that the average life expectancy in the country was about 50 years, and training a person who has attained the age of 45 years would be counter productive as he has only a few years to work. The female population in the country as shown by the 1979 census was higher than that of the males and there were only a handful of districts in the country where the number of males were equal to the number of females.

Following this trend it can be argued that the number of handicapped females would also be higher than that of males. An estimated survey by Odeck (1988) showed that there were approximately 32,000 persons with disabilities in the research area, and of this number over half of them were females. In spite of these staggering numbers there were fewer females with handicaps trained than males. This was due to the fact that the females were restricted as to the crafts in which they could be trained. This restriction left them with only one trade which had a maximum of between 15 and 25 persons every two years. To make things worse only one centre served the area of the research specifically. This was Kisii Rehabilitation Centre. It is this trained group that formed the population of this study as well as the sample.

Sample Selection

The sample was drawn from the population of all females with disabilities who have had any vocational training in all the districts within Nyanza Province. Due to the small number of trained females in the Province a decision was made by the researcher that all the physically handicapped females in the study area, who had been trained in any vocational rehabilitation centre and had worked for two years or more be interviewed for the study. The two years limit was based on the requirement of the programme that physically handicapped persons who had gone through the training programme be offered follow up services for two years to assist them in their adjustment to self-employment. Although the two years were arbitrary it was thought that those who were not able to make it in two years could be given extra assistance or preparation for self-employment. There was thus no selection as the identified number was small enough to be handled. However among the non handicapped respondents there was ample selection as the number was large and the research needed only a few. A total of 74 trained females were interviewed and 150 non handicapped females and males were also interviewed.

For every trained female with disability interviewed, two persons without disabilities were interviewed, to respond to research question number 2. A total of 224 persons were interviewed. Table 3.1 below shows the distribution of the sample by district, as well as by gender and by training.

Table 3.1

SAMPLE DISTRIBUTION BY DISTRICT

Place	Trained Respondents	Untrained Respondents		
		Females	Males	Total
Kisii	24	25	23	72
Kisumu	18	17	19	54
Siaya	12	12	14	38
S. Nyanza	20	21	19	60
Totals	74	75	75	224

Data Collection

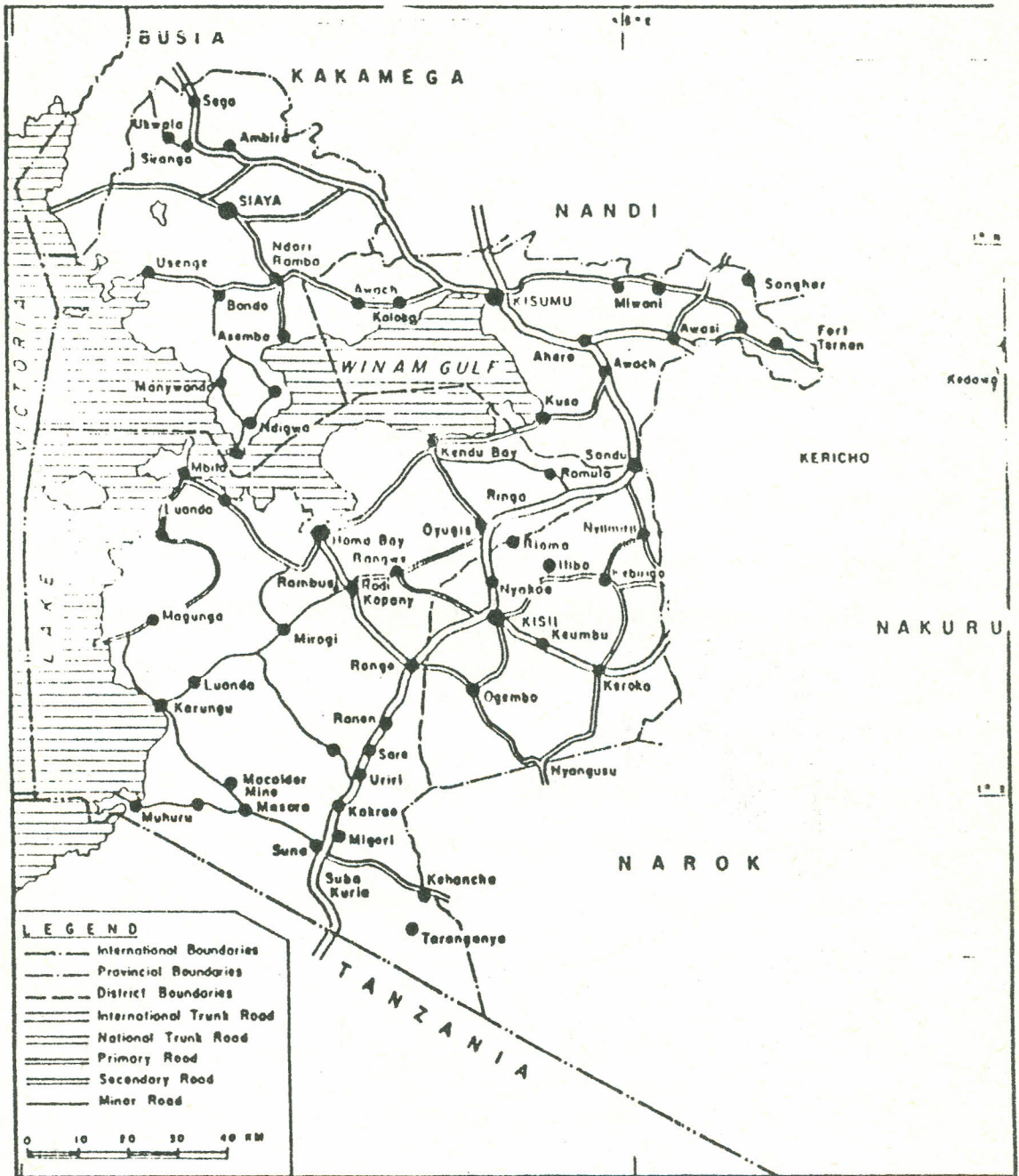
The data for the study was collected in Kisii, Siaya, Kisumu and South Nyanza districts. The study area covered 12,525sq. kilometres, which was divided among the districts as follows:

- Siaya district had an area of 2,522 sq. kilometres,
- Kisumu district had an area of 2,093 sq. kilometres,
- Kisii district covered an area of 2,196 sq. kilometres,
- South Nyanza district had an area of 5,714 sq. kilometres.

The research covered all the four districts and collected data on females who have physical disabilities and have been trained in any vocational programme in the country, as well as non-handicapped persons who have knowledge of the handicapped persons.

According to the survey made by Odeck (1987), there were approximately 32,000 persons with disabilities in the proposed area of research and more than half of these were females. However, there were less females with disabilities trained than males. It should be noted here that this bias towards males was prevalent not only in training but in the provision of educational facilities throughout the country. Figure 1 on page 27 shows the area covered by the research.

Map Showing Major Roads and Market Centres.



NYANZA PROVINCE

A questionnaire was developed to be used for this particular study. This is shown as Appendix I at the back of the report. The questionnaire was divided into the following broad areas:

Personal information;

Type of disability, Training and Work experience;

General information from non-disabled respondents.

The researcher trained assistants in each district who were selected on the basis of their academic qualifications as well as their knowledge of the area in which they were to conduct the research. The number of assistants depended on the size of the district and the number of females with disabilities that were reported to be residents or operating within the district. There was a minimum of three assistants for Kisumu district and a maximum of six for South Nyanza district. In each district the assistants were trained on how to administer the questionnaire, as well as on what to look for that would be relevant for understanding and analysing the collected data. Each research assistant was made to administer the questionnaire to the group after training and then sent to administer the questionnaire to any person in a market place before being certified as capable of taking part as a research assistant. A total of 16 research assistants were trained for the study. These were distributed in the districts as shown in table 3.2 below.

DISTRIBUTION OF RESEARCH ASSISTANTS BY AREA OR DIVISION

District	Division/Area	No.	Total
Siaya	Bondo, Rarieda	1	
	Boro, Siaya	1	
	Ukwala	1	
	Yala	1	
	Sub total		4
Kisumu	Miwani, Chemelili, Koru	1	
	Kisumu and Maseno	1	
	Sondu, Ahero	1	
	Sub total		3
South Nyanza	Homabay	1	
	Migori	1	
	Oyugis	1	
	Mbita area	1	
	Rongo, Kamagambo	1	
	Kendubay and environs	1	
	Sub total		6
Kisii	Kisii Municipality	1	
	Keroka	1	
	Kibirigo	1	
	Sub total		3

It was decided by the principal investigator that each respondent was to be visited individually and the questionnaire administered. The question of posting the questionnaire to any respondent was ruled out for obvious reasons. The research assistants were also advised to be constantly courteous to the respondents and to develop trust between themselves and the respondents before beginning to administer the questionnaire. They were also advised to observe any hesitations in responding to certain questions as well as any other remarks that may be made by the respondents on the questions put to them. These were to be noted on the questionnaire so that they could be followed further if necessary. It was also decided that in such cases the research assistant was to ask other questions that would help clarify the hesitation or produce more truthful answers to the questions posed to the respondents.

SIAYA DISTRICT

Siaya district is divided into six administrative divisions, and has an area of 2,522 sq.kms. with a population of over 500,000 persons. The estimated number of handicapped persons in the district who were between the ages of 14 years and 40 years was 9,965 persons. Of these, 4,089 were estimated to have physical disabilities, (Odeck 1987).

Four research assistants were identified and trained in Siaya district on how to administer the questionnaire. Due to the distances it was decided that four persons would be used instead of two as had been anticipated in the proposal. It was also realised after consultation with the District Social Welfare Officers that females with disabilities who had been trained were not as many as had been anticipated, and were scattered all over the District. This necessitated the use of four persons so that the whole district would be covered and as many respondents as possible would be reached. It was also found convenient to combine some of the divisions so as to lessen the expenses. In the discussions during training it was resolved that the interviews would be carried out on market days. This resolution was based on the fact that most of the past trainees worked in market areas and were usually available on market days. It was thus easier to locate them on market days when business was carried on. In cases where the respondent indicated that she preferred a non-market day provision was made for the research assistants to go back on a more appropriate day after consultation with the respondent.

The research assistants were assigned areas as follows:

Bondo and Rarieda one research assistant,

Siaya and Boro one research assistant,

Ukwala one research assistant,

Yala one research assistant.

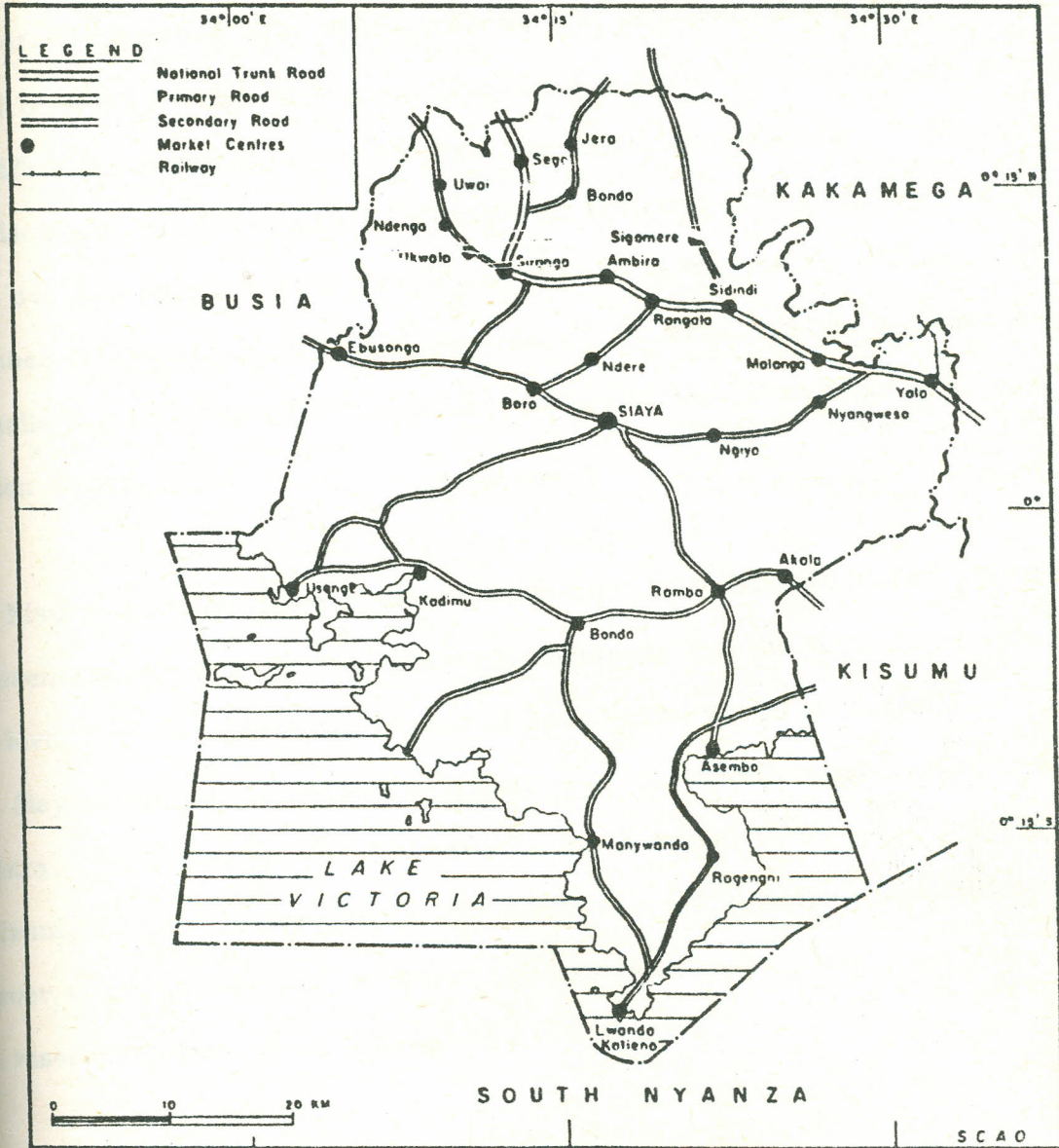
A total of 38 respondents were interviewed in Siaya District as follows:

Trained physically handicapped female respondents 12,
untrained non-disabled female respondents 12,
untrained non-disabled male respondents 14.

The untrained respondents were randomly selected from those who lived in the general area, or the same community as the former trainees. They were made up of both sexes.

The map on page 33 shows the divisions and major markets and roads in the district. Some of the markets were found to be unreachable during the wet weather due to lack of regular transport and poor roads. The research assistants remarked that they would have reached all the markets and the respondents much more easily if they were to use motor-bikes.

Siaya District: Major Roads and Markets.



SIAYA DISTRICT : ROADS AND MAJOR MARKET CENTRES

KISUMU DISTRICT

Kisumu district has an area of 2,093 kms. and a population of over 500,000 persons. Among this population over 10,000 had disabilities (Odeck 1987), and of this number over 4,000 persons had physical disabilities, and were aged between 14 and 40 years. This is important as it is the age group that qualifies for training in the Kenyan Vocational Rehabilitation Programme.

A discussion with the Social Development Officers Office showed that the district had over 70 persons with disabilities trained in any of the trades. Of this number it was reported that approximately 20 were females who had been trained in tailoring in either Kisii Vocational Rehabilitation Centre or Kakamega Rehabilitation Centre.

In Kisumu district three research assistants were identified and trained for the present research. All the research assistants for the district had done their A' level and came from the research area. The training was similar to that given to Siaya research assistants with the same instructions on how to handle respondents. The district was divided into three areas inclusive of the sugar-belt, (i.e. Miwani, Chemelili, Koru including Awasi and Muhoroni), which although large had fewer market areas and so fewer persons with disabilities. Each area was assigned a research assistant as follows:

Sugar belt area, (Miwani, Chemelil, Muhoroni and Koru, one research assistant,

Kisumu and Maseno divisions one research assistant,

A total of 54 persons were interviewed in the district as follows:

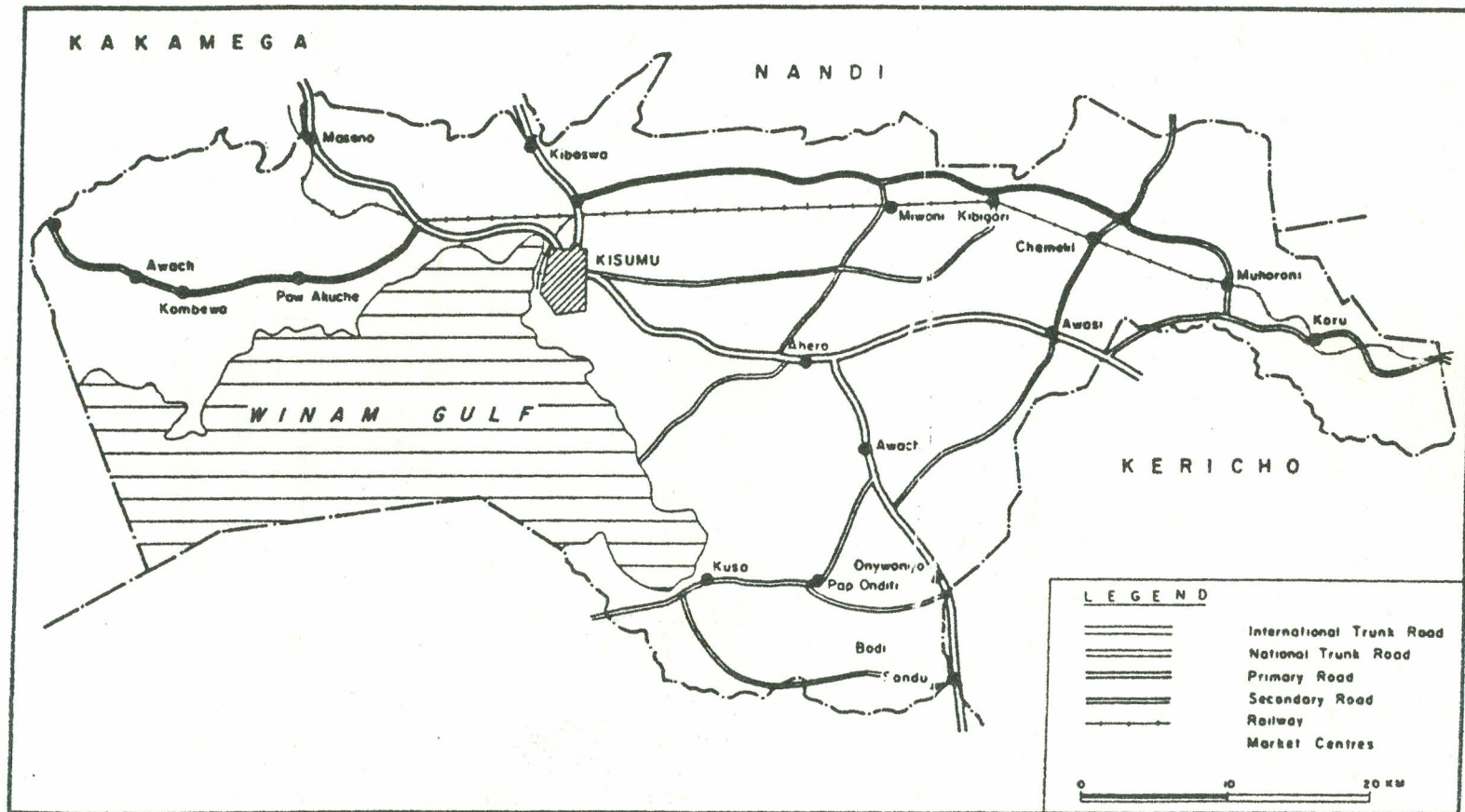
Trained physically handicapped female respondents 18,

untrained non-disabled female respondents 17,

untrained non-disabled male respondents 19.

Ahero Sondu area had the majority of respondents followed by Kisumu Municipality with Maseno a poor third. The three research assistants were adequate for the research area and were able to complete on time apart from returns from the sugar belt area which were late in coming. Like Siaya the research assistants were instructed to visit the trading areas and market centres during market days to have a better chance of meeting their respondents who work in those market areas. Unlike Siaya the research assistants in the district were also advised to pay close attention to the sugar factories and the farm around to see if any of the former graduands were engaged in farming.

The map on page 36, (Figure 3) shows the area covered by the district as well as the major market areas including the main roads within the district.



KISUMU DISTRICT : ROADS AND MAJOR MARKET CENTRES

Kisumu District: Major Roads and Markets.

SOUTH NYANZA DISTRICT

This is the largest district within the research area and has an area of 5,714 sq.kms., with a population of over 900,000 persons, (Central Bureau of Statistics (CBS) 1979). Of this population over 18,000 persons between the ages of 14 and 40 years have disabilities, with approximately 8,000 persons suffering from physical disability, (Odeck 1987).

Due to its large size the district was divided into six areas for the purpose of this research namely: Homabay and its surroundings, Migori, Mbita, Rongo, Oyugis, and Kendu Bay. Each area was assigned one research assistant, whose duty was to administer the questionnaire to females with disabilities within the research area as well as to two non-disabled respondents for every trained female interviewed.

The research assistants were trained in Homabay on how to administer the questionnaire and how to handle the respondents. Like Siaya and Kisumu the research assistants were given practical training by being made to administer the questionnaire to their colleagues during training and to other persons within the nearest market areas before they could be allowed to assist in the research.

A total of 60 respondents were interviewed from the district as follows:

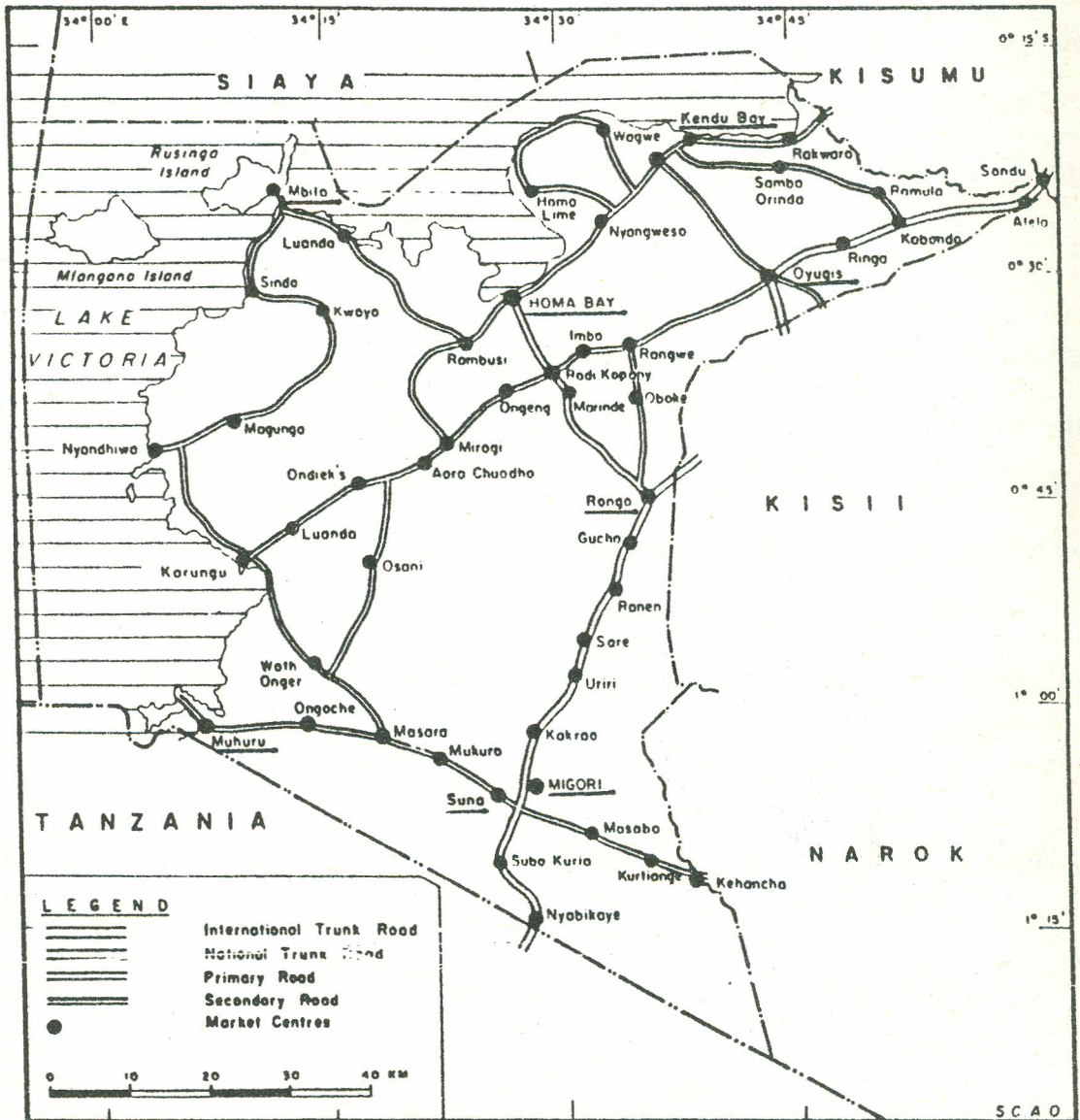
Trained handicapped female respondents 20,
untrained non-disabled female respondents 21,
untrained non-disabled male respondents 19.

The respondent came from all the divisions. Oyugis had the highest number of respondents as there is a sizeable number of past trainees in Oyugis who moved there in order to form a working group under one management.

Although this is still under experiment, the available information seems to indicate that it is making very promising progress. A total of 60 respondents have been interviewed in South Nyanza with Oyugis having the lion's share of participants for the reasons given above. Again for similar reasons the research assistants were encouraged to visit market places on market days so as to increase their chances of meeting the respondents who work in market places, as well as to hear about those who may be working in local villages. It is worth noting that there were difficulties experienced in Mbita area due to poor communications. During the long rains the research assistants were not able to get to the respondents on time and had to spend out for days before they could reach them. This caused considerable delay in the compiling of the final report as I had to await the information from this area.

The map on page 39 (Figure 4) shows the area covered by the district under study including the major roads and market centres.

South Nyanza District, Major Roads and Urban Areas.



KISII DISTRICT

Kisii district covers an area of 2,196 sq. kms., and has one of the highest rural populations not only in Kenya but in Africa. Its population of approximately 900,000 persons has over 25,000 persons with disabilities between the ages of 14 and 40 years. Among the disabled over 10,000 persons are said to have physical disabilities (Odeck 1987). Although a small number of persons with disabilities have been trained it has more women trained than any other district apart from Kakamega.

Three research assistants were identified and given a similar training to that given to other research assistants in the other three districts. The training put emphasis on questionnaire administration, and personal approach to respondents and those with handicapping conditions. It also included sensitising them to the problems of disability and some knowledge of the implications of handicapping conditions on the activities of an individual, and the social and economic implications of disability to an individual's wellbeing.

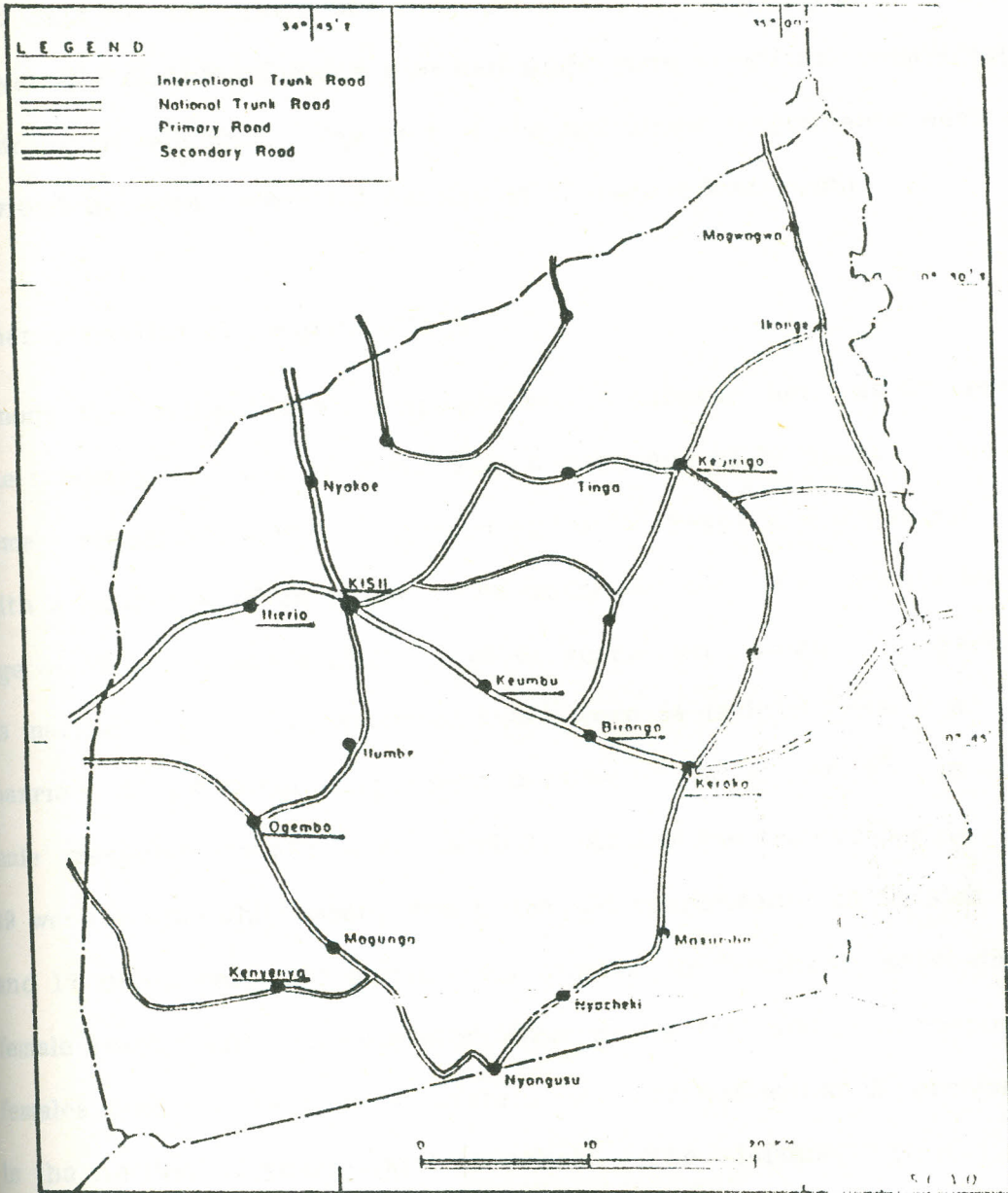
The district was divided into three sectors for the purposes of this research as follows; Kisii Municipality and its surroundings, Keroka and its vicinity, and Kebirigo and its surrounding markets. The three centres acted as centres of operation for the areas that surrounded them. Although each of the respondents were instructed to visit the respondents on market days, it seems that some devised their own ways of meeting and interviewing the disabled female respondents. A total of 72 respondents were interviewed in the district as follows:

Trained physically handicapped female respondents 24,
untrained non-disabled female respondents 25,
untrained non-disabled male respondents 23.

The biggest problem in Kisii area was transportation especially during the rains. It was one of the more difficult areas to get access to the respondents. For this reason the information from Kisii was constantly late to be received. However, the research assistants should be commended for the good job they did in reaching the respondents.

The map on page 42 (Figure 5) shows Kisii district as well as the roads and major market centres within the district.

Kisii District Major Roads Markets and Urban Areas.



KISII DISTRICT : ROADS AND MARKET CENTRES

CHAPTER FOUR

ANALYSIS OF DATA AND DISCUSSION

The data for the study was received from 224 respondents of whom 74 were physically disabled females who had undergone vocational rehabilitation training in tailoring. The rest of the untrained respondents were equally divided between males and females at 75 respondents each.

Characteristics of Respondents

Among the trained female respondents the minimum age was 24 years while the maximum age was 47 years with a mean age of 37 years. The untrained female respondents had a minimum age of 19 years and a maximum of 54 years with a mean age of 36 years. The untrained male respondents had a minimum age of 19 years and a maximum of 61 years and a mean of 40 years. As far as marital status was concerned there were 34 trained females who were married, 51 untrained respondent females who were married and 55 untrained male respondents who were married. Among the trained female respondents 39 were single while among the untrained respondents 20 females were single and 17 males were also single. As regards to divorce or separation 1 trained female respondent was separated while among the untrained respondents 4 females and 3 males were separated. A more noticeable difference was evident in the number of years spent in school. The minimum number of years spent in school among trained female respondents was 2 years while among the untrained respondents was 4 years for females and 7 years for the males. The maximum number of years spent in school among the trained female respondents was 10 years while among the untrained respondents was 14 years for the females and 17 years for the males. The average years spent in school among the respondents was as follows:

- Trained female respondents was 5 years,
- Untrained female respondents was 7 years,
- Untrained male respondents was 10 years.

This disparity in the number of years spent in school reflected the general trend among the general population as regards to the education of women and handicapped persons in general.

Among all the married respondents 80% reported that they had siblings, while among the trained unmarried females 3 of them reported that they were single parents. Among the non disabled single female respondents, 7 of them reported that they were single parents and that their mothers had the custody of their children. None of the male respondents reported that they were single parents. Table 4.1 which follows shows the characteristics of the respondents of this study.

Table 4.1

CHARACTERISTICS OF RESPONDENTS

(n=224; trained females 74, untrained females 75, males 75)

	Trained females	Untrained females	Respondents males
Min. age	24	19	19
Max. age	47	54	61
Mean age	37	36	40
Married	39	51	55
Single	34	20	17
Separated	1	4	3
Min. years in sch.	2	4	7
Max. years in sch.	10	14	17
Mean years in sch.	5	7	10

Certain conclusions can be drawn from the characteristics of the respondents that may have some bearings on the final analysis of the data. Notable among these was the mean number of years of schooling for handicapped physically disabled women which was much lower than for the rest of the population. This may reflect a bias against women as such or a bias against handicapped persons as such. It may also reflect a double jeopardy whereby the fact of disability resulted in the lower education and the fact of being a female may have made the matter worse. It seems that having a disability may have contributed to spending less years in school than the rest of the children of the same age and sex.

Discussion

The present study set out to investigate three objectives namely:

- . To examine the contribution of trained females with disabilities in the economic life of the community in which they live,
- . To investigate the social changes and conditions of life among trained females with disabilities,
- . To examine the participation of trained females with disabilities in community activities and national development.

Before any discussion and analysis of the collected data, a brief look at the educational attainment of disabled females as addressed by question no 6 should be in order. The data showed that most physically handicapped females had very low education and furthermore most of them indicated that other siblings in the same families were given preference over them when it came to schooling. This bias against the handicapped persons was not apparently restricted to females but was across the board for all the sexes.

The females seem to have a raw deal among the sexes. This finding was also reported by Odeck, (1989) in a study of those who had graduated from vocational rehabilitation centres in the same region. The fact of low educational attainment militated against total and equitable integration among the handicapped persons. This was as well reflected in the earnings of females who had been trained as the same study showed a high correlation between education and earnings in self-employment. It is apparent that if appreciable improvements were to be made in the economic earnings of females with disabilities then their educational attainment should also be improved. Although other factors may play as much role in the economic earnings, the role of educational attainment of a person undertaking a business enterprise should not be downplayed. It is my conviction based on the data collected that a more serious attempt should be made to address this aspect if improvements in other areas of life of disabled persons is to be effectively catered for. It was further apparent from the responses that most of the trained disabled females were not satisfied with the level of education they had, (Question 7). Among the disabled trained females who had more than two years of education 93% indicated that they were not satisfied with the education they had and would have liked to go further with education. However, among the non-disabled female respondents who were also interviewed 82% indicated that they were not satisfied with the education they had and would have liked to continue with further education. The responses also showed that the minimum educational standard attained by the female respondents who were non-handicapped was higher by two years. This expressed yearning to continue with education may indicate that their dropping out of school was not of their choice but may have been due to some other external factors or pressures.

When one looks at the responses of non-handicapped male respondents one finds that the minimum number of years spent in school was higher than the rest of the female respondents.

This was an indication of either a bias against the females or a reluctance among the females to go to school. The later may not be the case as the respondents indicated that they would have wished to continue with education. Among the male respondents only 67% indicated that they were not satisfied with the education they had. A closer look reveals that 91% of the 67% male respondents who were not satisfied with the education they had had not gone beyond the 7th grade, and their dropping out of school may have been due to their inability to pass the national examinations. This further strengthens the suggestion that the males generally were given preferential treatment as far as education was concerned.

As regards to question 8 which asked whether any member of the family had any disability, 37% of all the respondents reported that there was a handicapped member of their family. Those who had a handicapped member in the family were inclined to be more sympathetic in discussing the problems of handicapped persons.

On their response to the question of whether they worked before their training, (Question 12). 9% indicated that they had worked before they received any training from either the government or any other organization. It was apparent that most disabled females did not have the chance to work either as maids or helpers in other areas as their non-disabled colleagues did. A closer examination of the response indicated that those who had the chance to work before training had better education than the rest of the disabled female respondents. This was an indication of the general condition of many handicapped females who had not been fortunate enough to get any education. Their fate seemed to have been left at the mercy of chance and the generosity of people who could assist them with handouts.

As for the kind of training the majority of the females indicated that they had been trained in tailoring including some knowledge of little agriculture from the training institution, (Question 13). There were however, some who were trained in knitting and tie and dye from Itando Vocational Rehabilitation Centre. This apparent restriction was a result of the prevalent practice which restricted females to tailoring, as well as lack of alternative facilities for the females. There was no other training outlet open to females. Most of the trainees were graduates of either Kericho or Kisii Vocational Rehabilitation Centres, with a few who were trained in Kakamega and Itando (Question 14).

On the quality of training that they received 87% indicated that the training that they received was adequate, while 13% indicated that the training they received did not allow them to compete fairly with others in the same field, (Question 15). This was a suggestive question and was meant to examine the respondents' perception of the kind of training that they received. The majority of those who indicated that the quality of training that they received was adequate performed fairly well in self-employment. Most of them had an income of over K.shs.550.00 per month. There were also those who indicated that their training was inadequate, (2% of the respondents), although, they had an income of over K.shs.600.00 per month.

As for the place of work 15.5% indicated that they worked in a village, while 69.5% stated that they worked in a market place, and the remaining, (15%) indicated that they worked within the municipalities, (Question 16). This was a leading question as far as their income was concerned. A research done by Odeck (1989) indicated that the place of work was positively related to the amount of money received as monthly income.

Those who worked in Municipalities received higher monthly income than those who worked in villages and smaller markets, (Odeck, 1989). This was not very true of the findings of this study as there were people who worked in smaller places whose income was higher than those who worked in Municipalities. This may have been brought about by the fact that some of the respondents were making their money through selling their knitting and tie and dye, where the incomes were much higher than tailoring. May be the general finding about the place of work may not be applicable to all trades.

On the question of their being satisfied with where they worked, (Question 17), most respondents indicated that they were satisfied with their place of work in general. However, 4.5% of those who worked in the villages, indicated that they were not satisfied with their place of work. The degree of satisfaction differed between the individuals as some indicated that they would do better if they worked in a different place although, they were not dissatisfied with their present place of work. Although, this may sound contradictory, it was a literal translation of their responses, in an attempt to bring out a true reflection of their feelings.

The majority of the trained female respondents indicated that they had received tool-kits after training and some assistance in the form of materials for starting their businesses. The two who indicated that they did not receive tool-kits said that they had moved to other addresses which were different from those they had indicated as their contact addresses. They also indicated that when they tried to follow up they were told that the tool-kits had been sent to the places which they had indicated as their residence, (Question 18).

Among the respondents interviewed 34% indicated that they had done trade test grade three. Although, this looked a small number it was apparent that the trainees were not prepared in all centres for trade test. The taking of a trade test was left to the initiative of the individual and therefore was not considered as part of the training, (Question 19). A trade test is a professional test in which a person is recognised as being professionally qualified in an area at a certain degree. It is also an indication that the person is better than the average person in that particular area. The few that had taken the trade test did much better as a rule than the rest of the former trainees.

On their response to the question on how long they had worked, the years ranged from 6 months to 17 years, (Question 20). This indicated that some of the respondents were among the pioneers in programme as some of the training centres were approximately 17 years old. The length of service did not seem to have much bearing on the performance of former trainees. A break down of the responses showed that education was more relevant to success than the number of years a person had worked. Thus the number of years worked did not seem to be a crucial factor in the success of past female trainees. A similar finding was reported in a study by Odeck (1989), which concluded that the number of years worked had little if any significance in the performance of past vocational rehabilitation trainees in self-employment.

The crucial questions that addressed the economic earnings of females with disabilities were questions 21 which asked about their average monthly income and question 22 which asked them whether they considered their economic condition to have improved as a result of vocational rehabilitation training.

The reported earnings of the respondent females with disabilities was as follows:

Minimum Kenya Shillings	390.00 per month,
Maximum Kenya Shillings	1840.00 per month,
Mean Kenya Shillings	680.00 per month,
Range Kenya Shillings	1450.00 per month.

Compared to other workers in the same area and in same circumstances a good number of disabled females earned generally similar amount of money as the rest of the workers. However, when looked at in detail, some of the earnings were considerably less than the stipulated minimum wage for the area. The minimum wage as gazetted in Kenya in 1988 was K.shillings 675.00. This would mean that only about 35.1% of the respondents earned the equivalence of a minimum wage and above by government standards. A study done by Odeck (1988) on disabled persons reported a minimum earning for tailoring of K.shs. 240.00 which again is lower than that reported in this study. If on the other hand one takes into account the fact that the majority of the rural population do not work and hence have no source of income, then the physically disabled females who were the subject of this study could be considered as better off economically and financially since any income no matter how little is better than none at all.

TABLE 4.2

AVERAGE MONTHLY EARNINGS OF RESPONDENTS (n=74)

<u>AVERAGE MONTHLY INCOME</u>	<u>NO</u>	<u>%</u>
Over K. Shillings 1000.00	5	6.8
Between K.shs 701.00 - 1000.00	10	13.5
Between K.shs 601.00 - 700.00	14	18.9
Between K.shs 501.00 - 600.00	23	31.1
Between K.shs 000.00 - 500.00	22	29.7
TOTAL	74	100.00

An analysis of the earnings as shown in the above table indicated the following:

- 6.8% of the respondents earned over K.shs.1000.00
- 13.5% of the respondents earned K.shs.701.00 - 1000.00
- 18.9% of the respondents earned K.shs.601.00 - 700.00
- 31.1% of the respondents earned K.shs.501.00 - 600.00
- 29.7% of the respondents earned less than K.shs.500.00

Although, the results of this study reflected low earnings, it was a marked improvement in the earnings of females with disabilities in tailoring for the same region as compared to what it was in 1989, (Odeck, 1989). It also suggested that past vocational rehabilitation graduates are capable of improving their economic earnings given time and facilities. The results also showed that 64.9% of the trained respondents earned below the minimum wage. This figure gave further support to an earlier study which reported that 57.8% of all the past graduates of vocational rehabilitation centres earned below the stipulated minimum wage. This further lends weight to the conclusion reached by Odeck (1989) that tailoring may not be a viable trade for self-employment especially for the females who were disadvantaged by other factors like low education and high competition from imported cheap, but better made clothes.

Question 22 asked the respondents to state whether vocational rehabilitation training had affected their lives socially, economically and whether it altered their status in the community. This was an important question as it synthesized all the most important aspects of the study into one question. The responses should be viewed as an indication of the general feeling of the respondents towards vocational rehabilitation training. Table 4.3 gives a summary of the responses.

TABLE 4.3

RESPONSES ON SOCIAL, ECONOMIC AND STATUS IN THE COMMUNITY

(n = 74)

RESPONSE	ECONOMIC	SOCIAL	STAT. IN COMM.	%
Highly improved	27	36	24	39.19
Somewhat improved	35	31	37	46.40
No improvement	12	7	13	14.41
Total	74	74	74	100.00

It was apparent from the responses that 14.4% of the trained females, which is a minority of the respondents reported no improvement at all across the board. This shows that inspite of the figures reported the majority of the respondents considered themselves as having gained from vocational rehabilitation training as regards to their social, and economic life, and as far as their status in their communities were concerned. Based on these responses one can conclude that vocational rehabilitation training had a marked positive impact on the lives of females with disabilities in general.

The analysis of the responses on the effects of vocational training on economic aspects of their lives showed that 36.5% of the respondents considered themselves to have highly improved due to the training they had. When this was compared to those whose earnings were over K.shs.701.00, it was found that only 20.3% of the respondents earned over K.shs.701.00. This suggested that the respondents did not equate high income with high economic improvement. A closer look at the responses showed that 2.7% of those who responded that they experienced high improvement had an income which was below K.shs.550.00 per month.

One of the respondents among these received one of the lowest incomes. This showed that the self feeling of the respondents about their own status in the community as workers was more important to them than the economic earnings they received. It also suggested that the fact of earning their own money as opposed to relying on others for support may have been an important factor in determining the degree of improvement they reported. Traditionally persons with disabilities were expected to depend on their families for all support. Vocational rehabilitation training brought about a clean break with tradition which could be looked upon as setting new ground rules for looking and dealing with persons with disabilities. Table 4.4 below gives a breakdown of the performance based on question 22.

TABLE 4.4

RESPONSES ON ECONOMIC ASPECTS OF THEIR LIVES (n = 74)

RESPONSE	NO	%
Highly improved	27	36.49
Somewhat improved	35	47.29
No improvement	12	16.22
Total	74	100.00

83.78% of the female trained respondents indicated in the self reports that vocational rehabilitation training improved their economic lives. This is quite a high number and one could generalise from it that vocational rehabilitation training brought about an improved economic change among physically disabled females who had been trained in tailoring.

Two other questions were relevant to economic performance of trained females with physical disabilities. These were questions 23 and 24. Question 23 inquired the extent of the family's involvement in the disabled person's business. The responses to this question was looked at in the context of economic earnings of the disabled persons. Table 4.5 below gives a summary of the responses of the respondents.

TABLE 4.5

RESPONSES ON FAMILY INVOLVEMENT IN BUSINESS

RESPONSE	NO	%
Highly involved	34	45.95
Somewhat involved	29	39.19
No involvement	11	14.86
Total	74	100.00

85.14% of the respondents indicated that their families were involved in their business to some degree. A closer examination of the responses indicated that the income of those whose families were involved in their business was higher than those whose families were not involved. The positive relationship between the two was an indication of the importance of family involvement and support in any successful rehabilitation. 79% of the respondents who reported that their families were not involved in their activities reported monthly earnings which were below K.shs.500.00.

A similar finding was reported in a study done by Odeck (1989), in which he reported a high correlation between family involvement and success in self-employment. There may be other factors at play, some of which may be negative as well. Some of the respondents indicated that the involvement of their families was not desirable and that they preferred to hire non-relatives to assist them in their work. Although this was a small number, (3.2% of the respondents indicated that their families were not involved and 4.3% of those who indicated that their families were involved), it may be indicative of some problem that may be created by the presence of some family members in the business concerns of females with physical disabilities.

Question 24 asked the respondents to describe how they compared their work to other people in the same type of business. The responses ranged from highly successful to not successful. Again here when one looks at the responses and the income that the respondents received as shown in table 4.2, it is clear that there is no clear relationship between the income and the degree of success. Some of those who indicated that they were highly successful were those whose income were average. Table 4.6 below shows the responses given by the respondents on question 24.

TABLE 4.6

RESPONSES ON SELF COMPARISON WITH OTHERS IN BUSINESS (n=74)

<u>RESPONSE</u>	<u>NO</u>	<u>%</u>
Highly successful	31	41.89
Somewhat successful	36	48.65
Not successful	7	9.46
Total	74	100.00

In considering the responses on self comparison with other workers, the result indicated that 90.54% of the respondents considered themselves to be somewhat successful to highly successful. This is an extremely high number and one is left wondering what criterion the respondents used to determine the degree of their success. One of the possible reasons to this may be a realization which the respondents may have had that since they were people who by ordinary standards would have been expected to depend on alms, being able to provide for themselves was a sign of great success. It may also be that the respondents considered the cultural practice that some of them may have experienced of being dependent on others for all their support and through vocational rehabilitation training they found that they were no longer dependent on other people. They were on their own economically and socially as we shall see when we look at the responses on their social lives. Considering that under 10% or to be exact only 9.46% indicated that they were not successful at all, one can conclude that the economic improvement that trained females with disabilities experienced as a result of their vocational training was a clear sign of the success of that programme.

An examination of the data on economic gains show that trained females with disabilities have benefited from vocational rehabilitation training. The question that one still has to answer is whether this gain has affected other members of the community in which they live. By implication one can say that it has affected them. This is shown in their statement that they no longer depend on others for their livelihood. This dependence forms a great part of the burden that disability places on families with a disabled member, as shown by the 18th. General Assembly of the International Social Security Association held in 1973.

Any activity that lessens this burden could be considered as a benefit not only to the disabled person but to the community as a whole.

One of the objectives of this study was to examine the effect of vocational rehabilitation training on the social life of females with disabilities. There seemed to be very little relationship between their income and their feelings about themselves either socially or their perception of their status in the community in which they lived. This seems to indicate that for the females with disability higher income was not equated with their social perception of themselves. Their personal assessment of their performance seems to have given more weight to other factors than income. Table 4.7 below shows the responses on social aspects of their lives.

TABLE 4.7

RESPONSES ON SOCIAL ASPECTS OF LIFE, (n= 74)

RESPONSE	NO.	%
Highly improved	27	36.49
Somewhat improved	35	47.29
No improvement	12	16.22

Total	74	100.00

83.78% indicated that the social aspects of their lives was somewhat improved to highly improved. This is a high percentage which reflects their feelings of the gains that they perceive to have received as a result of vocational rehabilitation training and self-employment.

It is conceivable that some of the social gains that they talked about include things like marriage and other aspects of socialization that improved as a result of training. In a study done by Odeck (1989) it was found that there was a positive relationship between vocational rehabilitation training and marriage. A large number of persons with disabilities got married after training than before training, and a number of them pointed out that their marriage was a direct result of their vocational training. The fact that they were able to work and look after themselves was an added advantage. Marriage could be considered a positive indicator of improved social status considering the fact that the local ethnic communities place great importance on marriage. A person becomes an elder or a respected member of his or her community by being married and begetting children. It is in this respect that marriage should be viewed as an indicator of improved social status.

One respondent indicated that she thought that the improvement was too small to consider as affecting her life socially. Her response was also reflected in the way she lived and in the fact that she never received or to be exact never collected her tool-kits. This particular respondent went back to her home after vocational training and behaved as if nothing had happened to her at all.

Question 25 asked the respondents to rate their contribution to community activities. This question required the respondents to evaluate themselves as far as community activities were concerned, as such it could be considered an unfair question. This may not be the case as we are dealing with people who have been marginalized by their families and communities because of their disabilities. Their self-esteem is extremely important in any assessment of their worth and feeling.

It is important to find out whether they also feel that they have been involved in community activities, and have effectively contributed to them. Although some of the disabled females who are modest might not indicate accurately what their community contribution is. It should also be noted here that community contribution is an indication of the social status of a person as well. Those who are able to contribute more are as a rule regarded as socially able or better of. The responses to their rating of their contribution to community activities is summarised in Table 4.8 below.

TABLE 4.8

RESPONSES ON CONTRIBUTION TO COMMUNITY ACTIVITIES, (n=74)

RESPONSE	NO.	%
Highly involved	29	39.19
Somewhat involved	34	45.95
No involvement	11	14.86
Total	74	100.00

An analysis of the responses shows that 85.14% of the respondents considered themselves as being somewhat involved to highly involved in contributing to community activities. This is an indication of the degree of integration that the trained female disabled persons feel that they have had in their communities. Their involvement is also a further indication of the degree of acceptance of their changed social and economic status in their communities.

The low percentage of those who indicated that they were not involved in contributing to community activities also reflects the general acceptance of disabled females in their communities.

The 14.86% who indicated that they were not involved in community activities may not be surprising as their involvement depends on more factors than just their wanting to get involved. In some places it is the attitude of the community leaders that feel that any person who has such a disability should not be disturbed with community affairs. This attitude is a hangover from the olden days when a person with disability was viewed as a person who was incapable of taking part in the activities of the community at most, but should be somehow a responsibility of the members of the family who should all the time protect and assist him or her. This attitude has not yet died in some places.

It is my conclusion, based on the above examined data, that trained disabled females have experienced a noticeable change as a result of vocational rehabilitation training. This change has affected three areas of their lives, namely:

- Social life,
- economic life, and
- status in their local communities.

When asked to state the most important contribution that the disabled female have gained from vocational rehabilitation training, (Question 26) the respondents gave various answers that reflected their personal feelings. The responses were fairly varied and touched on all aspects of their personal lives. Below is a summary of those responses as given by the respondents themselves.

- Ability to work and look after myself;
- The chance to be creative;
- Independence from being looked after by the family;
- The chance to be like all other people;
- The chance to travel and meet other people;
- A chance to contribute to the society;
- An opportunity to act and feel like a person;
- A chance to feel appreciated;
- A chance to get married like all people do;
- An opportunity to know my rights as a person;
- Knowledge that disability does not close all doors;
- Ability to choose and make friends of my own;
- An opportunity to work and earn my own money;
- It removed me from a life of begging;
- It gave me a profession and work;
- It made me have children like everybody else;
- Opened my eyes to other opportunities available;

These responses have shown that females with disabilities have similar aspirations and dreams like everybody else. Although, these aspirations may be coloured by their restricted view of the world around them as the range of possibilities may indicate, they still reflect the feelings of the respondents about the opportunities created by vocational rehabilitation training. It is for this reason that I feel that they should be stated as given and not categorised into groups or classes.

The responses on part three of the questionnaire have also addressed the issue of contribution to their community apart from addressing other aspects of their lives as seen from the perspective of others. It will suffice now to indicate that there was a general feeling from the non-disabled respondents that trained females with disabilities have contributed to the communities in which they live. This contribution has been in services rendered to other members of the community through their work, and in other aspects like donations and employment of able bodied persons to assist them in their enterprises. They have thus contributed to their communities both socially and economically by creating employment for those who did not have any.

Question 30 asked the non-disabled respondents whether they thought that handicapped persons should work like anybody else. This question tried to identify the attitude of the respondents towards work as applied to disabled females. The question also aimed at finding out whether there was a difference in attitude between males and females towards work as regards to persons with disabilities. The question also aimed at finding out whether there was a difference in attitude between males and females towards work as regards to persons with disabilities. The accepted cultural practice among the local ethnic groups was that persons with disabilities were responsibilities of their families and communities, and the question of their working was not acceptable. The summary in table 4.9 gives the responses of non-disabled persons to this question.

TABLE 4.9

RESPONSES ON WORK FOR HANDICAPPED PERSONS (n = 150)

<u>RESPONSE</u>	<u>FEMALE</u>	<u>MALE</u>	<u>%</u>
Yes	69	65	89.30
No	6	10	10.70
	75	75	100.00

Among those non - handicapped persons who responded 89.3% indicated that handicapped persons should work like anybody else, (Question 30). The responses were almost evenly distributed among the sexes. 69 females responded in the affirmative as compared to 65 males. This shows that the females were more sympathetic to disabled females working more than the males. It was clear that only 10.7% of the respondents responded in the negative to work for disabled persons. This was a small number which reflected that the changes in the attitude of the people towards work for disabled person had progressively improved for the better. A further examination of the data showed that among the males those who answered in the negative were over 52 years old. This was suggestive of the attitude of the older males who seem to have the hangover that handicapped persons and especially females should not work but should be supported by their families or communities. This bias may be regarded as culturally motivated and hence difficult to eradicate from the older persons, although the younger respondents seem to have overcome the bias. The conclusion based on the data indicated that the persons with disabilities should work like others.

On the question of the contribution of training on the life of the handicapped person(s) they know, 94.5% of the respondents indicated that training had positively contributed to the changes that they have observed on the handicapped females. Among the 94.5% of the respondents, 76% gave examples of some untrained handicapped females they know whom they said lived a life of begging or near begging, and looked like destitutes (Question 31). 2% of the respondents indicated that training disturbed the status quo by making handicapped females socially and economically independent of their families, and communities. This small group argued that making the handicapped work or taking them to training was tantamount to washing ones dirty linen in public. Disabled persons are supposed to be taken care of by their communities and should not be paraded for outsiders to see or view. This small group consisted of elderly respondents who happen to have had the least years in school and who seem to have strong belief in traditional practices. Although in the minority they represented a cultural background that one cannot take lightly.

The other 3% of the respondents were not sure whether it was the training or the contribution of the members of the families of the handicapped persons that had contributed to the changes. They reasoned that the few handicapped trained females that they know come from well informed families who are more forward looking, and are able to find their way around things. This they argued may have played a greater role in bringing about the changes than the training.

Question 32 asked the respondents to indicate whether the handicapped person that they know was involved in any community activities. 97.3% of the respondents indicated that the handicapped persons they know were involved in some kind of community activity.

However, their descriptions of community activities seem to be different from each other. Some regarded community activity as participating in an "Harambee", (i.e an activity whereby people collected money or something to assist a needy member of the community), or participating in a communal welfare venture. In spite of the disagreements as to the meaning of community activity, it was apparent from the responses that the handicapped persons did participate in some activities that were regarded as community activities. The implication of this is that the handicapped persons were no longer looked upon as handicapped but merely as other members of the local communities. This is a sign of integration especially when we consider some of the responses which suggested that disabled persons were destined to be dependent due to the cultural bias based on their disability. The small percentage, (2%) of the respondents who did not commit themselves to state whether the handicapped persons they knew were involved in any community activity indicated that their dilemma was brought about by lack of clear understanding of what community activity meant. They indicated that the trained disabled persons that they knew performed certain activities which would be regarded as essential services, but whether they were community activities was not clear to them. Some of these included making and sewing clothes for the local people, and opening a kiosk which supplied the local people with articles. Table 4.10 shows the responses to involvement in community activities.

TABLE 4.10

INVOLVEMENT IN COMMUNITY ACTIVITIES, (n = 150)

<u>CATEGORY</u>	<u>MALES</u>	<u>FEMALES</u>	<u>%</u>
Yes	72	73	96.00
No	3	2	4.00
Total	75	75	100.00

Question 33 examined the contribution of handicapped females to National Development. 74.6% of the respondents indicated that trained handicapped females had contributed to national development by earning their own livelihood from their own work without being a liability to the members of their families, or the government, and thus reducing the burdent of taxation on the population. Among the 74.6% of the respondents, 9% of them indicated that the contribution to national development was indirect in that the disabled were not depending on their families for their subsistence and other necessities, and in so doing gave the relatives more time to participate in other development activities. 16.7% of the respondents indicated that there was no contribution to National development from handicapped females as their efforts were not extensive enough to make any significant impact on national development. 8.7% of the respondents however, were not sure of the contribution of trained handicapped females to national development if any. Apparently these respondents were not sure of what was meant by national development. To some of them national development meant what the government plans and does for the population and not what the people do to develop themselves or their localities. National development was something nebulous that they associated solely with what the government does and not with any individual. Table 4.11 gives a breakdown of the responses to question 33.

TABLE 4.11

CONTRIBUTION TO NATIONAL DEVELOPMENT, (n = 150)

<u>RESPONSE</u>	<u>FEMALES</u>	<u>MALE</u>	<u>PERCENTAGE</u>
Some contribution	57	55	74.6
No contribution	11	14	16.7
Not sure of any	7	6	8.7
Total	75	75	100.00

It is apparent that there was some contribution to National Development, but the problem was that many respondents did not seem to have a clear idea of what National Development was. It is also evident that many research assistants did not completely understand the question and so the ambiguity was passed on to the respondents. It is conceivable that if the question was properly understood by the respondents, the result would have been different from what was received.

Most respondents indicated in their comments about trained females with disabilities, that the training brought about a positive change on the life of handicapped females. They laid stress on different aspects that they considered beneficial citing different examples like;

- Ability to look after oneself,
- Ability to be independent of the family,
- Ability to earn a living, and in one case a respondent indicated that the disabled female was actually the sole bread winner in the family,
- Ability to socialise with their colleagues,
- Ability to be a productive member of the society.

Apart from the above the trained females with disabilities are better able to articulate their needs openly and most of them are aware of their rights as individuals. This difference between trained and those who have not been trained is important in that it makes the society aware of the need to treat handicapped persons as equals rather than as lesser citizens. It helps to remove the culturally based biases against handicapped persons which have no basis at all. It helps to address the issues raised by Wolfensberger in his book "The Nature and Origins of Our Institutional Models", whereby the biases against handicapped persons are used to either deny then services or offer them services which are inappropriate.

Some of the respondents indicated that they were able to change their attitude towards handicapped persons after seeing how trained females with disabilities performed in business. It was like an eye opener to them especially the older respondents who indicated that they could not believe what they saw trained disabled females do.

The most logical conclusion based on the comments made by all the non-disabled respondents is that vocational rehabilitation training had a positive influence on the performance of females with disabilities in all aspects of their lives. Two male respondents indicated that they did not expect disabled females to get married and have children till they saw it with disabled persons who had been trained in vocational rehabilitation centres. This could be seen as a learning experience for both the disabled and non-disabled persons whose attitude about the disabled was based on negative unsubstantiated biases. It is my opinion that this is one of the greater benefits of vocational rehabilitation in a society that still has deep roots in traditional beliefs.

SUMMARY AND RECOMMENDATIONS

This study set out to examine the impact of Vocational Rehabilitation Training on economic and social performance of females with disabilities in Nyanza Province. The study was prompted by the fact that no study had targeted on the economic and social performance of females with disabilities in Nyanza Province or in the country as a whole. The study focused on the following three objectives:

- Examination of the contribution of trained females with disabilities in economic life of the community in which they live;
- Investigation of the changes that may have taken place in the social conditions of trained females with disabilities;
- Examination of the contribution of trained females with disabilities to national development.

Summary

In the literature review it was shown that vocational training developed skills among handicapped persons, and thus made them productive in areas in which they had been trained. This training assisted them to get absorbed in the rural sector as self-employed persons in the informal non-farm sector. In self-employment the disabled females also created jobs for non-disabled persons who assisted them in their businesses. Although usually ignored or given less attention than it deserves, the informal sector employs a majority of the rural people and is said to have slightly higher income than paid employment. Apart from creating employment for a majority of Kenyans, the informal sector has been shown to be the basis of economic growth for the rural communities.

Although characterised by ease of entry and low capital to start, the success in the informal sector is only assured through hard work and long hours. This aspect of it has not prevented the handicapped females from actively joining and effectively participating in self-employment where even the non-handicapped sometimes fail. One of the major satisfactions that people get from the informal sector is the psychological satisfaction of being productive especially for handicapped persons, whose self-concept needs to be built and developed to the extent that they no longer view their disability as a handicap. The reviewed literature showed that placing handicapped females in self-employment was not prejudicial to their performance but possibly an asset for it left them in familiar grounds and with possible support of family members whenever it was necessary.

The sample for this study was drawn from trained females with disabilities in Nyanza Province, and non-trained, non-disabled persons of both sexes also in the same province. A total of 224 persons responded to the questionnaire which covered an area of 12,525 square kilometres. Table 5.1 shows the distribution of respondents by district.

TABLE 5.1

DISTRIBUTION OF RESPONDENTS BY DISTRICT (n=224).

DISTRICT	TRAINED FEMALES	NON-TRAINED FEMALES	RESPONDENTS MALES	TOTAL
Siaya	12	12	14	38
Kisumu	18	17	19	54
South Nyanza	20	21	19	60
Kisii	24	25	23	72
Total	74	75	75	224

The research used 16 research assistants and took 14 months to complete, although it had been expected to last 12 months only.

The collected data showed that handicapped females performed well in self-employment in the rural areas by earning similar amounts to non-disabled persons and even better in some instances. The results of the data showed that there was significant change among trained females with disabilities.

Vocational rehabilitation training was seen as playing a major role in bringing about this change. The results showed that handicapped females who were interviewed had lower education than the rest of the respondents.

They were followed by non-disabled females while the non-disabled males had the best education of the three groups of respondents.

All the trained disabled females apart from a few indicated that they were trained in tailoring which made them to be at the mercy of the ups and downs that accompany the textile trade. On average the earnings of the respondents from self-employment was not much different from any other persons in the informal sector in the general area in which they worked.

The maximum earning was K.shs.1450.00 and the minimum was K.shs.390.00 per month. Although the average monthly earnings was less than the minimum stipulated government wage, the respondents were generally satisfied with their performance and earnings. Considering all the arguments and looking at the performance of disabled females in tailoring, it is my opinion that it is not the most suitable occupation for most handicapped females.

The impact of vocational rehabilitation on the social aspects of the lives of the respondents was found to have been positively influenced. 85.04% indicated that their social lives were somewhat improved to highly improved.

This finding reflected considerable gain in a society steeped in traditional belief and practice of looking at disabled persons as second class members of the society. In considering the contribution of handicapped females to community activities and to national development the study concluded that trained disabled females contributed effectively to both. The degree of contribution was not very clearly brought out although it was shown that over 85% effectively contributed with 14% indicating that they were not involved. These figures give further credence to the conclusion that vocational rehabilitation had considerably improved the lives of trained disabled females.

The general conclusion from the study is that trained disabled females have experienced a positive change as a result of vocational rehabilitation training. This change has affected the following areas of their lives, namely;

- social life,
- economic status, and
- status in the local community.

Vocational training has improved their lives by opening new avenues that had once been closed as a result of their disabilities. This is an achievement that deserves credit regardless as to where it come from. This was reported not only by handicapped persons themselves, but by non-disabled respondents who gave a 94.5% verdict on the improved status of persons with disabilities as a result of vocational training.

Recommendations

The following recommendations are based on the results of the research, and are aimed at making further improvements on the performance of disabled females in self-employment.

1. My first recommendation is that the quality of training given to disabled persons in general and in particular to females should be of high standards to enable them compete favourably with others who are engaged in the same trade.
2. There should be diversified training in which disabled persons are given other forms of training apart from those that have been traditionally given in vocational rehabilitation centres. This diversification should include among other things trades like jewelry, carving, salesmanship, and many others that may be found to be appropriate.
3. Attention should be given to the education of disabled persons and especially females so that they also have the same academic qualifications as other members of the general society. This will make other avenues open to them and thus widen their employment horizon.
4. Alternative opportunities should be sought to cater for the disabled persons who may not be able to fit into self-employment. This may include competitive employment and even employment in service areas where their handicaps can allow them to function effectively.

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