

Influence of Socio-Culture on the Empowerment of Persons with Disabilities In Rachuonyo South - Homa-Bay County, Kenya

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Abstract: It is undeniable that persons with disabilities face a myriad of challenges anywhere in the world. The problem is further compounded the retrogressive nature of certain cultures that intoxicates the systems and deter viabe mainstreaming strategies from making meaningful impact at the grassroots levels. It is vital to accentuate the fact that disability mainstreaming in Kenya is one of the major challenges that the Government is facing. This is because of the inadequate legal frameworks and regressive cultural backgrounds that further stigma and impedes mainstreaming. The study investigated the influence of socio-culture on the empowerment of persons with disabilities in Rachuonyo South-Homa Bay County. The research examined the influence of the family on the empowerment of PWDs at the household level in Rachuonyo South Sub County. The study was guided by the Social Model of Disability as main theoretical standpoint with sample size of 83 people that was obtained by employing Yamane 1960 formula to arrive. Questionnaires and FGDs were employed to obtain data from the field. Descriptive statistics such as percentages, means and frequency counts were used to analyze both quantitative and qualitative data using Microsoft excel computer package. The study found that a majority of the people still believed that disability is as a result of a curse, a taboo or witchcraft. Majority of residents in Rachuonyo South believed in the traditional beliefs and practices having a great effect on the empowerment of PWDs. The study recommends that the government to increase awareness campaigns at the grassroots levels to ensure that the level of stigma is reduced, upscale empowerment funding's and activities that promote income generations among PWDs and national government with the national disability council to aggressively print and disseminate the national disability policy.

Key Words: Socio Culture, empowerment and persons with Disabilities

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I. BACKGROUND TO STUDY

The world today has approximately 1 billion persons with disabilities which accounts for about 15% of the global population (UNCRPD, 2013). This is a sizeable number in the world population that can provide their skills and expertise towards the development of their communities in the society. It is unfortunate that their contribution cannot be effectively realized due to the existing barriers they experience. Persons living with disabilities, (PWDs) face physical, social, economic and cultural barriers (UNCRPD, 2013).

According to African Commission on Human and People's Rights (2015) PWDs are victims of crime including attacks and killings of Persons with Albinism in East Africa. These crimes are motivated by the use of body parts for ritual purposes. This is an arbitrary deprivation of the right to life and enshrines the integrity of persons. The African commission on Human and People's Rights recognizes the widespread discrimination, stigma and social exclusion directed at PWDs in Africa, and called upon State Parties to take effective measures to eliminate any type of discrimination, and to accelerate education and public awareness-raising activities in this regard. Brandon Vick and Aleksandra Posarac (2011) also noted that PWD's have a mean number of years of education that is in statistical teams significantly smaller compared to persons without disabilities in most of the developing countries.

Ofuani (2011) explains that, in Africa mostly in Nigeria, PWDs lack the opportunity to be educated or rehabilitated and are usually denied equal employment opportunities. According to Ofuani (2011) PWDs are usually excluded from society and live in poverty, thus there is a strong link between disability and poverty in most societies. In most cases PWDs are regarded as people to be pitied and given hand-outs rather than as people who can contribute to the development of their communities. This leads to stigmatization and discrimination and lack of access to opportunities guaranteed by law, such as

education, rehabilitation, employment, and the like. Today in Kenya, it is estimated that approximately 1,330,312 million people have some form of a disability. This translates to an overall rate of 3.5%; the largest proportion is of Physical impairment, (413,698) followed by visual impairment, (331,594), others are as indicated in table 1.1 below. Females constitute 51.3%; this is as per the Kenya population census, 2009. The Kenyan government has acknowledged that disability is a critical issue that affects individuals at all levels in society. Although efforts to mitigate on the difficulties that PWDs are facing through legislations and policies are in force, only a small percentage of PWDs benefit from the services offered by the Kenya government and other organizations. These services include; 30% of all employment and appointments in the public service; 30% of public tenders/procurement in the public sector; uwezo funds; National Council of Persons with Disabilities' programs such as The National Fund for the Disabled of Kenya (NFDK) (CRPD, 2014). This is left to the discretion of the fund officers. Therefore there is need to empower PWDs on their social, political and economic rights that will enable them access services and opportunities available in their communities.

1.2 Problem Statement

Disability mainstreaming in Kenya is one of the major challenges that the Government is facing (CRPD, 2014). This is as a result of the country being a multi ethnic society, with different cultural beliefs on the causes of disability thus encouraging divergent attitudes. Consequently, PWDs face marginalization in accessing health care, rehabilitation services, education and employment opportunities.

Mainstreaming or inclusion cannot exist in isolation without backing from cultural dimensions. Even though a lot of advocacy, community awareness and sensitizations from national and international NGOs including civil society organizations, a big gap still exists especially on the role of Cultural beliefs in the marginalization of PWDs. This is common in Homa-Bay County where the prevalent rate of PWDs is one of the highest in the country; Luo culture deliberately plays an important role in the marginalization of PWDs. It is believed that disability results from a curse in the family as a result of "muma" believed to have been performed by an adult member of the immediate family. Many aspects of the community are highly linked to their cultural practice. The community is known to impose rules to ensure that cultural practices and beliefs are conformed with; this includes cultural practices that infringe on the rights of women and PWDs (Nyanjom, 2006).

1.3 The Purpose of the study

The purpose of the study was to investigate the influence of socio-culture on the empowerment of Persons with Disabilities in Rachuonyo South-Homa-Bay County.

1.4 Research Objectives

Specifically the study sought to:-

1. Investigate the socio-cultural barriers that hinder empowerment of PWDs in Rachuonyo South.

1.5 Research Questions

The study was guided by the following research questions

1. What are the socio-cultural barriers that hinder empowerment of PWDs in Rachuonyo South?

II. LITERATURE REVIEW

2.1 Barriers and Disadvantages Encountered by PWDs

According to NCAPD (2008) barriers towards PWDs are largely manifested in social contexts and social relations, rather than in an individual's medical condition. PWDs interact socially with their surrounding including other human beings, who tend to treat them differently in relation to their disabilities but as Groce (1999) explains, cultural and individual attitudes towards PWDs vary; some individual and cultures are more tolerant than others. Such attitude towards PWDs is normally influenced by beliefs on the cause of disability which may include; bad blood, displeasure or punishment of ancestors for taboos or actions against the customs and norms and evil spirits as well as witch craft in some cases. In agreement with the above statement KUB and CREAD (2007) in their findings state that PWDs experience barriers ranging from discriminatory attitudes, abuse and violence and also experience segregation and exclusion in the family. Experiences of abuse and violence in the family would include; being oppressed, denied food and education and beatings by family members, because of being considered different and inability to efficiently perform activities they are expected to carry out. Others even experience sexual harassment and disenfranchised of inheritance leaving them in poverty. Other experiences of barriers are witnessed at work, at school and in society, where disability is often seen as a burden and shameful depending on the attitudes, cultural beliefs and traditions of the perpetrators.

CBM (2012) bring in the political dimension when it reports that PWD's worldwide face many barriers to participation in all aspects of social life including, not being able to enjoy access to political participation, a democratic right essential in creating democracies, and citizenship. Yet the UNCRPD, mandates state parties to the convention to promote and protect the political rights of all PWDs, a right that goes beyond electoral process and emphasizes on the freedom of making own choices and decisions.

Looking at it in an economic angle, PWDs find themselves living in poverty not because they want to but due to barriers including limited access to credit facilities and micro-finance schemes which today are a popular way for the poor and marginalized groups to gain capital for income generating ventures (Tomlin, 2013). In The World Bank and World Health Organization (2011) report, social safety net programs in developing countries normally amount to between 1% and 2% of gross domestic product. Upper middle-income and high-income countries often provide a combination of cash programs and a variety of social welfare services, but in contrast, in many developing countries, a large chunk of safety net resources is often allocated to cash programs targeted at the poor and vulnerable households, with only a fraction going to the provision of social welfare services to vulnerable groups, including individuals with disabilities or their families. It is also noted that governments often do not support the voluntary sector to develop innovative services able to meet the needs of families and individuals with disabilities. The challenge is therefore to create innovative and empowering services scaled to cover a wide range of vulnerable groups and PWDs.

2.2 Poverty, Family and Empowerment of PWDs

According to Devandas (2013) the population of PWD's is estimated at one billion people in the world. This is the largest and most disadvantaged minority group. 80% of all PWD's live in the developing nations of the world where they make up 20% of the world's poorest people. As established by unicef et al., (2013) relationship between poverty and disability is where poverty is said to be closely linked to disability, and it is a major contributor to factors leading to disability, and disability also traps people into poverty. The prevalence rate of disability is high among the poor people because of the conditions in which they live. Disability can also result in poverty when there are limited opportunities for skills development and employment. For this reason, the UN Convention on the rights of Persons With Disabilities CRPD (2014) puts emphasis on the rights of persons with disabilities to; social protection without discrimination, access to food, clothing, clean water, affordable and accessible services, assistive devices and related to disability needs, social protection and poverty reduction programs, adequate training, counseling, financial assistance/ credit facilities and respite care, public housing programs, social welfare programs and retirement benefits.

According to Grut (2007) the high unemployment rate experienced in the developing countries, Kenya included, affects PWDs even more than others. This can be mitigated by enhancing skills and vocational training as an option for entry in self-employment and thus a way out of poverty, but in most cases such opportunities are limited to PWDs. Brandon Vick and Aleksandra Posarac (2011) explain that disability may lead to poverty as a result of adverse impact in education, employment, earnings, and increased expenditures of PWDs. In education, school attendance and access to education may be restricted. This restricts human capital accumulation and in turn limits employment opportunities and reduces productivity/earning later in life for PWDs. Disability also may prevent work or reduce the amount of work a person does, thus restricting the ability to earn an income resulting in poor standards of living and eventually poverty. Ofuani (2011) concludes that PWDs are always marginalized and excluded from the society and live in poverty, lacking the means to access opportunities that guarantee basic necessities of life.

2.3 Strategies used to Promote Empowerment of PWD's

According to Ofuani (2011) CRPD promotes the empowerment of PWDs through emphasis on human rights and by putting a link between disability issues to economic, social, civil, political and cultural rights. The strategy here is inclusion and effective participation in the society, through elimination of barriers that hinder full participation in all aspects of life and by ensuring their access on an equal basis with others. Such barriers include; financial, economic, political, socio-cultural or psychological that hinders PWDs from being accorded equal opportunities, breaking these barriers can be done by establishing access to, education, vocational rehabilitation and the provision of financial resources/services.

2.3.1 Legislation and policy based approach

According to Devandas (2013) the United Nations Convention on the Rights of Persons with Disabilities (CRPD) is a human rights treaty that came in force in the year 2008. It is expected that state parties signatory to the convention carry out implementation thought by enacting relevant policies and legislations that would enhance the rights of PWDs. This would help the PWDs overcome the barriers and disadvantages they face in their lives. This treaty can be used as a tool to achieve better development prospects that lie at the heart of 2015 MDG's, (Agenda 2030 SDG's, as adopted today) by empowering PWD's and removing barriers which prevent them from participating in their communities. PWD's make up one billion of the world total population, thus the largest marginalized and disadvantaged minority group, where 80% live in the developing world and make up 20% of the world's poorest people. There is an urgent need to make; quality education, opportunities for meaningful jobs and jobs that are interesting, participation in decision making and availability of variety of options accessible to this group of people.

The rights of PWDs is now acknowledged at the national, regional and continental levels as illustrated in ACIDPWD (2014) “The African Decade of Persons With Disabilities” (ADPD) came in force on the 3rd December 1999 and was launched by the Heads of States and Governments. The theme of the decade is “Empowerment of Persons with Disabilities Benefits the Nation”, the sub-theme for the year 2002-2003 is “Get to Know Them”. The main objective of ADPD was to; increase awareness of disabilities issue and recognize and appreciate PWDs, with the aim of changing the conditions of PWDs. This would be managed by addressing issues concerning their full participation and equalization of opportunities in education, skills training, employment and access to rehabilitation facilities and appliances. Further ACIDPWD (2014) states that The Working Group on Older Persons and Persons with Disabilities in Africa, it is in the process of preparing a Protocol to the African Charter on Human and Peoples’ Rights on the Rights of PWDs in Africa. This aims to improve protection to the regional human rights systems. In the process, the Working Group has received inputs on the Draft Disability Protocol from various relevant organizations and stakeholders and has tabled the Draft Protocol for consideration by the Commission.

2.3.2 Rights Based Approach

The ratification of UNCRPD should be used as a stepping stone toward realization of empowerment of PWDs world over (UNCRPD, 2013). Effort have been put in place through the establishment of “ the inter-Agency Support Group on the CRPD in 2007 within the United Nations with its main aim to promote compliance with the principles of the convention and increase the scale and effectiveness of UN in matters of disability. This would assist and encourage state parties in the implementation of the convention and promotion of the principle of inclusiveness in development and society. Achieving inclusiveness in development ensures that PWDs are given equal opportunities to voice their choices, priorities and challenges. This will ensure their participation in what affects their lives and empowerment. Tomlin (2013) reiterates that this would encourage state parties such as in the case of Uganda where Persons with Disability act 2006, passed in the same year but is yet to pass any regulation for its implementation as at 2011. In the UNCRPD report, UNCRPD (2013), state parties are advised that to achieve empowerment, the rights of PWDs must first be realized.

Looking at rights and development, the CRPD (2014) in Article 19 reports that Kenya commits itself to ensure that PWDs live independently and that they are included within the community. In PWDs Act of 2003, provisions are made that prohibits discrimination as it ensures independent living within the communities. Under this Act, a legal framework is provided that ensures development of community rehabilitation programs for PWDs that train on vocational and trade skill, independent living skills and capacity building of children and persons with disabilities. This in line with CRPD is based on development through realization of rights and emphasis is on inclusion within the community which opens up for participation and decision making opportunities.

2.4 The social model of disability

This study was guided by “The social model of disability” and “The Consumer Directed Theory of Empowerment” theories. The strategy was to explore barriers that hinder the empowerment of PWDs and recommend appropriate strategies that would enhance disability mainstreaming in all sectors of the social, political and economic institutions in Homa-Bay County. Since perspectives, expressed through narratives and subjective opinion, are a socially constructed phenomenon, the two related frameworks of social model of disability and the consumer directed theory of empowerment, were the most suitable in informing this study.

The proponents of Consumer Directed Theory of Empowerment (CDTE) include; Kosciulek (2005), and Kosciulek and Merz (2001). The theory is built on the premise that, “greater consumer direction in disability policy formulation and rehabilitation service delivery will lead to increased community integration, empowerment, and quality of life (QOL) among people with disabilities,” (Wehmeyer, 2010). This theory is based on the assumptions that; consumer direction such as directed services, provision of options in terms of a wide range of service providers, access to adequate information, active participation in decision making and policy formulation leads to enhanced community integration. It also assumes that both consumer direction and community integration would ultimately lead to empowerment that will translate to an enhanced QOL, and that, each individual is of great worth and dignity. Everyone is entitled to equal opportunity to maximize his or her potential and deserves the society’s help in attempting to do so. People strive to grow and change in positive directions, and individuals should be free to make their own decisions about the management of their lives (Wehmeyer, 2010).

For the purpose of this study where understanding of the best strategies to formulate programs meant to achieve the empowerment of vulnerable groups such as PWDs, the researcher found favor in “The Social Model of Disability.” This is a cluster of approaches that attempts to widen our understanding on the notion of disablement and should not be considered as a monolithic entity. It ascribes to, factors that result in the oppression and discrimination of PWDs. It is based on the belief that, at the root of “disability and disablement”

are socio-political constructions. It is therefore the inhospitable physical environment and the negative social attitude that PWDs encounter which result in the systematic oppression, exclusion and discrimination of disabled people (Lang, 2001). The proponents of the Social Model of Disability include; Mike Oliver (1983), Harlan Hahn (1986), who argue within the North American context, James I. Charlton (1998), Paul Abberley (1987) and Barton (1993) among others.

Lang (2001) explains the central assumptions of the Social Model of Disability, which argues that; the popular perception common about disability influences the way PWDs, DPOs, policy makers and NGOs, alike consider stakeholder and service provider’s legitimate role in deciding how resources are distributed. It assumes that the perception “disability” is as a result of society’s failure to provide adequate and appropriate services to PWDs, thus not being able to meet the needs of PWDs within the contemporary social organization of society which limits their participation in the society. It also assumes that disabled people are subject to oppression and negative social attitudes that undermine their dignity and status as citizens. It further argues that this social oppression leads to institutional discrimination portrayed in terms of limited opportunities in accessing, education, employment, transport, and leisure and support services.

2.5 Conceptual Framework

In this framework, the influence of cultural, family influence, and Disability empowerment programs and strategies are the independent variable each with sub indicators which influence the empowerment of PWDs, the dependent variable. The dependent variable is the empowerment of PWDs, its sub indicators include; increased employment of PWDs, improved levels of education & skills, and improved access to public services and opportunities (Mugenda&Mugenda, 2003). The intervening variables include; government policy implementation and provision.

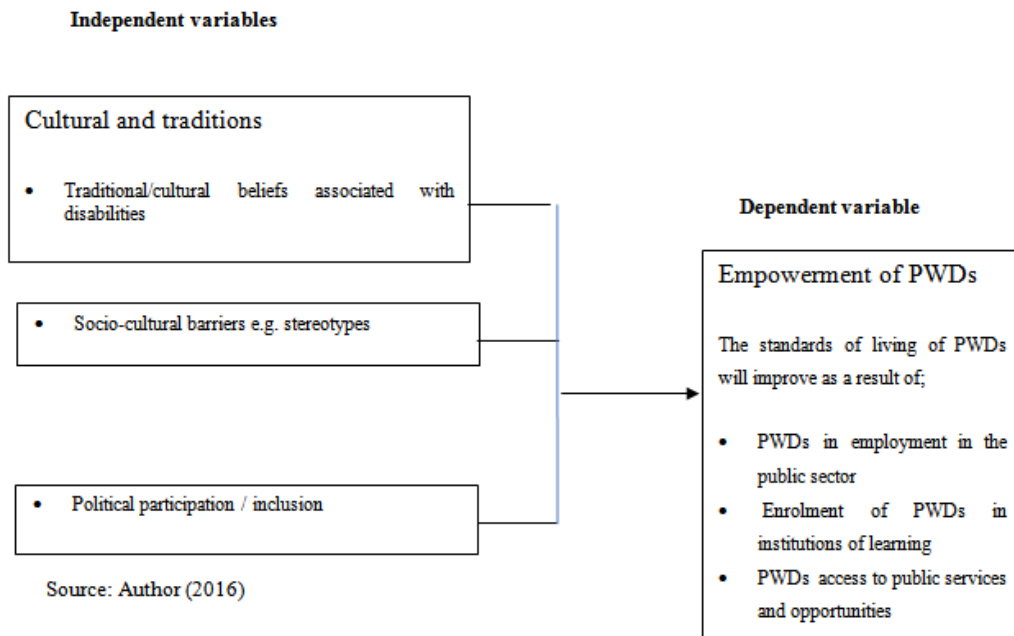


Figure 2:1. Relationship between PWDs Empowerment Variables

III. RESEARCH METHODOLOGY

3.1 Research Design

The study adopted a descriptive research design in examining the socio-cultural factors that influence the empowerment of PWDs. Through a descriptive research design the researcher was able to describe and report things the way they are. This was to enhance a good description of attitude, behavior, values and characteristics. A descriptive research method was used in the preliminary for the purpose of exploring the variables. This was to allow the researcher gather information, summarize, present and interpret it for clarification (Kombo & Tromp, 2006).

3.2 Target Population

According to Kombo and Tromp (2006) a target population is the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. The study targeted 502 individuals from 2 groups registered by the Ministry of Culture and Social services as Organizations of Persons with Disabilities

(DPOs). These self-help groups have members who are also registered with National Council for Persons with Disabilities (NCPWD) from the 2 Divisions of Kasipul and Kabondo. In kasipul 233 members and Kabondo 124 members, 122 parents/guardians and teachers of students with disabilities in Sikri Technical Training Institute for the Blind and Deaf (STTIBD) and 23 members of the provincial administration from the 23 locations within the 2 divisions of Kasipul and Kabondo, as indicated in County Government of Homa Bay, (2013).

3.3 Sample and Sampling Technique

According to Yamane (1967) formula a sample size of 83 respondents at a confidence level of 95 with margin error of 0.10 is appropriate for a target population of 502, as explained in (Singh et al, 2014). This sample size is obtained by employing Yamane’s formula to obtain a representative sample size. The equation for the formula will be:-

$$n = N / (1 + Ne^2)$$

Where n = Number of samples,

N = Total population

e = Error tolerance

Therefore the sample size for the study based on Yamane’s Formula with a confidence level of 95 with margin error of 0 .10 will yield a sample size of $n = N / (1 + N e^2) = 502 / 1 + 502 * (0.10)^2 = 83.38$ (83) respondents.

In non-probability sampling the researcher used purposive sampling method to select 4 Provincial administration Officers. According to County Government of Homa Bay (2013)Rachuonyo South region has 23 locations.

In probability sampling the researcher used a multi stage random sampling method starting from the first stage by clustering the target population in Rachuonyo South into groups including; DPOs, parents/guardians and teachers of students with disabilities in STTIBD and members of the provincial administration. The researcher then used simple random sampling method on DPOs members, and parents/guardians and teachers of students with disabilities in STTIBD in the second stage (Dudovskiy, 2016). The researcher selected respondents from the 2 clusters of DPO members from Kasipul and Kabondo, and Parents/guardians and teachers depending on their numerical strength using proportionate method. Through the proportionate method the sample size is obtained by dividing the number of respondents in each cluster by the total target population and then multiplying the results by the sample size as illustrated in table 3.1 below

Table 3.1 Sampling Frame

CLUSTER	TARGET POPULATION	SAMPLE SIZE	PERCENTAGE
DPO members Kasipul	233	38	45%
DPO members KabondoKasipul	124	21	25%
Parents/guardians and teachers STTIBD	122	20	24%
Provincial Administration Members	23	04	06%
TOTAL	502	83	100%

Source: Author (2018)

3.4 Method of Data Collection

The study employed qualitative technique to collect data from focus group discussions (FGD) by use of in-depth interview guides and quantitative techniques by use of questionnaires to obtain primary data. Secondary data was also collected to assist in coming up with the findings. This data was collected through desk research using available literature in the library and through online search engines.

3.5.1 Primary Data

3.5.1.1 Focus Group Discussions for Opinion Leaders.

The Focus group discussions (FGDs) were conducted by the researcher who also acted as a moderator and was assisted by a note taker. A predetermined focus group guide had been developed and was used with relevant themes and sub-themes where PWDs understanding of empowerment and what it means in their lives was clearly explained (Bosco&Herman, 2010, &Bagnoli& Clark, 2010). Focus group discussion data collection method was used for PWDs and the DPOs, in each of the 2 Divisions of Kasipul and Kabondo in Rachuonyo South of Homa-Bay County. There was 1 FGDs, in each Division comprising of 10 respondents giving a total of 2 FGDs and 20 respondents respectively. This implies that there were total of two groups that translate to two FGD.

3.5.1.2 Interview Guide for Opinion Leaders

The researcher used a semi structured interview to collect data from the opinion leaders. The leaders comprised of 4 provincial administration officers. This tool collected data on perception. Semi structured interviews allowed the researcher to collect fresh, new and primary information as needed and explore the cause behind the problem while at the same time increase knowledge of the researcher and the respondents (Burns, 2010).

3.5.1.3 Questionnaire for DPOs members, Parents/guardians and teachers.

The questionnaires was structured to obtain the required information, ensure confidentiality, have no interviewer bias and save on time and cost (Kombo & Tromp 2006). The questionnaire was structured to have both closed ended and open-ended questions necessary to obtain required information from the respondents and comprised of two sections, A and B, with each section addressing specific objectives or tried to answer specific research questions. The questionnaire was used to collect data from DPOs members and Parents/guardians and teachers.

3.5.2 Secondary Data

Secondary Data according to Mugenda and Mugenda (2011) constitute documented materials that aid the researcher to build more insights on the study. This research study used secondary data from already documental academic materials such as Kenya population and housing census report, Kenya bureau of statistics report on PWDs, online journals from the internet, E-books, theses and dissertations, and disability manuals. Secondary data mainly constituted in the literature review and the researcher analyzed all forms of data to come up with the findings. This data was expected to make the collection of primary data be more specific since the researcher was able to make out what are the gaps and deficiencies and guided the researcher on what information was needed to meet the research objectives.

3.6 Validity and Reliability

3.6.1 Validity

Validity is the degree to which results obtained from analysis of the data actually represents the phenomena under study (Mugenda & Mugenda, 2003). The researcher ensured content validity by engaging the services of research assistants trained in sign language and Braille and who were also conversant with disability matters. The data instruments were also tested for content validity to establish quality of instrument through the guidance of supervisors and research experts from the National Gender and Equity Commission and National Council for Persons with Disability.

3.6.2 Reliability

Reliability test is expected to assist the researcher identify the ambiguities and inadequate items in the research instrument. It is a measure of the degree to which a research instrument yields consistent results after repeated trials (Mugenda & Mugenda, 2003). A test re-test technique was applied to achieve reliability (Orodho, 2008). The researcher administered the same data collection tools to a randomly selected sample prior to piloting. The research instruments were then re-tested within a span of one to two weeks to the same sample drawn from the target group. Participants in the test re-test sample were excluded in the final sample during the actual data collection. The researcher subjected the questionnaire to test in order to judge its reliability and determine possible corrections in order to achieve the study objectives. The composite score for all the tools yielded 0.75 hence high degree of reliability. Those items that score below 0.40 were eliminated.

3.7 Pilot Testing

A Pilot study was done by organizing a testing session of research instrument. This ascertained the validity, reliability and quality of the research instrument. The aim of this exercise was to check the existence of any ambiguities in the instruments and make the necessary corrections and also to check on time taken to answer questions and completing the questionnaires. Any comments and suggestions by the respondents after pre-testing helped in the improvement of the quality of the research tools (Mugenda&Mugenda, 2003).

The instrument was piloted to this group in Rachuonyo South – Homa-Bay County. The instruments reliability was thus tested by, administering it to a sub-sample of 12% of the 83(10) drawn from a similar area, with similar characteristics as those in the actual area of study. After one week of doing the first piloting, scores obtained were then correlated and coefficient of reliability obtained. Three research assistants were trained for three days on data collection techniques. Interview schedule and questionnaires were then administered to the respondents and then repeated after two weeks, the researcher then analyzed the information gathered through the instruments, tried to evaluate the concept that the instrument gathered for measurement and determining whether the set of items accurately represented the concept under study. This was then used to restructure and reconstruct the items in the instrument, to make sure the questions would get the correct responses in future.

A minimum reliability of 0.70 is required, 0.70, reliability indicates 70% consistency in the scores that are produced by the instrument at the end of the exercise (Siegle, 2013).

IV. DATA ANALYSIS, PRESENTATION, INTERPRETATION AND DISCUSSION

4.2 Response Rate

The research engaged 59 questionnaires issued, 2 FGDs of 10 respondents each performed, and 4 semi structured interview guides thus a total of 83 respondents against a projected sample size of

4.3 Analyses on effects of socio-cultural values and beliefs on the empowerment of PWDs

4.4.1 Traditional beliefs and practices of the community around

The study sought to find out information on the opinion of the respondents by asking them whether or not the traditional beliefs and practices of the community around affect the efforts of PWDs towards earning a living.

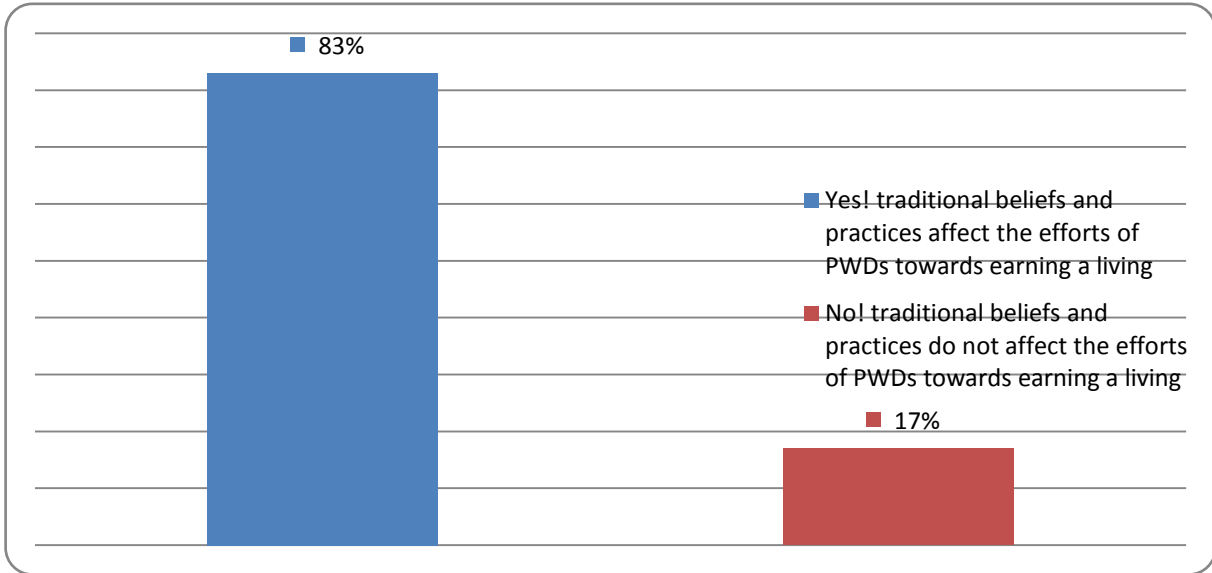


Figure 4.1: Opinion on whether traditional beliefs and practices affect efforts of PWDsSource:Author (2018)

From the analyzed data in figure 4.1 above, 83% of the respondents agreed with the statement “traditional beliefs and practices of the community around affected the efforts of PWDs towards earning a living”, while 17% of the respondents disagreed. It was important for the researcher to establish the respondents opinion whether the traditional beliefs and practices of the community affect the efforts of PWDs towards earning a living.

4.4.1.1 Effects of traditional beliefs and practices on the lives of PWDs

The study sought the opinion of the respondents on whether traditional beliefs and practices affect the efforts of PWDs towards earning a living. This was to be answered by those respondents who agreed that, “Traditional beliefs and practices affect PWDs”. It was necessary for the researcher to establish the respondent’s reasons as to why they think traditional beliefs and practices affects the effort of PWDs from earning a living.

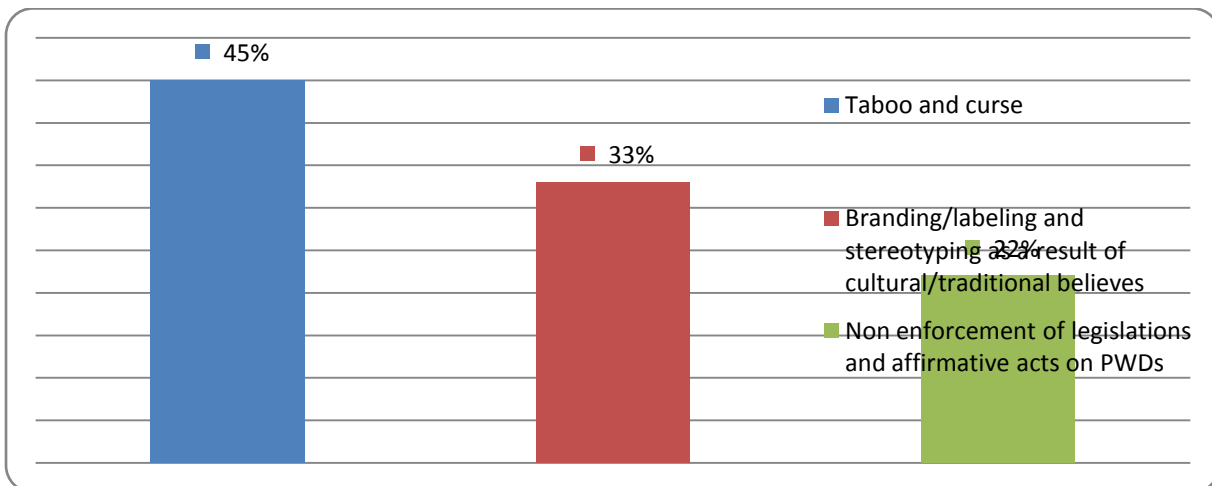


Figure 4.2: Why traditional beliefs and practices still affect the efforts of PWDsSource: Author (2018)

As illustrated in figure 4.2 above, 45% of the respondents believe that disability is as a result of a curse or it is a form of a curse, while 33% of the respondents believed that traditional beliefs and practices have led people to believe that PWDs are not able to participate in any tangible economic activity and are dependent on well-wishers to take care of their daily needs thus branded as “beggars”, and 22% are of the view that the various legislations, affirmative action on the rights of PWDs are only on paper and are not being enforced hence the community still prefers and retains their traditional beliefs and practices that do not favor the empowerment of PWDs.

4.4.2 Society’s perceptions of the causes of disability

The study sought to identify the society’s perceptions of the causes of disability. This was important as it would establish the level of society’s perceptions on the causes of disabilities. The question was in form of a statement which the respondents were supposed to choose from a scale of 1 to 5, with the lowest being “very high” and the highest being “very low”.

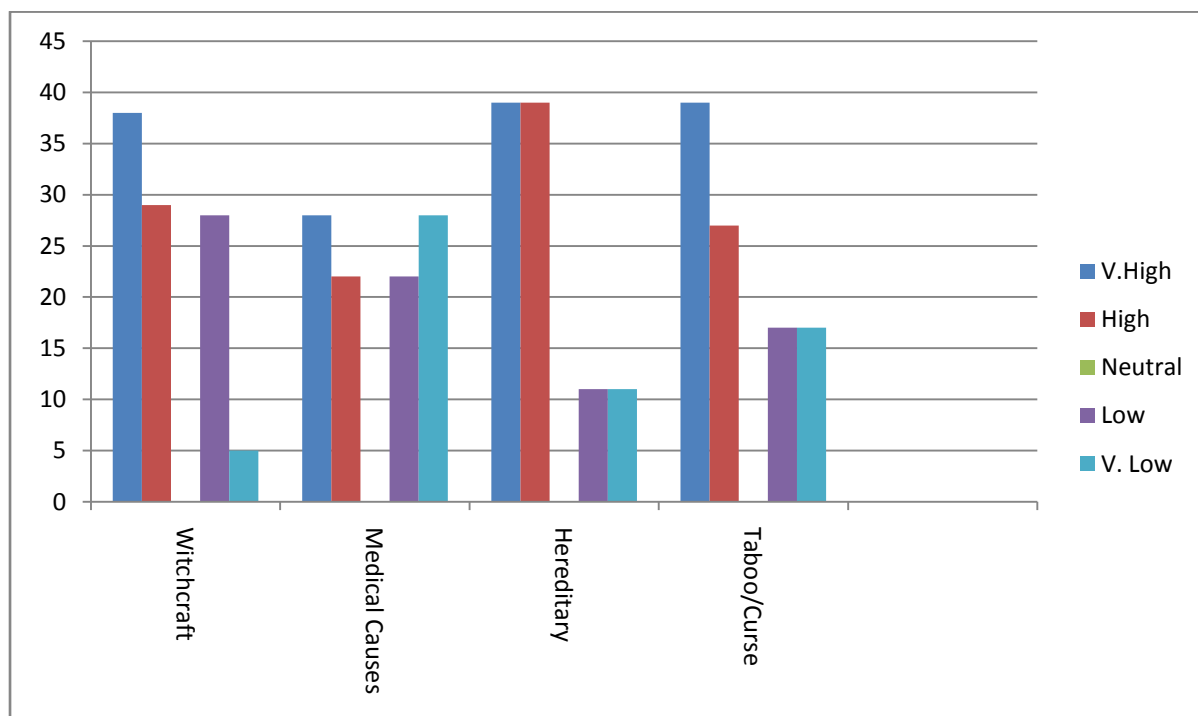


Figure 4.3: The society’s ratings on the causes of disability

Source: Author (2018)

From Figure 4.3 above, the results from analysis where a majority of the respondents 39% stated that the society think that disability is as a result of heredity, while only 11% of the respondents cited heredity as a very low factor in the societies perception on causes of disability, while another 39% of the respondents affirmed that the society perceives that disability is as a result of taboos and curses and 17% of the respondents cited the societies perception on taboos and curses as cause of disability to be very low, 38% of the respondents stated that the society think that disability is caused by witchcraft and only 5% of the respondents cited witchcraft as very low in the societies perception on the cause of disability, while 28% of the respondents affirm that the society perception of the cause of disability is medical conditions and an equal percentage of the respondents 28% stated that society perceives medical conditions to be very low in the societies perception on causes of disabilities.

What this means is that the society at-tests to the fact that disability is as a result of a taboo/curse, witchcraft and hereditary causes, this is a pointer that the society still have very strong cultural perceptions that lead them to explain and belief that the cause of disability still revolves around traditions and cultural belief rather than accepting medical explanations on the causes of disabilities.

4.4.3 Attitudinal challenges PWDs face

The researcher sought to find out if the respondents were aware that PWDs face any attitudinal challenges. The responses are as shown in the Figure 4.4 below

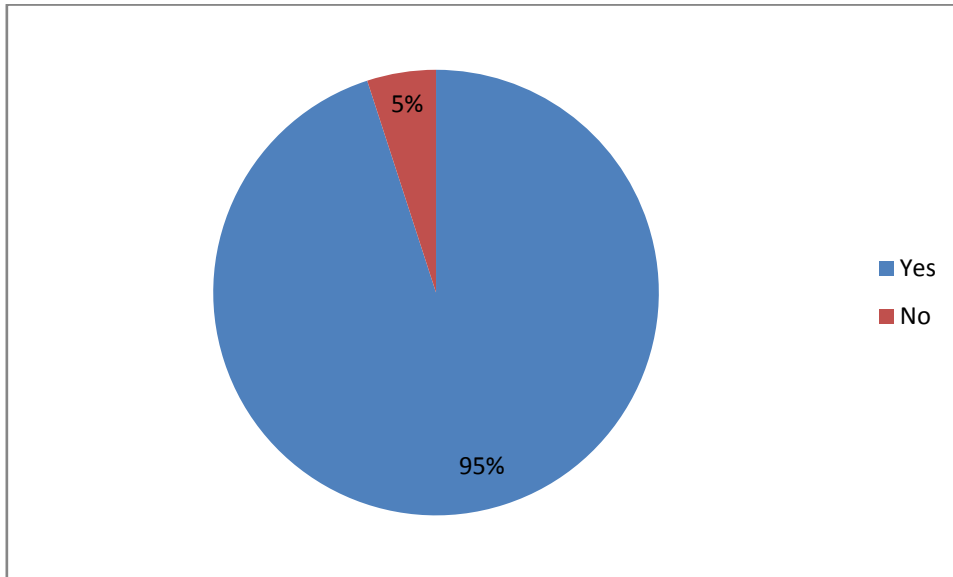


Figure 4.4: Attitudinal challenges PWDs face

Source: Author (2018)

The study found out that a majority of the respondents 95% agree that “Yes” PWDs face attitudinal challenges in their communities and only 5% of the respondents responded to the negative. This implies that PWDs face attitudinal challenges in their communities.

4.4.3.1 Types of challenges PWDs face

The study further sought the types of challenges PWDs face. This information is necessary to help understand the common attitudinal challenge that PWDs face in the communities and at household level and determine the root cause of the attitude as this may influence intervention strategies. The item was inform of short statements which the respondents were supposed to choose from a scale of 1-5 with the lowest being “very high” and the highest being “very low”. The statements were as follows; “Discriminatory Attitudes”, “Abuse or violence”, “Exclusion” and “Stereotype or Branding”. The responses are presented in Figure 4.5 below

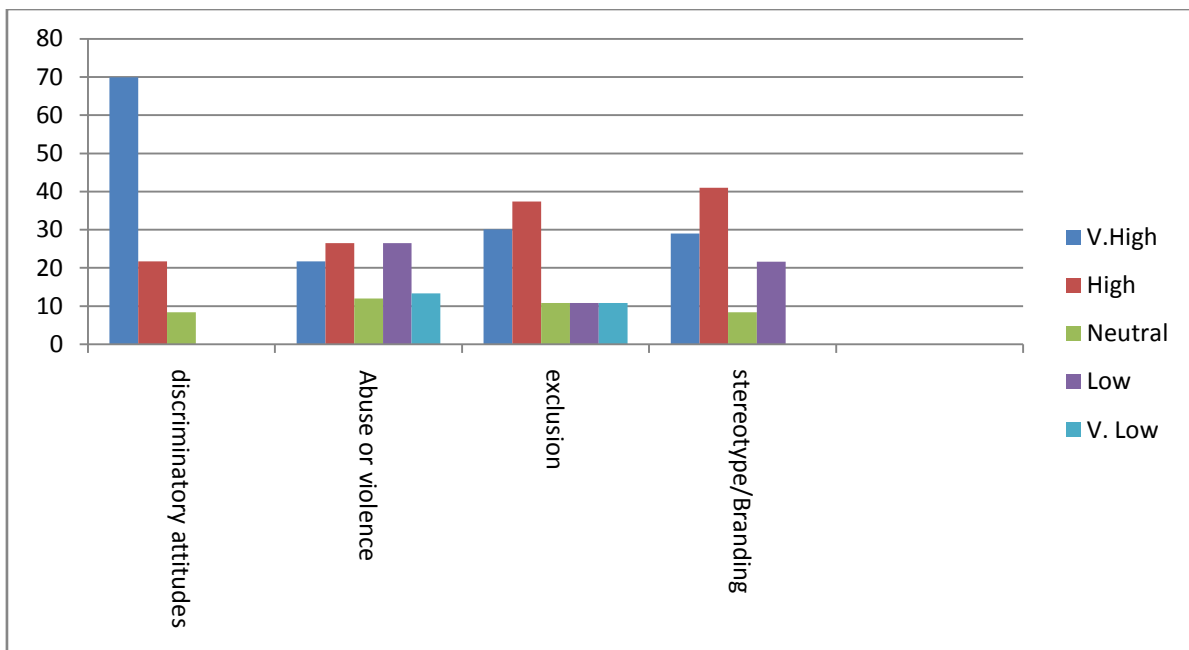


Figure 4.5: Responses on the rate of various challenges PWDs face

Source: Author (2018)

From Figure 4.5 above, the results from analysis where a majority of the respondents 69.9% agreed that the society holds discriminatory attitude towards PWDs, 21.7% moderately felt that the society holds discriminatory attitude towards PWDs, while 8.4% chose to be neutral, 26.5% of the respondents agreed that

abusive and/or violent attitudes are held by the society, while an equal percentage 26.5% felt that abusive and/or violent attitudes are low in the society respectively, 21.7% of the respondents felt that the society have very high abusive and/or violent attitude, while 13.3% agreed that abusive and/or violence attitudes towards PWDs are very low in the society and 12% of the respondents were neutral. 37.4% of the respondents felt that exclusion of PWDs is highly practiced within the society, 30.1% of the respondents felt that exclusion of PWDs is an attitude that is very highly practiced by the society while 10.8% of the respondents felt that this practice is low, another 10.8% felt that the practice is very low and 10.8% of the respondents were neutral. 41% of the respondents agreed that stereotype and/or branding attitudes are common, 29% of the respondents felt that the society hold stereotype and/or violence attitude at extremely common, while 21.6% disagreed that the society commonly practices stereotype and/or branding and 8.4% of the respondents were neutral. What this means is that discrimination towards PWDs is still a common practice in the society, while at the same time the society maintains a high stereotype and/or branding attitudes and exclusion. This will explain why PWDs miss out on opportunities that would otherwise lead to empowerment.

4.4.3.2 Causes of the challenges PWDs face

The researcher sought to find out from the respondents their opinion on answers they gave above on the rate of attitudinal challenges. This item received responses from both the questionnaire and FGDs. The findings are illustrated in Figure 4.6 below

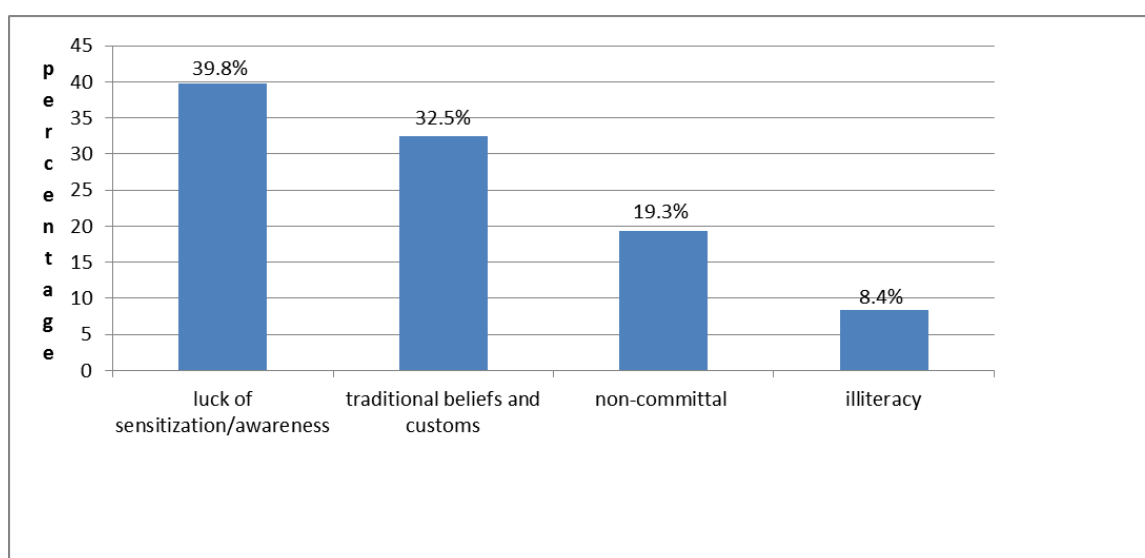


Figure 4.6: Respondents opinion on the causes of attitudinal challenges faced by PWDs. Source: Author (2018)

The study revealed that 39.8% of the respondents believe that attitudinal challenges are mainly due to lack of sensitization and awareness among society members, 32.5% were of the opinion that traditional beliefs and customs are the main cause of PWDs experiencing attitudinal challenges in the community. 19.3% of the respondents were non-committal while 8.4% of the respondents held the opinion that illiteracy was the cause of PWDs experiencing attitudinal challenges in the community. Lack of sensitization and awareness was a common response from interviewees in FGDs.

Data from KR4 indicate that:

“The attitudinal challenges I experience (PWDs experience) is mainly as a result of understanding from the society on the cause of my condition, I feel people need to be educated on disability issues”.

It was important for the researcher to establish from the respondent’s opinion the causes of the attitudinal challenges that PWDs face in their daily life as it impacts greatly in their daily activities.

4.4.4 Specific need of PWDs

The study sought information on whether the respondents felt that they receive adequate services from public service facilities and are able to easily access opportunities available to PWDs. The researcher presented 4 short statements in which the respondents were supposed to choose from a scale of 1-5, with the lowest being “very high” and the highest being “very low”. The statements included; Access to public services, e.g. (health/education facilities); Credit facilities, e.g. Uwezo funds; 30% employment/tender policy opportunities, and Political participation. The findings are illustrated in Figure 4.7 below

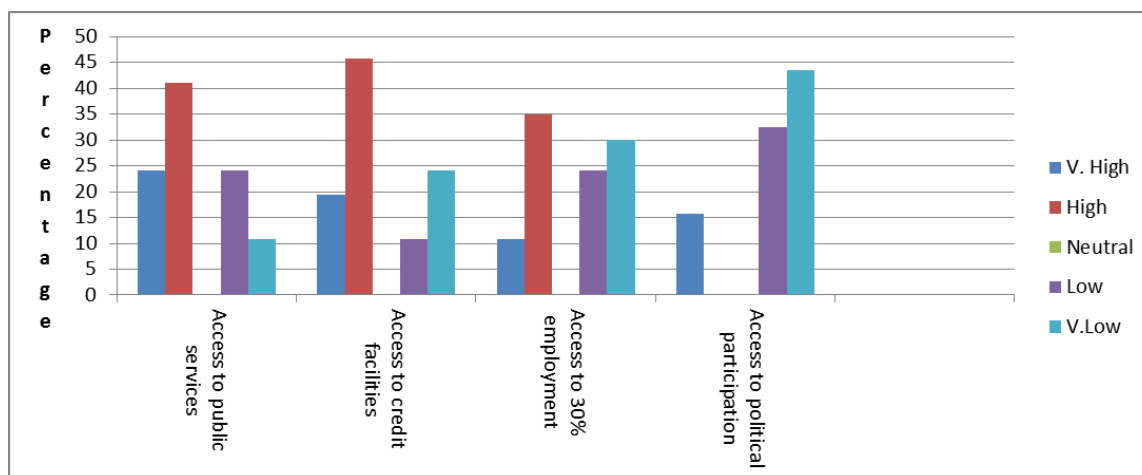


Figure 4.7: Response on PWDs access to specific needs

Source: Author (2018)

From the study findings a majority 41% of the respondents felt that public services are highly accessible to PWDs, 24.1% of the respondents indicated that access to public services by PWDs is Very high, only 24.1% of the respondents thought that accessing public services by PWDs is Low and 10.8% of the respondents felt that accessing public services is very low, none of the respondents responded were neutral. On the item “Access to credit facilities”, a majority of the respondents 45.8% believe that PWDs access to this facility is high.

From the FGD respondents it emerged that accessibility was only high if one hard all the necessary requirements.

Data from KR5 indicated that:

“I only access credit from one of the organizations after being introduced by a relative”.

From the analyzed data 24.1% of the respondents believed that accessing credit facilities is extremely difficult, although 10.8% of the respondents believe that PWDs access to credit facilities is not very difficult, while 19.3% of the respondents believed that PWDs access to credit facilities is very easy, there was no response on neutral. On the item “Access to 30% employment and/or tender opportunities a majority of the respondents 35% felt that PWDs access to these opportunities is high.

From the FGD respondents it also emerged that accessibility to employment is only high if one is able to meet certain conditions.

Data from KR6 indicated that:

“You can only get a job if you have the necessary connections, from a relative, a friend or after giving a bribe”.

From the findings 30.1% of the respondents felt that PWDs access to 30% employment and or tender opportunities offered to them is extremely difficult, 10.8% of the respondents believe that access to 30% employment and or tenders to PWDs very much accessible, 24.1% of the respondents felt that access to 30% employment opportunities and or tenders availed to PWDs is not easy, none of the respondents were neutral. On the item Access to political participation and or appointments a majority of the respondents 43.4% believe that PWDs are not able to participate and access political appointments, while 32.5% of the respondents believe that PWDs accessibility to political participation and appointments is low, while 15.7% of the respondents believe that PWDs access to political participation and appointments is highly accessible, and only 8.4% of the respondents believe that it is easy for PWDs to access political participation and appointments , there was no response to neutral. These finding reveal that majority of the respondents are not able to participate in politics and get political appointments.

4.4.4.1 Factors that would lead to improved access

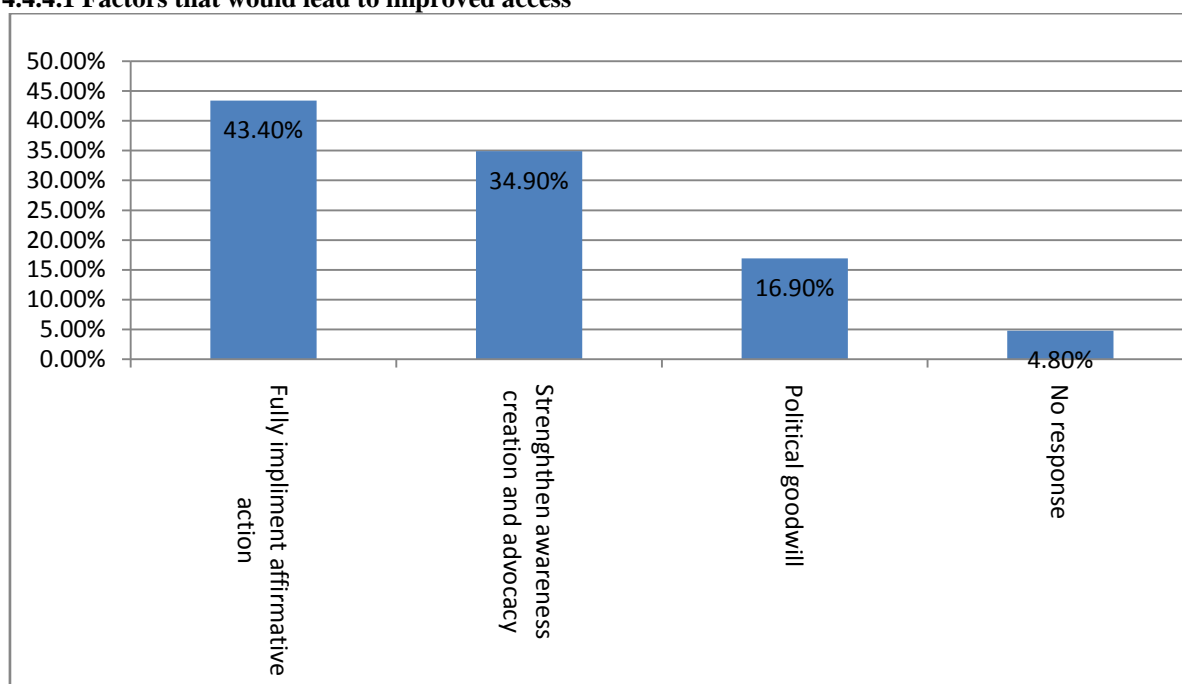


Figure 4.8: Respondents opinion on PWDs access to public services and opportunities Source: Author (2018)

Regarding factors that would lead to improved access to public services and opportunities the study revealed that 43.4% of the respondents believe that affirmative action on PWDs meant to open more opportunities for them need to be actively implemented, 34.9% were of the opinion that more awareness creation activities and advocacy need to be strengthened to champion the needs of PWDs in the community and on legislative boards, 16.9% of the respondents felt that political will needs to be developed in order for PWDs to participate fully on politics and be appointed on political seats set aside for them, 4.8% of the respondents did not respond to the research item.

It was important for the researcher to establish the respondent’s opinion on the way forward to mitigating on the hindrance to PWDs accessing public services and opportunities.

4.5 Analyses of family influence on empowerment of PWDs

The second objective of this study was to examine the influence of the family on the empowerment of PWDs at the household level. This was done to answer the primary research question "How does the family influence the empowerment of PWDs at the household level in Homa-Bay County?" The analysis of the results of this objective is found in this section.

4.5.1 Family source of income

Regarding family source of income the study responses were received from FGDs. The study focused on areas including; the informal sector, formal employment, subsistent agriculture and, others. Responses from FGD for PWDs and DPOs a majority indicated that their family’s major source of income is from formal employment, while some respondents indicated that their family’s major source of income is from the informal sector. In explaining this point:

KR7 a PWD: “I wake up every morning to sit outside the wholesale shop waiting for my customers so as to repair their shoes which is how I earn my daily income”.

Discussions with the FGD respondents revealed that a small number of PWDs practice subsistence agriculture.

KR8 a male PWD: “I engage in subsistence agriculture just because my spouse insists. It only supplements very minimal to the family income.”

From the findings PWDs are yet to diversify into other economic sectors such as fishing and agriculture to boost their living and economic status and increase their household income.

Wapling (2012) researched on PWDs family income which reveals that families of PWDs often don’t have sufficient income to meet basic needs and are characterized with poor living conditions thus they experience high levels of chronic poverty.

4.5.1.1 Socio-cultural factors influencing PWDs’ families

The study sought information on how the respondents would rate 3 factors that influence the family of PWDs on their empowerment efforts. This was important as it would establish the main determining factors that influence the family of a PWD in providing assistance that would enable their empowerment. The researcher presented 3 short statements in which the respondents were supposed to rate on a five point Likert scale of 1-5. The respondents were asked to rate; Poverty, Cultural beliefs/attitudes and Awareness levels/educational levels (of family decision makers). The findings are illustrated in Figure 4.9 below

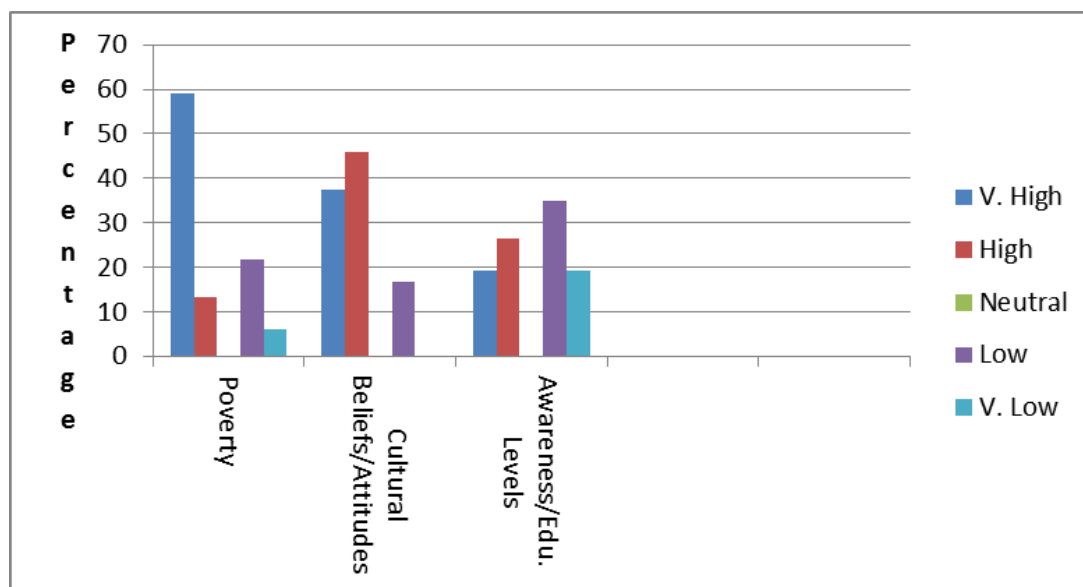


Figure 4.9: Responses on factors that influence the family on PWDs in their empowerment efforts
Source: Author (2018)

Out of the respondents who participated in the study 59% felt that poverty influences the family in their effort to empower their PWD member at a “Very High” rate, 21.7% of the respondents agreed that poverty influences the family in their effort to empower their PWD member at “Low” rate, 13.3% of the respondents thought that poverty influences the family in their effort to empower their PWD member at “High” rate, while 6% of the respondents felt that poverty influences the family in their effort to empower their PWD member at a “Very low” rate, none of the respondents responded to “neutral”.

On the factor “cultural belief/attitudes”, a majority of the respondents 45.8% are of the opinion that the family of PWDs in their effort to empower them, is influenced by cultural beliefs and attitudes at a “High” rate, 37.3% of the respondents observed that cultural belief and attitude influences the family of PWD in their effort to empower its PWD member at a “Very high” rate, while 16.9% of the respondents felt that cultural belief and attitude influences the family of PWD in their effort to empower its PWD member at a “Low” rate. There was no respondent who responded to “Neutral” and “Very low” rates on this research question.

On the factor “Awareness levels and educational levels (of family decision makers) a majority of the respondents 34.9% observed that awareness levels and/or educational levels would influence the family of PWD in their effort to empower their PWD member at a “Low” rate, 26.5% of the respondents felt that the families of PWDs in their effort to empower their member would be influenced by the awareness levels and/or educational levels factor at a “High” rate, 19.3% of the respondents felt that awareness levels and/or educational levels influenced the family of PWD in their effort to empower their PWD member at a “Very high” rate, while another 19.3% of the respondents felt that awareness levels and/or educational levels influenced the family of PWD in their effort to empower their PWD member at a “Very low” rate. There was no respondent who responded to “Neutral” rate on this research item.

From the research findings cultural belief and/or attitudes influenced the families of PWDs towards their efforts to provide empowerment to their members with special needs. This observation is supported by Zhou (2015) undertook a study in a community rehabilitation centre in Oniipa Namibia where it was found out that culturally PWDs do not deserve respect and cannot be treated the same as other people, it is the belief that PWDs are not entitled to job opportunities because it is believed that they are worthless and are a financial and social burden to their families.

4.5.1.2 Respondents opinion on the socio-cultural factors that influence the family of PWDs

The researcher further sought the opinion of the respondents on the socio-cultural factors that influence the family of PWDs on their empowerment efforts. This was important for the researcher to establish the respondent's opinion on the way forward on how to mitigate on the socio-cultural hindrance to empowerment within the families of PWDs. The findings are illustrated in Figure 4.10 below

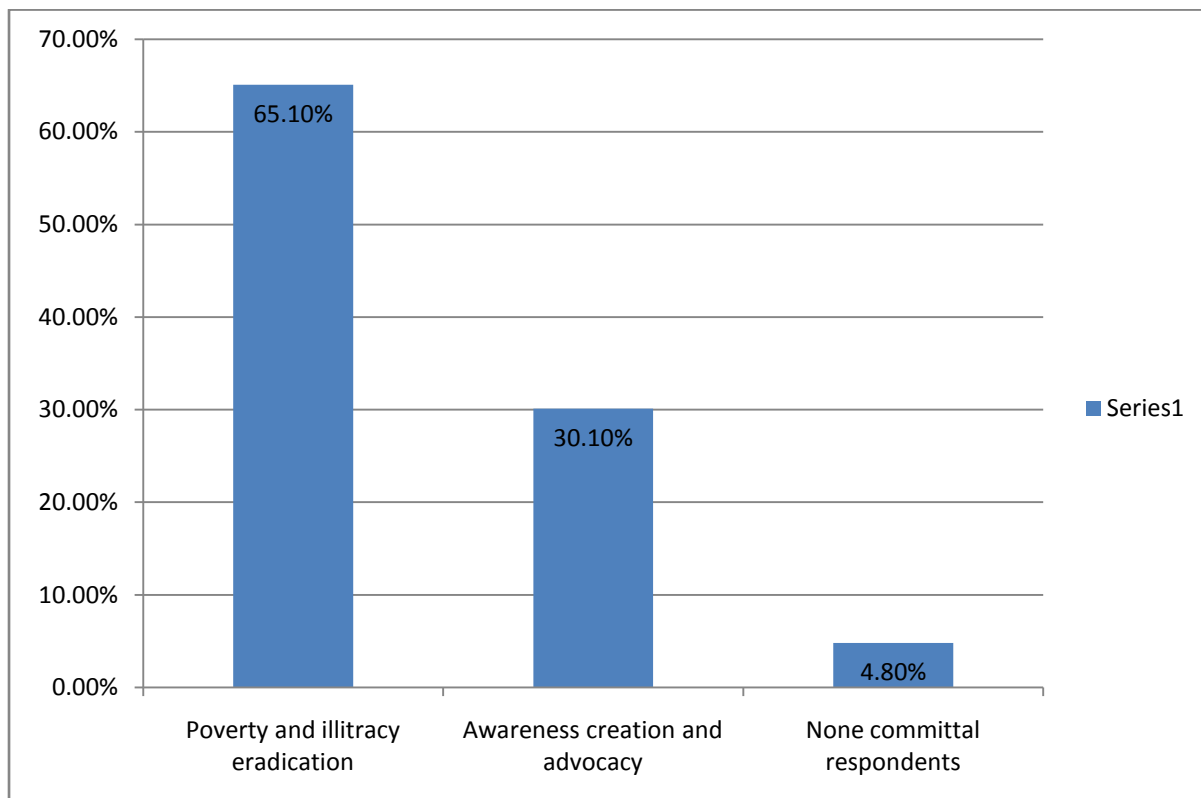


Figure 4.10: Respondents opinion on socio-cultural factors influencing the families of PWDs

Source: Author (2018)

From Figure 4.10 above, the study revealed that 65.1% of the respondents cited that poverty and illiteracy needs to be eradicated in the families of PWDs to mitigate against the socio-cultural factors influencing their empowerment efforts, 30.1% of the respondents believe that awareness creation and advocacy would be the mitigating factor in ensuring that the socio-cultural factors influencing the empowerment of PWDs is curtailed while 4.8% of the respondents did not respond to the study item.

4.5.2 Family support

Certain factors influence the family decisions and determine what type of support its members with disabilities should be given.

4.5.2.1 Family's priority in providing support to its PWD members

The study sought information on how the respondents would rate 4 factors that would enhance their empowerment. This was important as it would establish the main determining factors that are easily accessible to the family of a PWD in providing assistance that would enable the improvement of their social status. The researcher presented 4 short statements in which the respondents were supposed to rate on a scale of 1-5, of which the lowest being "very high" and the highest being "very low". The respondents were asked to rate the following factors; Financial support for start-up, Allocation/inheritance of agricultural land, Education and Basic needs support only. The findings are illustrated in Figure 4.11 below

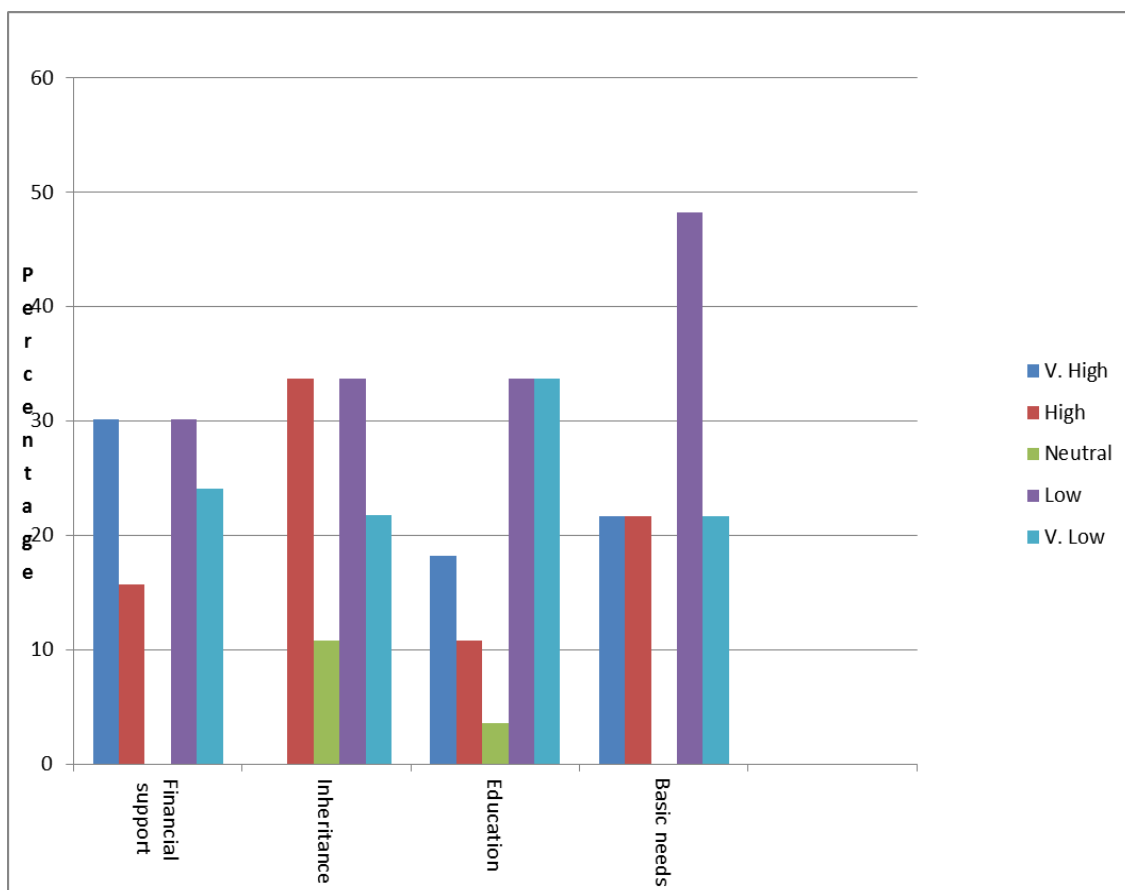


Figure 4.11: Responses on type of family support most likely provided or received by PWDs

Source: Author (2018)

A majority of the respondents who participated, 30.1% at “Low” and 24.1% at “Very low” felt that family financial support to its members with special needs is generally not a priority, 30.1% of the respondents thought that financial support from the family to its PWD members is at “Very high”, 15.7% of the respondents thought that financial support from the family to its PWD members is at a “High” rate, none of the respondents responded to “neutral”.

On Allocation of agricultural land and or family inheritance, a majority of the respondents 33.7% at “Low” and 21.8% at “Very low” are of the opinion that a majority of the families of PWDs are not ready to allocate family inheritance especially land to its members with disabilities, 0% of the respondents felt that “Very high” rate of family support in allocating its members with disabilities family inheritance, 33.7% observed that there is a “High” rate of family support in allocating its PWD members family inheritance, 10.8% of the respondents were “neutral”.

On education support from the family, a majority of the respondents 33.7% and 33.7% responded to “Low” and “Very low” respectively meaning that PWDs get very low support from their families towards their education endeavors, 18.2% of the respondents observed that the family support on education for their PWD members are rated at “Very high”, 10.8% of the respondents felt that the rating is at “High”, while 3.6% of the respondents were “neutral”.

On family support towards the provision of “Basic needs” to its PWD members 48.2% and 21.7% of the respondents rated this support at “Low” and “Very low” respectively, 21.7% of the respondents observed that “Basic needs” support from the family to its PWDs members can be rate at “High”, 8.4% of the respondents observed that the “Basic needs” support are at a “Very high” rating. There was no respondent who responded to “Neutral” rate on this research question.

Family support to members with disabilities is very low. This findings is supported by a study by Sight Savers (2012) which found out that PWDs are less likely to be in school and are more likely to be unemployed. This is mainly as a result of their family background that culminates from poverty, strong religious and traditional belief that leads to discrimination and stigmatization of PWDs by their family members.

4.5.2.2 Do families of PWDs experience challenges when accessing basic rights

The researcher sought to find out if families of PWDs experience challenges when accessing basic needs. The responses were as shown in the figure 4.12 below

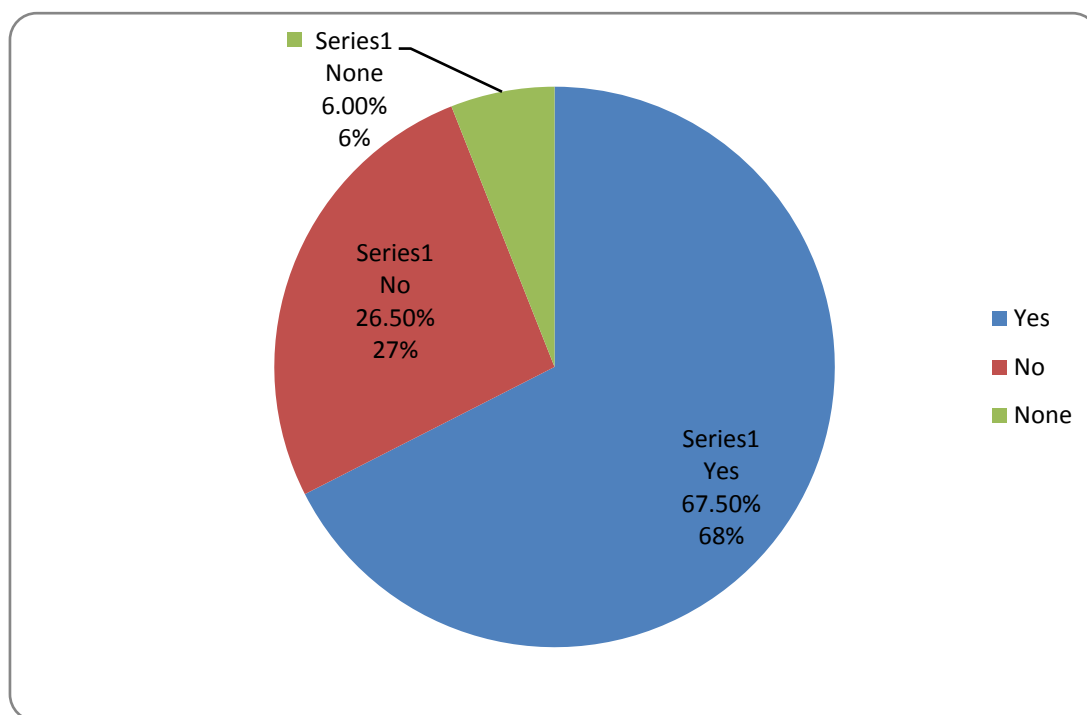


Figure 4.12: Do families of PWDs experience challenges when accessing basic rights? Source: Author (2018)

From figure 4.12 above, it is clear that a majority of the respondents 67% agree that families of PWDs face challenges when accessing basic rights, 27% of the respondents disagreed and 6% of the respondents were none committal. From the research finding it is apparent that PWDs are discriminated against their basic rights. This implies that families of PWDs do not access services easily.

4.5.2.3 What challenges families of PWDs face when accessing to basic rights

The researcher required that the respondents explain their answer on the challenges families of PWDs face in accessing basic needs such as the right to education like their other siblings. This study received responses from both the questionnaire and FGDs. The findings are illustrated in Figure 4.13 below

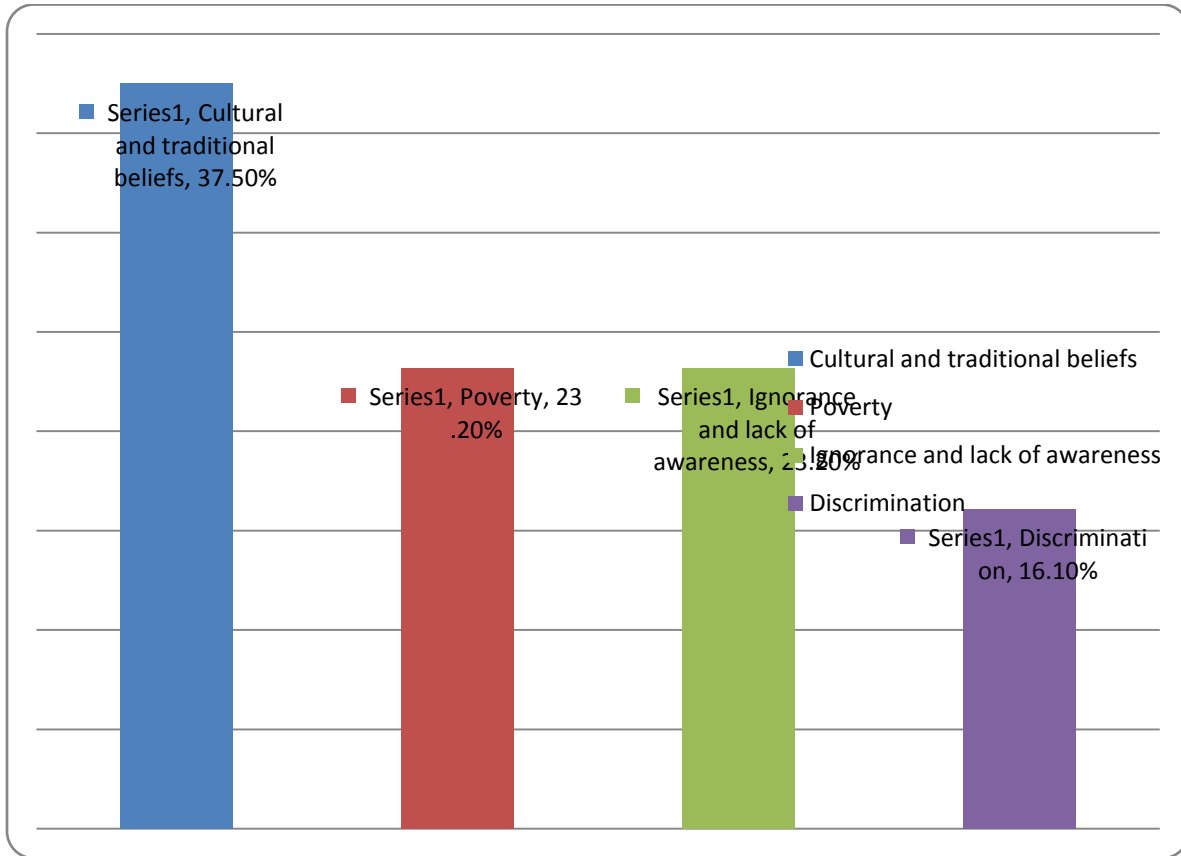


Figure 4.13: challenges families of PWDs face in accessing basic rights (2018).

Source: Author

From the research findings illustrated in Figure 4.13 above, the study revealed that 37.5% of the respondents believed that cultural and traditional beliefs hinder families of PWDs access to basic rights, 23.2% of the respondents believed that poverty is the main barriers that hinders the families of PWDs access to basic rights, 23.2% of the respondents believed that ignorance and lack of awareness is the hindering factor families of PWDs face in access to basic rights, while 16.1% of the respondents believed that discrimination hinders families of PWDs access to basic rights.

Regarding the challenges families of PWDs face in accessing basic rights the study responses received from FGDs a majority indicated that discrimination is still common in most sectors. Data from KR9 indicated that:

“I always experienced being discriminated especially when schools open, my siblings without disabilities are always realized first and the remains of the family income is what were used for my fare and pocket money. My fee was being paid for by an organization dealing with PWDs”.

Data from KR10 indicated that:

“Opportunities meant for PWDs are in most cases allocated to persons without disabilities”.

From the research findings cultural and traditional beliefs negatively influence the decisions made in the families regarding provisions to its members with disabilities.

4.5.2.4 PWDs Participation in Decision Making and House hold Activities

Finding in the literature review revealed that barriers exist that prevent PWDs from participation in the family/household level and at the community level. The researcher sought to find out whether it is true, by including an item in the questionnaire that sought information on how often are PWDs likely to be involved in decision making and household activities. The findings are displayed in the Table 4.10 below

Table 4.10: PWDs Participation levels

Rating	Frequency	Percentage
Very likely	4	4.8
Likely	18	21.7
Moderately	34	41.0

Most unlikely	27	32.5
Not at all	0	0
Total	83	100.0

Source: Author (2018)

From the Table 4.10 above, 41.0% of the respondents rated their involvement in decision making and household activities as being moderate, 32.5% of the respondents felt that their involvement in decision making and household activities as most unlikely. Most of the respondents felt that their input on issues was most likely not sort and if it was sort was only as a formality. From the findings, it is apparent that PWDs felt that their participation in decision making and household activities would only be sort as a last resort, 21.7% of the respondents were of the opinion that their involvement in decision making and household activities was likely, while 4.8% felt that it was very likely. This is clear that the level of marginalization and exclusion of PWDs is common even at the household level.

4.5.2.5 Importance of consulting PWDs at the family/community level

The researcher sought to find out whether it is important to consult PWDs on key decisions at the family/community level by including an item in the questionnaire that sought information on how important is consultation of PWDs in decision making in the family/community. The findings are displayed in the Table 4.11 below

Table 4.11: Levels of importance of consulting PWDs

Rating	Frequency	Percentage
Very much important	65	78.3
Important	3	8.4
Not very important	5	13.3
Not important	0	0
Don't Know	0	0
Total	83	100.0

Source: Author (2018)

From the table 4.11 above, 78.3% of the respondents rated the importance of consulting PWDs for decisions at the family/community level as “Very much important.” Most of the respondents felt very strongly that consulting PWDs in making decisions at the family/community level was important in integrating them more actively into their societies and in all development matter. In the discussions most of the respondents were of the opinion that it was important to involve members of PWDs in decisions that would affect their live and to overcome marginalization.

13.3% of the respondents felt that consulting PWDs for decisions at the family/community level as “Not very important,” while 8.8% felt that it was” important.” From the study findings it is clear that PWDs would like to be actively involved in family/community activities at the decision making levels and they are willing to participate actively if given the opportunity.

4.5.3 Accessibility to equal opportunities and rights

As Grut (2007) says that PWDs need a more positive intervention, this is because when PWDs are given equal opportunity in participation on family matters and decisions, it will enhance inclusion and empowerment which will in turn enable attainment of rights.

V. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Findings

The purpose of the study was to investigate the influence of socio-culture on the empowerment of persons with disabilities in Rachuonyo South-Homa-Bay County. The study sought to investigate the socio-cultural barriers that hinder empowerment of PWDs in Rachuonyo South; to examine the influence of the family on the empowerment of PWDs at the household level and to evaluate the effectiveness of the central government empowerment strategies and programs of PWD’s empowerment in Rachuonyo South.

The first objective of the study sought to investigate the extent to which socio-cultural values and beliefs have an effect on the empowerment of PWDs in Rachuonyo South sub-County. Based on the traditional beliefs and practices of the communities residing in Rachuonyo South sub-County, findings of the study revealed that majority of respondents (83%) believed in the traditional beliefs and practices having a great effect on the empowerment of PWDs in Rachuonyo South sub-County. Also revealed was that(45%) of the

respondents believed that disability is as a result of a curse or it is a form of a curse. Also apparent was the fact that the society's perception on the causes of disabilities are very high with (38%) of the respondents believing witchcraft is a major cause of disability and (39%) of the respondents believe that taboo and or curse as a causes of disability. Additionally (95%) of the respondents revealed that PWDs face attitudinal challenges in their communities of which (69.9%) of the respondents agree that the society holds discriminatory attitudes against PWDs. On attitudinal challenges faced by PWDs a majority (39.8%) of the respondents believe that attitudinal challenges are caused by lack of sensitization and awareness among society members. Also apparent was the fact that PWDs are not able to access public services, credit facilities, employment opportunities and tenders and participation politics and political appointments with (43.4%) and (32.5%) of the respondents believing that accessibility to political participation and appointments is very low and low respectively, while (30%) and (24.1%) believe that access to employment opportunities are very low and low respectively. But access to public services and credit facilities seems to be high with (41%) and (45.8%) of the respondents acknowledging accessibility in the public services and credit facilities respectively. Additionally (43.4%) and (34.9%) of the respondents respectively believe that affirmative action on PWDs and mean awareness creation activities and advocacy respectively would ensure improved access to public services, employment opportunities, access to credit facilities and participation in politics and access to political position. The researcher noted that the empowerment of PWDs in Rachuonyo South sub-County is greatly hindered by the traditions and cultures beliefs of the communities around and a majority of the people still believed that disability is as a result of a curse, a taboo or witchcraft and it is the main resultant of marginalized and condemned of PWDs in Rachuonyo South sub-County. It was also apparent that the society's attitude towards PWDs is very high in discriminatory practices, the attitudinal challenges that PWDs face in their daily life as it impacts greatly in their daily activities. This will explain why PWDs miss out on opportunities that would otherwise lead to empowerment.

5.3 CONCLUSION

The first objective of the study sought to investigate the extent to which socio-cultural values and beliefs have an effect on the empowerment of PWDs in Rachuonyo South sub-County. Based on the traditional beliefs and practices of the communities residing in Rachuonyo South sub-County, findings of the study revealed that majority of respondents (83%) believed in the traditional beliefs and practices having a negative effect on the empowerment of PWDs in Rachuonyo South sub-County.

5.4 RECOMMENDATIONS

Based on the aforementioned discussion, analyzed data and literature reviewed, the study makes the following recommendations:-

1. The national and county government should increase awareness campaigns at the grassroots levels to ensure that the level of stigma is reduced and disabled persons enjoys equal rights like any other ordinary citizen in Kenya. Through this awareness campaign the negative effects of retrogressive culture will be minimized.
2. The county government especially the department of culture and sports to upscale empowerment funding's and activities that promote income generations among the vulnerable especially those living with special needs.

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