An Assessment of Psychosocial Services Offered To Children with Physical Disability in African Inland Church, Child Care Centre, Kajiado County

by

Brenda Waithira Kimemia

A thesis submitted to the School of Human and Social Sciences of

Daystar University
Nairobi, Kenya

In partial fulfilment of the requirements for the degree of
MASTER OF ARTS in Child Development

June 2014
APPROVAL

AN ASSESSMENT OF PSYCHOSOCIAL SERVICES OFFERED TOWARDS MEETING THE NEEDS OF PHYSICALLY HANDICAPPED CHILDREN IN AFRICAN INLAND CHURCH, CHILD CARE CENTRE, KAJIADO COUNTY

by

Brenda W. Kimemia

In accordance with Daystar University policies, this thesis is accepted in partial fulfillment of the requirements for the Master of Arts in Child Development degree.

Date

____________________________________                      ______________________
Roseline Olumbe, M.A,
Supervisor

____________________________________                      ______________________
Harrahs Malinda, PhD,
Reader

____________________________________                      ______________________
Harrahs Malinda, PhD,
Coordinator, Institute of Child Development

____________________________________                      ______________________
Munene Alice, PsyD,
Dean, School of Human and Social Sciences
DECLARATION

AN ASSESSMENT OF PSYCHOSOCIAL SERVICES OFFERED TOWARDS MEETING THE NEEDS OF PHYSICALLY HANDICAPPED CHILDREN IN AFRICAN INLAND CHURCH, CHILD CARE CENTRE, KAJIADO

I declare that this is my original work and that it has not been submitted to any other university for academic credit.

Sign _____________________________                     Date _____________________
Brenda Kimemia
11-1588
DEDICATION

This thesis is dedicated to all the physically handicapped children. You are special and loved. May the findings and recommendations of this research enrich your psychosocial development.
ACKNOWLEDGEMENTS

A lot of support was given to me by my family, lecturers and friends that made this thesis possible. Valuable input was given by my supervisor, Mrs. Roseline Olumbe, and my reader, Dr. Harrahs Malinda as well as Dr. Stephen Manya, Mrs. Ciriaka Gitonga, and Ms. Ruth Walioli. Thank you for the guidance and insightful suggestions and corrections in the course of the preparation of this thesis. I am also grateful for the support given to me by Mr. Daniel Sapayia, Joseph Kompe and all the staff of AIC Child Care Rehabilitation Centre. I also wish to thank all my friends and family who supported me in one way or another. To my colleagues Faith Muriungi, Gloria Kitur, Stephen Uiru, among other classmates, I appreciate the discussions, suggestions and encouragement you provided.

Above all, I am grateful to God for the opportunity, strength, wisdom and grace that made the preparation and completion of this thesis possible.
TABLE OF CONTENTS

APPROVAL ............................................................................................................................... II
DECLARATION ........................................................................................................................... III
DEDICATION ............................................................................................................................. IV
ACKNOWLEDGEMENTS .......................................................................................................... V
TABLE OF CONTENTS ........................................................................................................... VI
LIST OF TABLES .................................................................................................................... IX
LIST OF FIGURES .................................................................................................................. X
ABBREVIATIONS AND ACRONYMS ................................................................................ XI
ABSTRACT ............................................................................................................................... XII

CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY ..... 1

Introduction.............................................................................................................................. 1
Background of the Study ......................................................................................................... 1
African Inland Church, Child Care Centre Child.................................................................. 3
Statement of the Problem ....................................................................................................... 4
Purpose of the Study .............................................................................................................. 5
Objectives of the Study ......................................................................................................... 5
Research Questions .............................................................................................................. 6
Justification for the Study ..................................................................................................... 6
Significance of the Study ....................................................................................................... 7
Assumptions of the Study ..................................................................................................... 8
Scope of the Study ............................................................................................................... 8
Limitations and Delimitations of the Study ........................................................................ 8
Definition of Key Terms ....................................................................................................... 10
Summary ............................................................................................................................... 12

CHAPTER TWO: LITERATURE REVIEW ..................................................................... 13

Introduction.............................................................................................................................. 13
Theoretical Framework ......................................................................................................... 13
Maslow’s Hierarchy of Needs, Abraham Maslow (1943)...................................................... 13
Ecological Systems Theory of Development, Urie Brofenbrenner (1979)......................... 15
Erickson’s Theory of Psychosocial Development, Erick Erickson (1950).......................... 18
General Literature Review .................................................................................................. 19
Psychosocial Needs of Physically Handicapped Children............................................... 19
Psychosocial Needs of Children with Physical Handicaps in the African Context........ 21

vi
Exploration of their Surrounding Environment ........................................................... 58
Learning ....................................................................................................................... 60
Competence.................................................................................................................. 62
Problem Solving........................................................................................................... 63
Other Psychosocial Needs ............................................................................................ 63
Psychosocial Services .................................................................................................. 64
Psychosocial Support ................................................................................................... 66
Resources for Psychosocial Competence....................................................................... 66
Human Resource Capacity to Meet Psychosocial Needs and Challenges ..................... 68
Role of the Care Givers................................................................................................. 69
Care Givers’ Training .................................................................................................. 70
Psychosocial Challenges .............................................................................................. 70
Solutions to Psychosocial Challenges .......................................................................... 71
Summary of Key Findings ............................................................................................ 72
Summary ....................................................................................................................... 74
CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS .................... 75
Introduction .................................................................................................................. 75
Discussion of Key Findings .......................................................................................... 75
Conclusions ................................................................................................................... 81
Recommendations ......................................................................................................... 83
Recommended Areas for Future Studies ..................................................................... 85
APPENDICES ............................................................................................................... 90
APPENDIX A: DAYSTAR APPROVAL LETTER .......................................................... 90
APPENDIX B: RESEARCH PERMIT ........................................................................... 91
APPENDIX D: LOCATION OF THE STUDY ............................................................... 93
APPENDIX E: PSYCHOSOCIAL STAGES OF DEVELOPMENT ..................................... 94
APPENDIX F: OBSERVATION CHECKLIST .................................................................. 95
APPENDIX G: FOCUS GROUP DISCUSSION (PHYSICALLY HANDICAPPED ADOLESCENTS AND CHILDREN BETWEEN 6 AND 8 YEARS) ........................................... 96
APPENDIX H: FOCUS GROUP DISCUSSION (HOUSEMOTHERS) ............................... 97
APPENDIX I: INTERVIEW QUESTIONS GUIDELINE (SOCIAL WORKER & PHYSIOTHERAPIST) ........................................................................................................... 98
APPENDIX J: INTERVIEW QUESTIONS GUIDELINE (AIC PASTOR) ......................... 99
APPENDIX L: QUESTIONNAIRE FOR CHILDREN BETWEEN NINE AND TWELVE YEARS ....................................................................................................................... 101
### LIST OF TABLES

<table>
<thead>
<tr>
<th>Table 4.1: Response Rate</th>
<th>47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 4.2: Care Givers’ Duration at AIC Child Centre</td>
<td>49</td>
</tr>
<tr>
<td>Table 4.3: Ways of Identifying psychosocial Needs at AIC Child Care Centre</td>
<td>51</td>
</tr>
<tr>
<td>Table 4.4: Findings on Self awareness</td>
<td>54</td>
</tr>
<tr>
<td>Table 4.5: Findings on how often the respondents were good at doing an activity they often got to do at AIC Child Care Centre</td>
<td>62</td>
</tr>
<tr>
<td>Table 4.6: Availability of Psychosocial Services</td>
<td>64</td>
</tr>
<tr>
<td>Table 4.7: Activities done by physically handicapped children during the weekend</td>
<td>65</td>
</tr>
<tr>
<td>Table 4.8: Psychosocial resource persons, facilities and materials available at AIC Child Care Centre</td>
<td>67</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

Figure 2.1: Maslow’s 5 Level Hierarchy of Needs (Macleod, 2014) ........................................14
Figure 2.2: A Visual Representation of Bronfenbrenner’s Ecological Theory (Dunlop, 2002) .................................................................................................................................16
Figure 2.3: The IASC Pyramid of Psychosocial Interventions (WHO, 2012) ...............25
Figure 2.4: Conceptual Framework (Author, 2014) .............................................................33
Figure 4.1 Gender of the Physically Handicapped Children ...........................................48
Figure 4.2: How often the respondents thought other people at AIC Child Care Centre did many good things to them .................................................................51
Figure 4.3: How often the respondents felt safe at AIC Child Care Centre among the 9 to 12 year old physically handicapped children ................................................52
Figure 4.4: Meaningful relationships .............................................................................53
Figure 4.5: Frequency of talking and playing with people who listened to them .....55
Figure 4.6: How often Children at AIC Child Care Centre did or said things that made the respondents feel good about themselves ........................................56
Figure 4.7: Interaction with people outside AIC Child Care Centre .............................57
Figure 4.8: How often the respondents got to explore at AIC Child Care Centre .......58
Figure 4.9: How often the respondents made decisions at AIC Child Care Centre ....60
Figure 4.10: How often the respondents had learnt new things about the society, life and other people at AIC Child Care Centre .........................................................61
# ABBREVIATIONS AND ACRONYMS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>AIC</td>
<td>African Inland Church</td>
</tr>
<tr>
<td>APA</td>
<td>American Psychological Association</td>
</tr>
<tr>
<td>APDK</td>
<td>Association of the Physically Handicapped in Kenya</td>
</tr>
<tr>
<td>CLC</td>
<td>Child Life Council</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
</tr>
<tr>
<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
</tr>
<tr>
<td>KNSPWD</td>
<td>Kenya National Survey of People with Disability</td>
</tr>
<tr>
<td>MOEST</td>
<td>Ministry of Education, Science and Technology</td>
</tr>
<tr>
<td>NACOSTI</td>
<td>National Commission for Science, Technology and Innovation</td>
</tr>
<tr>
<td>STARS</td>
<td>St. Andrews Refugee Services</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package for Social Sciences</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
</tbody>
</table>
ABSTRACT

The study focused on assessing the services offered to physically handicapped children at African Inland Church Child Care Centre (AIC Child Care Centre). Psychosocial services are necessary as they aid in meeting psychosocial needs yet these services are often minimized or overlooked in most institutions. The purpose of this study was to assess the psychosocial services offered towards meeting the needs of children with physical disabilities at AIC Child Care Centre, Kajiado County. The objectives were to identify the psychosocial needs, establish services offered, identify resources available and establish the psychosocial challenges experienced by children with physical disabilities at AIC Child Care Centre. The study adopted case study research design which involved both qualitative and quantitative approaches. A census of all the children was done while nine caregivers were purposively selected. Data was collected using observation, focus group discussion, interviews and questionnaires. The quantitative data was analyzed using SPSS 17.0 while the qualitative data was analyzed thematically and presented in narratives. It was revealed that love, self-expression, self-acceptance, acceptance from the community, hygiene, security and participation were among the psychosocial needs of the children at AIC Child Care Centre. Peer support groups, family group counselling sessions and access to news were among the services which recorded lack or limited access at AIC Child Care Centre. The study found out that limited human resources, lack of acceptance by the community and inadequacy of play as well as hygiene materials were among the main psychosocial challenges faced by physically handicapped children at AIC Child Care Centre. The researcher recommends training of caregivers on psychosocial support for children, increase of the number of play and sport materials and family therapy to be adopted.
CHAPTER ONE: INTRODUCTION AND BACKGROUND TO THE STUDY

Introduction

Psychosocial development is an essential area in child development. Children’s psychosocial abilities are developed through interaction with people and the environment (Zasrtrow & Kirstashman, 2010). The child who is talked to, listened to and offered a range of interesting opportunities to explore, play and learn will have more advanced psychosocial abilities compared to one who is neglected (Njenga & Kabiru, 2001). Physically handicapped children have challenges with mobility that limit interaction with the social environment. Any child care institution should endeavour to meet the psychosocial needs of their children in addition to other services to ensure their psychological and social well-being (Aslam, 2013). Psychosocial services put emphasis on strengthening the social environment that nurture children’s’ healthy psychosocial development at various levels within the institution, family, and society. These services keep in mind the best interests of the child.

Background of the Study

According to Njenga and Kabiru (2001), child development is the process of change in which a child comes to master more complex levels of moving, feeling and interaction with people and objects in the environment. Psychosocial development is one of the domains of child development. It involves changes in people’s interactions and understanding of one another as well as in our knowledge and understanding of themselves as members in their society (Feldman, 2005). According to Aslam (2013),
most institutions worldwide that assist physically handicapped children have shown sensitivity to them by trying to limit physical barriers for ease of movement.

The Child Life Council (2014) explains four categories of psychosocial services for children. These are: play, preparation, education and self-expression activities. Psychosocial services aid in meeting emotional, mental and social needs (St. Andrews Refugee Services, 2014). The need may be development-related, emotional, social or mental. The psychosocial needs that most organizations strive to meet include safety and education. Psychosocial services that are focused or clinical in developing countries such as Africa are limited. For instance, there is only one psychiatrist for every two million people in developing countries (World Health Organization, 2012).

While psychosocial problems are common in all communities of the world, these problems are much more frequent among people who have special needs. Research indicates many people with disability express unmet psychosocial needs in terms of emotional distress, lack of decision-making and support, practical concerns such as physical safety, ease of movement and self-care (Aslam, 2013). These psychosocial problems are primarily caused by failure to meet the psychosocial needs of such individuals.

Children are particularly sensitive and affected by physical disabilities. According to the United Nations Children’s Fund (2013), children with physical disabilities are more likely to have more psychosocial challenges and problems due to their physical differences and abilities from other children. They are unable to interact and explore normally like other children of their age. They also encounter other challenges that affect their esteem and learning such as social stigma and exclusion.
(UNICEF, 2013). Disability negatively affects self-concept, social status and life roles especially in work areas (Gitonga, 2011).

Malinda (2005) found that inclusive education given to persons with physical disabilities using the small homes approach has various educational and social benefits. Another finding is that the most likely place where children in institutional care interact with the outside world is churches. Muthoni and Bowen (2009) recommend that the members of the church should be encouraged to act as role models for children.

African Inland Church, Child Care Centre Child

African Inland Church, Child Care Centre (AIC, Child Care Centre) provides accommodation among other services for physically handicapped children. It is an organization that was established primarily to provide shelter and health support to physically handicapped children. AIC Child Care Centre offers various services to physically handicapped children within Kajiado such as medical check-ups, physiotherapy, assistive devices, education, accommodation and food for the resident physically handicapped children (AIC, 2013).

AIC Child Care Centre currently has 58 children that reside within the compound during the school term periods. This is for ease of access to integrated primary schools nearby or when physically handicapped children need further medical treatment for a period of time. The physically handicapped children within AIC Child Care Centre range between 6 to 17 years. They are influenced by the AIC church that is within the home compound. Appendix I shows a pictorial view of the region.
surrounding AIC Child Care Centre. AIC Child Care Centre is a few hundred metres before you enter Kajiado town as indicated by the letter A.

Children between 6 to 12 years are in middle childhood stage while those between 13 and 17 are in adolescence stage (Rice, 1995). Children in middle childhood have stronger same sex peer relationships, become more aware of their bodies as puberty approaches, have rapid development of mental skills and become more independent (Rice, 1995). Feelings of competence and esteem are important to such children. On the other hand, children at adolescence have more psychological and social changes. They are able to make more important life choices, more self-aware and have better expression of thoughts and feelings (Rice, 1995). The physically handicapped children under study are in the middle childhood and adolescence stage.

Statement of the Problem

According to Franzen (1990), some ethnic communities in Kenya view a child with a disability as a symbol of a curse on the whole family. These include the Maasai ethnic community (Preist, 1990). Such a child is seen as a shame to the whole family, hence their rejection by the family or the community (Franzen, 1990). Children who are met by such beliefs and attitudes can hardly develop to their full potential. They tend to get less attention, less stimulation, less education, less medical care, and sometimes less nourishment than other children. It has also been found that their psychosocial needs are often overlooked because these needs are perceived as difficult to identify and address.
Psychosocial services should be included in guidelines for the management of disability and training on the provision of psychosocial support incorporated into the curriculum for all care providers. In addition, the strategies for providing psychosocial support can be developed in specific groups within the community. However, the structured services individuals and institutions have incorporated or ensured to meet psychosocial needs and psychosocial challenges met are minimal. In view of this, the researcher assessed the psychosocial services offered towards meeting the needs of the physically handicapped children at AIC Child Care Centre.

Purpose of the Study

The purpose of this study was to do an assessment of the psychosocial services offered towards meeting the needs of physically handicapped children at AIC Child Care Centre, Kajiado.

Objectives of the Study

The objectives in the study included:

1. To identify the psychosocial needs of physically handicapped children at African Inland Church Child Care Centre, Kajiado.

2. To establish the psychosocial services offered to physically handicapped children at AIC Child Care Centre, Kajiado.

3. To identify the resources in place to provide for those psychosocial services at AIC Child Care Centre, Kajiado.
4. To determine the psychosocial challenges physically handicapped children face at AIC Child Care Centre, Kajiado.

Research Questions

1. What were the psychosocial needs of physically handicapped children at AIC Child Care Centre, Kajiado?
2. What were the psychosocial services offered to physically handicapped children at AIC Child Care Centre, Kajiado?
3. What resources were in place to provide psychosocial services at AIC Child Care Centre, Kajiado?
4. What psychosocial challenges did physically handicapped children face at AIC Child Care Centre, Kajiado?

Justification for the Study

The long term impact of unmet psychosocial needs of children through the various developmental stages leads to inability to cope with life challenges as well as maximize opportunities (Kabiru & Njenga, 2007). Psychosocially incompetent persons may find it hard to be financially independent and make meaningful relationships. They may also engage in risky sexual behaviour, be easily manipulated or abused (Kabiru & Njenga, 2007). However, there is limited information about psychosocial services offered to meet physically handicapped psychosocial needs within the counties in Kenya. Psychosocial services are necessary for these children to develop to be productive and fulfilled members of the society.
Significance of the Study

Psychosocial needs play a significant role in assuring holistic development of children to be able to be productive and fulfilled members of society. Psychosocial services ensure that these needs are met. The study provided valuable information for use by the administration and staff of AIC Child Care Centre to be aware of the psychosocial needs that children with physical challenges have. The study also gave insight on additional psychosocial services they could offer to physically handicapped children such as peer support groups, family or group counselling sessions as well as psycho-education.

This study sought to be useful to other child caregivers that assist children with physical impairments on a day to day basis. Through reading the research findings they may acquire more knowledge that they could use towards the psychosocial support of the children with physical challenges. Moreover, children homes and churches that have programs for physically handicapped children would also be empowered to know how to better encourage positive psychosocial development. This study would also be beneficial to the new government policies that promote improved psychosocial services for physically handicapped children in institutions worldwide. In addition, the researcher could use the information gathered from the research to educate and advocate for improved service delivery to physically handicapped children.
Assumptions of the Study

This research made the following assumptions:

1. Children at AIC Child Care Centre had psychosocial challenges.
2. There were psychosocial services offered to the children at AIC Child Care Centre.
3. The children’s mental capabilities at AIC Child Care Centre were normal.

Scope of the Study

The study focused on assessing the psychosocial needs and services given towards meeting the psychosocial needs of the physically handicapped children within AIC Child Care Centre in Kajiado town. Kajiado town is in Kajiado County, South of Kenya. The area is mainly occupied by the Maasai ethnic community. AIC Child Care Centre provides health, shelter, school, medical equipment and spiritual services to physically handicapped children and adults in Kajiado town and its environs (AIC, 2013). The physically handicapped children at the centre have access to boarding and recreational facilities, dispensary, church and school within the compound.

Limitations and Delimitations of the Study

Limitations are the shortcomings, the influences or conditions that cannot be controlled by the researcher that place restrictions on the methodology and conclusion of the study (Mugenda & Mugenda, 2003). Delimitations in a study are those
characteristics of a study that limit its scope. They are the boundaries of a study that are determined by certain decisions made throughout the development of the research (Mugenda & Mugenda, 2003). In this study the limitations included the following:

1. The respondents would be unwilling to give information. To counter this, the researcher obtained official written permission from the Institute of Child Development in Daystar University and a research permit from the National Commission for Science, Technology and Innovation (NACOSTI) and from the Director of AIC Child Care Centre. The researcher also used age appropriate language to the teenagers and children between 6 and 17 that were involved in the study.

2. The researcher had feared the respondents might give false information in some of their responses. To counter this, the researcher used different types of research tools and different respondents in order to minimize inaccurate data. There were focus group discussions for the teenagers and housemothers, interview schedule for the director, social worker, physiotherapist and a questionnaire for children between 6 and 12 years as such, the information that was given by the respondents was true.

3. The researcher anticipated that the child respondents might not fully participate in the study due to fear of their care givers. To counter this the researcher took time to create rapport, explain the purpose of the research and assure confidentiality and minimal risk to all children by using simple language and clarified their understanding through use of questions. Ultimately, the children felt free to participate.
Definition of Key Terms

*Child:* According to Soanes and Stevenson (2008), this is a young human being below the age of full physical environment. It can also refer to a son or daughter at any age or an immature or irresponsible person. In this study, a child was taken to be any person under the age of eighteen.

*Psychosocial:* This is a combination of the terms psycho and social. Psycho refers to mental functions and processes such as thinking, logic, creativity, decision-making, problem-solving and emotions. Social refers to the relationships between people, culture and environment (Kabiru & Njenga, 2007). In this study, it refers to the combination of cognition, emotion and social dimensions.

*Psychosocial competence:* The ability to deal with everyday demands of life, to face challenges, make choices and maximize opportunities (Kabiru & Njenga, 2007). This definition was maintained in this research.

*Psychosocial development:* This is a change of individual’s interactions and understanding of each other and of their knowledge and understanding of themselves as members of the society (Feldman, 2007). This definition was maintained in this research.

*Disability:* According to the Kenya Law Reports (2010), a disability is a physical, sensory, mental or other impairment including any visual, hearing, learning or physical incapability which impacts adversely on social economic or environmental participation. In this research a disability was used to describe a physical or mental limitation that makes participation in usual activities of daily living more difficult.

*Handicap:* According to Soanes and Stevenson (2008), this is a condition that markedly restricts a person’s ability to function physically, mentally or socially. It
also means to place at a disadvantage. In this research, the above definition was maintained.

**Institution:** This an organization founded for a religious, educational, professional or social purpose. It can also refer to an established official organization having an important role in society such as church and school (Soanes & Stevenson, 2008). In this study it referred to an organized group of people founded with a religious, social or educational purpose.

**Impairment:** According to WHO (2012), impairment is a problem in body function or structure. In this study physical handicap is used interchangeably with impairment.

**Kati:** This is a game played by at least three players. One is on one end while another in the other end. There is at least one person between these two people on the ends who is to dodge a ball aimed at him or her by the two people at the ends (Author, 2014).

**Physical Disability:** This refers to any difficulty in moving one or more parts of the body (KNSPWD, 2008). This definition shall be maintained in this research.

**Service:** According to Soanes and Stevenson (2008), this is the action of helping or doing work for someone. In this study a service refers to an act of helpful activity.

**Psychosocial Services:** Psychosocial Services provides mental, emotional and social support, focusing on a person’s general well-being, both personal and within their community (St. Andrews Refugee Council, 2014). According to this research, these are acts of assistance and other activities offered to children that will enhance their psychosocial development.
Summary

The chapter introduced the research topic and how it has affected the globe, Africa and Kenya. The statement of the problem was then discussed. It has also given study objectives, research questions, justification for the study, significance of the study and study assumptions. Scope of the study, and limitations and delimitations of the study have also been discussed.
CHAPTER TWO: LITERATURE REVIEW

Introduction

This chapter focused on review of the theories that have been useful in explaining the socialization of children especially those that are physically handicapped. The conceptual framework had been illustrated and discussed. The literature review also contained both empirical and related literature that was divided into several sections.

Theoretical Framework

A theory explains how events occur and why they occur. According to Berk (2007), a theory can be understood as an interrelated idea about various patterns, concepts, process, relationships or events. This study was based on three theories: Maslow’s Hierarchy of Needs, Erickson’s theory of psychosocial development and Brofenbrenner’s ecological systems theory.

Maslow’s Hierarchy of Needs, Abraham Maslow (1943)

Abraham Maslow proposed that human needs could be summarized in two main categories. These are deficiency needs and growth needs. Maslow believed that human motivation is based on people seeking satisfaction and change through personal growth (Feldman, 2005). Human needs have an order in which they appear which is fixed and each is significant. See figure 2.1.
As shown in Figure 2.1, the lowest level needs include physiological needs. These include food, water and warmth. All children need these needs to survive physically including physically handicapped children. The second level of needs is safety needs (Feldman, 2005) that involves security and shelter. Security can be physical or psychological in nature. These include law, order, limits, stability, and protection from dangerous elements. This is particularly important to physically handicapped children as their mobility is affected thus physical environment may not be as safe. The third level needs are belonging. The key social relationships include family, friends and community. Children need to be nurtured by people to feel loved and important. The fourth level is esteem needs which includes achievement, mastery, and recognition. Physically handicapped children desire to do things well and be noticed for them. Lastly, there is self-actualization which includes the need to pursue talent, creativity and fulfilment (Feldman, 2005).

At this point a physically handicapped child wants to utilize their potential and enjoy life. Self-actualized people as those who are fulfilled and doing all they are
capable of. Self-actualization needs include realizing personal potential, self-fulfilment, seeking personal growth and peak experiences. Once a lower level need has been met, a higher level need is desired by the person.

As shown in figure 2.1, the fifth need is cognitive (McLeod, 2014). This is relevant for this study as various psychosocial needs are included that may apply to physically handicapped children such as the need for love, belonging, self-esteem, knowledge and exploration.


Brofenbrenner views the child as developing within a complex system of relationships affected by multiple levels of the surrounding environment. It can be graphically represented as a series of concentric rings surrounding the developing child. These rings are arranged from those which are proximal to the child to those whose influence is distal and indirect, but nonetheless important. A child’s environment includes but extends beyond their home, school and neighbourhood settings in which children spend their everyday lives. The child’s personality characteristics and way of thinking combined with the social setting influences his or her development (Berk, 2003).

These environments can be pictured as a circle where the innermost circle impacts the child the most and the outermost circle impacts the child the least. The innermost circle is microsystem which consists of the activities and interaction patterns in the child’s immediate surroundings (Berk, 2005). It includes the family, the school, peers, relatives, workers, and neighbourhood in which they live. The
second level of the interaction of the different contexts where a child grows forms a mesosystem. It includes the connections between the microsystems such as school, neighbourhood and AIC Child Care Centre.

The exosystem is the third level of the theory where a child is not directly involved in the social system but organizations and institutions either directly or indirectly affect the experiences of that child. The outermost level is the macrosystem which consists of cultural values, laws, customs and resources. These cultural, political or religious influences either work to meet a child’s needs or works against the child. According to Bronfenbrenner, the environment is not a static force but is ever changing. The timing and the significance of life events plays a key role in the development of a child too. This is illustrated in figure 2.2 below.

![Figure 2.2: A Visual Representation of Bronfenbrenner’s Ecological Theory (Dunlop, 2002)](image-url)
This theory is relevant to the study as children at AIC Child Care Centre are unique in that they are all physically handicapped and they are exposed to the same social settings while at AIC Child Care Centre. These include their relationships and interactions with their housemothers, church ministers, teachers, physiotherapists and other caregivers which form part of their microsystem. From these interactions the children learn values, are exposed to new information and affect their esteem and sense of self-worth.

They also are influenced by the interactions between the administration and caregivers, administration and their donors, church and visitors among others in the mesosystem. How the different parties interact and manage issues affects how they deal with issues. The decisions made by parties in the mesosystem affect their interactions, exposure and attitude. The exosystem consists of the donor organizations, other children’s families at home and extended families, friends and neighbours. Though the parties in the exosystem may not be directly in the child’s social setting they still exert an indirect influence upon their life as they determine the rules, activities or policies the child may have to abide by.

In the macrosystem there are AIC values and Kenyan laws. The macrosystem provide the broad cultural, ideological and organizational patterns within which the mesosystem and exosystem operate. Elements in the macrosystem may change due to factors such as technological change and migration. All these affect the psychosocial development of the child at AIC Child Care Centre.
Erickson’s Theory of Psychosocial Development, Erick Erickson (1950)

Erickson's theory considers people’s understanding of themselves, one another and the world around them changes in the course of development (Feldman, 2005). Therefore, personality develops through a sequence of stages. According to Erickson, people go through eight stages of psychosocial development throughout their lives, four of which are in childhood. Each stage necessitates the resolution of a crisis or conflict. Although each conflict is never resolved completely, it needs to be dealt with sufficiently to equip the child to deal with the demands of the next stage of development. These are described in Appendix I.

Erickson proposed that personality development is determined by the interaction of an internal maturation plan and external societal demands (Cavanaugh & Kail, 2007). The internal maturational plan is largely governed by motives and drives that are internal and often unconscious. These together with the person’s culture, society and historical events influence all aspects of their behaviour, thought and personality, essentially shaping every part of a person’s life (Feldman, 2005). Therefore, positive psychological and social development during childhood is emphasized and not physical development.

The physically handicapped children at AIC Child Care Centre are between 6 and 17 years. This means they fall in two main stages which are industry vs. inferiority and identity vs. role confusion. During middle or late childhood the children are in the industry vs. inferiority stage where children develop the capacity to work and cooperate with others. Children must master important social and academic skills. This is a time when a child often compares themselves with peers. If industrious, the child will feel self-assured. Inferiority develops when negative
experiences at home, at school or with peers lead to feelings of incompetence and inferiority (Berk, 2003).

Adolescents at this stage are answering the crucial questions “who am I?” and “what is my place in society?” This is a crossroads between childhood and maturity. Adolescents must establish basic social and occupational identities or they will remain confused about the roles they should play as adults. They need to choose values and suitable career goals to lead to a secure personal identity (Shaffer, 2009).

General Literature Review

Psychosocial Needs of Physically Handicapped Children

A physically handicapped child has physical disabilities resulting from neurological impairment, orthopaedic impairment or other health impairments which may be minimal or severe. They may be caused by birth defects, diseases or accidents. Physical impairments limit a child’s physical abilities and are often visible as they affect a child’s mobility. In few cases, mental impairment accompanies physical impairment. Physically handicapped children are children with physical disabilities but have similar desires, needs and concerns as their able-bodied peers (Clark, et.al, 1986).

Children’s needs are diverse. A need is a requirement, necessity and/or want which when met helps a person realize success and satisfaction in life (Kabiru & Njenga, 2007). Emotional needs include love, trust, self-awareness, self-expression, respect, security and sense of belonging. Social needs include relationships with family, peers and community, sense of belonging, communication, being understood.
among others. Intellectual needs include exploration, experimenting, associating and reasoning among others (Kabiru & Njenga, 2007).

Love is basic in all human relationships however the meaning and behaviours that make people feel loved vary. Children with psychosocial problems usually reflect inadequate love received from parents, siblings, relatives, teachers or an environment of one or more negative influences. For a child to develop high self-esteem, self-confidence and security, a child needs a happy outlook of life. These qualities prevent the aggressiveness or regressiveness of children. Jesus emphasized that the greatest commandment is to love God, self and others (Matthew 22.36-40). Genuine love provides basic security. It helps a person to love themselves and others, interpret and constructively use our culture to adjust to unpleasant situations, develop group fellowship, foster warm identification with parents, relatives, peers and teachers and work towards alleviation of evils in the society (Clark et al., 1986).

From a young age, children want to be accepted by peers and act accordingly to be liked. Peers offer support, reassurance and act as powerful role models. According Lewis and Doorlag (1999), school-age peer groups have many functions, including fostering social skills and positive behavioural patterns. During middle childhood, children often form strong attachments to peers and copy their behaviour to create bonds with the group. So, if a child has friends who take school work seriously, it is likely the child will copy their behaviour and also want to perform well at school to fit into the peer group and to be popular within the group.

During the teenage years, pressure to conform to peer group behaviour and identity is more than at any other time in life (Berk, 2003). A good teenager might commit an act that goes against his usual behaviour, such as smoking cigarettes, to gain acceptance in a bad peer group. There is then danger that the teenager might alter
his/her behaviour unless supported and accepted by positive peer groups such as family members of other friendship groups.

The surrounding community has great effect on children. Factors such as ethnic community beliefs and practices as well as religious values and activities can either meet or fail to meet a child’s needs. The prevailing culture influences the psychosocial development of children. Culture is the way of life of the people and is understood through the core values and the value system (Tarayia, 2004). Culture defines the boundaries of cultural functioning that limit communication patterns, thinking, relating, beliefs, values and social behaviour. Social and cultural aspects in most communities are intertwined. Cultural norms and values are internalized at early age (Dunlop, 2002).

Psychosocial Needs of Children with Physical Handicaps in the African Context

Most African cultures had distinct life stages marked by certain celebrations or rituals that were communal. The community played a large role in the development of a child and often influenced the child’s thinking, beliefs and behaviour (Priest, 1990). Disability in most African culture was seen as a shame for the family and quite often the child was not exposed to the public (Instagad & Whyte, 1995). The child’s social interactions, mental stimulation and social relations were thus affected. AIC Child Care Centre is found in Kajiado town which has a mixture of ethnic communities though it is predominantly occupied by the Maasai. The Maasai recognize that one who is handicapped cannot be blamed for the condition. To give birth to a physically handicapped child is categorized as a misfortune threatening life-giving forces.
There is only one term that comes close to the English word handicapped and that is used by the literate Maasai. The word is “olmaima” which means crippled. It literally means a big brown lizard that has short legs and sways from side to side while walking. This lizard walks awkwardly, slowly and with difficulty (Ingstad & Whyte, 1995). Physical disability is not confined to people with mobility challenges but rather, also, to those physically dependent on others for help in daily tasks. Overcoming mobility challenges is a need for children with physical impairment. There were also the needs for the physically handicapped children to feel accepted and productive members of the society (Ingstad & Whyte, 1995).

The Church and Biblical perspective on physical handicaps

A church is an organized religion that believes in God the father, the son (Jesus Christ) and the Holy Spirit. It also refers to a local congregation of believers (Campolo, 2006). The church usually provides a loving community that offers social, emotional and even physical support to its members. Church members also encourage one another spiritually and hold each other responsible for consistent Christian living. Moreover, the church has campaigned for social change and has been a powerful force for positive social transformation (Campolo, 2006).

AIC has four main aims. These are to fulfil the commission of our Saviour Jesus Christ as given in the bible in Matthew 28:19-20, to glorify God in everything, to instruct and to strengthen church members in the faith and holy living, to help Christians so that they may stand firm on the scriptures and to show and demonstrate Christ’s love and concern for people by engaging in selective community development
projects based on biblical and evangelical principles and practices (AIC, 2013). From the AIC aims there are four basic values which are evangelism, love, holiness and mentorship. Children at the church need to be accepted, esteemed, mentored and encouraged to participate in church activities.

The bible contains examples of people singled out of society because of their physical disabilities. Mephibosheth, Jonathan’s son had both legs injured in an accident during childhood according to 2 Samuel 4.4 and 9.3. In Leviticus 21: 18-23, there are various people with physical disability that were excluded from offering food to God. These included the lame, a man that is broken footed or broken handed, a hunchback, dwarf or person that has any of his bones broken.

Though these handicapped people were priests, their disability excluded them from approaching the altar of God. Kabue (2011) notes that in the bible, physical disability was considered as weakness and was figuratively used to express inability (Kabue, 2011). Likely unmet psychosocial needs would have been the need for acceptance, empathy and esteem. However, people such as Job had mercy and assisted physically handicapped persons as mentioned in Job 29:15. Jesus also had compassion for the lame and healed some while on earth as mentioned in Mark 2:1-12.

Psychosocial Services Offered to Children

The Child Life Council (2014) explains four main categories of psychosocial services for children. These are play, education, preparation and self-expression activities. According to the spectrum of psychosocial development, psychosocial
services involve health, legal, economy, social, education, family and advocacy (Sekar, Manoj & Kumar, 2008). Psychosocial services aim to meet the psychosocial needs of children. Social behaviour permeates all aspects of life and affects children’s later adjustment and happiness. There are various things that may affect a person’s psychosocial development. The amount of impact that each aspect will have on an individual will depend on the situation, the individual’s experience and the stage of life the child is in (Mattson & Ollendick, 1988).

WHO (2012) maintains that psychosocial interventions should be done at different levels. At the lower level there should be social considerations in basic services and security. These are basic services that are safe, socially appropriate and protect the dignity of the person. The next level is strengthening a community and family support which aims at activating social networks and creating supportive child friendly spaces (WHO, 2012). The third level is the focused psychosocial supports where basic emotional and practical support given to selected individuals or families. Lastly, there are clinical services which include clinical mental health professionals such as psychiatrists, psychologists or counsellors (WHO, 2012). This is shown in figure 2.3.
Some of the services offered under social considerations in basic services and security would be caring workers, adequate space, flat areas with minimal physical barriers, colourful and safe environment and play. Play not only enhances physical development but is also an outlet for emotions, fosters social relations and social skills, moral values, mental and language development. It also prepares a child for life by acquisition of life skills (Kiminyo, 1986). Play also provides an entertaining and safe environment for a child to express negative emotions and difficult thoughts.

Strengthening community and family supports can be done in various ways. These services include mentorship, family support groups and awareness creation for families. Focused psychosocial supports include peer support groups, life skills training, and psycho-education (Ablam, 2013). Having a support system that links existing social services with each other is important. Moreover, other psychosocial support providers listed within the locality is also essential for purposes of referral for the clients whose needs are not met within the existing institution. Specialized clinical services include those offered by professional child care experts such as professional...
counselling, psychotherapy, psychiatric care and child protection services offered by lawyers and social workers.

The development of family support systems has been cited as one effective way to meet some of the psychosocial challenges children face (Ross, 1988). The family plays crucial roles in the learning environment of children. Important areas of support which apply to all family and community based programs are counteracting feelings of guilt, stigma and shame, increasing understanding of disability, minimizing its effect on every other aspect of life and teaching practical ways to assist the child’s development through training and rehabilitation techniques.

Some of the ways family and parent support programs have been implemented is in home programs where weekly or monthly visits are done to the family’s home, play groups where different activities are arranged for a play group of up to 20 persons. The playgroup activities involve sensory motor training, arts and crafts, language work, music, social skills training, cooking, gardening, etc. All children in the playgroup are involved in activities which will help them take an active part in daily life. The Health and Craft Centre gives such services in the Nairobi Family Support services (Ross, 1998).

According to the World Health Organization (2012), psychosocial support addresses the ongoing psychological and social problems an individual. It assists a person to make informed decisions, coping better with illness or disability and deal more effectively with discrimination. It improves the quality of a person’s life by helping them cope better with various other social and psychological challenges.
Resources that support Psychosocial Services

Resources can either be human, facilities or materials. According to WHO (2012), existing care workers in a facility can provide basic psychosocial support. Pre-service and in-service training in psychosocial support is crucial for health care personnel. Care provided by health care workers can be improved with the training of volunteers and others to assist those with terminal illness and their families in the community setting. Volunteers may be other people living with the illness or people affected by the illness in their personal lives.

Psychosocial resource persons can be of different professional and educational backgrounds (WHO, 2012). Some may be professionally-trained, specialized mental health personnel as described in figure 1 to the occasional visitor that comes greets and interacts with the child once in a while. They can also be caregivers that take care of the children, teachers, psycho educators, motivational speakers among others. Some of whom may be paid for their services while others may not.

In resource-constrained settings, there are often insufficient numbers of adequately trained health care personnel able to provide sophisticated psychosocial care. Identification of needs and the training of adequate personnel such as social workers or counsellors is an important step to ensure that psychosocial support becomes accessible to children and adults facing various psychosocial problems (WHO, 2012). The provision of psychosocial support is an important part of care at both institutional and community level.

Physical space in forms of empty rooms with chairs or empty fields is also necessary for the provision of psychosocial services. The space may be needed to ensure privacy and confidentiality. During play and psychotherapy a wide variety of
materials can be purchased. These include materials such as colour pencils, drawing sheets, coloring books, building blocks, moulding clay, board games and other toys. All these materials should be age appropriate and have minimal safety risk (Kabiru & Njenga, 2007). These toys and other play materials will help children to express their inner thoughts and feelings which are therapeutic. Along with playing materials a child friendly space is necessary. The children need space to play and interact. Physically handicapped children also need space that is free from physical barriers, is spacious and flat for ease of movement (Aslam, 2013). Materials for sports and other board games are also beneficial in facilitating psychosocial development (Feldman, 2005).

Psychosocial Challenges of Physically Handicapped Children

Depending on the aspect of psychosocial development there are various challenges a child may experience. Some of the educational challenges children experience include poor teacher-student relationship, poor peer relationships, poor performance and lack of concentration (Kiminyo, 1986). Health challenges may include problems with self-care and problems of self-image. Some of the other psychosocial problems children may face include conflicts, frustration, inhibitions, worries, inequality, lack of social amenities, strained relationships, neglect, identity crisis, career choice crisis and peer group problems (Kiminyo, 1986).

According to Vygotsky, children with handicaps are not integrated into social life to the fullest extent possible (Berk, 2001). Lack of adequate social interaction hinders all uniquely human understanding and skills such as controlled attention,
Additional impairments emerge that could have been avoided if the child’s social experiences had remained intact (Berk, 2001). Poor interactions or lack of social interactions with a physically handicapped person causes psychological trauma. However, social experiences are far more open to intervention than is the child’s original problem (Berk, 2001). Ways can be found to integrate the child into family, classroom and community life to ensure that the child reaches his or her potential.

There are different variables that affect the degree of difficulties in the psychosocial development of physically handicapped children. These are the severity of the disability, the age of its onset, the degree of its visibility, the support and encouragement the child gets from significant others, the attitude of people towards the handicapped and the child’s social status with his peers (Prakash & Prasad, 2006).

In some situations or institutions the means of communication is inaccessible for persons with disability. It has also been found that the physical facilities and access to information is limited (Aslam, 2013).

Another factor could be the functionality and non-functionality of the affected body part. The more severe the affected part, the more the psychological effect it has on the child. If the physical disability is more severe, the greater risk of social and psychological adjustment. Children with permanent disorders tend to have frequent psychological maladjustment than those with short term disorders. Physically handicapped children usually face difficulties in moving around and mood swings mainly frustration when not able to do something (Anjeh, 2007).

Some of the ways physically handicapped individuals react to their handicaps includes denial or refusal to acknowledge that the disability exists or that it imposes any limitations whatsoever. Other children may become resigned or give up leading to
them not attempting to do anything meaningful. They often engage in self-pity (Anjeh, 2007). Other children may regard oneself as the victim of injustice perpetuated by others and punishing others by hostility or withdrawal. Moreover, some children would be showing arrogance or rebellion, rejecting help or empathy, making aggressive demands while remaining aloof (Anjeh, 2007).

Some children may view the disability as a punishment for real or imagined infraction of family or societal rules. Other children may become dependent and demanding because remaining helpless seems the only way to assure attention affection and care (Umansky & Hopper, 1998). Moreover, stereotyping done by persons without handicaps that people with handicaps are dependent often kills their self-determination and personal autonomy (Kabue et al., 2011). In the adolescent stage, the youth with impairments experiences a major crisis due to rejection, negative attitudes and social stigma from family peers and society (Irungu & Wamocho, 2010).

Physical ability could be said to be crucial to the way an individual becomes conscious of and develops a unique separate identity. It facilitates conceptualization by receiving stimuli, interpreting information and enabling response. It is also of importance in the area of general mobility, maintaining body functions, and enhancing the whole early learning processes of social interaction, the building of self-esteem and the achievement of life goals. Other people's perception of an individual and that individual's perception of self will be greatly affected by physical appearance as well as mental achievement (Gitonga, 2011).

Children with handicaps often suffer more from social attitudes and social barriers than from their disability. Usually the family, especially parents, are held responsible for the impairment, which may be viewed as punishment, curse or wrong behaviour (Bjorn, 1990). Physical handicaps often interfere with an individual’s
socialization and growth. Reduced physical mobility often prevents the individual from participating in many social and physical activities available to those without physical handicaps (Bharti & Sharma, 2006). This may lead to exclusion from the community, family and school activities. Moreover, people with handicaps have been misunderstood, overlooked and discriminated by different segments of the community (Kabue et al., 2011).

Empirical Literature Review

A study done by Bharti and Sharma (2006) with the objective of assessing the social relationships of physically handicapped institutionalized children, found that popular children interact in a cooperative and friendly way while rejected children behave antisocially. Although neglected children engage in low rates of peer interaction, they are usually socially competent and well adjusted. It was found that the social interactions of these children are limited to the institution, so they share things with their peers within the institution only. Pro-social responses were found to be friendliness, cooperation, sharing and helping. These may be augmented by peer reinforcement and modelling. Therefore, children with physical handicap were given opportunities to relate well within the home and had peer relationships however the interaction with children without disability is unknown.

The Kenya National Survey of Person’s with Disability (KNSPWD) conducted a nationwide survey to bridge the gaps in the data about the population of handicapped persons in Kenya. Among other things the survey gave pointers to some of the psychosocial challenges children with disability face. According to the KNSPWD (2008), 70% of the respondents were able to relate with others without any
assistance at all. 5.2% reported mild difficulty, 3.5% reported moderate difficulty while 3.2% reported severe difficulty. In making household decisions, it was found that 14.2% of 0-14 year olds were consulted when making household decisions while 41.1% reported consultation between the 15-24 year olds. In eastern province 82% felt included in family conversations (KNSPWD, 2008). These findings indicate that some of the persons living with disability are mostly able to relate with others and are included in conversations. However, few are involved in decision making.

Conceptual Framework

A concept is an abstract idea representing characteristics (Rukwaru, 2007). The key concepts in this research are psychosocial services, physically handicapped children and psychosocial needs within AIC Child Care Centre. The theories that informed the study were the psychosocial theory of development by Erick Erickson and the Ecological system theory by Urie Bronfenbrenner. From these theories the basic conceptual framework was derived as illustrated in figure 2.4.
A variable is a measurable characteristic that assumes different values among the subjects (Rukwaru, 2007). The variables in the study are psychosocial needs and psychosocial services.

There are different types of variables. Independent variables remain unchanged but have the ability to influence another variable (Kothari, 2004). Psychosocial needs are the independent variable. All children with physical handicaps require these needs. If they are met adequately the child becomes psychosocially...
competent. However, if these needs are not met adequately the child becomes psychosocially incompetent.

The dependent variable indicates the total influence arising from the effects of the independent variable (Kothari, 2004). The psychosocial services that meet the psychosocial needs are dependent variables. They may be present or absent but have the ability to influence the overall outcome which is a child being psychosocially competent or incompetent.

There are two possible outcomes for the child as indicated by child A and child B. Child A is a psychosocially competent child who has had their needs met through the psychosocial services offered. Such a child can thrive in the community as they are better able to cope with life challenges, be productive and feel fulfilled.

Child B is a psychosocially incompetent child. The psychosocial services offered are inadequate to meet the child’s needs. Such a child will have problems relating with others, managing self as well as coping with challenges will be difficult.

Summary

The literature review highlighted the key psychosocial needs which may include love, competence, acceptance, empathy or being understood, independence, esteem, meaningful relationships, community participation, self-expression, exploration, decision making and learning. The various psychosocial services and their relevance were then discussed. More light was shed on the psychosocial challenges of physically handicapped children. Various resources persons, facilities and materials useful in psychosocial development were then explored. The theoretical
framework informing this thesis is Abraham Maslow’s Hierarchy of Needs, psychosocial theory of development and ecology systems theory. The next chapter presents research methodology.
CHAPTER THREE: RESEARCH METHODOLOGY

Introduction

Research methodology is an operational framework within which facts are placed so that their meanings are seen more clearly (Babbie, 1998). At this stage, the techniques of obtaining data are developed and data is actually collected to test hypothesis, if any (Mugenda & Mugenda, 2003). This chapter outlined the research process and factors considered in the study. The design used was explained detailing the tools of the research as well as the population selected. The sample size and technique was elaborated. The data collection equipment and procedures were explained. Furthermore, pretesting, data analysis plan and ethical considerations were explained.

Research Design

According to Kothari (2004), research design is the structuring of conditions for collection and analysis of data in a way that ensures relevance to the research purpose and economy in procedure. The most appropriate design for this study was a case study survey which involved the observation and analysis of an individual unit (Abugah, 2009). It uses variety of methods including the questionnaire, interview schedule and observation checklists which can yield a rich set of qualitative and quantitative data. This research took place in a natural setting and used multiple methods that were both interactive and humanistic (Cresswell, 2003).
The case study of physically handicapped children residing within the Child Care Centre was used to gather relevant quantitative and qualitative data on the psychosocial services offered to physically handicapped children. The researcher chose to study AIC Child Care Centre as it was the main institution in Kajiado County which accommodated and took care of physically handicapped children. Moreover, there is limited research on the psychosocial services given to physically handicapped children.

Population

Population is defined as the entire group of individuals, events or objects having common observable characteristics (Mugenda & Mugenda, 2003). The population of the study was children with physical disability in Kajiado County and the caregivers that support them. The target population in this study was the children with physical handicaps at AIC Child Care Centre and some of the care givers within AIC Child Care Centre. These were physically handicapped children between 6 years to 17 years. The children were in two different stages of development which are adolescent stage and childhood. These physically handicapped children were given shelter in the institution when undergoing medical treatment and during the school term period for those attending primary schools nearby or the institutions school that has baby class to class two. The dormitories house both categories of physically handicapped children.

There were 18 caregivers working within the institution on full-time basis. These included the director, administrator, accountant, secretary, physiotherapists, social worker, church ministers, housemothers, teachers, workshop technician,
cleaners, cooks, and grounds men. Nine out of these were purposively included in the sample as they all interacted with the children at the institution and influenced, directly or indirectly the child’s psychosocial development. All the physically handicapped children at AIC Child Care Centre were also part of the population. The Centre had a bed capacity of 70 although they had 58 children residing in the home.

Sample Size

Sample size is the number of items to include in a statistical sample. It is used to represent the total population (Mugenda & Mugenda, 2003). In this research the sample size was the total target population comprising all children and selected caregivers of all the children. This included a census of 58 physically handicapped children that resided within AIC Child Care Centre. It also included 9 of the 18 caregivers from AIC Child Care Centre that had been purposively selected.

Sampling Technique

Sampling is the selection of a subset of cases from a population of interest. The sample is used to make generalizations about the population from which it is drawn. It should be a representative of the underlying population (Rukwaru, 2007). A census is where all items in the population are included in the study because it is small (Abugah, 2009). For this study, a census was used to study the children as the population was small enough to be included in the study.
Purposive sampling was used to select caregivers in order to target the individuals thought to be knowledgeable or central to the research questions. This method is used when subjects are selected because of some characteristics (Mugenda & Mugenda, 2003). The director, four housemothers, social worker, physiotherapist, local pastor and teacher participated in the study.

<table>
<thead>
<tr>
<th>Subjects purposively selected</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
<td>1</td>
</tr>
<tr>
<td>Social Worker</td>
<td>1</td>
</tr>
<tr>
<td>House mother</td>
<td>4</td>
</tr>
<tr>
<td>Physiotherapist</td>
<td>1</td>
</tr>
<tr>
<td>Local Pastor</td>
<td>1</td>
</tr>
<tr>
<td>Teacher</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
</tr>
</tbody>
</table>

Data Collection Instruments

Data collection refers to the research techniques used in performing research operations. Data collection provides information and evidence on the area of research (Kothari, 2004). The researcher used four research tools so as to obtain data that was verifiable. The four main research instruments used were: focus group discussions, service observation checklist, questionnaire and semi-structured interviews.
Semi-Structured Interview

The semi structured interview is a one-on-one method of data collection that involves the interviewer and interviewee discussing specific topics in depth (Babbie, 1998). It helped the researcher to understand psychosocial aspects and services offered within AIC Child Care Centre from the caregivers. Semi-structured interviews facilitate institution and analysis of the data. It also offered the respondent an opportunity to respond in their own words and express their own personal perspectives (Kothari, 2004). There were five separate interviews for the director, physiotherapist, social worker, teacher and local pastor.

Focus Group discussion

A focus group discussion is an interactive discussion between 6 to 8 participants, led by a trained moderator and focusing on a specific set of issues (Creswell & Clark, 2007). The aim is to get a broad range of views on the research topic over a period of 60-90 minutes, and to create an environment where participants feel comfortable to express their views. This method was selected because the interactive nature of collecting data in a group discussion enabled more insights on the research issues that were being sought rather than a series of in-depth interviews with the same number of participants (Creswell & Clark, 2007). The researcher conducted four focus group discussions. One involved 8 children between 6 and 8 years old, two teenage children groups having 8 children and the last involved the housemothers that support the children.
Observation

Observation as a research tool is the systematic description of events, behaviours, and artefacts in the social setting chosen for study. Observation enables the researcher to describe existing situations using the five senses, providing a written photograph of the situation under study (Babbie, 1988). African Inland Church Child Care Centre is a closed setting therefore the researcher explained to the director the aims and procedure of observing the services given to children at AIC Child Care Centre. These observations were done over a period of two weeks by the researcher and a research assistant. Through these observations the presence or absence of psychosocial services such as family support groups, awareness creation for families, peer support groups, life skills training, field trips, psycho-education, clubs, play and games was done.

Questionnaire

This is a data collection tool that consists of a number of questions printed or typed in a definite order or form or set of forms. Questionnaires are commonly used to obtain information about the population. Each item in the questionnaire is developed to address a specific objective, research question or hypothesis of the study (Mugenda & Mugenda, 2003). According to Abugah (2009), questionnaires are extremely useful and flexible since they can be designed to suit particular requirements of an individual research.

The questionnaire designed for the study was for children between 9 and 12 years only. This is because most children at this age know how to talk, read and write (Rice, 1995). Consent by the director of the institution was sought prior to the
administration of the questionnaire. The questionnaire had ten questions that focused on the psychosocial needs of children in middle childhood.

Data Collection Procedure

The researcher first sought permission to carry out the study from the director of AIC Child Care Centre after explaining the purpose of the study. Verbal consent was requested as well from the church after assuring the director of confidentiality of the study. A research permit was also sought from the National Commission for Science, Technology and Innovation as required by the law of Kenya. Thereafter, data collection commenced.

The researcher first held the various interviews for the administrator, house mothers, teachers and church ministers. The responses were tape recorded so that they were transcribed accordingly. The focus group discussions for the caregivers were also held at a suitable date. Four were targeted but only two were present. The other two caregivers were not at AIC Child Care Centre at the time. Data from the discussions were also recorded. The researcher observed the services as indicated by the observation checklist. The questionnaire for children was administered to the children between 9 and 12 years. The number of respondents from the questionnaire were 19: 11 boys and 8 girls.

The focus group discussions for the adolescents and children between 6 to 8 years were done last. Three focus group discussions were held with the physically handicapped children. A total of 25 children were involved in the three focus group discussions. Group one and group two involved adolescents while group three involved children aged 6 to 8 years. Group one consisted of 2 girls and 6 boys; group
two consisted of 8 girls while the third group consisted of 5 girls and 4 boys. Psychosocial services, psychosocial competence and needs were explained before starting the data collection process for all the tools except the behavioural checklist.

Pilot Testing

A pilot study is designed to pre-test the research tools. It is designed to ensure that the questions asked in the questionnaire are clear and understandable to the respondents (Kothari, 2004). It also helps clarify areas the respondents may find ambiguous and so refine it better. Pre-testing was done by administering the questionnaire to 7 children aged between 9 and 12 years within Shelter Children’s home in Kajiado County. This is ten percent of the total number of people to be studied. The social worker was also interviewed. This represented 20% of the total of 5 people to be interviewed at AIC Child Care Centre. Shelter Children’s home was selected as it is a child care institution within Kajiado that also gives rehabilitation services to children. It was found that the questionnaire had a question that was not understood by the children which was modified. The social worker answered the questions well, though the term psychosocial had to be defined for every person being interviewed for relevant answers to be included. This was also done in the main study.

Reliability and Validity

Reliability is a measure of the degree to which a research instrument yields consistent results after repeated measurements are taken of the same subjects under similar conditions while validity is the extent to which an instrument measures what it
pursued to measure (Mugenda & Mugenda, 2003). In this study, through use of good indicators in the research tools, definition of key terms and accuracy during the process of data collection reliability of the research was enhanced.

The validity of the research instrument was improved through a pilot study done at Shelter Children’s Home. The ambiguous questions were then modified so as to get relevant responses. This is in line with Rossman and Rallis (1998) that reported a pilot study helps to identify items that could be easily misunderstood, and such items will be modified accordingly, thus increasing face validity of the research. Expert opinions and literature searches also help to establish content validity (Rossman & Rallis, 1998). The researcher prepared the instruments with close consultation with supervisors whose expert judgment helped to improve on the content validity. Through the use of different methods of collecting data the researcher was also able to fill in the gaps and make the information valid and reliable.

Data Analysis Plan

Creswell and Clark (2007) assert that a series of steps in data analysis when using the mixed method approach that were used in the research. This involved preparing the data for analysis, exploring the data, analyzing the data, representing the data analysis and validating the data.

The qualitative data was converted into a write up using predetermined classifications and later coding categories based on the research questions. The recorded data was transcribed and coded into emerging themes by paying particular attention to comments, ideas and concerns of the interviewees based on the research questions. The data was then presented in a narrative form.
For quantitative data collected through the questionnaires and service checklist was analyzed using Statistical Package for Social Sciences (SPSS) version 17.0. The information was organized into tables and figures based on the main themes of socio-demographic factors, psychosocial needs, psycho-social services present, psychosocial resources presented and psychosocial challenges.

Ethical Considerations

Research involving children raises special ethical concerns. Children are more vulnerable to harm than adults and cannot always make informed decisions about research participation (Mukherji & Albon, 2010). For this study the ethical guidelines that were adhered to were seeking consent from the director and NACOSTI, assent from the physically handicapped children at AIC Child Care Centre and the caregivers included in the study. A research permit from NACOSTI and verbal authorization from the director of AIC Child Care Centre was sought after giving full disclosure of the purpose of the research and the research methods employed were sought. Thereafter, the physically handicapped children were informed of the research purposes and research tools used using age appropriate language. Thereafter they were assured of confidentiality. Their participation will be voluntary. Anonymity of every other participant was also upheld following the professional, legal, and ethical considerations of the American Psychological Association (2000).
Summary

This chapter presented the research methodology used in this study. It has given the study design, population, sampling design and sample size. It has also given data collection tools and procedures detailing the plot test and validity and reliability. The ethical considerations used, data analysis and presentation plans have also been provided.
CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION

Introduction

The study sought to establish the availability of various psychosocial services accessed by children in AIC Child Care Centre Kajiado to meet the needs of the physically handicapped. The study findings on the research were analyzed, presented and interpreted. Research tools used were observation, questionnaire, interview and focus group discussions. The questionnaire yielded quantitative data only while other data collection tools yielded both qualitative and quantitative data. Data collected from the questionnaire was summarized and analyzed using SPSS 17.0 and presented in tables and figures. Qualitative data was analyzed using emerging themes.

Analysis and Interpretation

Response Rate

In this study, interviews recorded 100% response rate while the questionnaire recorded a response rate of 76%. The focus group discussion had a response rate of 70%. The findings are presented on table 4.1.

Table 4.1: Response Rate

<table>
<thead>
<tr>
<th>Respondent categories</th>
<th>Target respondents</th>
<th>Response rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Frequency</td>
<td>Percent (%)</td>
</tr>
<tr>
<td>Physically handicapped children</td>
<td>58</td>
<td>44</td>
</tr>
<tr>
<td>Housemothers</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Social workers</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Church ministers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Teachers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Director</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
<td>50</td>
</tr>
</tbody>
</table>
Forty-four children participated in the study. This is because the tools were administered at the onset of the new term period. Some of the children residing within AIC Child Care Centre had not come back to the centre yet by the time the research commenced.

Characteristics of Respondents
Physically Handicapped Children

Out of the 58 physically handicapped children residing within AIC Child Care Centre at the time a total of 44 children participated in the study. Out of these 27 were girls and 17 were boys. The findings on the gender distribution of the children included in the study are shown in figure 4.1.

![Gender of Physically Handicapped Children](image)

*Figure 4.1 Gender of the Physically Handicapped Children*
Out of the 44 children interviewed in the study, 19 of were between the ages of 9 and 12 years and they filled in the questionnaires. The remaining children were also involved in the study through focus group discussions. Out of the remaining 25 children, 8 were between 6 and 8 years while for the other two groups of focus group discussions had their children between the ages of 13 to 17.

Description of Care Givers

The qualitative data resulted from interviews involving AIC Child Care Centre Director, a local AIC pastor, a physiotherapist and social worker and focus group discussion with house mothers. Both interview and focus group respondents were asked the length of time they had worked in their current positions. This was aimed at establishing their work experience. The findings on the work experience are presented in table 4.2.

Table 4.2: Care Givers’ Duration at AIC Child Centre

<table>
<thead>
<tr>
<th>Designation of the Caregivers</th>
<th>Duration of years at AIC Child Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housemother</td>
<td>1-10 years</td>
</tr>
<tr>
<td>Social worker/physiotherapist</td>
<td>1-4 years</td>
</tr>
<tr>
<td>Teacher</td>
<td>10 years</td>
</tr>
<tr>
<td>Church minister</td>
<td>1 year</td>
</tr>
<tr>
<td>Director</td>
<td>30 years</td>
</tr>
</tbody>
</table>

From the findings presented in table 4.2, it is notable that the director had worked at AIC Child Care Centre for 30 years while teacher had worked for a period of 10 years. All the care givers had worked at AIC Child Care Centre for at least 1
year which indicates they had enough knowledge on the issues presenting among the children especially psychosocial.

Psychosocial Needs

Psychosocial needs are the independent variables in this study. These are needed by the children with physical disability at AIC Child Care Centre for them to be psychosocially competent. Key issues under psychosocial needs were identified.

Identifying Psychosocial Needs

Study findings revealed that there was a structured way of identifying psychosocial needs at AIC Child Care Centre during admission. Several respondents explained that when medical history was taken they got to know the social demographic factors of the child. On admission, it is mandatory for the social worker to interview every new client/child and their parent or guardian in order to understand some of their psychosocial needs. Forms filled on admission also gave some of indication of their social needs. These findings show that there was emphasis on identifying some of the psychosocial needs of the children at AIC Child Care Centre. This is in line with WHO’s (2012) explanation that identification of needs and the training of adequate personnel such as social workers or counsellors is an important step to ensure that psychosocial support becomes a viable part of the care of people.
Table 4.3 Ways of Identifying psychosocial Needs at AIC Child Care Centre

Ways of Identifying Psychosocial Needs at AIC Child Care Centre

1. Medical history of the physically handicapped child taken
2. Interviewing of the child
3. Interviewing of the parent
4. Admission forms filled

Love

The 19 respondents who answered the questionnaire were asked to rate the frequency that other people at AIC Child Care Centre did many good things to the respondents. This is an indicator of love.

Figure 4.2: How often the respondents thought other people at AIC Child Care Centre did many good things to them

Centre did many good things to them
From the findings presented in figure 4.2, 73.7% (14) of the respondents said always, followed by sometimes reported by 15.8% (3). This brings out the fact that at AIC Child Care Centre the children felt loved by the people around them. Going by the description by Clark et al. (1986), love is basic in all human relationships however the meaning and behaviours that make people feel loved vary. These findings are contrary to the argument by Clark et al. (1986) that children with psychosocial problems usually reflect inadequate love received from parents, siblings, relatives, teachers or an environment of one or more negative influences.

![Security](chart.png)

*Figure 4.3: How often the respondents felt safe at AIC Child Care Centre among the 9 to 12 year old physically handicapped children*

Regarding security, which is one of the psychosocial needs, the respondents were asked how often they felt safe at AIC Child Care Centre. From the findings
showing on figure 4.3, 78.9% (15) of the respondents felt safe at the AIC Child Care Centre always while 15.8% (3) of the respondents felt safe sometimes. Another 5.3% (1) did not feel safe at all. The findings are presented in figure 4.3. This implies that most of the respondents at AIC Child Care Centre felt safe. These findings are in line with WHO’s (2012) consideration of security as one of the basic services ensures that individuals feel safe and protect the dignity of the person.

Meaningful Relationships

![Bar chart showing the percentage of respondents who have friends at AIC Child Care Centre.]

**Figure 4.4: Meaningful relationships**

The findings on how often the respondents had friends at AIC Child Care Centre are presented in figure 4.4. Having friends is a manifestation of meaningful relationships. Study results showed that the majority of the children at the centre reported to have friends. 73.7% (14) always had friends at AIC Child Care Centre,
15.8% (3) had friends at AIC Child Care Centre sometimes while another 5.3% (1) never had friends at all. This implies that the children at AIC Child Care Centre have had social skills as they interacted with peers positively, thus able to have friends (Lewis & Doorlag, 1999). The fact that the respondents always had friends is indicative of their ability to form strong attachments to peers and copy their behaviour to create bonds with the group. Having friends at AIC Child Care Centre was indicated as one of the key things that made children happy at AIC Child Care Centre.

Self-Awareness

To determine the level of respondents’ self-awareness, the respondents were asked to state how often they knew who they were, what they liked and what they did not like. The results are tabulated below in a table.

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>5.3</td>
</tr>
<tr>
<td>Sometimes</td>
<td>21.1</td>
</tr>
<tr>
<td>Always</td>
<td>57.9</td>
</tr>
<tr>
<td>Not sure</td>
<td>5.3</td>
</tr>
<tr>
<td>No response</td>
<td>10.5</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Study findings presented show that 57.9% (11) of the respondents always knew who they were and what they liked or did not like, followed by 21.1% (4) of the respondents who said that they sometimes knew who they were and what they liked or did not like. This implies that the majority of the children at AIC Child Care Centre (57.9%) always knew who they were and what they liked or did not like. However,
this represented slightly over fifty percent. This indicates a significant number of children were not self aware.

Self-Expression

In order to establish the respondents’ ability to express themselves, children residing within AIC Child Care Centre were asked to state how frequent they talked and played with people who listened to them. The findings are presented in figure 4.5.

![Figure 4.5: Frequency of talking and playing with people who listened to them](image)

From the findings, 68.4% (13) of the respondents indicated that they always talked to and played with people who listened to them while 21.1% (4) of the respondents were ambivalent. This implies that children at AIC Child Care Centre always talked to and played with people who listened to them. This brings out the
need for children to be accepted by peers hence making them reciprocate (Lewis & Doorlag, 1999).

Self-Esteem

This study found it important to determine the respondents’ self-esteem by asking them whether children at AIC Child Care Centre said things that made them feel good about themselves. The outcome is presented on figure 4.6.

![Figure 4.6: How often Children at AIC Child Care Centre did or said things that made the respondents feel good about themselves](image)

From the findings, 73.7% (14) of the respondents answered in the affirmative explaining that children at AIC Child Care Centre always said good things that made
them feel good about themselves, while 15.8% (3) said that this happened sometimes. Another 5.3% (1) said that no child ever said good things that made them feel good about themselves. This means that the majority of the respondents at AIC Child Care Centre said good things to other children that made them feel good about themselves. This implies that most of the children at AIC Child Care Centre had a high self-esteem.

Physically Handicapped Children Interaction with the Society

The respondents were asked to rate the frequency of interaction with people outside AIC Child Care Centre. Refer to figure 4.7.

![Figure 4.7: Interaction with people outside AIC Child Care Centre](image-url)

**Figure 4.7: Interaction with people outside AIC Child Care Centre**
The respondents that always interacted with people outside of AIC Child Care Centre were 47.4% (9), 42.1% (8) sometimes did, while another 5.3 % (1) never interacted with anyone. The findings are presented in figure 4.7. This implies that the majority of the respondents had always gotten to doing new things or visiting new places at AIC Child Care Centre like the national park shared in the focus group discussions. This indicates that most children at AIC Child Care Centre always got to doing new things and visit new places.

**Exploration of their Surrounding Environment**

The respondents were asked to rate the frequency in which they interact with people outside AIC Child Care Centre. This is shown in figure 4.8.

![Bar chart showing the frequency of interaction with people outside AIC Child Care Centre](chart.png)

*Figure 4.8: How often the respondents got to do new things or visit new places at AIC CCC*

The respondents always got to doing things or visit new places at AIC Child Care Centre were 68.4% (13) from the research. This was followed by 21.1% (4) of the respondents who gave a sometimes response. When asked to explain when they
interacted with the children at AIC Child Care Centre, the social worker, teacher physiotherapist and director interviewed explained that interactions mainly happened during scheduled meetings, surgery (since they accompanied them to the hospital) and in the evenings since residing at the centre. Others explained that interaction happened during class times, when the caregivers supervised the children when playing and when they encouraged children admitted as they went through medical treatment.

The church minister interviewed reported that their interaction with children happened in the evenings when the children got back from school and on Sundays when they went to church for services. These findings show the pivotal role played by both institutional and community level in providing psychosocial support is an important part of care (WHO, 2012). AIC Child Care Centre involved the institution a lot in the psychosocial care of the children. However, community involvement was not as frequent.

Decision making

Through the questionnaire children at the AIC Child Care Centre were asked how frequently they were asked to make decisions. The findings are shown in figure 4.9.
As presented in Figure 15, 52.6% (10) of the respondents always made some decisions at AIC Child Care Centre while 26.3% (5) did make some decisions. Another 10.5% (2) never made any decisions. This suggests that the majority of the respondents at least made some decisions at AIC Child Care Centre. Decisions were made on how to spend their free time, who to befriend, what clothes to wear when not in school, among others. This is an intellectual need that helps children to be more independent and self-confident (Kabiru & Njenga, 2007).

**Figure 4.9: How often the respondents made decisions at AIC Child Care Centre**

Learning

Learning is one of the psychosocial needs. This study sought to establish its status among AIC Child Care Centre children by asking them to rate a statement on how often they had learnt things about the society, life and other people. From the
findings, presented in figure 4.10, 52.6% of the children always learnt something about the society at AIC Child Care Centre.

![Bar Chart](chart.png)

**Figure 4.10: How often the respondents had learnt new things about the society, life and other people at AIC Child Care Centre**

Physically handicapped children at AIC Child Care Centre reported that 52.6% (10) had always learnt new things about the society and life and other people in the centre while 36.3% (5) gave an “often” response. Another 15.3% (3) gave a “not at all” response. This indicated that the majority of the respondents had always learnt new things about the society, life and other people at AIC Child Care Centre thus the environment at AIC Child Care Centre promoted learning. It was also found out in that both the children and adolescents AIC Child Care Centre interacted with visitors, asked visitors questions, read novels, watched news, and read newspapers and magazines like e-woman which helped them learn more about themselves others and the society. Respondents aged 6 to 8 years said that they learnt about themselves, others and the society at school and by asking visitors questions. They also interacted
with the community at the church service, sports, in their visits and during class eight parties to AIC Child Care Centre. This brings to light Bharti and Sharma’s (2006) argument of the role of social interactions in enabling learning among physically handicapped children.

Competence

To determine the competence of the respondents, the respondents were asked how often they were good at an activity they often got to do. These findings are presented in table 4.5.

Table 4.5: Findings on how often the respondents were good at doing an activity they often got to do at AIC Child Care Centre

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
<tr>
<td>Sometimes</td>
<td>4</td>
</tr>
<tr>
<td>Always</td>
<td>12</td>
</tr>
<tr>
<td>Not sure</td>
<td>1</td>
</tr>
<tr>
<td>No response</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
</tr>
</tbody>
</table>

From the findings, 63.2% (12) of the respondents said that they were always good at doing something they often did at AIC Child Care Centre while 21.1% (4) of the respondents said that it happened sometimes. Another 5.3% (1) gave a “not at all” response while another 5.3% (1) was not sure. This implies that the majority of the respondents were always good at doing things they got doing at AIC Child Care Centre. From the focus group discussions passing exams was indicated as one of the things that made the children happy. This means that the activities at AIC Child Care Centre enable most children to acquire competence at an activity. This helps to boost self-esteem.
Problem Solving

When asked what they did when they had problems with other children at AIC Child Care Centre, the respondents from focus groups for adolescents consisting of both male and female respondents unanimously agreed that they told the housemothers, forgave them, confronted them demanding explanation or corrected the person. On the contrary, focus group respondents consisting of female adolescents only explained that they told the housemother or teacher, or forgave. The respondents aged 6 to 8 years also told the house mothers when there was a problem. These findings point to the psychosocial competence of the children at AIC Child Care Centre. Psychosocial competence is the ability to deal with everyday demands of life, to face challenges, make choices and maximize opportunities (Kabiru & Njenga, 2007).

Other Psychosocial Needs

When asked to list the psychosocial needs they had observed in the children at AIC Child Care Centre, the respondents explained that there was a lack of adequate hygiene as some of the girls lacked adequate soap and sanitary towels. The lack of sanitary towels made the girls withdraw due to shame during menstrual period. There was also a need for more comfortable assistive devices since those that were available were uncomfortable and acceptance by the local community.

These findings show the role of psychosocial services in meeting emotional, mental and socials need once identified (St. Andrews Refugee Services, 2014). This makes it critical that the services offered meet all the psychosocial needs of the
children given that their very existence and development in all spheres is determined by the adequate access to these services.

These findings reveal the role of psychosocial support both in the institutions and by the community. Provision of psychosocial needs influences all aspects of life and affects children’s life and affects later adjustment to happiness (Sekar et al., 2008). Moreover, it is noted that the things that made the children sad were largely associated with their disability. This confirms views by Samuel (1972) that the sensitivity of children who are affected by their disabilities. The things that made the children sad also manifested the psychosocial challenges.

Psychosocial Services

Through observation, various psychosocial services were identified present or absent. The findings on the availability of different psychosocial services at AIC Child Care Centre are presented in table 4.6.

<table>
<thead>
<tr>
<th>Table 4.6: Availability of Psychosocial Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>Peer support groups</td>
</tr>
<tr>
<td>Counselling</td>
</tr>
<tr>
<td>Life skills training</td>
</tr>
<tr>
<td>Group or individual Play</td>
</tr>
<tr>
<td>Sport activities</td>
</tr>
<tr>
<td>Family group counselling sessions</td>
</tr>
<tr>
<td>Field visits</td>
</tr>
<tr>
<td>Psycho-education done in groups with an adult speaker</td>
</tr>
<tr>
<td>Child protection services- social worker or any other caregiver assigned that work.</td>
</tr>
<tr>
<td>Involved in clubs or other social groupings</td>
</tr>
</tbody>
</table>
From the study findings counselling, life skills training, group and individual play and sports activities were offered and accessed by children at AIC Child Care Centre. There was a field/playground for the children. There was also a football pitch. It was also established that AIC Child Care Centre had sports day every year. In the sports day other handicapped persons were invited. Furthermore, field visits were also done occasionally. It was also established that child protection services were offered by a social worker or any other caregiver assigned that work. In this case, house mothers were the first ones to be informed. Children were also involved in clubs or other social groupings. The children participated in Bible Club. On the contrary, peer support groups, psycho-education and family group counselling were not accessed by handicapped children at AIC Child Care Centre.

Through the focus group discussions it was found that various activities were explained to the children during the weekend. These are shown in the table 4.7 below.

Table 4.7: Activities done by physically handicapped children during the weekend

<table>
<thead>
<tr>
<th>Category</th>
<th>Activities done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Games</td>
<td>playing football, sitting-volleyball, and kati, hide-and-seek, sleep</td>
</tr>
<tr>
<td>Play</td>
<td>revision of school work over the weekends</td>
</tr>
<tr>
<td>Education</td>
<td>Watching television, play sitting volleyball, kati, reading novels</td>
</tr>
<tr>
<td>Social media</td>
<td></td>
</tr>
<tr>
<td>Domestic duties/ life</td>
<td>washing clothes, helping housemothers clean or cook</td>
</tr>
<tr>
<td>skills</td>
<td></td>
</tr>
</tbody>
</table>

According to the respondents interviewed, the psychosocial services offered to the children at AIC Child Care Centre were similar as well. These are formal education, writing, drawing, sports, playing, and making play or learning material. Group discussions, counselling, sports day, integrated education where education received by the physically handicapped prepares them to interact with able-bodied persons, debates, and going to the children’s county assembly (whereby three to four
children go twice a year). Similarly, a respondent explained that playing, interacting with others in the community through the volunteers and visitors that came to visit the children, counselling and participating in church activities enhanced the psychosocial wellbeing of children at AIC Child Care Centre. Other psychosocial services offered to children at AIC Child Care Centre which enhanced psychosocial competence were the singing, setting up the church, drama, bible club, field trips, choir, occupation therapy and visits done by Red Cross personnel.

Psychosocial Support

Study findings also revealed that psychosocial support was primarily offered by the housemothers or the social worker. When asked who helped them to learn more about themselves, all the children focus group respondents said that the physiotherapist and housemothers did. This means that the housemothers and psychotherapist played a major role in creating self-awareness among adolescent children at AIC Child Care Centre. Furthermore, disciplining at AIC Child Care Centre was done by housemothers. This was particularly true since all the three children focus group discussions findings revealed that when any child was found doing anything wrong the house mothers were told.

Resources for Psychosocial Competence

The people interviewed explained that the resource persons accessed by children at AIC Child Care Centre were mainly physiotherapist, volunteers, and good role models. The children could identify with the director who is also physically
handicapped. This helped the children gain psychosocial competence. Classrooms, playground, field, chess board, swings, charts in classes, the recreational hall, balance, slide swing were accessed facilities. There were various materials that were used for play, education, preparation or self-expression at the school by the children. These included, balls, tennis equipment, volleyballs, wheelchairs and chess board games.

Furthermore, this study sought to establish the availability and access to psychosocial information by observing them at AIC Child Care Centre using an observation checklist. The findings on the psychosocial resource persons, facilities and materials are presented in table 4.8.

Table 4.8: Psychosocial resource persons, facilities and materials available at AIC Child Care Centre

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child friendly facilities- colourful, spacious, flat</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Caregiver present</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Access to current news through mass media- newspaper, television, radio, or internet</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Child has toy variety</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>Child plays games</td>
<td></td>
<td>√</td>
</tr>
<tr>
<td>Rooms or space for support groups, counselling or psycho-education</td>
<td>√</td>
<td></td>
</tr>
<tr>
<td>A psychosocial healthcare specialist- trained social worker, psychiatrist, psychologist or counsellor</td>
<td>√</td>
<td></td>
</tr>
</tbody>
</table>

From the study findings, the facilities in AIC Child Care Centre were spacious and flat thus child friendly. This study also established that children at AIC Child Care Centre played games and there was room to support groups, counselling and psychosocial education. Similarly, the institution also had a psychosocial healthcare specialist. These findings are in tandem with the responses from the interviewed persons. The explanation by Kabiru and Njenga (2010) that physical space and other materials are needed during play and psychotherapy.
However, it was observed that play, education and sports materials were limited. These include colouring pencils, drawing sheets, colouring books, building blocks, board games, balls, rackets and other toys. Further, the children’s access to current news through mass media such as newspaper, television, radio and internet was limited. Access to current news was only by reading newspapers and watching television which only happened on Saturdays. It was also observed that the children did not have a variety of toys. There were no other toys at AIC Child Care Centre other than balls. This shows gaps in the psychosocial materials accessed by the children at AIC Child Care Centre. This gap is not peculiar to AIC Child Care Centre but is in sync with the study findings recorded by Aslam (2013). The study found out that many person’s with disability express unmet psychosocial needs in terms of lack of support.

Human Resource Capacity to Meet Psychosocial Needs and Challenges

When asked of the capacity of the caregivers within the home to deal with the psychosocial needs and challenges of children within the home, the respondents were divided. Some felt that the caregivers were capable of handling the psychosocial issues while others did not. The respondents who felt that the caregivers were capable explained that they were able to provide these need to acceptable levels but pointed out that more training was needed to help caregivers understand children and their psychosocial needs better. On the other hand the respondents who didn’t feel that the caregivers were not capable explained that due to many duties their time with the children was limited.
Another concern was that the girls found it hard to approach the social worker when faced with certain psychosocial concerns. Further, it was found that the caregivers were present at the places where the handicapped children were located. This study also found out that there was always someone to supervise the children while going about their tasks, duties or playing. Supervision by the care givers enabled the children benefit more as they facilitated psychosocial development (Feldman, 2005) by ensuring safety and psychosocial support when necessary.

Role of the Care Givers

Different care givers were found to have different roles. However, the social worker and physiotherapist share some roles. The social worker and physiotherapist were involved in physical assessment, new admissions, referral process, advocacy through outreach program for cerebral palsy children, therapy, guidance and counselling sessions for parents. The physiotherapist also worked in five regions with clinics each group of 20-25 cerebral palsy children with their parents.

It was also established that the housemothers took care of all the children accommodated at the Centre. The children consisted of both genders but each gender had different dormitories. Their duties included cooking, cleaning and giving psychosocial support the children while in the dormitory. The role of the teacher at AIC Child Care Centre was to teach, help handicapped persons to move in their wheel chairs and help feed the disabled children during meals. Furthermore, the role of the local pastor at AIC Child Care Centre was to oversee church programs. All the children in AIC Child Care Centre participated in some church programs. These findings reveal the implication of Brofenbrenner’s views that he asserts that child
development occurs within a complex system of relationships affected by multiple levels of the surrounding environment (Berk, 2003). The role played by each of the caregivers contributes to the overall development of the physically handicapped children.

Care Givers’ Training

Regarding training on child development or psychosocial support, the social worker and teacher had received some formal training in child development, psychotherapy or counselling while all the other caregivers and even local pastor had not. Thus the services they offered were often not specialized services such as psychotherapy, professional counselling, psychiatric care and child protection services as indicated on the top of the IASC Pyramid (WHO, 2012).

Psychosocial Challenges

Focus group respondents consisting of adolescent boys and girls explained that the common problems faced at AIC Child Care Centre were being misunderstood and someone taking their things. Others indicated they were often despised by others in the community and that they missed their home. Also failing exams and lack of independence to do some tasks due to the physical handicap saddened them.

Among the psychosocial challenges cited by the interviewed respondents who participated in the focus group discussion were indiscipline among children thus fighting with others or breaking the laid down rules, poor academic performance and lack of self-acceptance. Moreover, others said that there was a lack of acceptance by community, fear of surgery, labelled ‘ongojine’ (meaning one who limps or hyena...
which causes stigma), missing home resulting in homesick, social exclusion by community, defensiveness when interacting with able-bodied persons, and late education making the children feel out of place in class.

Similarly, interviewed respondents explained that among the psychosocial challenges at AIC Child Care Centre were rejection by the community, isolation, shame, lack of recognition, lack of sensitivity and lack of safety by community by not having flat, accessible buildings and railings or assisting the physically handicapped and few special education trained teachers. Severe sadness/ melancholy and lack of self-acceptance were the psychosocial challenges they had been observed among children at AIC Child Care Centre. Moreover, it was reported that there was shame after soiling themselves. Newly admitted children were withdrawn, had more emotional outbursts and home sickness reported as the main psychosocial challenges.

Solutions to Psychosocial Challenges

When asked to give recommendations on what could be done at AIC Child Care Centre to help them feel better about themselves and learn more about life and interact better with others, 8 respondents from the focus group consisting of both boys and girls said that creating awareness amongst communities would lead to eradication of discrimination was the main way. The adolescent focus group consisting of only girls, explained that this could be done by providing sanitary towels to be used during their menstruation periods. This is mainly because during menstruation some of the girls were withdrawn as they felt ashamed since many lacked adequate sanitary towels.
Conversely, children respondents aged 6 to 8 years explained that providing more toys to play with would make them happy. To improve the psychosocial competence of the children at AIC Child Care Centre, the respondents recommended recruitment of a female social worker or care giver and training all care givers in the centre. Others added that preschool building and recreational hall for indoor games (though inactive now) would enhance psychosocial competence of the physically handicapped children at the centre. More field trips for the children should be planned. This would enable the children get exposure and see other physically handicapped people who are successful and living full and normal lives like the able-bodied persons. Further, the church minister explained that to assist children with psychosocial challenges they prayed and encouraged them.

Two focus group discussion respondents recommended the provision of pain relief, tuition to children especially those with cerebral palsy in order to improve their academic performance as well as provision of adequate sanitary towels for the girls. Further, counselling and close supervision would also reduce cases of indiscipline among children. Three respondents also acknowledged that the church through activities like the bible club and singing at AIC Child Care Centre also helped them resolve many of their psychosocial challenges by increase their knowledge and acceptance of themselves, others and the society.

Summary of Key Findings
Interviewed respondents explained that the common psychosocial needs children at AIC Child Care Centre faced were love, appreciation, self-acceptance, acceptance by community, independence, hygiene, education, friendly and assistive devices, independence and good role models for the children. In addition to these, the physically handicapped children needed self-expression, participation, security, learning, competence and exploration.

Psychosocial support was primarily offered by the housemothers or the social worker or physiotherapists. Informal psycho-education, counselling, setting up the church, drama, bible club, field trips, choir, occupation therapy, group discussions, counselling, sports day, integrated education debates and going to children’s county assembly were some of the psychosocial activities done. Activities such as setting up the church, drama, singing, bible club, field trips, choir, occupation therapy, and outreach program aided in psychosocial competence. Lacking services were peer support groups and family group sessions.

Useful resources for psychosocial competence included the volunteers, social worker and other role models, various facilities such as the recreational hall and dining hall, field, classrooms, playground, field, chess board, swings, charts in classes, the recreational hall, balance, slide and swing. Though toys were minimal, there were other useful materials such as balls, volley balls, charts and wheelchairs.

The psychosocial challenges identified among the physically handicapped children at AIC Child Care Centre were lack of self-acceptance, sadness, isolation, shame, lack of recognition, sensitivity and safety by community indiscipline among children thus fighting with others or breaking the laid down rules, poor academic performance, homesickness, severe sadness/melancholy, social exclusion by community, late education and lack of independence.
Recommendations given to assist AIC Child Care Centre meet the psychosocial needs of the physically handicapped children residing within it included increase in the number of toys, sanitary towel provision and adequate pain relief. It also involves creating awareness that is likely to lead to the acceptance of physically handicapped persons in the community, medicine and materials, increasing materials for indoor and outdoor games, play as well as counselling and close supervision of the children.

Summary

This chapter has presented data collected on the psychosocial needs and services offered at AIC Child Care Centre as well as the psychosocial resources involved in this process. Social stigma among other psychosocial challenges the physically handicapped children face were mentioned as well. The next chapter gives summary and discussion of key findings, conclusions and recommendations.
CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS

Introduction

The purpose of this study was to assess psychosocial services offered towards meeting the needs of physically handicapped children in AIC Child Care Centre, Kajiado. The objectives of the study were: to identify the psychosocial needs of physically handicapped children, to establish the psychosocial services offered to physically handicapped children, to identify human resource, facilities and materials in place to provide for those psychosocial services and to determine the psychosocial challenges physically handicapped children face at AIC Child Care Centre, Kajiado.

Discussion of Key Findings

Psychosocial needs of physically handicapped children at AIC Child Care Centre

Study results from the interviews reveal that there was a structured way of identifying the psychosocial needs of the children at AIC Child Care Centre. It was found that there was an interview by social worker that ensured psychosocial needs were identified. This shows that Child Care Centre laid emphasis on identifying the psychosocial needs of the children. This further implies that the needs identification aided in planning for the satisfaction which echo the argument by WHO (2012) that identification of needs and the training of adequate personnel such as social workers or counsellors is an important step to ensure that psychosocial support becomes a viable part of the care of people.

The positive view of the things said by other children about the psychosocial services provided at AIC Child Care Centre is indicative of good psychosocial service
provision. Importance of personal relationships and acceptance came out as one of the main factors that made the children happy. This is in line with Maslow’s hierarchy of needs need for love and belonging (Feldman, 2005).

Personal achievement was another source of happiness reported by the children aged 6 to 8 years. According to the Maasai culture there is a need for physically handicapped persons to be a productive member of society (Instagad & Keynolds, 1995). This also agrees with Erickson’s theory of psychosocial development that states that middle childhood children should be able to work with others and acquire good social and academic skills to foster feelings of competence or industriousness instead of inferiority (Feldman, 2005) and Abraham Maslow’s Hierarchy of needs for self-esteem. This is also demonstrated by the opportunity given to the respondents to learn new things about the society, life and other people.

The majority of the respondents (68.4%) had reported they always got to doing new things or visiting new places at AIC Child Care Centre. The home is doing a good job in ensuring the children understand their environment. This corresponds with Feldman’s (2005) view of psychosocial development that it results in individuals’ ability to understand themselves and the environment around them thus responding to changes by participating in new things. This also brings out the role of the community in the exosystem which also affects how children think and how it influences their development and individual character traits (Berk, 2003).

Psychosocial needs not met adequately at the centre include the need for improved sanitation that will prevent shame or embarrassment. Many respondents both children and caregivers identified the need for more sanitary towels for the adolescent girls, soap and water. There is a need of increased self-awareness among some of the children at AIC Child Care Centre. It is in line with this that the children
would require more exposure to various activities and social scenarios that will help them know themselves better thus enabling them to be more self-aware. Otherwise many feel pressured to conform to a peer group's behaviour (Berk, 2003).

Psychosocial services offered to physically handicapped children at AIC Child Care Centre

The psychosocial services provided met three categories according to WHO (2012). These are basic services and security, focused, non-specialized supports and specialized services. Basic services and security was met through the games, play, formal and informal education and domestic duties. In addition, the caregivers at AIC Child Care Centre are friendly and approachable to the children.

Focused non-specialized support services were present at AIC Child Care Centre through the sports day, field trips, group discussions, red-cross member visits, county government debates and bible club. There was minimal community and family support as well as specialized psychosocial services within AIC Child Care Centre. It was noted that the specialized services are only given by the social worker yet the services of a counsellor, psychotherapist or psychiatrist may be useful to assist children with psychosocial challenges. The researcher noted that there were no peer support groups, psycho-education done in groups with an adult speaker, and family group counselling sessions at AIC Child Care Centre. The main community and family support activities done were the sports day and class eight party done where they invited other persons with disability as well as members of the community.

African Inland Church Child Care Centre met the four categories of psychosocial activities according to Child Life Council which were play, preparation,
education and self-expression activities as categorized by the Child Life Council (2014). The physically handicapped children played such games as football, kati, hide-and-seek, sitting volleyball and swing slides. Other services included feeding, cooking, washing clothes, drawing, preparation of learning materials. Education was mainly offered in the integrated schools (some of which are within AIC Child Care Centre) through watching television, reading magazines and revision over the weekend.

The psychosocial services provided promoted interaction among the physically handicapped children particularly to themselves and also with others outside AIC Child Care Centre. The provision of psychosocial services such as basic services and security focused and non-specialized support by AIC Child Care Centre helps also shaped the psychosocial competence of the children (WHO, 2012). This implies that the services provided therefore contributed towards ensuring children’s self-esteem, feeling connected and supported, increasing independence in a safe environment, feels competent and resulting in participation in social settings. The psychosocial services offered were enough in enabling the children to meet most of their psychosocial needs. This indicates children with physically impairment at AIC Child Care Centre are psychosocially competent.

Human resource, facilities and materials in place to provide for those psychosocial services at AIC Child Care Centre

AIC Child Care Centre had child-friendly physical facilities, room for support groups, counselling and psycho-education. They have a spacious playground, field, chess board, swings, recreational hall, balance, swings and slides. The materials found
included charts, balls, volleyball, television, newspaper, writing paper, pencils and wheel chairs. However, it was noted that the children did not have a variety of toys and only watched television and read the newspaper on Saturdays. Some had housemothers and social workers who provided the care and support needed.

The housemothers played a key role in psychosocial support though not trained formally on children’s issues. This brings out the main role played by care givers in the development of physically handicapped children at AIC Child Care Centre in the provision of psychosocial support. These findings echo Ross’ (1998) argument that psychosocial resource persons are of different professional backgrounds and offer different services. This makes it important for the different caregivers to focus attention in meeting the different psychosocial needs to ensure synergy in service provision. Regarding training on child development or psychosocial support, the social worker and teacher had received some formal training. These findings could indicate gaps in the provision of specialized psychosocial services at AIC Child Care Centre. These findings elude the need for training in psychosocial support for caregivers and other administrative personnel at AIC Child Care Centre (WHO, 2012).

Provision of adequate professional psychosocial services was hampered by the lack of human resource capacity and materials to adequately meet the needs of the physically handicapped children at AIC Child Care Centre. This was mainly because there were too many duties and too few personnel and limited training on psychosocial development. The male social worker had the capacity to offer counselling and psychosocial support to children at AIC Child Care Centre though his gender may discourage some of the girls who are in puberty or adolescent stage from sharing their issues with him. Yet majority of children in the centre are girls.
Psychosocial challenges physically handicapped children face at AIC Child Care Centre

The main psychosocial challenges faced by children at AIC Child Care Centre and the caregivers emanate from the health of the children, resource availability, hygiene, the capacity of the personnel and the attitudes held by both the children and the community from which the children are reside. Children with handicaps often suffer more from negative social attitudes and social barriers than from their disability (Kabue et al., 2011). This is attributed to the fact that people's perception of an individual and that individual's perception of self will be greatly affected by physical appearance as well as mental achievement (Gitonga, 2011).

Lack of acceptance by the community is reflective of the fact that in the society from which the respondents were drawn there was a lack of full integration of physically handicapped children social life to the fullest extent possible. Berk (2001) argues that lack of adequate social interaction hinders all uniquely human understanding and skills such as controlled attention, memory strategies, reflective thought, problem-solving, imagination and most important language. Lack of self-acceptance and depression among the respondents is explained by the fact that poor interactions or lack of social interactions with a physically handicapped person causes psychological trauma. However, social experiences are far more open to intervention than is the child’s original problem hence the need for counselling. Ways can be found to integrate the child into family, classroom and community life, the most important focus of intervention and the path to ensuring that the child reaches his or her potential which happens at the AIC Child Care Centre.
The researcher noted that the things that made the children sad such as being isolated and being ridiculed were largely associated to their disability. This confirms views by Samuel (1972) that the sensitivity of children who are affected by their disabilities. The things that made the children sad also manifested the psychosocial challenges. In line with this it is expected that children with physical disabilities are more likely to have more psychosocial challenges and problems due to their physical differences and abilities from other children (Gitonga, 2011). This is attributed to their inability to interact and explore things like their able-bodied counterparts. This consequently affects the children’s self-concept and social status.

Conclusions

Berk (2003) cites interaction with the children’s external environment such as school, home, peers, relatives, workers in the child development which affects the development, personality characteristics and way of thinking combined with the social setting influences the development of children. The psychosocial services offered at AIC Child Care Centre are adequate to meet the psychosocial needs of the physically handicapped children at AIC Child Care Centre. Therefore, the children within the centre are psychosocially competent.

The physically handicapped children at AIC Child Care Centre had psychosocial needs which were identified by the social worker during admission through an interview process. Furthermore, the psychosocial services offered met the four categories of education, play, preparation and self-expression. However, community and family supports as well as specialized services were minimal at AIC Child Care Centre. This may be because the capacity to provide specialized services
was limited since only though caregivers had specialized training in child development and psychosocial support.

AIC Child Care Centre had child friendly physical facilities, room for support groups, counselling and psycho-education. The children also played games. The home had housemothers, and social workers who provided the care and support needed. Similarly, the psychosocial services provided in the home were counselling, life skills training, group or individual play, sport activities, field visits, child protection services provided by social worker or any other caregiver assigned that work, and clubs or other social groupings. However, there were no peer support groups, family group counselling sessions, access to news and variety of toys were limited.

The psychosocial challenges faced by physically handicapped children at AIC Child Care Centre were rejection, labelling and discrimination by community, fear of surgery, children missing home, poor academic performance, lack of self-acceptance, sadness due to inability to do some tasks, defensiveness when with able bodied people and late education making the children feel out of place in class. Other challenges include isolation and shame for the girls that had inadequate hygiene, lack of recognition, lack of user friendly facilities, and lack of trained caregivers.

Furthermore, this study concludes involvement of children in group discussions, bible club, counselling, sports day, integrated education where education received by the physically handicapped prepares them to interact with able-bodied persons, and debates has helped in cultivating self acceptance and social skills among physically handicapped children at AIC Child Care Centre.
Recommendations

To enhance the efficiency of psychosocial service provision, this study recommends provision of specialized training of the employees on child development and psychosocial support. This will build capacity in service provision by enabling them to understand the needs of the physically handicapped children and offer the required support. It will also enable them to diagnose the psychosocial needs of the physically handicapped children on time thus avoiding depression and withdrawal among the physically handicapped children. This recommendation is supported by the findings that only the social worker and the teachers were the only caregivers with specialized training. The centre can also opt to have a list of organizations they can refer their children needing specialized psychosocial services. This will ensure children’s complex psychosocial needs are met without necessarily additional training to the caregivers.

Another recommendation is to increase the number of psychosocial materials at AIC Child Care Centre. The purchasing of more toys, games and other materials will enrich the children’s play and sports ability. It will also lead to increased psychosocial competence. This can be done by applying for donors, well-wishers or allocating resources within the budget to cater for this need.

There was human resource inadequacy at AIC Child Care Centre. This is due to limited number of employees to provide services to the physically handicapped children, limited number and variety of toys in the centre is another evidence for limited resource availability. In line with this, resource mobilization should be carried out to enable the centre hire additional employees and provide for other psychosocial needs of the children at AIC Child Care Centre which are essential for their daily
living, development and comfort. In the recruitment process, gender should be considered to ensure that both genders are hired since children relate differently to people from different genders and there are issues children feel comfortable discussing with individuals from the same gender. A female social worker or counsellor needs to be recruited as they have their gender-specific challenges issues that they may not be comfortable sharing with the men yet they may need specialized psychosocial care.

The researcher also recommends that AIC Child Care Centre comes up with programs that ensure exposure of the physically handicapped children. Such programs include mentorship programs, motivation talks and additional field trips. This will open up the children’s view of physically inability resulting in help in cultivating self-awareness, and self-acceptance thus resulting in increased psychosocial competence.

There is a need for peer counselling and family therapy. This will enable the children with difficult psychosocial problems particularly those psychological and social in nature to get adequate assistance. It will also include other key persons such as family members and peers to be involved which is more therapeutic. It is also likely to resolve more underlying interpersonal relationships problems.

Lastly, the researcher recommends creation awareness as well as the development of advocacy programs for the physically handicapped persons. This will form framework for creation awareness leading to acceptance of the physically handicapped people within Kajiado County and Kenya.
Recommended Areas for Future Studies

The researcher recommends that a similar study be carried out in other care centres for the physically handicapped persons and other orphanages with able bodied children in Kenya. The study also recommends that a study be carried out on the influence of psychosocial resource adequacy on the development of physically handicapped children in orphanages in Kenya.
REFERENCES


88


APPENDICES

APPENDIX A: DAYSTAR APPROVAL LETTER

Daystar

UNIVERSITY

Date: 28/4/2014

To: The Ministry of Higher Education, Science and Technology,
P.O. Box 30623-00100,
Nairobi.

RE: DATA COLLECTION

Greetings from Daystar University!

As you are aware, we offer a Master of Arts degree in Child Development whose goal is to equip students with knowledge and skills in child development so that they can be able to do the following: identify developmental needs and changes among children and adolescents, identify various ways of handling the developmental needs and changes in children, integrate Christian faith and work among children and adolescents, carry out participatory training on child development issues at the community level, carry out research in the field of child development, connect theories of child growth and development to social policy, education and intervention among others.

We believe that you are aware of the growing need for trained child development workers in Africa to cope with the enormous challenges facing children and families. As part of the requirements for the award of the degree of Master of Arts in Child Development, students are required to carry out a research in the field of child growth and development. The research is undertaken after the student has successfully completed all the course work and defended their research proposals. The bearer of this letter Brenda Waithira Kimemia (Reg. No. 11-1588) is a student in Child Development program. She has successfully completed all prerequisites to data collection and cleared by the Department to proceed for data collection. Her Research Title is An Assessment of Psychosocial Services Offered towards Meeting the Needs of Handicapped Children at African Inland Church, Child Care Centre, Kajiado.

The purpose of this letter is to introduce the student and also to assist her acquire the necessary clearances to collect data. She will be proceeding for data collection from 28th April to 15th May, 2014 in Nairobi. The student is responsible in covering the cost of her research.

Thank you for your support and collaboration.

Sincerely at God’s service,

Dr. Harrah N. Malinda
Head, The Institute for Child Development

Appendices
APPENDIX B: RESEARCH PERMIT

THIS IS TO CERTIFY THAT:

MS. BRENSA WAITHIRA KMEMA of DAYSTAR UNIVERSITY, 186-2001

Nairobi, has been permitted to conduct research in Nairobi County.

Permit No.: NACOSTI/P/14/511/2076

Fee Received: KSh 1,000

Date of Issue: 16th June, 2014

TOWARDS AN ASSESSMENT OF PSYCHOSOCIAL SERVICES OFFERED TOWARDS MEETING THE NEEDS OF PHYSICALLY HANDICAPPED CHILDREN IN AFRICAN INLAND CHURCH, CHILD CARE CENTRE, KAJIADO.

For the period ending: 30th July, 2014.

Applicant's Signature: ______________________

National Commission for Science, Technology & Innovation

National Secretary
APPENDIX C: INTRODUCTION LETTER

Mr. Daniel Sapayia,
The Director,
Child Care Rehabilitation Centre
PO Box 416-01100
Nairobi.

Brenda Kimemia
Daystar University
P.O Box 44400-00100
Nairobi.

Dear Sir,

REF: REQUEST TO DO RESEARCH AT YOUR INSTITUTION

My name is Brenda Kimemia. I am undertaking a Master of Art-Child Development at Daystar University. I hope to undertake a research in your esteemed institution. My research is An Assessment of Psychosocial services offered to Physically Handicapped Children at AIC CHILD CARE CENTRE, Kajiado County. The purpose of this letter is to kindly request your authority to allow us to collect the needed data from your institution. The data collected will be used solely for academic purposes and will be treated with total confidentiality.

Yours faithfully,

Brenda Kimemia
APPENDIX D: LOCATION OF THE STUDY

Source: Google Maps, 2014
## APPENDIX E: PSYCHOSOCIAL STAGES OF DEVELOPMENT

<table>
<thead>
<tr>
<th>Stage</th>
<th>Approximate age</th>
<th>Challenge</th>
<th>Positive outcomes</th>
<th>Negative outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trust verses(Vs) Mistrust</td>
<td>0-1 years</td>
<td>To develop a sense that the world is safe and a good place</td>
<td>Feelings of trust from environmental support</td>
<td>Fear and concern regarding others</td>
</tr>
<tr>
<td>Autonomy vs. Shame and doubt</td>
<td>1-3 years</td>
<td>To realize that one is an independent person who can make decisions.</td>
<td>Self-sufficiency if exploration is encouraged</td>
<td>Doubts about self, lack of independence</td>
</tr>
<tr>
<td>Initiative vs. Guilt</td>
<td>3-6 years</td>
<td>To develop the ability to try new things and handle the future</td>
<td>Discovery of ways to initiate actions</td>
<td>Guilt from actions and thoughts</td>
</tr>
<tr>
<td>Industry vs. Inferiority</td>
<td>6-12 years</td>
<td>To learn basic skills and to work with others</td>
<td>Development of sense of competence</td>
<td>Feelings of inferiority, no sense of mastery</td>
</tr>
<tr>
<td>Identity vs. Role confusion</td>
<td>13-17</td>
<td>To develop a lasting integrated sense of self</td>
<td>Awareness of uniqueness of self, knowledge of role to be followed</td>
<td>Inability to identify appropriate roles in life</td>
</tr>
</tbody>
</table>

Source: Adapted from Cavanaugh & Kail, 2007 and Feldman, 2005
<table>
<thead>
<tr>
<th>Psychosocial services accessed</th>
<th>Present</th>
<th>Absent</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Peer support groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Counselling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Life skills training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Group or individual Play</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Sport activities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Family group counselling sessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Field visits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Psycho-education done in groups with an adult speaker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Child protection services-social worker or any other caregiver assigned that work.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Involved in clubs or other social groupings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Any other(Specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychosocial resource persons, facilities and materials</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Child friendly facilities-colourful, spacious, flat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Caregiver present</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Access to current news through mass media-newspaper, television, radio, or internet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Child has toy variety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Child plays games</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Rooms or space for support groups, counselling or psycho-education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. A psychosocial healthcare specialist- trained social worker, psychiatrist, psychologist or counsellor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Key
Present: Said services are offered
Absent: Said services are not offered
APPENDIX G: FOCUS GROUP DISCUSSION (PHYSICALLY HANDICAPPED ADOLESCENTS AND CHILDREN BETWEEN 6 AND 8 YEARS)

Psychosocial services
1. What activities are you involved in during the evenings or weekends?
2. What do you do at AIC Child Care Centre that helps you learn more about yourself, others, life and the society?
3. How do you interact with the community around you?
4. What do you do when you feel low?
5. What do you do when you have a problem with other children at AIC Child Care Centre?

Psychosocial needs
6. What makes you feel sad?
7. What makes you feel happy?
8. How do you interact with boys? With girls?

Psychosocial challenges
9. What are common problems you face at AIC Child Care Centre when alone? With others?
10. What happens when someone is caught doing something wrong at AIC Child Care Centre?

Resources
11. Where do you get to interact with others, learn or play?
12. What do you use when interacting with others, learning or playing?
13. Who helps you to learn more about yourself, others and the society?
14. What other things can be done at AIC Child Care Centre that can help you feel better about yourself, learn more about life and interact better with others?
APPENDIX H: FOCUS GROUP DISCUSSION (HOUSEMOTHERS)

The following questions will guide the focus group discussion;

1. How long have you worked at AIC Child Care Centre?
2. What work do you do at the AIC Child Care Centre?
3. How many children do take care of?
4. Have you had any training in child development or psychosocial support?

Psychosocial needs
5. What are the psychosocial needs you have observed in the children at AIC Child Care Centre?

Psychosocial services
6. What are the activities that children at AIC Child Care Centre engage in that increase their knowledge and acceptance of themselves, others and the society?
7. What psychosocial services does AIC Child Care Centre give to the physically handicapped children having psychosocial problems?

Psychosocial challenges
8. What challenges have you observed in the children at AIC Child Care Centre as they learn, play and relate with others?

Resources for psychosocial development
9. What facilities are available at AIC Child Care Centre that increases their psychosocial competence?
10. Who gives psychosocial support or services at AIC Child Care Centre?
11. What psychosocial materials are available at AIC Child Care Centre?
12. In your opinion, what else can be done to improve the psychosocial competence of children at AIC Child Care Centre?
APPENDIX I: INTERVIEW QUESTIONS GUIDELINE (SOCIAL WORKER & PHYSIOTHERAPIST)

The following questions will guide the interview schedule

1. How long have you worked at AIC Child Care Centre?
2. What is your work as the Child Care Centre?
3. When do you interact with children at AIC Child Care Centre?
4. Have you had any training in child development or psychosocial support? Psychological needs
   5. What are the psychosocial needs you have identified in the children you care for?
   6. Do you have a structured way of identifying psychosocial needs at AIC Child Care Centre during admission? If yes, please explain it.
   Psychological services
   7. What are the activities that children engage in that enhance their psychosocial well-being?
   Psychological services
   8. What other psychosocial services are offered for children at AIC Child Care Centre?
   Psychological challenges
   9. What psychosocial challenges have you observed in the children you care for?
   Psychological challenges
   10. In your opinion, do you think the numbers of caregivers within the home are able to deal with the psychosocial needs and challenges of children within the home?
   Resources for psychosocial development
   11. What psychosocial facilities, resource persons and materials do children at AIC Child Care Centre have access to?
   Psychological challenges
   12. In your opinion, what else can be done to improve the psychosocial competence of children?
APPENDIX J: INTERVIEW QUESTIONS GUIDELINE (AIC PASTOR)

The following questions will guide the interview schedule

Section One
1. How long have you served at AIC?
2. What is your role as a church minister?
3. When do you interact with children at AIC Child Care Centre?
4. Have you had any training in child development or psychosocial support?

Psychosocial needs
5. What are the psychosocial needs you have identified in the children you interact with?

Psychosocial services
6. What are the activities that the children from AIC Child Care Centre engage in at church?
7. How do you assist children with psychosocial challenges?

Psychosocial challenges
8. What psychosocial challenges have you observed in the children you interact with?

Psychosocial facilities, resource persons and materials
9. What facilities, resource persons and materials do children at AIC Child Care Centre have access to for play, education or self-expression at the church?
10. In your opinion, what else can be done to improve the psychosocial competence of children at AIC?
APPENDIX K: INTERVIEW QUESTIONS GUIDELINE (DIRECTOR)

The following questions will guide the interview:

1. How long have you worked at AIC Child Care Centre?

Psychosocial needs

2. What are the common psychosocial needs children at AIC Child Care Centre face?
3. Do you have a structured way of identifying psychosocial needs at AIC Child Care Centre during admission? If yes, please explain it.

Psychosocial services

4. What are the activities children at AIC Child Care Centre engage in that enhance their psychosocial competence?
5. What other psychosocial services are offered for children at AIC Child Care Centre?
6. What services have the church offered that assist the children be more psychosocially competent?

Psychosocial challenges

7. What are the psychosocial challenges children at AIC Child Care Centre face?

Psychosocial facilities, resource persons and materials

8. What materials are used by the physically handicapped children at AIC Child Care Centre that aid their psychosocial development?
9. What facilities are used by the physically handicapped children at AIC Child Care Centre that aid their psychosocial development?

Psychosocial Resources

10. How many caregivers have had some training in psychosocial support or child development?
11. What resource persons are hired on full time, part time or occasionally to give psychosocial services?
12. In your opinion, do you think the numbers of caregivers within the home are able to deal with the psychosocial needs and challenges of children within the home?
13. In your opinion, what can be done to improve the psychosocial service delivery to children at AIC Child Care Centre?
APPENDIX L: QUESTIONNAIRE FOR CHILDREN BETWEEN NINE AND TWELVE YEARS

Greetings. My name is Brenda Kimemia and I am a Master of Arts in Child Development student at Daystar University, Nairobi. I am conducting a study on assessing the psychosocial services offered to meet psychosocial needs among the physically handicapped in Kenya. Please take some time and fill out this questionnaire. Your responses shall be kept secret and shall be used solely for the purpose of this study.

INSTRUCTIONS: Tick beside the appropriate option
A. I am a boy ☐ I am a girl ☐

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Some times</th>
<th>Always</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I feel safe at AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I like myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Other people listen to me at AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Interact with people outside of AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I feel that others want to be with you at AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I am listened to at AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Children at AIC Child Care Centre do or say things that make me feel good about myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I am made to feel good about myself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I make some decisions at AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I have learnt new things about myself since I joined AIC Child Care Centre</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>