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RESEARCH ARTICLE

THE INFLUENCE OF HEALTH SERVICES ON PERSONAL DEVELOPMENT OF YOUTH WITH DISABILITIES IN ELGEYO-MARAKWET COUNTY, KENYA

***William Kurumei, Collin O. Ogogo, Edward KO'chung and Cecilia Kimani**

Mount Kenya University

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***Corresponding author:**
William Kurumei

ABSTRACT

Disability is a natural part of the human experience and therefore should not affect the rights of individuals to live independently, contribute to society, enjoy full inclusion in education and pursue a meaningful career. However, Youth with Disabilities (YWDs) in Elgeyo-Marakwet County, Kenya face socio-economic discrimination communally. Exclusion, isolation, abuse and lack of educational opportunities exist in Elgeyo-Marakwet County, Kenya. They do not enjoy the same human rights or equal access to goods and services as their peers without disabilities. The main objective of this study was to assess the influence of the socio-cultural support services on personal development of Youth with Disabilities in Elgeyo-Marakwet County Kenya. The specific objectives included determining the assistive technologies available for youth with disabilities in school in Elgeyo-Marakwet County. In addition, the study determined the influence of socio-cultural support services; education and vocational training, health services, employment and community perception on personal development (PD) of Youth with Disabilities in Elgeyo-Marakwet County. Two theories, Catherine Sanderson's (2010) theory of socio-cultural perspective and Adams Stacy (1965) equity theory were studied to enable an understanding of the influence of the socio-cultural support services on personal development of Youth with Disabilities. A mixed methodology, using triangulation design with both quantitative and qualitative research was employed in this study to realize the objectives. The study targeted a total population of 492 of youth with disabilities, 320 parents of Youth with Disabilities in and out of school and 19 government officers. Sample size determination formula by Krejcie and Morgan (1970) was used to obtain the required sample of the Youth with Disabilities and their parents. Simple random sampling was used to select Youth with Disabilities and parents while purposive sampling was used to select government officers (key informants). A sample of 289 Youth with Disabilities, 175 parents and 19 government officers were picked for the study. Data was collected using questionnaires, interview schedule and an observation checklist. To determine content validity of the instruments, the supervisors were presented with the research instruments prior to the actual study. Their comments were adopted in modifying the instruments. The reliability of the instruments was established through a pilot study where a coefficient of Cronbach's Alpha was determined, which was 0.741. Quantitative data were analyzed using descriptive statistics, while qualitative data were analysed thematically as the themes emerged. Study findings indicated that there was inadequate provision of socio-cultural support services which included education and vocational training, health services and employment. However, health services contributed 9.5%, to personal development of Youth with Disabilities. The study recommended, among others, funding of youth with disabilities support groups, initiating follow up support programs for youth with disabilities and wholly focusing on services that ensure that the 'best' is offered to the youth with disabilities as per government's policies.The findings of this study may help in improving the education policy to have a focus on transition plans for youth with disabilities after school.

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INTRODUCTION

Disability is universal. In the past disabled individuals had been isolated, mistreated and ignored (Anderson 2004), but constant practice and research in advanced countries like Sweden, United Kingdom, Australia, United states (US) and Canada, have shown positive dependence between development growth and strategic social change by, with, and for persons with disabilities (Human Resource Development Canada (HRDC), 2002). According to the United Nations Childre'n fund (1999), youth with disabilities all over the continent were left out of economic activities. They were not included in activities that generated wealth, while ordinary youth were not subjected to that type of treatment.

Hollar (2005) observed that this group of youth was the most ignored and whose human rights were also taken for granted. Moreover, according to United Nations Children Fund (1999) Youth with disabilities both male and female were more discriminated against and had profound social and economic inequities when examined against ordinary persons, even in advanced countries. A large proportion of youth with disabilities experienced exclusion and abuse almost always and also lacked economic and educational opportunities. Youth with Disabilities are isolated and are amongst the world's poorest young people. Their basic rights are ignored and are neither recognized nor accepted by society (Hollar, 2005). Observations were also made by Mitra, Posarac and Vick (2013) that Youth with Disabilities were discriminated in areas of education, employment and social activities just as adults who also suffered disabilities. It was in this light that the United Nations brought about the convention on the rights of persons with disabilities to force in December 2006 to bring democracy to all persons, young and old who had disabilities. According to Masakwe (2004), it was estimated that in Africa alone, there were over 80 million Persons with disabilities. The primary causes of disabilities were attributed to inadequate or inaccessible health care, malnutrition and poverty, accidents, diseases, crime and violent conflicts. Masakwe (2004), further suggested that the number of persons with disabilities was growing faster in Africa more than in any other continent and segregation and economic sabotage were glaring in so far as persons with disabilities were concerned. In Nigeria, it was indicated in the disability world report issued in 2011 that almost twenty-five million Nigerians lived at the minimum with impairment, and 3.6 million had serious difficulties in functioning (http://en.wikipedia.org/wik/ disability in Nigeria, 2011).

Youth with disabilities in Elgeyo-Marakwet County were not fully enjoying these rights because of lack of policy operationalization. Some of these challenges are that they were still isolated and ignored in many spheres of society like in access of education and vocational facilities, unemployment, inadequate and inaccessible health facilities and community's negative perception. According to the National Council on Disabilities (2000b), youth with disabilities were highly disadvantaged in gaining outcomes of full participation in societal activities because of a myriad of barricades to the full access of civil and human rights. In Elgeyo-Marakwet County, it is a common phenomenon to witness youth with disabilities begging in the streets and neighbourhoods, without any meaningful economic activities. In addition, there still exist cases of parents or guardians of youth with disabilities who conceal the whereabouts of their children especially those with mental disabilities by locking them away from the glare of the public or restricting their freedom of movement by chaining them under trees. For those who have mobility, they are rejected, isolated from main public gatherings such as community wedding ceremonies and parties.

Statement of the Problem: The United Nations Convention on Rights of Persons with Disabilities (United Nations, 2006) put forward a policy on non-discrimination of the child regardless of race, religion, gender or disability. Likewise, the Kenya Disabilities Act of 2003, a Kenyan act of parliament, was meant to ensure that Persons with disabilities were accorded their rights and rights of rehabilitation to succeed in opportunities like ordinary persons.

These laws aim at facilitating equal access to all socio-cultural support services by Youth with Disabilities. Despite the many legislations and laws to guard the rights of persons with disabilities, there still exist profound discrimination in various sectors of contemporary society. Anderson (2004) indicated that in the past disabled individuals had been isolated, mistreated and ignored. Observations were also made by Mitra, Posarac and Vick (2013) that Youth with Disabilities were discriminated in areas of education, employment and social activities just as adults who also suffered disabilities. According to International Labour Organization (2002), people with disabilities' opportunities of being employed were low because they did not acquire the practical knowledge and theoretical qualifications to integrate well in society.

This gives an overall impression of negative attitude towards them and diminishes their personal development. Research showed that provision of socio-cultural support services to youth with disabilities was very critical towards their personal development (National Council on Disability, 2000b). In a review of literature by Hasnain et al (2003), on outreach and people with disabilities from diverse cultures, Hasnain et al (2003), indicated that despite programs being available to youth with disabilities regarding their personal development, there was very little evidence regarding the influence that socio-cultural support services like, employment, health, education and vocational training as well as community perception had on personal development (Hasnain, Sotnik & Ghiloni, 2003; Edwards & Livingston, 1990). This applies to developing nations, Kenya included. Involvement in disability programs by Kenyan government, Elgeyo-Marakwet County and development agencies that support them has been negligible, despite a sizeable population proportion of 2.8% (Socio-economic Atlas, 2014).

This way, there appeared to be inadequate data to inform best practices towards personal development of youth with disabilities, despite the fact that personal development is one of the priorities of education in Kenya National Goals of Education (2013). Furthermore, other socio-cultural services such as family resources, community based organizations among other services were available in the County, but inadequate. Thus, the current study assessed the influence of socio-cultural support services on personal development of youth with disabilities in Elgeyo-Marakwet County, Kenya.

Hypothesis

$\mathbf{H_{01}}$. There is no significant influence of health services on personal development of youth with disabilities in EMC

Literature Review

It is of great importance that all Youth with Disabilities always accessed healthcare. For them, two areas are critical: absence of general health care and in other cases lack of accessibility to disability-specific care (corrective help, assistive technologies like wheelchairs and hearing devices) (CRPD, CS, 2014/4). General healthcare was a problem because usually health infrastructure/buildings were difficult to access – especially for Youth with Disabilities using wheel chairs and an absence of sign language interpreters in health facilities caused great problems to the deaf and dumb (CRPD, CSP, 2014/4). Youth with Disabilities were usually excluded from public health education programmes by design often done through radio and

television in form of advertisements. Deaf individuals would not benefit from these advertisements and neither would youth with intellectual disabilities because they were witty and fast-paced. There was no benefit there, especially because competent research showed without doubt that disabled youth were risking in smoking, unsafe sex and in consuming alcohol (Hollar, 2005; Groce, 2003). Krahn (2003) emphasized the need for disabled individuals to be disease free, when they are disease free, disabled individuals had the choice to engage in work, learning and participating hands on in their household's affairs and in their community. Being healthy and disease free, directly affects the quality of a person's life experience therefore it was imperative that health personnel specifically employed to cater for the medical and wellness requirement of disabled individuals were in place (Krahn, 2003).

Corrective services were in short supply or even did not exist in many countries, had a tendency of being concentrated in towns or town areas and could be very expensive. In communities or countries where youthful females were not permitted to keep away from their villages or move unaccompanied, getting rehabilitative services was not allowed except in company of a man who is a close relative, this had implications for the dignity and privacy of the young individual with disabilities (Groce & Kett, 2014). The most important objective of community based rehabilitation centers (CBRC) was ensuring that Persons with disabilities optimized their physical and mental abilities to access regular services and opportunities, and get full integration within their objectives (Sharma A.K, Praveen V., 2000). Assistive technologies (wheelchairs, hearing aids, artificial limbs, eye-glasses, etc.) were not cheap and a young man still growing would require a replacement of his artificial leg every year or after every two years. A badly fitted prosthetic carried the danger of multiplying the impairment and equally had severe social and psychological consequences to a young man who had been discriminated against already. As a young adolescent person grew up, his body increased in weight and size. There would be need therefore for the young person to use a wheel chair that would fit him or her comfortably and allow him or her to get to school or work without discomfort (Groce & Kett, 2014).

According to the World Bank report (2004), it was indicated that Youth with Disabilities and Children had been left out of programmes that would help them avoid sexually transmitted diseases including HIV/AIDs. Findings from the World Health Organization (WHO) indicated that parents, teachers, educators, and counsellors shunned discussing issues to do with the pandemic and sexual health generally with the youth with disabilities or even with the ordinary youth without disabilities. Youth with Disabilities were therefore shut out from accessing and knowing background information regarding changes and development in their bodies - and also how to go about relationships safely. Many children and disabled Youth with Disabilities were encouraged to be respectful, trusting and usually had no experience in setting limits as regard how close they should be to the other person physically (UNFPA/WHO, 2009). According to the kind of impairment, a child might require more assistance and financial resources in order to acquire their latent qualities, rehabilitative facilitation and surgical interventions, assistive technologies like wheelchairs, crutches, or infrastructural modifications like ramps and accessible transportation (UNFPA/WHO, 2009). Children and youth who were poverty stricken would possibly end up getting disabled through poor healthcare, malnutrition, unsanitized water and dangerous working environment. A huge population of persons with disabilities were poverty stricken and lived in poor countries (Elwan, 1999). Furthermore, large numbers of health care insurance schemes didn't want to assist disabled persons citing cost of their health care (Braithwaite & Mont, 2008).

Personal Development of Youth with Disabilities: A rich body of written works concerning self –determination and measures to promote it to help students live quality life, has blossomed over the last decade. A conversation amongst practitioners, family and those carrying out scientific research concerning self-determination in early child life is a comparatively a contemporary issue in the written works of self-determination (Brotherson, cook, Erwin and Weigel, 2008; Shogren & Turnbull, 2006). The free choice of one's own acts orself-determination, usually is connected to secondary transition but Wehmeyer and Field (2007) proposed a teaching for understanding focus through the lifespan as very important for learner's accomplishment of an aim or objective. Palmer,Wehmeyer, Sands, Knowlton and Kozleski (2002), gave a detailed account of activities for youth who were self-determined, but youthful learners could be helped through grownups in the initial exercises of making choices, the right decision making or acting autonomously, and enhancing personal development; ensuring responsibility over actions done, meaning behavior is self-controlled acting and feeling competent and understanding the effects of actions, in other words acting in a self- realizing manner is important in enhancing personal development.

To explain the procedure of becoming self-determined; elements like solving problems, making choices, setting goals and other instances of turning into an individual causing changes in one's own life is paramount (Wehmeyer 1999, 2005). Wehmeyer's (1999) in functional replica of the ability or right to make one's own decision without interference from others, emphasized the provision of opportunities to learn the sections of self-determination such as solving problems or setting goals by way of facilitating within the environment and through the knowledge of disabled individuals. Bullock and Lutkenhaus (1988) deliberated on the physiology studies that showed or dealt with how the mind formed as children and adolescents grew. It also looked into the activities by conscious personal choice not based on external principles in children's exercises in play and clean up exercises in children age 15 and 35 months He deducted that children who were still young and were capable of achieving a specific outcome or goal, would thus enhance personal development. In this instance the aim would be set by grownups but the wilful exercise point of Wehmeyer's explanation of personal choice starts developing in the childhood period. Twenty years ago conceptualizing reports defined the basic causes of self-determination in infancy and recommended for children to experience numerous features concerning self-determination but with enhanced assistance and with facilitation from states as time passed on (Brown and Cohen, 1996; Brotherson et al, 2008, 2003, Palmer and Wehmeyer, 2003). The aforementioned support enhances personal development of persons with disabilities in later years. Brotherson and colleagues (2008) concurred that ''simply growing older does not provide all the needed opportunities to acquire the abilities to make choices and decisions that promote later self-determination''. Because it was known that elements of self-

determination take root early in childhood years, adults could assist propel this development thus enhancing personal growth of youth with disabilities (Doll, Sands, Wehmeyer and palmer 1986, Palmer 2010). To expect pre-school age children to make independent decisions, choices and to problem solve, would be developmentally inappropriate as self-determination was meant for adolescents and youthful adults.

Theoretical literature: The socio-cultural perspective theory by Catherine Sanderson was used by Tukaram and Pradnya (2015) in an attempt to study some socio-cultural perspectives in John Masters' Bhowani Junction. In the article, Tukaram and Pradnya (2015) focus their attention on the choices which confronted the Anglo-Indians. Assigning an unprecedented centrality to the Anglo- Indian consciousness, he attempts to analyse their sense of identity in a fast changing environment. They also explored the psychological impact of a self-image imposed on them by the prejudices of others, as well as by their own perceptions of their ambiguous position in colonial society. Kurumei and Prisca (2017) uses Catherine Sanderson's theory to describe the awareness of circumstances surrounding individuals with disabilities and how their behaviours are affected by their surroundings including social and cultural factors. Adam's Stacey theory has been used by a number of scholars. Kalimo and Taris (2002) used Stacey's theory to examine two assumptions of this theory on Finnish workers. Based on the assumptions, there existed a relationship between inequity and selected health-related outcome variables that were U-shaped, that is receiving too much was detrimental as just as receiving too little. On the other hand, the reference to 'similar others' seems to be superfluous. McShane and Von Glinow (2010), used Adams Stacy theory to eliminate feelings of unfair or unequal treatment of employees at the workplace which may lead to de-motivation. Cole and Kelly, (2011), explain that the equity theory of motivation focuses on "people's feelings of how fairly they have been treated in comparison with the treatment received by others". They also add that people therefore, expect their input to reflect equally on the outcomes and be similar in comparison to those or others of the same ranking.

Griffeth and Vecchio (1989) used Adams Staceys theory to affirm that employees or participants altered quantity and quality of performance to achieve equity, and identified significant interactions for interpersonal attraction and forms of compensation. The findings suggest that interpersonal attraction may play an important role in determining employee equity restoration responses. Schniederjans and Schniederjans (2012), used and applied Adams Stacey's theory to guide both the professor chairing dissertation committees and the student to a just resolution. This happened whenever there were problems between the professor chairing the Ph.D. dissertation committees and his or her Ph.D. students. They proposed equity theory as a guiding aid in Ph.D. programs problem resolution. Al-Zawahreh & Al-Madi (2010) used Adam's Stacey's theory to illustrate that employees pay was a major factor in perceived equity, therefore; attention needed to be given to this concept.

Conceptual Framework

Based on Sanderson's (2010) theorization of Socio-cultural perspective, the proposed study conceptualized its variables as shown in Figure 2.1. In this study, the circumstances surrounding youth with disabilities may have affected their emotional well-being and self-esteem, economic independence was another indicator concerned. All these would influence their personal development either positively or negatively. The study therefore, sought to investigate how the health as a socio-cultural support services influence personal development. The health services are measured based on scoring of statements pertaining to the variable in question.

RESEARCH METHODOLOGY

Mixed research methodology or triangulation with both quantitative and qualitative research was employed in this study.Baran & Jones (2016) employ the "multi-layered" term to refer the use of mixed methods in multi-dimensional problems. This approach uses more than two qualitative and quantitative studies like in the multiphase design. The study was conducted in Elgeyo-Marakwet County. According to socio-economic atlas of Kenya, 2014, the National Population Census of that year in Elgeyo Marakwet County was 369,270. The proportion of persons with disabilities in this whole population was 2.8% (Wiesmann et al, 2014). Trends in census statistics usually estimate the population of youth in any population at 60.0% or more. This implied that, the youth with disabilities were estimated at 6,203 persons (Wiesmann et al, 2014). Therefore, the target population of the study was 6, 203 which comprised of 4,962 youth with disabilities in school in the age bracket of (15-35), 1241 youth with disabilities out of school, (320) parents and 20 government officers as shown in Table 1. The parent's population was important in that they were the ones who took responsibility of their children, while government officers were expected to provide and implement policy and advice on the programs which youth with disabilities could benefit from.

Table 1. Showing the Distribution of Target Population

SNo.	Sub County	In//Out of School	Target
	Marakwet	In school	172
		Out of school	70
		Sub-Total	242
	Keiyo	In school	170
		Out of school	80
		Sub-Total	250
	Grand Total		492

Sample: This study employed both probability and non-probability sampling techniques.Krejcie and Morgan (1970) formulae for determining the sample size. The sample of the study was 289 for youth with disability in school. The parents and government official were selected purposively because they were key informants. Questionaire, interview guide, and observational chacklist were used to collect data for this study.

Piloting of Research Instruments: Piloting is the specific pretesting of a particular instrument. Piloting was undertaken by the researcher in Uasin Gishu County, using10% of the sample. Connely (2008).

Validity: To determine content validity of the instruments, the supervisors were presented with the research instruments prior to the actual study.

Data Collection Procedures: The researcher identified and trained four research assistants who facilitated in the dispatching of the questionnaires to the research participants.

Table 2. Age Category of youth with disabilities in and out of School

Gender	In School		Out of School		In and out of school	
	N	N %	N	N %	N	N%
Male	77	26.6%	52	18.0%	129	44.6
Female	104	36.0%	56	19.4%	160	55.4
TOTAL	181	62.6%	108	37.4%	289	100.0
Age Category						
15-20	49	27.1	6	5.7	55	19.2
21-25	42	23.2	21	19.8	63	22.0
26-30	30	16.6	28	25.4	57	19.8
30-35	60	33.1	53	49.1	113	39.0
Total	181	100.0	108	100.1	289	100.1
In School Out of School Total						
Educational level	N	N%	N	N%	N	N%
Primary	69	38.2	23	21.3	92	61.2
Form four	51	28.0	28	25.9	79	56
Certificate	9	5.1	13	12.0	22	17.1
Diploma	21	11.5	23	21.3	44	32.8
Degree	15	8.3	14	13.0	29	21.3
Post graduate degree	0	0.0	1	.9	1	0.9
Primary	69	38.2	23	21.3	92	59.5
Total	181	100.0	108	100.1	289	100.1

Source: Research, 2017

Table 3. Health services available to youth with disabilities (n=289)

STATEMENT	SD		D		UN		A		SA		MN
	N	%	N	%	N	%	N	%	N	%	
Health facilities are available and accessible	18	6.1	23	7.9	42	14.6	78	26.8	129	44.5	4
I readily have access to disability-specific care	52	17.9	47	16.2	33	11.6	80	27.7	77	26.6	3.3
Public health programmes are designed to include YWDs	21	7.1	48	16.6	62	21.3	65	22.5	94	32.5	3.6
Rehabilitative services are available and accessible in my county	43	15.0	83	28.8	29	10.0	54	18.8	79	27.5	3.2
Assistive technologies have been made affordable to Youth with Disabilities	22	7.6	54	18.8	63	21.8	49	17.1	100	34.7	3.5
There are adequate health specialist personnel to deal with disability cases	36	12.3	100	34.6	34	11.7	55	19.1	64	22.2	3
Deaf youth have difficulties accessing sign language interpreters in health facilities	34	11.9	45	15.5	86	29.8	74	25.6	50	17.3	3.2
Health care staff treated YWDs with indifference	52	18.0	52	18.0	30	10.5	55	19.2	99	34.3	3.3

Course: Researcher, 2017: Key: SA =Strongly Agree, A =Agree, UD = Undecided, D =Disagree, SD= Strongly Disagree, Mn - Mean

Table 4. Regression results

Model	R	R Square	Adjusted R Square	Std. Error	% Contribution
Health	0.064	0.4%	0.0005	0.86939	0.414958

Source: Research findings, 2016

Data Analysis Procedures: Descriptive statistics included measures of means, frequencies, and percentages using the statistical package for social sciences (SPSS Version 23) computer program. Informed consent was sought from the respondents and assurance of protection of data collected was provided. At the data gathering stage, the respondents were guaranteed anonymity, secrecy, privacy and were guaranteed of their choice to pull out from the study any time if they wished to do so.

Research Findings and Discussion of the results

Socio-demographic Information

Gender, Age of Youth with Disabilities in and out of School: According to Table 2 females comprised a higher proportion of Youth with Disabilities in school. The study found that 104 (36.0%) of Youth with Disabilities were female while 77 (26.6%) were male. The Youth with Disabilities out of school were 52 (18.0%) male and 56 (19.4%) female respectively.

Higher proportions of youth with disabilities were also female. This was in agreement with UNESCO (2003) estimation that 98% of disabled children living in poor countries were not in school while 99% of female children with disability could not read or write. The highest proportions of Youth with Disabilities in school were those aged between 30-35 years old followed by those who were between 15 years old to 20 years. These comprised of 60 (33.1%) and 49 (27.1%) respectively (Table 2).

Health Services available to youth With disabilities: Health services availability and HIV/AIDS sensitization to Youth with Disabilities was one of the indicators of socio-cultural support services offered to Youth with Disabilities. As shown in Table 2, the highest number of Youth with Disabilities 129 (44.5%) strongly agreed that health facilities were available and accessible to Youth with Disabilities. Also 80(27.7%) agreed that they readily had access to disability specific care while 100 (34.7%) Youth with Disabilities strongly agreed that assistive technologies had been made affordable to Youth with Disabilities (Table 3).

However, 100 (34.6%) Youth with Disabilities disagreed that they were adequate health specialist personnel to deal with disability cases while 64 (22.2%) Youth with Disabilities strongly agreed with the statement. This implied that health services were inadequate to Youth with Disabilities. These findings were in line with findings from convention on the rights of persons with disabilities. CRPD/CPS 2014. Conference of state parties to the convention on rights of persons with disabilities, seventh session in New York from 10-12 June 2014. The study sought the view of parents with regard to the availability of Health services and HIV/AIDs sensitization to Youth with Disabilities. They held a contrasting opinion on availability of health care services for Youth with Disabilities. As indicated in table 4.10, a higher number of parents and guardians (31.4%) disagreed that Youth with Disabilities had ready access to general health care while 47(26.6%) agreed. Majority of the parents and guardians of Youth with Disabilities disagreed 63 (35.8%) and strongly disagreed, 54 (30.9%) to the fact that Youth with Disabilities get disability- specific care, corrective services, and assistive technological devices such as hearing aids.

Influence of Socio-cultural Support Services on Personal development of Youth with Disabilities: The results of regression analysis indicated that for health, the correlation value was 0.064, indicating a weak positive correlation between health and personal development (Table 4). First, health care services made PWDs feel accepted in the society and this promoted their self-esteem. Second, health care gave them hygiene and basic safety precautions. Third, healthcare services made PWDs have wellness, hence more productive in work and in bringing up a family. In addition, health care services lessened pain underwent by PWDs and hence reduced impact of disability or corrected the defects of disability. Further health care services would also provide advice on food and nutrition, counselling and other specific psychological issues. Healthcare made Youth with Disabilities motivated and encouraged them contribute to nation building. Generally, there was satisfactory health care infrastructure in place, except some concerns on the adequacy of the specialist personnel to deal with disabilities cases.

Provision of funds given by the government could enable implementers to move from home to home hence sensitizing Youth with Disabilities with HIV/AIDS programs because counties could be navigated easily from their local headquarters.

Conclusion

Recommendation

Based on the research findings of objective four, health contributed to personal development of youth with disabilities up to 0.4% (Table 4). Therefore, the study recommendations the following;

- That, there was need for all relevant departments that offer the socio-cultural support services to wholly focus on those services and ensure that they offered the 'best' to the youth with disabilities as per set standards and guidelines.
- That, focus should also be mounted on other services or situations that influenced personal development of youth with disabilities. For instance, guidance and counselling and recreational facilities such as swimming pools and playing fields among others.
- That, the MOH specifically employed health personnel be to cater for the health and wellness needs of PWDs and ensure that they were in place (Krahn, 2003). This may be achieved by, the Ministry of Health (MOH), together with County Health Executives and departments in charge of the welfare of the disabled persons by considering formulation of policies on training and hiring of health professionals for effective delivery of services to the youth with disabilities. This is because, often Youth with Disabilities did not get due attention when they showed up at the hospital for medical consultation or treatment. In terms of having access to disability specific health care, the research findings indicated that there was none. For instance, the policy may consider employing Kenyan sign language experts to deal with the deaf and the hearing impaired persons. Krahn (2003) emphasized the health and wellness of PWDs; that with good health persons with disabilities have the freedom to work, learn and engage actively in their families and, in their communities. Health and wellness directly affect the quality of a persons' life experience.

Therefore, it is imperative that health personnel be specifically employed to cater for health and wellness needs of PWDs and ensure that there were in place (Krahn, 2003).

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