The Role of Stakeholder Participation in the Accessibility of Social Services to Persons with Disability

Simon Ngacha Njeri and James Allen Smith

ABSTRACT

This study was researched on the need to establish the factors influencing the accessibility of social services in informal settlements in the Kasarani sub-county, Kenya. The Kasarani sub-county in Kenya acted as the place for conducting this study. The caregivers of children with disabilities, stakeholders working with children with disabilities, Funding agencies targeting children with disabilities, and community-based organizations working with children with disabilities in the informal settlement areas acted as the target population. The target sample of 200 was selected from a population of 2,000 individuals. Data collection was performed through a questionnaire. Data coding and analysis were performed through SPSS and presented. Descriptive and regression analysis was used in the analysis of the data. The data was summarized using tables, figures, and the regression model. The study established that the participation of stakeholders influences the accessibility of social services for children with disabilities in the Kasarani sub-county. The study further found that funding influences the accessibility of social services for children with disabilities in the Kasarani sub-county. Also, it found that a unit increase in the capacity of caregivers leads to an increase in the accessibility of Social Services in the informal settlement. Based on the findings, this study recommended that more homes should be established in the informal settlements in the country to help those children with disabilities, and the government, as a policy intervention, should review the funding of homecare programs by fully extending the support to all local community organizations in informal settlements.

Keywords: Accessibility of social services, children with disabilities, informal settlements, role of stakeholders.

I. INTRODUCTION

In November 2022, the United Nations clocked the global population at 8 billion people (Worldometer, n.d.). According to the World Health Organization, 16% of the population are persons with significant disabilities whose fundamental rights also need to be taken into account (WHO, 2023). Persons with disabilities need access to platforms without barriers to harness their full potential; this could start by bringing them into the discussions that affect them. Globally, as the population ages, the disability figure is expected to rise (WHO, 2023). Persons with disabilities represent the most prominent global minority whose fundamental rights call for urgent attention. According to the United Nations Development Programme (UNDP), 80% of people with disabilities reside in developing nations (UNDESA, 2022). According to the World Bank, 20% of the world's poorest people have a disability. These individuals are frequently seen as the most disadvantaged within their communities (UNDESA, 2022).

Courtney-Long et al. (2015) state that 22.2% of U.S. adults reported any disability in 2013. The most common and functional disability is mobility limitation, followed by disability in thinking and memory, independent living, vision, and self-care.

According to Okoro et al. (2018), 25.7% of noninstitutionalized U.S. adults reported any disability in 2016. The most common disability type was mobility, followed by cognition, independent living, hearing, vision, and self-care. Of these adults, Zhao et al. (2019) found that, in rural communities in the United States, one in three adults has a disability. Three or more disabilities are reported by one in twelve adults. Almost all sociodemographic subgroups saw an increase in the proportion of adults with disabilities as population size decreased, from large metropolitan counties to noncore counties, except for older adults (65 and older) and Hispanics (Zhao et al., 2019).

Per Paul et al. (2023), data from the 2016–2020 American Community Survey on civilian, non-
institutional population shows that 17.8% of those in the more rural United States reported having a disability. When considering the same rural individuals, disabilities affected 48.8% of those 18 to 64 years and 44.7% of those 65 years and over. This was consistent with the findings for the civilian, non-institutional population of the 2015–2019 American Community Survey by Paul et al. (2021), which showed that 18.0% of people in the most rural areas of the United States reported disabilities. Disabilities affected 49.4% of those rural individuals 18 to 64 years and 44.2% of those 65 years and over.

In Kenya, out of a total population of 40 million, it is estimated that 10% (N = 3,942,326) have disabilities, and more than 1.6% (N = 554,440) of the people have physical disabilities. In addition, education access to a child with a disability in the country has remained elusive, with 2% of them having access to education (APDK, 1999). This is contrary to the Constitution of Kenya (Republic of Kenya, 2010), which gives the right to every individual to access social services as a right, not a privilege. In the year 2004, out of an estimated 750,000 children with disabilities in Kenya, only 26,000 were enrolled in special needs education. It is even worse as some schools refuse to enroll children with disabilities due to their vast needs. Regarding education, they are left with two choices: either to join an integrated school or a special school. However, due to poverty and discrimination, many caregivers cannot afford to place their children in that education setup and thus prefer to have them at home. This thus denies them an opportunity to acquire an education that can liberate them from the shackles of poverty and despair.

In the Kasarani sub-county, where several informal settlement areas are located, including Korogocho, Kariobangi, and Mathare, most children with disabilities are left on their own as their caregivers are busy looking for informal jobs. This then exposes them to sexual and physical abuse. Cases of rape and children with disabilities giving birth are rampant.

A. Statement of the Problem

According to the World Health Organization (WHO), disability affects 10% of every population. An anticipated 650 million people worldwide, of whom 200 million are children, experience some form of disability. Disability affects hundreds of millions of families in developing countries. According to the Kenya National Disability Survey 2008, 5% of the Kenyan population have one or other form of disability (KeNADA, 2009). Survey results indicate that persons with disabilities in Kenya confront a range of handicapping situations depending on their form of disability. The survey unveiled that people with disability access to infrastructure and services such as health, education, and economic assistance (social support) is a big challenge. Regarding access to rehabilitation services and assistive aids, the findings revealed that most people with disabilities have problems accessing these needed services and aids. Indeed, only 32% of those surveyed were using assistive aid. In 2014, the Kenya National Human Rights Commission found that the educational policy environment theoretically supports the education of disabled learners. However, it faces resounding bottlenecks in its implementation (KNCHR, 2014).

The Nairobi Integrated Program (NIP) area of coverage (Kasarani sub-county) has a disability prevalence rate of 5.3%, which is higher than the national figure of 4.6% according to the baseline survey conducted in the year 2013 by an independent consultant (Nyamu Consultants, 2013). The survey further revealed that children with disabilities in the county did not receive the same treatment as their counterparts without disabilities. The survey revealed that only one organization works for the county's well-being of children with special needs (Nyamu Consultants, 2013). In addition, the survey indicated that the county lacked special units for children with Physical and Mental impairments in public primary and secondary schools. Furthermore, the existing particular unit in the neighboring sub-counties charges exorbitant fees, which were not affordable to caregivers of these children owing to their poor economic status. Furthermore, the survey revealed that children with special needs suffered neglect due to the economic status of the household they came from (Nyamu Consultants, 2013).

The success factors and success criteria played a pivotal role in defining the road of this research problem under study. To get to that point, the study employed some social development theories.

B. Research Objective

The present study aims to examine the role of stakeholder participation in the accessibility of social services for children with disabilities accessibility in the Kasarani sub-county.

II. THEORETICAL FRAMEWORK

A. Social Learning Theory

Social learning theory (Bandura, 1977) posits that learning is a cognitive process that takes place in a social context and can occur purely through observation or direct instruction, even in the absence of motor reproduction or direct reinforcement. Social learning theory suggests that human behavior is learned as individuals interact with their environment. Problem behavior is maintained by positive or negative reinforcement. Learning theory explains behavior based on what organisms have learned from the...
environment. Methods that stem from this theory are the gradual shaping of new behavior through positive and negative reinforcement, modeling, stress management: biofeedback, relaxation techniques, cognitive restructuring, imagery, and systematic desensitization. Cognitive behavioral therapy looks at what role thoughts play in maintaining the problem. The emphasis is on changing dysfunctional thoughts that influence behavior.

B. Conflict Theory

This theory was introduced by Marx and Engels (1848) drawing attention to conflict, dominance, and oppression in social life. Groups and individuals try to advance their interests over the interests of others. Power is unequally divided, and some social groups dominate others. Social order is based on dominant groups’ manipulation and control of non-dominant groups. Social change is driven by conflict, and thus, lack of open conflict is a sign of exploitation, with periods of change interrupting long periods of stability. It is important to note that Social workers use this theory to understand clients experiencing oppression in some form or another in our capitalist society.

C. Role of Stakeholders’ Participation in Accessibility of Social Services for Children with Disability in the Informal Settlement Areas

Effective stakeholder management can help managers resolve ethical dilemmas (Harrison & St. John, 1994). Stakeholder involvement and participation are crucial to successful and lasting change in social care and will be particularly important in achieving personalized services. All successful change engages a vast network of stakeholders, including other health and social care organizations. Different stakeholders hold some level of answerability within their geographical areas of coverage. Some come in through corporate social responsibilities, and some as part of their mandate and, in this case, the government and non-government organizations.

The early identification of children with disabilities will enhance the survival of children. From this perspective, managing competing stakeholder interests is a primary management function (Ansoff, 1984). Furthermore, it also makes it easy through their assistance for children with Disabilities to access health and education services in the County. On the other hand, the transition of those in school to lead an independent life through access to higher education/vocational training skills will improve their economic capacity, hence their economic access to health and education and consequently their capability to bargain for their future life. This research project, in its wholeness, will strive to establish stakeholders’ effect on the enhancement of the quality of life of children with disabilities in Kasarani Sub County through improved access to health, rehabilitation services, and enrollment in both primary and secondary education and economic empowerment and more importantly to caregivers of the bedridden children who may not be able to join any learning activity due to their medical prognosis.

Pursuing this strategy's objectives will involve a wide range of players seeking engagement across sectors and disciplines. The World Bank's 1975 Rural Development Sector Policy Paper gives five paragraphs on the importance of local participation and briefly acknowledges some impediments to participation. In addition, stakeholder theory is potentially an integrating theme for business and society disciplines (Donaldson & Preston, 1995). This strategy is pertinent to all agencies involved in developing and implementing public policy and implementing programs and services, including those involved in addressing the environmental, economic, and social determinants of the health of children with disabilities and to all those involved in supporting research through funding, providing infrastructure and training and exploring new methodologies for improving the research-policy-practice nexus. Participation in this research will be open to all who have an interest and can contribute in some way to improve learning and provide information related to research. One issue of central concern in this research is establishing the ongoing social responsibility debate on whether organizations pursue the satisfaction of stakeholder interests for economic reasons or simply because doing so has intrinsic merit (Donaldson & Preston, 1995).

D. The Conceptual Framework

Fig. depicts the conceptual framework of the present study and shows the expected correlations among the independent, intervening, moderating, and dependent variables.
III. RESEARCH METHODOLOGY

The researcher used a descriptive survey research design. Descriptive design is used to obtain information concerning the status of the phenomena to describe what exists concerning variables or conditions in a situation. It allows the researcher to describe, record, analyze, and report existing or existing conditions. It aims to discover “what is,” so observational and survey methods are frequently used to collect descriptive data (Kothari, 2005). It is mainly conducted when researchers want to understand a topic more deeply. It involves gathering data describing events and organizing, tabulating, depicting, and describing the data collected (Glass & Hopkins, 1984).

The researcher used quantitative research to check on the accessibility of social services in the informal settlement areas. Descriptive data was collected and categorized in the field using questionnaires. The principal purpose of descriptive research design is the description of current situations as they exist (Kothari, 1999). Conclusions were drawn as the study progressed. The study also reviewed primary data obtained through questionnaires, individual and essential informant interviews, secondary data referenced from journals, baseline/assessment research and strategy reports by different agencies, text and electronic books, and other related materials.

IV. RESULTS

A. Response Rate

The study targeted a sample size of 200 respondents, out of which 157 responded, amounting to 78.5% (see Table I). This response rate was satisfactory to make conclusions for the study. The response rate was representative. According to Mugenda and Mugenda (2003), a response rate of 50% is adequate for analysis and reporting; a rate of 60% is good, and a response rate of 70% and over is excellent. Based on the assertion, the response rate was considered excellent.

<table>
<thead>
<tr>
<th>Questionnaires Administered</th>
<th>Questionnaires filled &amp; Returned</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondents</td>
<td>200</td>
<td>157</td>
</tr>
</tbody>
</table>

B. Demographic Characteristics of the Respondents

This section analyses the demographic information of the individual respondents and their respective agencies. The aim of doing this was to enhance understanding of the background information of the respondents and their ability to provide relevant data sought for this study.
1) Gender
The study sought to find out the gender of the respondents. From the findings, 68% of the respondents were female, while only 32% were male. This implies that most of the respondents were females.

2) Age
The researcher also sought to determine the age bracket that the respondents fell. Regarding respondents’ age categories, the study revealed that most of the respondents, as shown by 35.67%, were aged between 18 to 35 years, 27.39% of the respondents were aged between 36 to 49 years, and 23.57% were over 50 years. In contrast, only 13.38% of the respondents were under 18 years. This implies that respondents were well distributed in terms of their age.

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 18</td>
<td>21</td>
<td>13.38</td>
</tr>
<tr>
<td>Between 18–35</td>
<td>56</td>
<td>35.67</td>
</tr>
<tr>
<td>Between 36–49</td>
<td>43</td>
<td>27.39</td>
</tr>
<tr>
<td>50+</td>
<td>37</td>
<td>23.57</td>
</tr>
</tbody>
</table>

3) Level of Education
According to the findings, most (55.4%) of the respondents indicated tertiary as their highest level of education, 34.4% indicated secondary, 6.4% held primary certificates, and 3.8% never enrolled in school (see Fig. 2). These findings imply that most of the respondents were academically qualified and therefore familiar with their duties.

![Fig. 2. Distribution of the respondents by their level of education.](image)

<table>
<thead>
<tr>
<th>Level of education</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>6.4</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>34.4</td>
<td></td>
</tr>
<tr>
<td>Tertiary</td>
<td>55.4</td>
<td></td>
</tr>
<tr>
<td>Never enrolled</td>
<td>3.8</td>
<td></td>
</tr>
</tbody>
</table>

From the findings, the majority (29.3%) of the respondents indicated that they had worked as caregivers and stakeholders of children with disabilities for 5 to 10 years, 28% had worked for 10–15 years, while 22.3% and 20.4% had worked for over 15 years and 1 to 5 years respectively. Productivity in jobs depends on knowledge acquired prior to entry into the labor market or early in the career. This implies that most of the respondents of this study had worked for an ample time. Thus, they were conversant with the information that the study sought on their organization.

4) Years of Education
The researcher sought to determine the years of experience of the respondents. Table III summarizes the responses.

<table>
<thead>
<tr>
<th>Years of experience</th>
<th>N</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–5 years</td>
<td>32</td>
<td>20.4</td>
</tr>
<tr>
<td>5–10 years</td>
<td>46</td>
<td>29.3</td>
</tr>
<tr>
<td>10–15 years</td>
<td>44</td>
<td>28.0</td>
</tr>
<tr>
<td>15+ years</td>
<td>35</td>
<td>22.3</td>
</tr>
</tbody>
</table>

C. Role of Stakeholders’ Participation in Accessibility of Social Services for Children with Disability in Kasarani Sub-county

1) Influence of Stakeholder Participation
The findings have shown that the majority (84%) of the respondents agreed with the statement that stakeholder participation influences the accessibility of social services for children with disabilities in the Kasarani sub-county. In contrast, only 16% disagreed with the statement.

2) Effect of Stakeholder Participation on Accessibility of Social Services for Children with Disabilities
The study sought to establish the extent to which respondents agreed with the above statements relating to the effect of stakeholder participation on the accessibility of social services for children with disabilities.
From the study results, the majority of the respondents agreed with the statement that stakeholder involvement and participation are crucial to successful and lasting change in social care, as shown by a mean of 4.36; they also agreed that effective stakeholder management could help managers resolve many types of ethical dilemmas as shown by a mean of 4.30, another issue was that early identification of children with disabilities enhances the survival of children as shown by a mean of 4.29.

### TABLE III: DISTRIBUTION OF RESPONSES FOR THE Stakeholder Participation Statements

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Moderate</th>
<th>Agree</th>
<th>Strongly agree</th>
<th>Mean</th>
<th>Std. Dev.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder involvement and participation are crucial to successful and lasting change in social care.</td>
<td>1</td>
<td>10</td>
<td>3</td>
<td>60</td>
<td>83</td>
<td>4.36</td>
<td>0.24</td>
</tr>
<tr>
<td>Effective stakeholder management can help managers resolve many types of ethical dilemmas.</td>
<td>11</td>
<td>1</td>
<td>3</td>
<td>57</td>
<td>85</td>
<td>4.30</td>
<td>0.24</td>
</tr>
<tr>
<td>All successful change engages a wide network of stakeholders, including other health and social care organizations</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>99</td>
<td>47</td>
<td>4.15</td>
<td>0.27</td>
</tr>
<tr>
<td>The early identification of children with disabilities will enhance the survival of children.</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>86</td>
<td>60</td>
<td>4.29</td>
<td>0.25</td>
</tr>
<tr>
<td>Managing competing stakeholder interests is a primary management function.</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>71</td>
<td>75</td>
<td>4.32</td>
<td>0.24</td>
</tr>
</tbody>
</table>

The respondents also agreed that managing competing stakeholder interests is a primary management function, as shown by a mean of 4.32. Finally, most respondents also agreed that all successful change engages a vast network of stakeholders, including other health and social care organizations, as shown by a mean of 4.15. The findings of this study agree with those of Bandura (1977), who suggests that stakeholder involvement and participation are crucial to successful and lasting change in social care.

### D. Regression Analysis

A multiple regression model was applied to identify the factors influencing the accessibility of social services in informal settlements. The study adopted the following regression equation to establish the relationship between variables:

\[
Y = \alpha + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \beta_4 X_4 + \epsilon
\]

where:
- \(Y\): Accessibility to Social Services in the informal settlement,
- \(\alpha\): The constant of regression,
- \(\beta_1, \beta_2, \beta_3,\) and \(\beta_4\): the regression coefficients/weights of the following respective independent variables; \(X_1\): Stakeholder’s participation, \(X_2\): Funding Agencies, \(X_3\): Capacity of caregivers, \(X_4\): Other Local Community-based Organizations.

All four independent variables were measured using the responses on each variable obtained from the respondents. The results are shown in Table IV.

### TABLE IV: REGRESSION COEFFICIENTS

<table>
<thead>
<tr>
<th>Variables in the Regression Model</th>
<th>Unstandardized Coefficients</th>
<th>Standardized Coefficients</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Constant)</td>
<td>0.889</td>
<td>0.360</td>
<td>2.470</td>
<td>0.002</td>
</tr>
<tr>
<td>Stakeholder’s participation (X_1)</td>
<td>0.555</td>
<td>0.216</td>
<td>2.546</td>
<td>0.003</td>
</tr>
<tr>
<td>Funding agencies (X_2)</td>
<td>0.187</td>
<td>0.125</td>
<td>1.154</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Capacity of caregivers (X_3)</td>
<td>0.231</td>
<td>0.333</td>
<td>1.804</td>
<td>0.001</td>
</tr>
<tr>
<td>Other local community-based organizations (X_4)</td>
<td>0.117</td>
<td>0.345</td>
<td>1.054</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>(Constant)</td>
<td>0.889</td>
<td>0.360</td>
<td>2.470</td>
<td>0.002</td>
</tr>
</tbody>
</table>

The established regression equation was as follows:

\[
Y = 0.889 + (0.555)X_1 + (0.187)X_2 + (0.231)X_3 + (0.117)X_4 + \epsilon
\]

The regression equation above has established that holding all factors (stakeholder’s participation, funding agencies, capacity of caregivers, and other local community-based organizations) constant, other factors influencing the accessibility of social services in informal settlements will be 0.889. The findings

DOI: http://dx.doi.org/10.24018/ejdevelop.2023.3.6.318
also show that taking all other independent variables at zero, a unit increase in stakeholder participation will lead to a 0.555 increase in the scores of the accessibility of Social Services in the informal settlement. A unit increase in funding agencies will lead to a 0.187 increase in the accessibility of Social Services in informal settlement. On the other hand, a unit increase in the capacity of caregivers will lead to a 0.231 increase in accessibility of Social Services in the informal settlement, and a unit increase in other local community-based organizations will lead to a 0.117 increase in the scores in accessibility of Social Services in the informal settlement. This infers that Stakeholder participation influences the accessibility of Social Services in the informal settlement, followed by the capacity of caregivers, funding agencies, and other local community-based organizations. The study also established a significant relationship between the accessibility of Social Services in the informal settlement and the independent variables: stakeholder participation (p < 0.05), funding agencies (p < 0.05), the capacity of caregivers (p < 0.05), and other local community-based organizations (p < 0.05). The regression coefficients were tested for significance at alpha of 0.05. Significance occurs at p-values less than 0.05. From the above results, all the predictors are good predictors for the accessibility of Social Services in the informal settlement. This finding is consistent with that of Bandura (1977), who found that accessibility of Social Services in the informal settlement depends on stakeholder participation.

The study used the R-squared. The R-squared value is called the coefficient of determination and tells us how the accessibility to Social Services in the informal settlement varied with stakeholder participation, funding agencies, the capacity of caregivers, and other local community-based organizations. The four independent variables studied explain 74.5% of the factors influencing accessibility of social services in informal settlements as represented by the R-squared value (i.e., coefficient of determinant). This, therefore, means that other factors not studied in this research contribute 25.5% of the factors affecting the accessibility of Social Services in informal settlements. The results of this study concur with Clark (1996), who found that the capacity of caregivers plays a significant role in improving the accessibility of Social Services in informal settlements.

V. DISCUSSION

This study sought to examine the role of stakeholder participation in the accessibility of social services for children with disabilities accessibility in the Kasarani sub-county. The study has revealed that the participation of stakeholders influences the accessibility of social services for children with disabilities in the Kasarani sub-county. This finding conforms to that of Harrison and St. John (1994), who noted that Different stakeholders hold some level of answerability within their geographical coverage areas. Some come in through corporate social responsibilities, and some as part of their mandate and, in this case, the government and non-government organizations. Further, the study agrees with the findings from Ansoff (1984), who established that stakeholder theory is potentially an integrating theme for business and society disciplines.

VI. CONCLUSION

The study concludes that there is a significant relationship between the accessibility of Social Services in the informal settlement and the stakeholder’s participation, funding agencies, capacity of caregivers, and other local community-based organizations. Further, the study has established that the involvement and participation of stakeholders are essential for successful and lasting change in social care. Therefore, the study notes that the participation of stakeholders influences the accessibility of social services for children with disabilities in the Kasarani sub-county. Local community-based organizations are defined as non-state actors who come in to provide services ostensibly meant to be provided by the Government in the areas of Education, Health, and Economic empowerment to the communities. The study has revealed that the roles played by local community-based organizations influence the accessibility of social services for children with disabilities in the Kasarani sub-county to a great extent.

VII. RECOMMENDATIONS

The study recommends that the government, as a policy intervention, include local community-based organizations in formulating the strategies in the strategic plans so that they can provide support during the
implementation of the activities.

CONFLICT OF INTEREST

The authors declare that they do not have any conflict of interest.

REFERENCES


