Activity and participation among children with physical and cognitive disabilities in Kenya

Subject: Occupational therapy
Author: Monika Friedrichs
Supervisor: Inger Ahlstrand
JÖNKÖPING 2019 May
Sammanfattning


Nyckelord: arbetsterapi, barn, diskriminering, engagemang, oförmåga,
Summary

**Background:** The possibility of activity and participation is just as important for a child with physical or cognitive disability as for any other child, but the challenges are more extensive for these children when it comes to participation in activities and taking part in social life. **Aim:** to describe the staff’s perception of schoolchildren’s activity and participation in schools for children with cognitive and physical disabilities in Kenya. A qualitative method was used with semi structured interviews. A purposive sampling was made to select the participants for the study. For the analysis a qualitative content analysis was used. **Result:** Barriers for activity and participation among children with physical and cognitive disabilities in Kenya are threats, as dangerous traffic, mismanagement and abuse, inaccessibility to school and in school buildings, insufficient support from government and community, discrimination and stigmatization from society, poverty and insufficient support from parents. The schools and the teachers are supporting the children in many ways. **Conclusion:** Measures need to be taken to increase the possibility of activity and participation among children with disabilities in Kenya.

**Keywords:** child, discrimination, incapability, occupational therapy
### Innehållsförteckning

**Sammanfattning** ........................................................................................................... 2  
Summary .................................................................................................................. 3

**Innehållsförteckning** .............................................................................................. 4

**Introduction** ............................................................................................................. 1  
Barriers which affect the children .................................................................................. 1  
Special schools .......................................................................................................... 2

**Background** .............................................................................................................. 2  
Activity, participation and disability .............................................................................. 3  
United Nations Convention: The Rights of the Child ...................................................... 4  
Convention on the Rights of Persons with Disabilities (CRPD) ........................................ 4  
The goals for sustainable development .......................................................................... 4  
Measure activity and participation ................................................................................. 5

**Aim** ............................................................................................................................. 6

**Methods** ..................................................................................................................... 7  
Preunderstanding ........................................................................................................... 7  
Survey group ............................................................................................................... 7  
Data collection ............................................................................................................. 7  
Dataanaalys .................................................................................................................... 8

**Ethical considerations** .............................................................................................. 8

**Result** .......................................................................................................................... 9  
Barriers for activity and participation ............................................................................ 10

**Limited access in school insufficient support and challenges for children** ...... 13  
Factors facilitating activity and participation ................................................................ 14

**Discussion** ................................................................................................................ 17  
Method discussion ........................................................................................................ 17

**Result discussion** ...................................................................................................... 19  
The importance for occupational therapy ................................................................... 23

**Conclusion** ............................................................................................................... 24

**References** ............................................................................................................... 25

**Interview guide** ........................................................................................................... 27

**CHECKLIST to use as complementary questions to the interview questions** .. 28

**Information letter** ...................................................................................................... 28  
**Consent to participate** .............................................................................................. 30  
**Secrecy form for translator** ..................................................................................... 31
Introduction

Schools for children with special needs has not been available for all children with physical and mental disabilities in Kenya. Earlier these children have been suffering from low activity level and lack of participation. These children are often neglected, and most of them do not join school at the expected age. When joining school, they are experiencing several difficulties with their play and learning activities. The children with physical challenges call for more attention and help with quality play and learning materials due to their special needs, nevertheless they have needs and rights like other children to enhance their wellbeing and development. Learning and play materials constitutes an important role in enhancing development of children, especially in their formative years. Insufficient support for learning and play material is a major factor in the obstacles in the environment (Muthoni, 2016).

Countries with poverty, such as Kenya, has been shown to have a higher number of disability due to poor nutrition, limited access to healthcare, higher exposure to disease and injury due to poor living and working conditions (Department for International Development, 2000). An investigation made by the Kenya Education Sector Support Programme (KESSP) 2005–2010 attention that the government had ignored children with disabilities, there was no reliable data on children with special needs, lack of special education teachers, no clear guideline on inclusive education and low participation due to stigmatization related to disability. In 2010 there were two important milestones, Kenya approved a new constitution which guaranteed children with disabilities the right to free and compulsory education. The government also launched the National Special Needs Education policy framework in order to create equal access to quality and relevant education and training for children with disabilities (Moyi, 2017).

Barriers which affect the children

There are many barriers currently existing towards development of an inclusive education system in Kenya. The barriers include poverty, access to healthcare, access to food, child labour, natural disasters, HIV/AIDS, gender, ethnicity, and lack of clean drinking water. The children’s possibility to participate in education are reduced by these barriers. Furthermore, the special schools are generally not effective in preparing children with special needs for life, the reason is a lack of teachers trained on pedagogy and knowledge on how to handle students with special needs. Many physically challenged children remain dependent on their family members during their lives and participate minimally in productive activities after completing their school (Elder, 2015). One factor that prevents the children's possibilities to participate is also a common belief in the community that children with disabilities are embarrassing, shameful and should not be shown to other people (Lyngégård, Donohue, Bornman, Granlund & Huus, 2013). Stigmatization is another problem that could hinder full participation of persons with disabilities in society. Stigmatization occurs when a negative attitude is adopted regarding a group in general instead of basing one’s judgments on the specific characteristics of individuals within the group (Lazarus & Oluwole, 2017).
Special schools

On the government’s assignment many schools have been started in the area around Nairobi. Six of this schools are for children with special needs, children with physical and cognitive disabilities. The organisation which the author is going to study has been commissioned to handle the food programme and the activation for the children with physical and mental disabilities at the schools. The organisation runs several different projects. In all the projects for children it has come to the staff’s attention, that there has been missing or has been to less activities for the children who lives there. The children who have participated in their projects have criticized their lack of activities and now the organisation wants to change this by introducing more activities at the school for children with disabilities. According to the organisation, the children who are participating in the schools, come from very poor families and have received little stimulus and activation earlier or none (operational leader for aid agency, personal communication 15 November, 2018).

This bachelor thesis will focus on activity and participation among children with cognitive and physical disabilities at two schools. Interviews will be conducted with staff at the schools and will focus on their experiences of the children’s activity and participation. This knowledge is important to occupational therapists to be able to work with children in this group for social inclusion in activities in everyday life situations, in education and career, which can lead to increased inclusion in society and decreased poverty for these children in the future.

Background

Education for all children is a fundamental right in national and international regulatory frameworks. However, the right to education does not always imply inclusion. According to the United Nations Children's Fund a large segment of children with disabilities are not in school and have long remained invisible, hidden, and forgotten. Inclusion must be supported to be able to reach a qualitative education for all children in the schools (Zigler, Sellah, Vincent, Vivian, Brown & Bernadette, 2017).

Several studies show the importance of children being engaged in different activities. The relationship between participation and Everyday life situations, (ELS) has been investigated in studies. ELS refer to complex life areas with societal involvement, for example, mealtime, play time and leisure time. It includes both acts and tasks, reflects children’s own choices and understands children as players in social roles. Acts and tasks seemed most important for the youngest children, whereas ELS shifted towards societal involvement as the most important part for adolescents. (Adolfsson, Granlund, and Pless, 2012). The children in this bachelor thesis are mostly between 13-18 yrs old why social involvement probably will be the most important part of activity and participation for this group.

Physical activity (PA) is recognized as an important aspect of childhood for promoting health and development. For children with disabilities, engagement in regular PA has been shown to reduce risk for the development of secondary conditions. It is important to require consideration for what children can and want to do, their self-perceived feelings of involvement, enjoyment, and being valued in activity situations by others, and what PA opportunities are accessible, available, and supported within their community. There is a need of aligning PA measurement
selection with contemporary, multidimensional models of health and disability. Exploring this issue in more depth and examine factors of performance and self-perceived engagement is important. This requires greater attention to and inclusion of participation as an important aspect of PA than is currently represented in childhood PA literature (Ross, Case and Leung, 2016). According to all this studies and literature it is very important for children to have the possibility to engage in activities and to experience participation among other children to be able to reach a good health and quality of life. Therefor there is a need to investigate this issue in more studies. The author of this thesis believes that more research within the area is needed to gain additional knowledge about the subject.

Activity, participation and disability

Human activity is defined as work, play and activities in daily life within the framework of the timing, physical and sociocultural contexts which characterises much of human life. Participation is described as a person’s involvement in life situations (Kielhofner, 2017). In the International classification of Health: Children and youth version ICF-CY (World health organisation, 2017), activity is defined as “the execution of a task or action by an individual”, whereas participation is defined as “involvement in life situations”.

Participation in activity comprises engagement in work, play, or activities in daily life which are included in our socio-cultural context and are desirable or necessary for our wellbeing. Engagement does not include only performance but also the subjective experience. Participation are affected by several different components; capacity of performance, volition, habituation, and environmental conditions (Kielhofner, 2017). Participation at an individual level can be seen as consistently very important for both learning, development, health and well-being.

Disability is a long-term physical, mental, intellectual or sensory impairment that in interaction with various barriers may hinder full and effective participation in society on an equal basis with others (United nations, 2006). A disability can change but does not have to prevent participation in activity, if there is adequate support in the environment (Kielhofner, 2017).

Participation comprises the opportunity to take part in community, which includes opportunity to engagement in the society, civic activities and recreation. The environment can facilitate or create barriers for a person’s participation. The environments influence on a person’s participation depends on the opportunities, demands, constraints and the social expectations. These factors can support to or hindering a person from participation in society. It is common that individuals with a disability experience negative attitudes from other people due to their disability and they are often dependent of their families. The reactions of others can lead to a disabled role for the individual which would not have occurred if the right support had been given. The Social barriers are one of the most significant obstacles for persons with disabilities and make access to social life difficult. Starting in childhood, many persons with disabilities are prevented form exploring, learning and having opportunity to create occupying roles. (Kielhofner, 2017).
States parties who have signed the convention shall respect and ensure the rights for each child in the country without discrimination of any kind regardless the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnicity, property, disability, birth or other status. States Parties shall ensure that the child is protected against all forms of discrimination or punishment from the child’s parents, or family members. A mentally or physically disabled child should enjoy facilitating the child’s active participation in the community. The disabled child has right to special care and the child in need of support and its relatives should have access to the resources needed. for a disabled child, assistance shall be provided free of charge, whenever possible, with respect to the financial resources of the relatives caring for the child, and shall be provided so that the disabled child has access to and receives education, training, rehabilitation services, health care services, preparation for employment and recreation opportunities.
Disabled children should have right to preventive health care and medical, psychological and functional treatment. In this regard, account shall be taken of the needs of developing countries (United nations, 1989).

Convention on the Rights of Persons with Disabilities (CRPD)
Persons with disabilities have right to education. The education should be provided without discrimination and on the basis of equal opportunity, an inclusive education system should be available at all levels and lifelong learning. Persons with disabilities shall not be excluded from the general education system based on disability, children with disabilities shall not be excluded from free and obligatory primary education, or from secondary education, on the basis of disability. Persons with disabilities shall access at inclusive free primary education and secondary education on the same terms as others in the communities where they live. The individuals with disabilities should have a residence which support their needs. Persons with disabilities should have the needed support provided to facilitate their effective education. Effective personalized support measures shall be provided in environments that enable academic and social development, consistent with the goal of full inclusion (United nations, 2006).

The goals for sustainable development
Poverty, goal number one, affects children’s possibility to participate in school. Its manifestations include hunger and malnutrition, limited access to education and other basic services, social discrimination and exclusion as well as lack of participation in decision-making. Goal number four, good education for all comprises quality education which is fundamental for creating sustainable development. Beyond improving quality of life, access to inclusive education can provide locals with tools to develop innovative solutions to the world’s greatest problems. For reaching the goal it is important to abolish gender differences in education and create equal access to education and training at all levels for vulnerable persons, including people with disabilities, indigenous people and children living under vulnerable conditions. Furthermore, it is important to build and improve educational environments adapted for
children and people with disabilities and thus providing a safe, inclusive, peaceful and effective learning environment for all.
Goal number five, providing women and girls with equal access to education is important to be able to reach goal number four. Good education for all can enable and lead to goal number eight, job opportunities and decent working conditions which also are required for the whole working age population. Reduced inequalities should enable and promote the inclusion of all people, regardless of age, sex, disability, race, ethnicity, religion, economic or other status in life. To reduce inequality, attention should be given and focus of prioritization on the needs of disadvantaged and marginalized populations (United nations, 2016).

Measure activity and participation
The interview guide will be based on the International classification of disability and health-Youth version (ICF-CY) which is designed to register the characteristics of the developing child and the influence of the surrounding environment. ICF-CY provides a common, universal language for clinical, public health and research applications to facilitate the documentation and dimensions of health and disability in children and youth. Providers, consumers and staff concerned with education, health and well-being of children and youth can use the ICF-CY. The ICF-CY includes involvement in life situations and represents an important perspective on child functioning and contains different code sets for activity and participation. All code sets might fit school aged children. Both activity and participation give the individual a feeling of belonging and engagement and implies an individual–environmental interaction in Everyday Life Situations (ELS), (Adolfsson, Granlund, and Pless, 2012). The ICF-CY provides a classification system for evaluating function and disabilities and provides a clear basis for understanding the body structure and functions of individuals and the relationship between having a health condition and body structure and functional results. (Imms, Granlund, Wilson, Steenbergen, Rosebaum & Gordon, 2017).
Aim

The aim of the study will be to describe the staff’s perception of schoolchildren’s activity and participation in schools for children with cognitive and physical disabilities in Kenya.
Methods

Preunderstanding
The knowledge the author has about the project is limited to facts about the subject from the studies and the information from the personal communication which has been addressed in this thesis.

Survey group
A purposive sampling was made to select the participants for the study. The participants are staff who teach and take care of children with cognitive and physical disabilities in four schools in the area of a few miles around Nairobi. The staff’s experience of the children’s activity and participation will be investigated through interviews. Interviews was conducted with six individuals of the staff from the four special schools, which were asked to participate by the supervisor in Kenya, Annikki Hagström. In total seven teachers were asked to participate in the study of which one teacher chose not to participate. The dropout may have affected the study result, especially due to the low number of informants. All the staff were educated special teachers and are female in the age between 40 and 55 years old.

Data collection
A qualitative approach was be used in the study (Brinkmann & Kvale 2015). The data was collected by using a qualitative approach with open interview questions. Including a detailed description of when the material is collected will increase dependability. The data will be processed by qualitative content analysis (Graneheim och Lundman, 2004). Interviews was conducted with six of the staff, teachers at the schools, who told about their experiences, perceptions, thoughts and attitudes about the children’s activity and participation in everyday life. The interviews with the participants were conducted during a period of three weeks from the 2nd to the 16th of April 2019. The interviews were recorded and had a duration time of 30 to 60 minutes. The data analysis process will be visualized through tables, the process will have a detailed description of participants gender, education, age and study context to get a good basis for interpretation of the interviews. Interviews with semi structured open questions will be conducted in the project by using an interview guide.

The interview guide will be based on the International Classification of Functioning, Disability and Health (ICF) and its version for Children and Youth (ICF-CY) (World health organisation, 2017). The interview will be semi structured with open questions from the interview guide which will be complemented with questions from a checklist including important parts from ICF-CY: s categories activity and participation (Appendix 1). All the participants will have the same questions and they will be able to speak free in a narrative way. ICF-CY includes involvement in life situations and represents one of several perspectives on child functioning. ICF-CY contains different code sets for activity and participation. The interview guide will contain different categories from the domains activity and participation in the ICF-CY: Learning and applying knowledge, general tasks and demands, communication, mobility, personal care, interpersonal interactions, major life areas, society, social and civic life. The ICF-
CY includes involvement in life situations and represents an important perspective on child functioning. ICF-CY contains different code sets for activity and participation. All code sets might fit school aged children. Both activity and participation give the individual a feeling of belonging and engagement and implies an individual–environmental interaction in Everyday Life Situations (ELS) (Adolfsson, Granlund, and Pless, 2012). The ICF-CY provides a classification system for evaluating function and functional disabilities and provides a clear basis for understanding the body structure and functions of individuals and the relationship between having a health condition and body structure and functional results (Imms et al 2017).

Data analysis

The data will be processed by qualitative content analysis according to Graneheim och Lundman (2004). The qualitative content analysis is a recommended method to use for a beginner. The focus of the analysis is to find similarities, differences and patterns in the text, it also affords a structured way to work with the texts. The result of the analysis is supposed to be a summary of different categories where each category gets a name. The author will be involved in the analysis process. The interviews will be transcribed, and the material will be unidentified from personal information. After the transcription, the interviews will be read by the author, and the supervisor from Jönköping university will read some parts of them. Impressions and interpretations will be discussed and analysed by the steps in content analysis to increase the confirmability. Meaningful entities in the text will be found and condensed into codes.

<table>
<thead>
<tr>
<th>Meaningunit</th>
<th>Condensed meaningunit</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children overstay in school because they have nothing to do after class eight</td>
<td>Children overstay in school due to lack of educational possibilities</td>
<td>Children remain in school for a long time</td>
</tr>
<tr>
<td>The parents cannot afford transport for the children or helping devices</td>
<td>Parents cannot afford transport or helping devices for children</td>
<td>Parents cannot afford helping devices</td>
</tr>
</tbody>
</table>

Codes that belong together will be summarized in categories by the overall sentence. Categories, codes and the texts will be read by the author and interpretation of the content will be made. Furthermore, the data analysis process will partly be visualized through tables and quotes from the interviews, but also through descriptive categories with a recurring theme. This will be made to increase credibility and confirmability (Graneheim och Lundman, 2004).

Ethical considerations
The information requirement will inform the participants of the overall purpose of the investigation and the procedures of the project. It will give information about possible risks or benefits with the project. It will also inform about voluntary participation. The consent requirement will be followed by information about the project and a written argument which will be signed of participants who wants to contribute in the study. The confidentiality requirement will be followed, all data collected will be unidentified from personal information from the participants. The utility requirement will also be followed, the importance of the knowledge gained will outweigh the risk of harm to the participant (Brinkmann & Kvale, 2015). The participants will be informed of which questions are included in the interviews, why the interviews are conducted, that the participation is voluntary and that the information which are collected are used only for research (Appendix 2). If they want to participate, they will sign a consent form (Appendix 3). Because interpretation may be needed, a secrecy form for the translator will be signed by the translator (Appendix 3). Only the author of the project and the supervisor at Jönköping university will have access to the information. The information will be saved and stored in a safe way first in Kenya and then in Sweden. After the study is finished and approved, the answers of the questions and the recorded information will be destroyed. The personal information in the study will be unidentified and will not be traceable to the person or the children in the project. Participants are entitled at any time interrupt their participation without justifying this. If they want to interrupt, they will not be exposed to undue influence or pressure. All information about the participants will be recorded, stored, and reported in a way that individuals cannot be identified by outsiders. The data collected, will not be used for purposes other than the study. Ethical self-examination has been conducted.

Result

The content analysis resulted in two different categories: Barriers and challenges for activity and participation and Factors facilitating activity and participation. The categories were divided into 10 subcategories which will be the headings in the result. The categories and subcategories describe barriers and challenges but also facilitating factors for the children’s activity and participation. Describing texts and quotations are used to show the result. To clarify the informant’s perceptions quotations will be used, numbered with respective interview numbers. The categories and subcategories will be described in tables in the following texts. Table 1 shows Barriers for activity and participation. Facilitating factors for children’s activity and participation are presented in table 2.

Table 1 Barriers for children’s activity and participation and factors facilitating children’s activity and participation

<table>
<thead>
<tr>
<th>Theme</th>
<th>BARRIERS FOR ACTIVITY AND PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>Threats and limitations for the children</td>
</tr>
<tr>
<td></td>
<td>Discrimination and stigmatization in community</td>
</tr>
<tr>
<td></td>
<td>Limitations of parents knowledge and economy</td>
</tr>
<tr>
<td></td>
<td>Problems and limitations with education and development</td>
</tr>
<tr>
<td></td>
<td>Limited access, insufficient support and challenges for children</td>
</tr>
</tbody>
</table>
Informants and study context

The participants in the study are female in the age between 40 and 55 years old. Five of the teachers are educated special teachers and one has also a master’s degree in cognitive disabilities. The participants are hereinafter referred to as informants. The informants are teachers at four special schools for children with physical and cognitive disabilities. The schools are located in an area of a few miles around Nairobi. Around the schools there are both towns and slum area, poverty is widespread in the area. The number of children in each school is between 20 and 40 and they are in the age between six years to 28 years old, but most of them are between 13 years to 18 years old.

Barriers for activity and participation

Threats and limitations for the children

The threats towards the children are extensive. Safety on the way to and from school are very low, children are unsafe in the traffic with motorbikes and vehicles. The children are not able to take care of themselves, due to hearing impairment, physical and intellectual disabilities. Sometimes they get lost on their way home. There are also threats from strangers who take advantage of the children. According to the informants, the children are exposed to sexual abuse, rape and harassment on their way home from school. One informant told about one girl in the class who was very traumatized after being raped by a neighbour on her way home from school. Some children are also abused or mismanaged in their homes. The children lack knowledge about their private parts.

"Outside school they are not safe. Now I’m handling two cases of sexual abuse, one boy was exposed to that this holiday, by an older person. And last Wednesday when we had released them from school, a girl was raped by a neighbour." - Informant 2

Children are also forced to work hard for neighbours without salary. There are false accusations from neighbours towards the children about theft. Many children cannot play outside when they are at home due to the risks with strangers. Stress affects the children very much; they are sensitive for stressful situations both in school and at home. Mental and cognitive disability sometimes depends on bad diet, the diet can also aggravate these conditions. During holidays

<table>
<thead>
<tr>
<th>Theme</th>
<th>FACTORS FACILITATING ACTIVITY AND PARTICIPATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>School gives safety, support and protection</td>
</tr>
<tr>
<td></td>
<td>Adapted education entails participation</td>
</tr>
<tr>
<td></td>
<td>Education and activities enabling childrens activity and participation</td>
</tr>
<tr>
<td></td>
<td>Supporting parents improve childrens participation</td>
</tr>
<tr>
<td></td>
<td>Childrens opinion, influence and choices</td>
</tr>
</tbody>
</table>
for three weeks, the children loses their knowledge, they lose speech and ability to manage personal care. The teachers must restart with education when the children come back to school.

"Most of them, when they have been with their mum and they come back they can’t even speak. They are supposed to have learning area even out of class, but they don’t.” - Informant 1

Discrimination and stigmatization in community

The children experience stigmatization and discrimination in community. The children are looked in when they come home from school and cannot take part in play activities after school. The parents do not take the children to public places, due to stigmatization from other people. One boy 11 years old have never been out of the house because of his mother’s fear.

"The children can participate, but the community has locked the gate.” - Informant 2

"The children cannot participate in play activities when they are home. because immediately when they arrive from school they are locked in.” -Informant 6

Informants tell that people do not see the human rights of these children and therefore they treat them badly. The children cannot enjoy the human rights like other children, their rights are reduced by community. The informants express that changing opinion about these children in community is very hard. Because of discrimination and stigmatization, the children cannot have a regular job after school, even if they have good ability to work. According to the informants, there is a great need for society to change opinion about the children and they think the change must start in the churches and companies who have influence in the community.

Limitations of parents knowledge and economy

The parents of the children are very poor and usually they cannot afford all technical devices or physiotherapy the children need. All of them cannot afford the school fees for the children or fees for vocational training. They have lack of knowledge about the children’s disability, they think disability is caused by evil in the child or by bad karma when a parent has broken the tradition. Many parents of the children divorce because they blame each other for the child’s disability, the mother is often left alone with the child. The parents are also affected by stigmatization and discrimination from community, people are treating them bad due to the children’s disability. Parents discriminate the children compared to their siblings and deny them their human rights. The children are not allowed to participate in play activities when they are at home and most parents refuse to take the children out in the community or in social life. Sometimes when the child is sick the parents refuse to give their child hospital care, instead they practise witchcraft.

"Some parents deny that the child is sick and believe in witchcraft instead of taken the child to hospital. Most of the parents they have negative attitudes towards them. Very negative, very negative.” -Informant 6
Many parents tell us the others were calling my child names and that stops them from going to church and to the marketplaces, most of the parents don’t take their child out.” -Informant 2

Families ignore and neglect the children; they have negative attitudes towards them. Parents do not know how to take care about the children. They are supposed to toilet train the children, but they do not practise this. The children have lack of help with personal care at home. Most parents use the school only as day-care for the children, they do not bring them there with the purpose to acquire knowledge. The parents do not take threats towards the children seriously, when the teachers inform them of such events. Some parents have bad relations with the children because they do not understand them.

"Some parents do not understand the children and they expect so much from them. And because they don’t perform as the parents expect, they discriminate them.”-Informant 5

Problems and limitations with education and development

Children have limited development opportunities and cannot handle tasks and demands due to lack of learning facilities, technical devices and support. Many children come to school to late for having a good progress. Development for the children are also reduced by the holidays which are extended for one month three times a year, when the children lose their knowledge. Limitations of education material - and possibilities are comprehensive and reduces the children’s opportunities to acquire knowledge. The classrooms are generally to small, the staff are to few to be able to give the children enough support and time. The informant’s opinion is that some children have much impaired learning possibilities due to limits of staff and time. There is a lack of adapted educational material and to little space to administrate it.

"Support is not enough. It has been a long time since we had money to our school, we are struggling and begging for them to give us utensils for the children and many different learning material and equipment. They are not supporting the children and the teachers enough”.-Informant 4

There is limited access of helping devices, some children in need of wheelchair have not got any, which stops them from participation both in class and during breaks. Children with hearing impairment have learning limitations due to lack of devices. Children in need of physiotherapy get to little treatments or none at all. Children with low ability do not have possibility to have influence on activities depending on lack of time from the teachers and adapted educational material. Children with reduced fine motor control are not able to practise enough.

"The deaf children don’t have hearing aids, only one have the others don’t. They don’t even have the kit for training speech”.- Informant 4

"We have two boys who can’t participate in the activities because they don’t have wheelchairs and they become sad.”- Informant 6
Most of the children do not have possibility to attend in vocational training after school because the parents do not afford education and there are limited possibilities of this education. There is no access for the children to academic studies and for most children no possibility to work. For the few children who can attend in a workplace, they do not feel comfortable working there due to discrimination and lack of support. The informants feel that the government must support vocational training and workshops after school to a much greater extent to enabling for the children to participate in education and work after school.

"Children overstay in school because they have nothing to do after class eight". -Informant 5

Limited access in school insufficient support and challenges for children

There are many challenges in the special schools for children with physical and cognitive disabilities. The children in the schools have different disabilities, autism, downs syndrome, physical disabilities, other intellectual disabilities or multiple disabilities. The teachers express difficulties with educating both children with autism and intellectual disabilities, they do not have enough time for educating the children with autism. The children with need of practise fine motor control do not have enough time for this. Children with another language cannot always speak with the teachers who speak English and Swahili. Children with hearing impairment can only hear the teachers when they shout. It is not easy to understand for the children why they should not have contact with strangers. The parents attitudes is hard to change and affect the children´s activity and participation a lot.

"We try to work with the parents, but you see the commitment is not there". -Informant 1

Children in wheelchair have much challenges, they cannot participate in activities due to many obstacles in the environment. They have limited access to the school, to play activities outside, to school buildings and toilets. They are dependent of teachers or other children in most activities they are taking part in, a more supporting environment could have facilitated their participation in many activities. The other children help the children in wheelchairs, but the transport on the rough ground are not safe. Some schools do not even have a toilet nearby the building, the children must take a longer distance for accessing the toilet. They soil themselves when they cannot handle their need on their own. The school do not have any assistants employed to help the teachers with the children, sometimes the parents must bring their children home when they have soiled themselves.

"We have one boy in wheelchair but this school is not made for a wheelchair, it has really high stairs". -Informant 3

There are need of a more closed area during breaks for children with mental disabilities, because they sometimes do not come back to class after breaks. Most of the schools are only open four hours each day so the children cannot attend for more than half days. Some children with low immune system must have reduced time in school due to dusty environment and infection risk. The children have problems with reading and some children have difficulties to acquire
knowledge. Communication is a challenge for children with hearing impairment and children with mental disability. All children cannot take part in discussions or handle instructions. The children need much practice when they should learn new activities. Children with autism have problems with social life and friend relations. Some children have problems with fine motor control and need a lot of practice. Lack of helping devices are also a great challenge for the children.

There is no transport to school, the children have problems with accessing school, some of them have a very long way to school. The roads are not built for wheelchairs, so some parents must carry the children to and from school, even when they have become teenagers. Due to this unavailability most of the children with disabilities are still at home and do not attend in school at all. The informant’s perception is that approximately 75% of the children remain at home.

"Many parents find it very hard to transport the children to the school, because they don’t have school bus and many children come from very far”.

The informants are agree that the most important thing for improving the current situation with limited support and access is more support from the government or funds for transport to school, access in school buildings, toilets connected to the school buildings, more available area in the schoolyards and more staff at school.

"We try to work with the parents, but you see the commitment is not there”. -Informant 1

Factors facilitating activity and participation
School gives safety, support and protection

The informants view is that the school is a safe place for the children. The environment in school with supporting teachers who care about the children increases the children’s self-esteem and facilitates learning and development. The other children in school are supporting and care much about the children with disabilities, they help them a lot. There are no stigmatization or discrimination in the schools towards the children. The teachers are engaged and like their work very much, they are doing their best to enable participation in activities for the children. Teachers are present during breaks. The parents are educated by the teachers about the children’s care, about their human rights, about the children’s right to have possibility of choice and influence and about special diet which have benefits for autistic children. The teachers try to engage the parents in training the children. The parents are given information about risks for child abuse and other threats. The work with educating parents is very important according to the informants. They put a lot of effort to make the family relations work. Changing the parent’s opinion about the children is not easy, but parents have improved their attitudes towards the children since they started in school because they have seen the children’s progress.

"The parent’s denial of their children is gone. They have started to accept their children, most of them, their relations are good”. -Informant 4
One school also try to change the opinion about the children in community through doing community work and they have also invited people form community to dance performances in school. They try to effect and improve opinion in community by using theses method. Furthermore, the teachers establish an individual plan for each child to help them develop in the best way. Lunch is served each day in school by an aid agency and some learning materials are provided by the government. As protection for the children, they are not supposed to leave school on their own, and one school keep the children all day to be sure they are safe when the parents are working. The teachers educate children about their private parts and about the threats with strangers. The teachers report to the police if the children tell them about abuse. One girl is going to be transferred to another school to get away from an abusing stepfather. The children have school uniform to be safer, this seems to protect them more from abusing people.

Supporting parents improve children’s participation

Most of the children have good relations with their parents. The parents have improved their opinion about the children since they started school. Some parents want the children to acquire knowledge in school and practise with them during holidays. The siblings accept the children and they often pick them up after school. Some parents carry first the child to school a long way and then the wheelchair to enabling the child’s participation in school. Some parents also come to school and help the teachers with the child’s toilet needs. Some parents let the children participate in social life outside school, most socializing with neighbours but sometimes also to participate in community in churches and marketplaces. They also let the children to take part in play activities at home. Some parents let the children attend in vocational training. At one school parents support the school with some learning material. A few parents let the children have possibility of choices and influence.

"The parents carry the children to school and then they carry the wheelchairs separately". - Informant 5

Education and activities enabling the children’s activity and participation

The informant’s opinion is that all children have had a very good progress since they started in school and they have improved in many ways. Some children have better abilities with learning and development than others, but they have all done a progress in school. Some children are even integrated in a regular school class after attending in school for a while. Most of the children can communicate, with oral speech or sign language, most of them have fine motor control. Most children can in some way take part in play activities and creative activities and they can have relations with friends in school. The children have improved most in creative activities and social skills. Their language has improved much since they started, they learn much from the other children in the mainstream when they play with them during breaks. The children can handle a daily routine.
Education have focus on everyday life skills like personal care, social skills and creative activities. The teachers train and make the children improve their ability to fit in the community, so they can be as independent as possible. The children also learn simple knowledge in reading and counting. Personal care involves practising at eating by oneself, learning to wash clothes, take care of hygiene and toilet needs, cook a simple meal, cleaning the classroom and the house at home. The children can help others in school and at home. Creative activities involve beadwork with necklaces and rugs but also dance and drama. One school had developed the creative activities and beyond beadwork and rugs more activities were available to choose from, maintenance on cars, shaving hair and making tablecloths. The purpose of these activities was to educate the children in a profession they could work with later. The children are also educated about their human rights, about their private parts and that they should avoid contact with strangers.

Adaptive activities enable participation

According to the informants, adaptations are constantly made to enabling the children’s participation in activities and education. Adaptive learning material are used in school and one teacher educate the children with hearing impairment by using sign language. Activities are adapted so the children can participate. When children cannot, walk, eat or talk when they come to school, the teachers practise this activity with them regularly. In the breaks the teachers try to modify the activities so all children can participate in some way.

"Children in wheelchair, we don’t just let them sit in class, we assist them with going out. Even if they do not participate, even if they cannot throw the ball, they will see others play, and their happiness, how they scream shows they are also part of the game". -Informant 2

For children with hyperactivity the teachers have an adapted diet which helps the children to calm down and their hyperactivity is improved in a few weeks. Teachers also use varied short classroom activities with breaks between for children with concentration issues. Some children refuse to participate when they start school, but after these adaptations they attach in the class. Creative methods are used to learn the children mathematics. For children with severe disabilities who cannot attend in school, the teachers do home visits and educate the children. Adaptive activities also enable for the children to attend in vocational training.

Children’s opinion influence and choices

The informants embody that the children really love school. They feel appreciated and worthful when they are in school. They also value the food in school very much.

"They like the school! When we told them, we are closing for holiday they started crying. Even those ones who cannot talk they started crying because they love school"! -Informant 4

Children have much influence on the activities in school. The teachers plan the day according to the children’s motivations and feelings, if they have low concentration level, they can
participate most in creative activities. The children prefer creative activities before reading and counting. In class they can choose from many different activities, but they can also choose activities during breaks. They can choose if they want to stay indoors or outdoors in the breaks. Some children also have possibility of choice at home, the children with high ability have more influence then children with low ability. The children can choose to attend in some kinds of vocational training after class eight.

"The children have influence, they can choose from different activities, they like doing work with their hands most of the time so when they come to school in the morning they start with activities on their own". - Informant 3

"I can’t start class before I know what they want to do, when they come in the days they want to write, they want to count, that is how I plan my day". – Informant 1

All informants express that the children prefer to participate in creative activities and play activities, they can also perform better in creative activities than in academic subjects. In school the children have influence on the activities and possibilities of making choices.

Discussion

Method discussion
In the beginning of this thesis a review of the actual research area was made. Quantitative method was first considered with purpose to use a survey and conduct interviews with the children about their experiences of activity and participation. However, this method was not chosen because children are a vulnerable group in research context and especially children with intellectual or cognitive disability (Liamputtong, 2017). The need of interpreter and the presence of the authors presence as a stranger in the interview, could also have affected the result. Furthermore, the purpose of the thesis was not to obtain measurable and statistical conclusions, but to achieve a deeper understanding of the subject (Liamputtong, 2017). Therefore, the most appropriate method to use was a qualitative method to be able to get a deeper, more detailed understanding of the subject with the participants’ own perspective of the phenomena (Liamputtong, 2017). Interviews was chosen as method of data collection because generally interviews will generate richer, more in-depth data than surveys (Paradis, O’Brien, Nimmon, Bandiera & Martimianakis, 2016). The staff at the schools were appointed as participants because they were regarded having interesting information to share.

A purposive sampling was made to select the participants for the study. The intent of a purposive sample is to deliberate select the persons who are considered to be beneficial for the study. Liamputtong, 2017). Since the purpose with the study was to describe the staff’s perception of schoolchildren’s activity and participation in schools for children with cognitive and physical disabilities, a deliberate selection was suitable. Seven teachers from five different schools were asked to participate in this thesis, and six of the respondents had ability to participate. The dropout may have affected the study result, especially due to the low number
of informants, the result could have been different with other individuals view about the issue. Additional participants could have been recruited if the collected data had turned out to be scanty to be able to build a result, but the collected material showed to be extensive, why there was no need of recruiting more informants.

As interview method, a semi structured interview was chosen with its ground in ICF-CY: s categories activity and participation (Appendix 1). Open questions from an interview guide was used complemented with questions from a checklist including important parts from ICF-CY: s categories activity and participation. The use of open questions complemented with a checklist with clarification questions was perceived to work well through the interviews. The use of ICF-CY: s categories activity and participation for the interview guide was perceived beneficial for the interviews. The questions grounded on the ICF-CY gave detailed and interesting answers describing the children's activity and participation in everyday life situations (ELS). Brinkmann & Kvale, (2015) describes the importance of asking open questions which gives the informants possibility to respond undisturbed and content rich. They also write about the importance of having subject competence about the present area, and to keep neutral through the interviews, not to influence. Furthermore, it is important to ask clear and easily understandable questions to be able to lead the call back if it falls outside the current topic. Asking follow-up questions and confirm the answers in also important. Subject competence existed about the current topic, follow-up questions were asked, and the answers were constantly confirmed during the interviews. The author stayed neutral through the interviews in a satisfying way, which in turn reduced the probability of affecting the result. However, the questions were not always easily understandable, and had to be reformulated a few times. This issue should be considered in case of further studies.

The interviewer should be trained to collect comparable data (Paradis et al., 2016). Before the interviews were conducted in Kenya, the author was conducting interviews with two special teachers in Sweden for practising interviewing and took part of the special teacher’s opinion about the questions. It was also necessary to test the recording equipment, the duration of the interviews and if the questions were matching the purpose. A few small adjustments were made after these pilot interviews. Before the interviews were conducted, an interpreter was appointed who spoke fluent Swahili and English and had university education in English and psychology. Swahili and English are the official languages in Kenya. The interpreter was present during all interviews but did not have to translate more than at a few times during four interviews, and no interpretation was needed during two of the interviews. Four of the interviews were conducted at the schools where the teachers were employed, and two interviews were conducted in the organisation’s office. The office and classrooms were quite calm environments and the informants could respond the questions undisturbed and freely tell about the children. A few cultural aspects were discovered: when the teachers thought something was important to explain, they repeated the same issue repeatedly. Therefore, the author sometimes had to interrupt with next question to make the interview progressing. This was not considered affecting the result because the informants gave detailed answers on the questions. Overall, the informants also spoke very fast and much, and had to be asked to slow down. A good
understanding of the content was nevertheless created by asking clarifying questions when the informants were talking too fast.

For processing the collected data, a qualitative content analysis was chosen according to Graneheim och Lundman (2004). The qualitative content analysis is a recommended method to use for investigating the experiences and perspectives of a group of individuals (Paradis et al., 2016). When using qualitative methods, it is important to achieve trustworthiness. By work with credibility, transferability, dependability and confirmability trustworthiness can be achieved. Credibility can be established by using the most proper method for data collection and by selecting the most proper meaning unit and to make categories and themes covering the collected data. It can also be achieved by two or more authors analysing the text. (Liamputtong, 2017). The author wrote the study alone which decreases credibility, although discussions have been held with the supervisor about the analysis process. Meaning units should not be to broad to narrow, and relevant data should not be excluded, neither should irrelevant data be included. (Graneheim och Lundman, 2004). During the writing of the essay, meaning units have been reworked to be more correct for the data, categories and subcategories have been carefully reviewed and matched with the meaning units. The original meaning of a meaning unit has been carefully remained. No relevant data was excluded neither was irrelevant data included. The data collected were conducting mostly manifest content.

Dependability can be achieved when the result fit the collected data and the findings are likely to occur at other times. The process of research should be logical, traceable and clearly documented. (Liamputtong, 2017). The data collection process in this study has been clearly described, traceable and clearly documented. Data collection and analysis was made during a period of six weeks, which means that all data were collected during a short period. Studies made on the same issue a few years ago have similar findings which means the findings are likely to occur over time. Confirmability means that the results and interpretations of the results should not come from the researchers’ imagination but should be clearly linked to the data. the findings should be determined by the respondents and conditions of the inquiry (Liamputtong, 2017). The interpretations in this study are close to the text and the results are clearly linked to the data.

Transferability means if the result in the study can be transferred to other settings or groups. To facilitate transferability, it is necessary to give a clear description of context and culture, selection of participants, data collection and analysis process (Graneheim och Lundman, 2004). Description of the context is clear in this thesis, also selection of participants, data collection and analysis process. The result can be transferred to other groups in a similar context like the one in this study. A more detailed description of the culture would have been desirable for transferability and is something that should be considered for further studies.

**Result discussion**

Threats and discrimination
The most distinctive barriers are according to the informants the threats towards the children´s activity and participation, with dangerous traffic, sexual abuse, mismanagement and overworking when they are on their way to school or at home. It is also the inaccessibility to the schools and in the school buildings, limited or non-existent support from the government with transport, with facilities, physiotherapy and learning material, and limitations of parents knowledge and economy. Several studies show similar results: Moyi, 2017 claimed that many schools, especially in rural and slum areas, are not accessible to children with disabilities. There is a great lack of educational and assistive services, less than one of four children with disability had access to any services. Children do not have ability to walk the distance to school and the families cannot afford the cost of obtaining transport for children with disabilities to school. The costs of the equipment, such as wheelchairs, can also be prohibitive for the families. Elder, 2015 writes about barriers including poverty, access to healthcare and child labour which are also found in this study. Nevertheless, there are also differences compared to this study where focus of barriers is on natural disasters, HIV/AIDS, gender, ethnicity, and lack of food and clean drinking water (Elder, 2015). The differences can to some extent depend on the difference in time between the studies.

Discrimination and stigmatization towards the children are another significant barrier created by society, which leads to that the parents lock the children in and do not want to show them out in community. It also led to that the children´s possibility of engagement in activity and participation are extremely reduced. Previous studies raise the same problem. Lygnegård et al., (2013) writes about the common belief in the community that children with disabilities are embarrassing, shameful and should not be shown to other people. Odongo, 2018 describes how negative perceptions in society gives feelings of shame among families, which means they keep their child with a disability away from public view. Due to stigma or negative perceptions, children with disabilities are hidden away or forbidden from taking part in social activities. Lazarus & Oluwole, 2017 describe that stigmatization can hinder full participation of persons with disabilities in society. This problem does not exist only in low income countries but are also a common issue in industrialized countries. Kielhofner, (2017) argue that in most industrialized countries where legislation should give equal access for individuals with disabilities to the marketplace, it is still the persons with disabilities who have more severe difficulties to find employment. Further many persons with disabilities in industrialized countries also experience discrimination and stigmatization from other people in community. The difference is mostly that discrimination and stigmatization is more extensive and widespread towards these children compared to persons with disabilities in industrialized countries.

Problems with education and development are expressed by the informants. The children at the schools are many and the teachers are too few to be able to give each child the time demanded for achieving their fully development potential. Many children come to school too late to have the opportunity for a good development and progress. Limitations of education material - and possibilities are comprehensive and reduces the children’s opportunities to acquire knowledge. The classrooms are generally to small and the children lack helping devices, both physical and
cognitive. Previous studies show similar barriers. Insufficient support for learning and play material was a major factor in the obstacles in the environment according to Muthoni, (2016). Odongo, (2018) writes that teachers at the schools are overwhelmed by the large number of children in the classes, the children with special needs are taken to school and left in there. The teachers do not have time to pay enough attention to each child with disabilities.

All of the teachers in the schools are educated special teachers and the education have focus on doing the children as independent as possible in the future, the teachers train personal care and social skills with the children, they also work with creative activities with focus on learning the children something they can work with in the future. One school are expanding its business with vocational training for the children to prepare them for a life as independent adults. The problems with the children’s access in community and in workplaces are at the community level not about the teacher’s educational level. Unlike this result, Elder, (2015) describe that special schools are generally not effective in preparing children with special needs for life because there is a lack of teacher training on pedagogy and knowledge on how to handle students with special needs. Compared to the result, especially the view of the teacher’s education and knowledge differ much from this study’s result where the teachers are the ones who prepare children for participation in everyday life activities. The differences can depend on the difference in time between the studies, because some of the teachers in this study had recently trained to special teachers.

Facilitating factors and development

The most facilitating factor are the school and the teachers who facilitate activity, participation and safety for the children. The teachers are educated special teachers and work with support of the children in many ways. They adapt the activities so the children can take part, they have focus of making the children as independent as possible, the supporting environment in school increases the children’s self-esteem and the children have developed much since they started. Children could not talk or manage their personal care before they attached in school. They have possibility of choice and influence in school. Stigmatization and discrimination are not a problem in the schools. The schools are working with measures to prevent children from being abused when they are out of school. The teachers also work with education of the parents and try to influence the public opinion in community about the children by doing efforts with the children. Some parents are also supportive, many parents have changed their opinion about the children since they started school. They let the children take part in play activities and social life, they also bring them out in community.

This change can be a start of an improving situation for the children’s activity and participation in the community. Odongo, (2018) writes that children with supportive families who engaged in their education performed better than the children who did not have family support According to Kamau, (2017) parental involvement in child mobility and educational resources is essential for supporting children with physical challenge. The majority of parents lack knowledge in the field of educational resources and do not practise with the children at home. Nevertheless, the
parents are currently carrying much of the burden of taking care of children with physical challenges practically and economic without enough support from the environment. Due to the importance of supporting families, the work teachers do with education of the parents should continue and expand. Widely expanded support for the families are also an improvement issue to focus on for improving the children’s activity and participation.

Cultural aspects and social justice

At an occupational therapy level cultural aspects and occupational justice are very important to focus on to improve the children’s situation. Kilehofner, (2017) describe how cultural aspects affect in the physical and social environment where the individual exists, at home, workplace, community and society, but also globally. Culture is defined as the beliefs and perceptions, behaviours and customs, values and norms which are shared by society and are transformed from one generation to the next through formal and informal education. For an occupational therapist who will provide support for an individual it is important to consider if the environment is respectful and inclusive of an individual’s cultural background and practices at all places: home, school, workplace and community. The value one is given from the environment affects the sense of self-worth. The value involve performance in culturally meaningful and sanctioned ways, the individual experience a sense of belonging and rightness when following values. Dominant societal values often denigrate persons with disabilities, who constantly experience from the environment that the part of the self which is disabled is bad and must be balanced by the parts without disability. Many people who live in deep rural places have limited access to occupations that they need to achieve development, health and wellbeing. Also, their repertoire of possible roles, tasks and activities is very limited due to a lack of opportunities and resources.

Social justice is linked to human rights which are essential to all citizens. Social justice includes several coherent concepts such as empowerment, justice in human relations and their governments, equal opportunities and adequate access to essential resources (Lorenzo & Joubert, 2011). From a professional conviction of occupational therapy, it appears that social and occupational justice can restore the opportunity for people to find meaning and purpose in and through their doing, being, belonging and becoming in conformity with their potential and circumstances. If a change with social and occupational justice for the individual is going to be successful, it must be developed in a way that suits society and it’s customs with integration and participation of the whole society Watson, (2013). According to Kielhofner the focus of the occupational therapy efforts must be on the constraints affecting the individual’s occupational role which here obviously regards the cultural aspects affecting the children and the distinct limitations of occupational justice towards the children. Occupational therapy efforts are above all needed at community level, where major changes must be made to improve the cultural perception of children with disabilities, but also with improving their social and occupational justice.

Occupational therapy research
Bunning et al., (2014) writes about the challenges of rehabilitation of children 0 - 15 years with disabilities in rural areas in Kenya. The rehabilitation was carried out by occupational therapists, physiotherapists and orthopedic technicians together with special training centres. The study showed that there is a clear need for greater investment in staff and their education, more material resources and better access to facilities in society. In order for the rehabilitation to be successful, major investments are required in the provision of rehabilitation efforts in developing countries. Community-based initiatives are needed to better support all children with disabilities. To argue the case for improved resources, better skills and mechanisms for monitoring and evaluation of practices are needed. Gcaza & Lorenzo, (2008) argue that disabled children were deprived of their basic right to education, to play and to social interaction due to lack of mobility devices. The consequences had impact at both the individual disabled child but also at a family level. In the absence of adequate mobility devices disabled children become a burden and dependent on others for their functional needs. The demand for services required for the development of disabled children is huge for improving their development and their participation in the society.

The importance for occupational therapy

The result of this study shows an explicit need occupational therapy at the schools. The presence of occupational therapists at the schools was non-existent, and access to occupational therapy efforts was not available for the children despite their needs. There was need of occupational therapy efforts for the children at the schools, for example, in assessments of the children with autism, which included a large number of children without established diagnosis. If the children would have been diagnosed in a correct way, they could have had the right support and their possibilities of activity and participation would improve. There was also distinctive need of occupational therapy for children with physical disabilities. When a child had a wheelchair, it was often not the right size or shape for that child, it was not properly tested. An occupational therapist would have tried out a correctly set wheelchair for the child.

Kielhofner, (2017) argue that a disability can change but does not have to prevent participation in activity, if there is adequate support in the environment. To be able to give the right support it is important to include three levels of the environmental context, the immediate with home, school and treatment, the local with community, neighbourhood and school campus and the global with economic and political aspects, social attitudes, laws, systems of care, climate and geography. An occupational therapist with the holistic view of the individual’s life situation, environmental context and activity life, could bring much knowledge and targeted individualized support for these children, the teachers at the schools, the physiotherapists and the organization in the schools. There is sustainable need of work at all these levels to achieve an improved situation in activity and participation for the children.

Both activity and participation give the individual a feeling of belonging and engagement and implies an individual–environmental interaction in Everyday Life Situations (ELS), (Adolfsson et al., 2012). The result shows many obstacles in the environment for the children’s activity and participation and occupational therapy in the special schools could entail a clear improvement for the children’s activity and participation. If occupational therapy efforts are not implemented,
the children are in risk of alienation in society and physical and psychological illness. The benefits with this study for occupational therapy is mostly a deeper understanding of cultural aspects and the great impact they bring on the individual. The study can be beneficial for the teachers at the schools, who can have use for the result in their continued work with the children, especially for new educated teachers. Furthermore, physiotherapists who works with the children can have use of the result, but also the organization in the schools and the decision-making bodies who runs organization and finances in the schools. The informants claim that if the common view about the children in community is going to be changed, an impact must be made at community level supported by influential organizations in society like churches and companies. Since several studies have shown the same barriers towards children’s activity and participation, extensive efforts are recommended to deal with the treats and obstacles to the children’s opportunities for activities and participation. The efforts are needed both at individual level with individualized support with technical and/or cognitive devices, at group level with adapted learning material and more teachers and at community level with extensive work to improve the public knowledge about the children and reduce stigmatization and discrimination.

**Conclusion**

A wide range of threats and obstacles are hindering the children with cognitive and physical disability form engaging in activities and from participation in community. A small change in the opinion about the children has already started by the government when the special schools was opened, but most of all by the teachers who affect and change the parents opinion about the children through education and also try to change the public opinion in the community. The opportunity to participate in the special schools with education by special teachers has resulted in an improved possibility for activity and participation for the children with physical and cognitive disabilities in Kenya. Nevertheless, there are still much changes which must be performed before the children can enjoy the same human rights and opportunities of activity and participation like other children. Most studies about children with physical and cognitive disabilities in Kenya shows serious deficiencies in support for the children. If the children should have opportunity to equal access to quality and relevant education and training according to National Special Needs Education policy framework, which was adopted by Kenya in 2010, targeted efforts must be made towards the barriers which hinder the children from activities and participation in school and in community. Extensive efforts are needed to increase the children’s activity and participation which leads to improved development.
References


Retrieved: Mars 8, 2019 from https://apps.who.int/iris/handle/10665/43737

Interview guide

1. Learning and applying knowledge
   What can you tell me about this school?

2. General tasks and demands
   How do you think the children’s handles tasks and demands?

3. Communication
   Can you tell me how the children’s communication look like?

4. Mobility
   What can you tell about the children’s possibility to move by themselves?

5. Personal care
   Can you describe how the children handle their personal care?
   Eg eating, drinking, toilet needs, washing.

6. Interpersonal relations
   How do you experience the children’s ability to have basic relations with other people?

7. Major life areas
   How do you experience these children’s possibilities to participate in activities like play and leisure?

   Do you feel that the children experience alienation? (In school or in society).
   Society, civic and social life

   How do you experience the children’s possibility to take part in the social community?

8. Last question: Is it anything you want to add to these questions?

CHECKLIST to use as complementary questions to the interview questions
Learning and applying knowledge
• What can you tell me about the children’s opinion of going to school, do they like school?
• How do you experience the children’s possibility to acquire knowledge in school? (for eg reading or counting)
• How do you experience the children’s possibility to participate in activities at school?
• Are there any support available for the children if they are not capable of participating in the activities on their own?
• Do the children have any influence on activities at school?

General tasks and demands
• Can you describe the children’s ability to manage single or complex tasks?
• Do you think the children can have a daily routine, eg get up, getting dressed, eating breakfast etc?
• How do you think stressful situations affect the children?

Communication
• How do you experience their conversation? Can they for example participate in a discussion? Can they handle an instruction?

Mobility
• Are they able to lift and carry objects?
• What can you tell me about the children’s fine motor control?

Personal care
• Can you tell me about their safety, can they take care of themselves?
• How do you experience the children’s possibility to help others? In school, at home?

Interpersonal relations
• Can you describe the children’s possibility to have more close relationship like friends or intimate relationship?
• Do they manage to have contact with strangers?
• How do you experience their relations with the family?

Major life areas
• Which activities are available for the children to participate in, are the activities mostly physical or learning activities?
• Can they participate in education?
• How do you experience the children’s possibility to attend in vocational training?

Society, social and civic life
• Do the children have time for recreation and leisure?
• How can you describe the human rights of those children? Do they have the same rights as other people?
Request to participation in the study Activity and participation among children with cognitive and physical disabilities in Kenya

I want to ask you if you want to participate in a research. In this document you recieve information about the project and about what it means to participate. I am an Occupational Therapy student at Jönköping University in Sweden who wants to investigate the level of activity and participation among schoolchildren with cognitive and physical disabilities at special schools in Kenya. To be able to investigate this, interviews will be conducted with approximatley 6 – 8 participants.

The project

Schools for children with special needs has not been available for all children with physical and mental disabilities in Kenya. Earlier these children have been suffering from low activity level and lack of participation. Therefor there is a need of more studies of the personals experience of activity and participation among the children.

By conducting this project I hope to pay attention to the childrens situation regarding their activities and participation in everyday life. By understanding what factors that facilitates or inhibits the children’s participation, suitable interventions can be developed and implemented in the future.

The aim of the study

The aim of this project will be to describe the staff´s perception of schoolchildren’s activity and participation in two schools for children with cognitive and physical disabilities in Nairobi, Kenya. The target group are children aged 13-17 with an cognitive or physical disability and what is requested is the staff’s experience of the childrens situation regarding activities and participation in everyday life. You have been asked to participate in the study because you work as staff with children at a special school in the area around Nairobi. The project has gained access to your data through Annikki Hagström, operational leader at the organisation New Life Mission.

The studys implementation

The interviews with the participants will be conducted during a period of one month, starting in the begining of april 2019. Interviews will be conducted with approximately 6- 8 individuals of the personal from two special schools. Place for the interviews will be at a calm, quiet place at or nearby the schools. One interview will take approximately one hour to accomplish. During the interview you will have questions about the children's activity and participation, you will be free to tell about your experiences and perceptions of this subject.

What happens to my personal information and information about the children?

The project will collect and record information from you. The answers to your questions will be saved and storded in a safe way first in Kenya and then in Sweden. After the study is finished and approved the answers and recorded information will be destroyed. The personal information in the study will be unidentifeyed and will not be traceable to the person or the children in the project. Only the author of the project and the supervisor at Jönköping university will have access to the information. Your answers and your results will be treated so that unauthorized people will not be able to access them. If translator is needed, the
translator will have to sign a document regarding confidentiality containing information about the importance of secrecy regarding the participants, and that no information is allowed to be spread.

The participation is voluntary

Your participation is voluntary and you are entitled at any time interrupt your participation without justifying this. If you want to interrupt, you will not be exposed to undue influence or pressure.

Results of the study

You can receive information and results of the project from Annikki Hagström who rectified you to the project. A copy of the report will be send to her. It is voluntary to take part of the results from the project.

Responsible for the project:

**Student:** Monika Friedrichs  
E-mail: frmo16ak@student.ju.se  
Phonenumber: 073- 0726740

**Supervisor:** Inger Ahlstrand PH D  
E-mail: inger.ahlstrand@ju.se  
Phonenumber: 036- 10 12 60

If you have any questions you can send us an e-mail.
Consent to participate in the study

I have received oral and written information about the study and have had the possibility to ask questions. I can keep the written information.

☐ I agree to participate in the study: Activity and participation among children with cognitive and physical disabilities in Kenya.

☐ I agree that information about me is treated in the manner described in the request for participation.

Place and date: Signature:

...........................................................................................................................................

...........................................................................................................................................
Secrecy form for the translator

I hereby promise not to spread nor use any information that I take part of during the interviews.

I have received and understood the information given to me about confidentiality. I will protect the personal information of the participants, including but not limited to name, identity, diagnosis, age, ethnicity, social class and religion.

Date and place: _________________________

Signature: _____________________________

Name: ________________________________

Contact information to the student conducting this study:

Student: Monika Friedrichs  e-mail: famfriedrichs@hotmail.se

Supervisor: Inger Ahlstrand  e-mail: inger.ahlstrand@ju.se