# Self-help groups for caregivers of children with developmental disabilities in Kenya: pathway to empowerment

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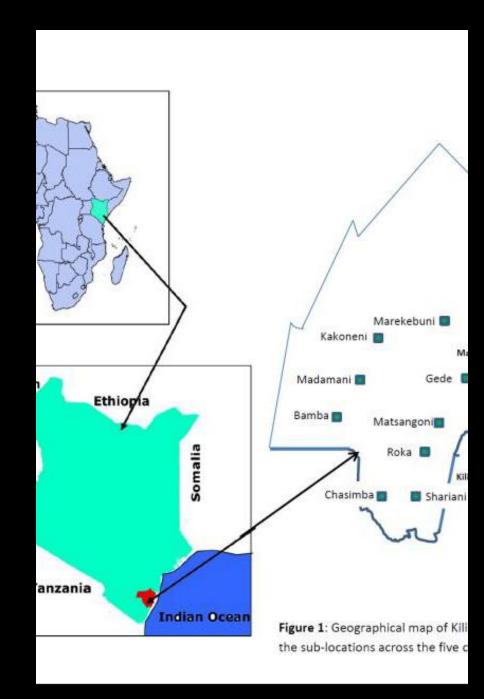
#### THE SETTING: Kilifi County, Kenya

**Location:** Indian ocean - coastal & rural communities

Culture & language: Mijikenda: Swahili, Giriama & Chonyi; c70% Christian, 20% traditional, 10% Muslim

**Poverty level:** Among poorest areas in Kenya; subsistence farming

**Dwellings:** Typically of mud construction, 1 or 2 rooms, & no power supply or running water



# Developing self-help groups

- Target 20 groups of c300 caregivers
- Caregiver empowerment
- Capacity-building over professional input
- Meaningful & sustainable change for the better
- Contribute evidence CBR/CBID (WHO, 2010)



# Research Questions

- 1. What changes are associated with empowering self-help groups for caregivers of children with disabilities?
- 2. If there are changes associated with the selfhelp group process, how does it do so?







# Study Design & Recruitment

#### Realist evaluation design

(Pawson & Tilley, 1997)

- Context
- Mechanisms
- Outcomes

#### Recruitment

- Snowballing
- Support from Women & Community Health Worker Groups
- Informed consent



# Phase 1. Set-up (10m)

- Election of officials (chair, secretary, treasurer)
- Regular meetings
- Relationships
- Income generation (Merry-go-round; subscriptions; small projects)
- Monitoring visits





## **End of Set-up**

- 11 SHGs remained (154 caregivers)
- Challenges of low education, poverty & stigma in community
- In group conflicts
- Fraudulent activity in community
- Extreme environmental conditions, e.g. drought, avian flu

Caregiver characteristics		n	%
Age range	<20	4	2%
	21-39	118	46%
	40+	133	52%
Education	No formal	116	46%
	Primary - incomplete	59	23%
	Primary - complete	62	24%
	Secondary	17	<b>7</b> %
Children at home	1-2	35	14%
	3-6	143	56%
	7-10	65	25%
	11+	12	5%
Children with disabilities	1	237	93%
	2	14	<b>6</b> %
	3+	3	1%

Caregiver characte	n	%	
Caregiver clothing	Quality - poor	0	0%
	Quality - good	254	100%
	Footwear - yes	149	46%
Dwelling	Mud & thatch - poor	91	<i>36</i> %
	Mud & thatch - good	44	13%
	Iron roof	70	26%
	Concrete	49	19%
Meals per day	1	27	11%
	2	99	39%
, and the second	3+	127	<i>50</i> %
Livestock	Chicken	158	62%
	Duck	53	21%
	Goat	116	46%
	Cow	51	20%
1/2019	None	63	25%

Characteristics of CwDs		n	%
Gender	Male	51	59
	Female	35	41
Age range	0-3	9	11
	4-6	14	16
	7-10	26	30
	11-15	37	43
Area of difficulty	Vision	4	5
identified	Hearing	12	15
(body function &	Physical	45	54
structure)*	Drooling	2	2
	Attention	14	17
	Communicating	22	27
	Seizures	10	12
Disability aids	Wheelchair <b>——</b>	0	0
	Other	3	4
School	Yes	35	42
registered*	No	48	58

# Phase 2. Facilitated Intervention (7m)

#### Topic review & discussion:

- Economic empowerment\*\*
- Personal situation
- Peer support
- Community inclusion
- Access to health
- Access to education

\*\* micro-finance





**Farming** 



**Poultry** 



Buying & selling food stuffs

#### **Evaluation**

#### Questionnaires:

- Multi-dimensional Scale of Perceived Social Support (MSPSS: 75)
- Sections of Communication Disability Profile: caregiver severity rating of child's disability; extrinsic factors affecting role

#### Interviews:

Caregiver interviews (36)

#### **Triangulation**



# Results (1)

Measure	N	Mdn (pre- post)	Inter- quartile ranges (pre-post)	P value	Effect size (r)
Communication Disability Profile	75				
Section 1. Perceived severity of child's disability		68-72	24-17	<.00	87
Section 3. Perceptions of extrinsic factors affecting caregiver		19-29	7-3	<.00	867
Multi-dimensional Scale of Perceived Social Support	75	39-84	23-6	<.00	84

# Results (2)

#### Burden 🗲



Aloneness & Challenges
Care demands
Socio-economic challenges
Sorrow & pain

Togethernesss & Capacity-building
Group cohesion
Business
Self-determination

#### **EMPOWERMENT**

Stigma & Discrimination
Blamed
Discounted

Acceptance & Well-being
Benefits to child & family
Community recognition
Contentment & hope

Burden	Agency
Challenges & Aloneness	Togetherness & Capacity- building
' availability of food, sometimes I get, sometimes I miss to get the food. I have to struggle to get. There are also clothes.' [CG229-1]	" we sat together and found ways and means of how we could help each other we use mobile phones my child has this and this. We call each other and visit We discuss what we could do." [CG150-2]
'I felt my heart was burning. I was not feeling good.' [CG023-1]	'When we sit we plan our business, how is it progressing; if certain items are finished, we plan and then get more items for sale.' [CG112-2]

Burden	Agency
Stigma & Discrimination	Acceptance & Well-being
'when you get a child of this nature, people think it is a curse, others think it is witchcraft, so you are rejected.' [CG100-1]	'My child used to be left alone, could not mix with other children. This project has made my child in school mix with other children.' [CG119-2]
'I just saw people gathering at my housevillage leader said these people are here because of this child of yours. They are claiming that such children prevent rain from coming.' [CG051]	'I see how things are moving, I think they will produce benefits which will benefit my child.' [CG112-2]

Burden	Agency
Challenges & Aloneness	Acceptance & Well-being
'If it is eating, I have to feed her, if it is toileting, I have to help her. I have to carry her. I have to do everything for her.' [CG100-1]	'This child has given me hope. Even I have observed changes in the father towards the child.' [CG119-2]
"even if I want to take her for exercises, it becomes a big problem because I do not have even the fare to the hospital." [CG051-1]	'I prepare good breakfast for her I buy soap for her. Even clothes I do buy for her.' [CG074-2]

#### Burden

#### Stigma & Discrimination

'People at home or even my co-wives when they see him they close their doors, or even chase him away saying, 'Go to your mother.' He comes back or sits at the door...'
[CG081-1]

"...they say they will not treat a child who is already dying...." [CG081-1]

#### Agency

#### Togetherness & Capacitybuilding

'What has kept us together is communication. What are we going to do, what are the best ways to follow, then we do together. We understand each other, otherwise you would not have seen us together.' [CG121-2]

'The secret is that we identify the problems our children have and try to solve them ourselves.' [CG155-2]

# Underlying Mechanisms

- Mechanism1.handling goods& money
- Mechanism 2. social ties & support



### Conclusions

- Proof of concept
- Contributes to evidence on community-based inclusive development (formerly CBR)
- An approach that is both meaningful & sustainable

# **Associated Impacts**

- Registration with government dept.
- Bank accounts
- Attendance of health facilities
- Engagement with education
- Food on the table
- Caregiver control
- New partnerships



25/11/2019 23

## Beyond Kenya

- Follow up study started 2018-21
- Guidelines on empowering SHGs
- Pilot sites in Africa (e.g. Zambia, Malawi, DRC, Togo, Madagascar, Ethiopia, Burkino Faso)



# Thank you



# Further Updates

Project SEEK-Newsletter: October 2019 Self-help Groups for Caregivers in Africa Empowering self-help groups for caregivers of children with disabilities in resource-poor regions of the world Welcome to our first newsletter about empowering caregivers to run their own self-help groups. At the Afri-CAN CBR/CBID conference in Lusaka, Zambia, many of you filled in a form to express your interest in trying out the guidelines. You also told us your ideas for trying out the guidelines where you are based. You have received e-copies and/or hard copies of you have used the guidelines and what your experiences have been. We will send you a form to fill in as part of our evaluation. Then we will be able to make changes so that the guidelines can be launched for use by others. Your feedback is important to us. once we have read all your comments, we will revise the guidelines. We will send you copies of the revised guidelines. Micro-finance for livelihood projects Meanwhile in Kenya, our 11 self-help groups are still progressing. They are all carrying out projects to bring financial benefits to the group. This is supported by a small micro-finance scheme where the groups can apply for funds to help them in their work. Some have used the money to lease some land for farming, others have purchased food stuffs such as rice, maize flour and cooking oil from a whole seller for reselling at profit. We recently visited two of ou groups who look set to have very good harvests of watermelons and cassava. The projects bring the caregivers together to work for a common goal improving their income. It also means that friendships develop and support

#### Newsletter



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#### **Publications**

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25/11/2019 28