NAIROBI EVANGELICAL GRADUATE SCHOOL OF THEOLOGY

Institutional Effects on Spiritual and Socio-Economic Life of Parents of the Disabled Children: A Case Study of Africa Inland Church (AIC) Bethany Cripppled Hospital of Kenya

BY

PETER KIRAGU KINYANJUI

A Thesis Submitted to the Graduate School in Partial Fulfillment of the Requirements for the Degree of Master of Divinity in Mission Studies

JULY 2006

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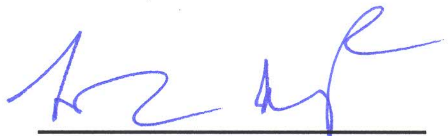
Supervisor: 
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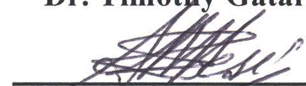
Second Reader: 
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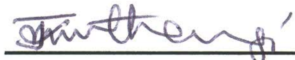
External Reader: 
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July 2006

STUDENT'S DECLARATION

INSTITUTIONAL EFFECTS ON SPIRITUAL AND SOCIOECONOMIC LIFE OF PARENTS OF THE DISABLED CHILDREN: A CASE OF AIC-BETHANY CRIPPLED CHILDREN HOSPITAL OF KENYA.

I declare that this study is my original work and has not been submitted to any other College or University for academic credit.

The views presented herein are not necessarily those of the Nairobi Evangelical Graduate School of Theology or the Examiners.

(Signed)
Peter K. Kinyanjui

July 2006

ABSTRACT

For a long time, the plight of people living with or/and caring for disabled persons has been overlooked. The purpose of this study was to explore the institutional effects of Bethany on the spiritual and socio-economic life of parents of the disabled children. Four one-day focus group discussions were held with forty-four parents of disabled children attended to by the hospital, in four clinic areas. Observations were also made both at the hospital and during mobile clinics conducted by the hospital.

The key factor that emerged from the study was that the hospital, through its various programs, has either directly or indirectly influenced parents' life both spiritually as well as socio-economically. From the study it emerged that the hospital's spiritual component is vital in influencing parents' spiritual and socio-economic aspects of life. To spiritually transform lives of patients and their caretakers, it is important that the hospital address their social, emotional, physical, economic and cognitive aspects first. But for the hospital to be able to achieve this, the spirituality of its staff is paramount.

From the findings, recommendations were made on how the hospital can better meet the needs of parents, while still focusing on their disabled child.

DEDICATED TO

All parents of disabled children in Africa

Although your task is enormous and challenging, do not waver or give up. You form the world of your disabled children.

ACKNOWLEDGEMENTS

I will forever be grateful to God. Firstly, for giving me the burden for the children in need of special care and secondly, for giving me the much-needed grace to confront the challenges involved in carrying out the task.

I don't know how best to thank my caring wife, Ann, and our joyful daughter, Melody, for their understanding and support when I had to spend days away from them, in the field, in the course of this study. Their prayers kept me going.

I also cherish the wise guidance and assistance throughout the study by my two supervisors: Dr. Timothy Gatara and Dr. Stephen Sesi.

I most sincerely thank Pastor Peter Gaita Mathenge. His note taking skills and facilitation support during data collection was outstanding. No amount of money can repay him enough for his self-sacrifice. My appreciation goes too to Patrice Penny who sacrificed her precious time to proofread and edit the final draft of this work.

I value the much-needed support from the Executive Director and staff of Bethany Children's hospital in carrying out this study. Your support made my work much easier. I also appreciate logistical contribution by her partners in the field for group discussions.

Many thanks go to Dr. Tim mead and his wife, Jana. Their financial and moral support has been a great encouragement to us, not only during this study but throughout our studies at NEGST. We treasure their parental care.

Finally I cannot forget Sally Harrison. Her financial support for the study was a big contribution to its quality and timely conclusion. May the good God richly bless her.

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CHAPTER I

INTRODUCTION

Africa Inland Church (AIC)- Bethany Crippled Children Hospital of Kenya (hereafter to be referred to as Bethany) is a faith-based Christian hospital involved in providing orthopedic, plastic and ENT surgery to children of age 18 years and below. The hospital was built as a collaborative effort between CURE International of Harrisburg Pennsylvania USA and the Africa Inland Church (AIC), in order to serve both the medical and spiritual needs of disabled children and their families in Kenya. CURE International manages the hospital. It first opened its doors to the patients on May 23, 1998. Since then, its mission has not only been exclusively medical but spiritual as well. Through the hospital, many lives have been socially, emotionally, physically as well as spiritually transformed. According to Andy, the current executive director, "Medical care is provided to every patient regardless of their [*sic*] ability to pay" (See Appendix 2). This gesture is necessitated by the fact that, "many of the physically disabled children in Kenya come from homes that are economically disadvantaged" (Ibid).

Most children served by the hospital hail from economically disadvantaged homes. It was in the course of serving the patients that the researcher discovered that a lot was happening in the spiritual as well as socio-economic lives of the parents of the disabled children, behind the scenes, through the hospital's programs. It is for this reason that the researcher felt the need for a much more detailed and structured investigation to learn more from the parents of Bethany's influence on their lives. The

researcher expects to learn more about institutional impacts on socio-economic and spiritual aspects of life in his future engagements with the disabled children and their families through this study.

Thesis Statement

AIC-BCCHK has had major impact on the spiritual and socio-economic status of the parents of the disabled children. As a result of providing surgical, medical, and spiritual care to the disabled children through its spiritual and medical programs, the hospital has influenced their families' spiritual and socio-economic life significantly.

Problem Statement

In the African context, there is a myriad of myths about the causes of physical disabilities. Leading among these myths is the notion that they are as a result of a curse. As a result, many children born with disabilities have suffered untold miseries. There is no other better way of putting it than United Nations report has, "for too long the persons with disabilities have been isolated, their right to development ignored and their potential contribution to society neglected. The old attitude regarded disabled people as dependent invalids, in need of protection and it understood disability as a stigma, allowing the society to marginalize people with disabilities within social structures" (UNICEF n.d, 3). In some cases, the source of the stigma is close family members, as close as the biological parents. Unfortunately even some Christian parents fall victim to this temptation of marginalizing their disabled children. Bethany has been working towards changing this trend: initially within the immediate home environment and then reaching out to the wider community. It is for this reason that the researcher intends to discover the extent to which the hospital has succeeded in influencing the parents' spiritual and socio-economic life by caring for their disabled child (ren) medically.

Research Objectives

By the end of this research process, the researcher hopes to:

1. Provide a field-based evidence of Bethany's impact on spiritual, social and economic life of the parents of the disabled children served by the hospital.
2. Objectively establish the influence of Medicare provision in spiritual transformation of the parents.
3. Highlight areas of weakness in the institutional programs and based on the research findings, recommend appropriate action.

Theoretical Framework and Significance of the Study

The study is significant in three ways. First, it will add to the body of knowledge. Secondly, the findings will facilitate intervention. And finally, the study has practical implications. The study will provide insights to those who are, or in future will be, involved at BCCHK in planning for activities aimed at enriching spiritually disabled children and their families. The findings of the study will also benefit other religious institutions ministering, or planning to minister, to the spiritual needs of marginalized people in the society. The findings will inject into leaders of such institutions sensitivity not only to the plight of the marginalized but also the implications of addressing their socio-economic needs towards achieving spiritual transformation. Most importantly, I am eager to discover answers to the research questions outlined below. These are questions that always occupied my mind in my experiences while working for/with the disabled children and their families.

Research Questions

Through the research I will be seeking to find answers to the following questions:

1. In what ways has BCCHK influenced parents' spiritual life?
2. What role has provision of Medicare to the disabled children played in influencing the spiritual life of their parents?

3. In the parents' view, how have BCCHK programs influenced their socio-economic life?
4. How has child's treatment influenced immediate family members and the community at large?

Limitations

Time available for doing this research is limited. It will be limited for two reasons. One, the research activities will share my available time with the researcher's other course work. Second, the entire research process is expected by the NEGST to have been concluded in slightly below six months.

Other than time, this study is faced with a shortage of finances. The amount required to conclude the entire process is enormous and the depth to which the research will go will largely depend on available finances.

The third limitation is methodological. It will be quite difficult to select a sample of participants that one would claim to be really representative; hence selection of appropriate methodology is crucial.

Definition of Terms

Institutional effects

These are benefits enjoyed by parents of disabled children, attended to by the hospital, exclusively resulting from their engagement with the hospital.

Spiritual Transformation

The definition by Samwel and Sugden will be adapted here i.e. "… the change from a condition of human existence contrary to God's purposes to one in which people are able to enjoy fullness of life in harmony with God" (Samwel and Sugden, 1999, 265).

Counseling

Smith's definition is adopted here, "A creative and supportive interaction between a person and the counselor which enables the person to clarify, reflect upon and consider his/her choices for action" (1995:12). The action involved in this case is change of behavior, feelings and thinking to be in harmony with Jesus' teaching and example.

Disability

This refers to physical impairment in teens and/or children 18 years of age and/or younger that substantially limits their mobility in one way or another. The disabilities considered in this case are either congenital in nature (e.g. clubfeet, scoliosis, osteogenesis imperfecta), burn contractures and/or neuron disorders (e.g. spina bifida, hydrocephalus etc).

Mobility aids

The term here refers to appliances that enhance moving from one place/point to another in spite presence of a physical disability in the body of the one walking.

Status

Robertson (1977, 80) definition will be assumed here. According to him, the word is used "either to refer simply to one of the many socially defined positions in a society, or to refer to the fact that some positions rank higher than others."

Parent*:*

Any guardian who has been taking care of the disabled child and in whose custody the child has been. Such a guardian may be a biological parent, a foster parent, a close relative, or a representative of a sponsoring organization.

Pastor

Any volunteer born again Christian who partner with Bethany in witnessing to patients and their accompanying parentsduring mobile clinics or evangelistic

campaigns sponsored by Bethany. They include evangelists, pastors, chaplains as well as ordinary church members.

Socio-economic status

The phrase will be used here to refer to the position one occupies in the society based on what he owns in terms of material position or education.

Patient-Staff Relationship

Relationship developed between a member of staff and a patient or caretaker in the course of attending to the child's disability.

Effective Programs

These are mostly activities planned by the hospital targeting the spiritual, social and economic well being of the children and their caretakers while at the hospital. They include ward fellowships, Sunday worship service, bedside evangelism and video shows.

Caretaker

This refers to anyone accompanying the disabled child either to the hospital or mobile clinic for Medicare or other services.

Provision of services

This refers to those services given to the disabled child and the caretaker while at the hospital. These services include surgery, physiotherapy, food and accommodation, nursing care, cast change, adjustments of mobility aids, and others.

Credit waver programs

This is an arrangement whereby Bethany either directly or indirectly financially assists the parents to clear hospital bills accruing from surgeries performed on the children or services rendered to both the children and their caretakers by the hospital.

Mobile clinic services

These are bimonthly follow-up medical and spiritual visits by the hospital to children who have been discharged from the hospital after operations. The visits take place at designated towns, nearest to a majority of the patients from the area.

Networking

This is a working relationship between Bethany and other agencies or organizations working for the disabled persons and is geared towards providing care to the disabled children and their families.

Medicare

The term is hereby used in a general sense. It denotes all that the hospital does to the disabled child within or outside the hospital in the process of correcting deformities.

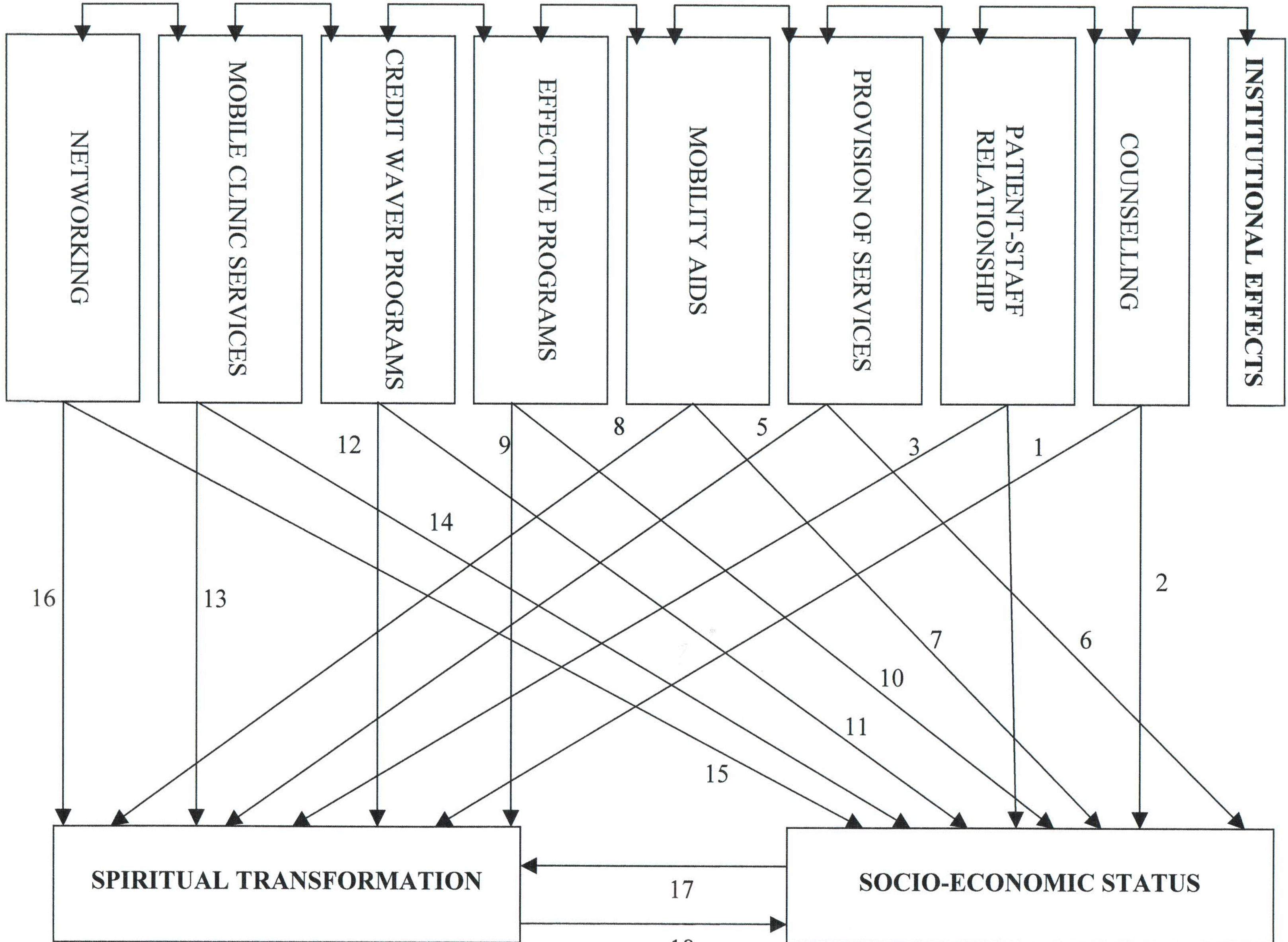
Hypotheses

The study will test the following hypotheses:

1. Counseling influences positively the spiritual transformation of the parents.
2. The more intense the counseling, the higher is the parents' socio-economic status.
3. Patient-staff relationship enhances positively parents' spiritual transformation.
4. A good patient-staff relationship has a positive influence on the parents' socio-economic life.
5. Provision of quality Medicare to disabled children has a positive influence on parents' spiritual life
6. Successful operations enhance children's self-reliance, more independence from their parents, thus creating more time for their parents to engage in socioeconomic activities.

7. Provision of mobility aids increases children's independence from their parents, consequently allowing parents more time to participate in activities that contribute in promoting the families' economic well being.
8. In the same way, mobility aids increases children's independence from parents allowing parents more time to participate in activities that spiritually transform them.
9. Effective programs have a positive influence on parents' spiritual transformation.
10. The quality and effectiveness of programs have positive effects on parents' socio-economic status.
11. Credit waver reduces parents' debts burden thus boosting their socio-economic status.
12. Credit waver demonstrates love to parents and this influences their spiritual life positively.
13. Mobile clinics increase opportunity for parents' spiritual transformation through counseling.
14. Mobile clinic program minimizes hospital visits thus boosting the parents economically.
15. Networking with other organizations has positive influence on parents' socio-economic life.
16. Networking increases spiritual follow up, thus enhancing parents' spiritual transformation.
17. By addressing social and economic needs of the parents, the hospital has been able to influence their spiritual transformation positively.
18. Parents' socioeconomic status is positively influenced through hospital's spiritual programs.

Path Model



Dissecting the Variables of the Study

Counseling

- Its reality
- Issues addressed
- Designation of the counselor
- Duration of the counseling session
- Frequency of the sessions
- Feelings of counselee about the sessions
- Time span of the process
- Perceived benefits spiritually and socio-economically

Patient-Staff relationship

- Its reality
- When does it start
- How does it start
- Who starts it
- Designation of staff mostly involved
- Life span
- Indicators of its existence
- Effects on parents' spiritual, social, emotional, and economic status

Provision of services

- Frequency of the services
- Duration of provision
- Availability of the services elsewhere
- Parents' evaluation on the quality
- Comparison of costs at BCCHK and other providers
- Uniqueness of BCCHK services
- Effects on children's self-reliance
- Impact on parents socially, economically

Mobility aids

- Type received
- Marked cost
- Cost incurred to purchase
- Maintenance costs
- Frequency
- Impact on children's mobility
- Spiritual, social and economic implications to the parent.

Effective programs

- Venue of activities
- Frequency
- Parents' level of participation

- Perceived benefits
- Their uniqueness
- Impact on parent's spiritual, social or/and economic life.
- Involved department and staffs job status.

Credit wavers

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- Its reality
- Forms/sources of wavers
- Amount demanded
- Amount paid
- Amount waved
- Frequency
- Impact of the wavers to parents
- Effects of waver to parents' spiritual, social and/or economic status

Mobile clinics

- Frequency
- Public transport cost from Kijabe
- Time distance from home to clinic
- Transport costs incurred by parents to clinic
- Spiritual benefits to the patients
- Economic benefits to the parents
- Medical benefits

Networking

- Names of partner organization
- Accessibility of the network to patients
- Nature of networking
- Duration of the network
- Socio-economic benefits realized
- Spiritual benefits
- Medical benefits
- Role of parents in the network

Developing a Focus Group Schedule

To collect data for the above variables, focus group discussions will be utilized. The following guide has been developed for the groups.

Participants: The discussions will be held with parents of disabled children whose children have been receiving medical attention at the hospital.

I. Introduction

- Create rapport
- Introduce self and other team members
- Explain the purpose of the discussions
- Lay ground rules
- Explain the use of the tape recorder and note taking. Ask permission to tape record. The purpose is to help the researchers to remember the

things being said.
- Introduce topic of discussion (i.e. Bethany's influence on our spiritual and socio-economic transformation).

II. Counseling
- Have you been involved in any kind of a counseling session related to Bethany? If yes, how and when did it start?
- What are some of the issues discussed? Where does this happen?
- To what extent has the discussions helped you spiritually, socially or economically?
- Who is/are the staff(s) involved in the discussions?

III. Patient-Staff relationship
- Do you, your child, or your family have a staff(s) you would call a friend in the hospital? Who is/are this/these persona(s)?
- When and how did the relationship start?
- For how long has the relationship thrived?
- What are some of the things that show that the relationship is still alive?
- How have you benefited from the relationship spiritually or socially?

IV. Provision of services
- How did you learn about Bethany?
- What has been done for your child? Are you happy with the progress so far? How long has it taken your child to make this progress?
- Where else had you sought the services before? How would you compare services from those places with Bethany in terms of quality and costs of the services?
- How has your child benefited from surgery?
- What would you say about the child's self-reliance before and after operations?
- How have you, as a parent, gained socially, economically or spiritually from the child's improved self-reliance?
- In what ways is Bethany unique to you?

V. Mobility aids
- Has your child received a walking aid from Bethany? What is it?
- What was its marked cost? Did you pay for the full cost? If not how much did you pay? Does Bethany maintain it for you? How often and at what cost?
- How has the aid assisted the child in walking?
- What would you say are the benefits of the aid to your child? Have these benefits socially, spiritually, economically or otherwise been passed on to you?

VI. Effective programs
- In your view are spiritual programs in Bethany necessary? Why are they necessary or not?

- How have they benefited you spiritually? Do you participate in the activities of those programs? How?
- How have these programs impacted your social, spiritual and/or economic life?

VII. Credit wavers

- Does it happen at Bethany that hospital bills are "forgiven"? Has it ever happened to you? How regularly?
- What was the source/form of the waver?
- In total how much would you have paid up to today if there were no waver? Out this amount how much have you paid?
- By reducing this amount, how has it helped parents in any way?
- Have the waver impacted you as an individual?

VIII. Mobile clinics

- Are mobile clinics necessary according to you? What are some of their benefits to you as a parent?
- How much does it cost you, in terms of time and money, to get to the clinic by public means?
- Spiritually do the clinics benefit you? How?
- Economically?
- Medically?

IX. Networking

- Which other organizations in your area have you come to know through Bethany? What are their name? Do you get any assistance form them? What assistance?
- For how long has the assistance been forthcoming?
- What has been your role in your dealings with the organization(s)
- In what ways, as a parent, have you benefited either socially, economically, or/and spiritually?

CHAPTER II

LITERATURE REVIEW

Healing that Goes Beyond Curing

Healing and curing contrasted

An understanding of the human person is important in determining when we can be healing or curing the person.

Curing

According to Fountain (1999), curing means "getting rid of the disease." (p. 39). In other words it is a process that is geared towards ensuring that the body has been restored to its normal functioning status. To him, "curing has to do with disease" (Ibid). The main focus in a curing procedure is on the physical or physiological aspect of human beings. In this regard, physicians can cure diseases such as cancer, tuberculosis, typhoid etc.

Healing

Fountain (1989) notes that healing "must be oriented towards restoration of the whole person in the total context of relationships" (p. 92). He further notes, "Caring, concern for self-image and relationships, counseling, and working with feelings, worries and families are part of restoration process" (Ibid). In other words, total health goes beyond focusing on the physical well being of a person. Any medical institution seeking to provide total health should put into place programs that go beyond addressing the physical person.

While curing means eradication of the disease, healing "restores the person to health" (Fountain 1989, 39). According to Fountain, healing has to do with illness. Defining illness he notes, Illness is all uncomfortable, disturbing things that happen to and within a person when a disease is present". By implication from the definition, illness goes beyond physical dysfunction of a person.

Whereas any medical effort aimed at eradicating a disease is important, it is not enough by itself. Some diseases or conditions may be incurable (e.g. HIV/AIDS, muscular dystrophy etc). In such cases, it is important to note that 'We can help a person become less ill by healing the thoughts, feelings, emotions, relationships and spirit". To such a person, "The disease may still be present and even increasing" Fountain notes, "Yet the mind and spirit of the sick person can be healed and restored to productive, creative functioning", he concludes.

the spiritual factor in healthcare provision

Some time back, people used to believe "that more doctors and more hospitals would result in better health" (Ram 1995, 81). In our today's world this has been proved not to be true. According to Ram, director of *Global Health Programs, World Vision International,* "Modern health problems point to the need to recognize the unity of mind, body, and spirit". Ram further notes that "Despite the wonders of modern medicine, we see that certain fundamental diseases of today's society has not been cured because the best medicines of the best institutions are not capable of listening, caring, touching and loving." Why is this so? "These are human attributes. Only humans can provide them" (82), he explains. Fountain agrees with Ram on the importance of spiritual nurture in restoration of health in a person. According to him, ministering to the spirit of a person is important in a healing process. He shares with us his conviction, "Our spirit, as I understand it pervades all the rooms, including that

of conscious mind. It is the very center of our being and has access to all areas of the mind" (1999, 94).

Health Care Provision and the Rise of Christianity in the Early Church

The World Health Organization has defined health as "Not merely the absence of disease and infirmity but complete physical, mental and social well being" (Larson 1991, 4). In other words, a person may be free from illness but still be declared unhealthy. To be healthy means that one's every faculty is fit. If socially you are disgraced, then you are sick in some sense. This is the same way that health in the African context is viewed as can be seen in this words of Appiah Kubi as quoted by Berinyuu. Appiah defines health in the African context as "the well being of mind, body and spirit; living in harmony with one's neighbor, the environment and oneself and in all levels of reality- physical, social, spiritual, natural and supernatural (Berinyuu 1983, 31). What these definitions seem to agree on is that if any human being is to be declared as being healthy, all aspects of his being must be considered. Any intervention aimed at making him whole should adopt a holistic approach.

The early church learned this and seized every available opportunity to present the gospel by addressing all aspects of health as an entry point. Avalos (1999) has addressed this issue with great detail. He sees the care of the body as being fundamental to the growth and expansion of early Christianity. He emphasizes that for any health care provider to reach patients with gospel, such a person must address the issue of cost and availability of the service geographically. Concluding the discussion on the situation of the early church and health care provision, Alvos (1999, 95) says, "It is reasonable to conclude that many poor patients, and perhaps even wealthy ones, might be attracted to a system of healthcare that did not charge any fees. To him such people can be easily won to Christ. After all in most cases, Jesus healed the sick free of charge and many were won to the kingdom. Alvos also recommends that health

care providers should go out to follow patients up. He notes that, "traveling to the sick was still part of the Christian missionary agenda, which combined health care reform with an effort to bring the kingdom of God to fruition" (106).

Role of Mission Hospitals in Patients' Spiritual Transformation

Bedside evangelism

"For a patient to spend a week or longer in a mission hospital without hearing the gospel is unmitigated tragedy" (Kane 1980, 287). According to Kane any mission hospital is established primarily as a tool of evangelism. He observes that, "Every patient who enters a mission hospital has two types of disease: physical and spiritual". He urges every mission hospital to make every effort to give a Christian witness. Kane suggests further that mission hospitals should "have a full-time evangelist and/or a Bible woman as a permanent member of the staff" (1978, 310). These people should go from "bed to bed ministering to the spiritual and emotional needs of patients", he concludes.

Follow-up after discharge

Other than witnessing to the patients, Kane (1974, 316) notes that effective follow ups, once patients are discharged from the hospital, is necessary. This is because, "not every patient who heard the gospel in a mission hospital responded affirmatively… those who do…often do not get the kind of spiritual oversight and counsel that they need". Some of those who receive Christ while in the hospital fall away. The reason for this kind of a situation is threefold. First, staff is grossly overworked and may not be able to take up this responsibility. Second, there may not be a church to nurture the new believers near their homes. Third, even in areas where there are churches, these churches do not have a well-organized program of follow-up for the patients who profess Christ during their stay in the hospital.

Outpatient spiritual programs

Kane (1974, 316) highly recommends spiritual programs for out patient clinics. He notes that every available opportunity should be made use of in sharing the gospel with patients. To him, this includes "patients waiting to see the doctor in outpatient departments".

Methodological Literature

In his dissertation Dortzbach (2002, 142) observes, "In today's world, anything that was the state-of-the-art yesterday is probably superceded by something newer today". From this observation, a researcher is reminded to consult widely before arriving at a conclusion on the research method to utilize. It is for this reason that the researcher finds the need to explore various views on the use of appropriate research methods. This section will avail to the researcher research works that will guide him in choosing the appropriate research method for this study.

Research paradigms

Generally speaking, all research methods fall under two broad categories of *Qualitative* and/or *Quantitative.* A third category is only a mix of two or more methods under the two broad categories.

Quantitative Research Method

Defining the quantitative research method, Mugenda and Mugenda (1999, 156) see quantitative method as one that includes "designs, techniques and measures that produce discrete numerical data or quantifiable data." Gillham (2000) echoes the same idea, regarding the method. He observes, "*quantitative* methods are those which involve counting and measuring: the much dreaded subject of statistics" (9)

Qualitative Research Method

According to Creswell (1998, 15), qualitative research is "an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a

social or human problem." In this inquiry, he added, "the researcher builds a complex, holistic picture, analyses words, details views of informants, and conducts the study in a natural setting." On his part, Gillham (2000, 10) describes qualitative research method as one that will "focus primarily on the kind of evidence that will enable you to understand the meaning of what is going on." To him, a qualitative method of doing research has "great strength in that they illuminate issues and turn up possible explanations…"

Mixed Methods

This is a relatively new research method in social and human sciences. Creswell (2003, 18-19) has described the method as "one in which the researcher tends to base claims on pragmatic grounds … It employs strategies of inquiry that involve collecting data either simultaneously or sequentially to best understand research problems. The data collection also involves gathering both numeric information (e.g. on instruments) as well as text information". From the definition, it is apparent that the method is a blend of both the other two methods.

Having interacted with the three research methods, it has become apparent that the answers to my research problem will be best obtained by use of qualitative research methods. A further examination of literature addressing qualitative methods reveals that there are five traditions in the method from which a researcher can choose the appropriate tradition.

Traditions in Qualitative Research Method

In choosing an appropriate research paradigm, Creswell recommends that aspects such as "the researcher's worldview, the researcher's training or experience, the nature of the research problem, the researcher's tolerance of ambiguity" (Creswell 1998, 8), should be put into consideration. This is the kind of a research method that Smith (1995) too appreciates as being qualitative. To her, "Qualitative field methods

are well suited to describing organizations, groups, subcultures and small communities." (56). Whereas Smith suggest a qualitative research method as a tool for field data collection in studying a given phenomenon in an organization, Creswell goes further to describe five traditions in qualitative methods (as developed by respective researchers) that a researcher may choose from in collecting data on the same organization. These methods include ethnography, grounded theory, phenomenology, biography, and case studies. Creswell has referred to these five as "strategies associated with the qualitative approach". To him, ethnography describes and interprets a cultural or people group or system. Grounded theory focuses on developing a theory from the studied phenomenon. A phenomenology focuses on understanding a concept or phenomenon and involves the exploring "the structures of consciousness in human experiences" (Creswell 1998,15). A biography basically focuses on the study of life of an individual in terms of the individual's life history. A case study simply focuses on a specific case. The case is studied over time to solicit information that is in the context of the case. In choosing an appropriate tradition, the researcher was guided by a number of factors while doing this study, as outlined below.

Factors Considered in Choosing Research Method for the Study

Research Problem

According to Creswell (2003, 21), certain types of social research problems call for specific approaches. If we consider that a research problem is "an issue or concern that need to be addressed" (Ibid.), then it is important for a researcher to be sure of the best tool to use for the job. For instance, "If the problem is identifying factors that influence an outcome, the utility of an intervention, or understanding the best predictors of outcomes" Creswell notes, "then a quantitative approach is the best" (21-22), he concludes. On the other hand, "Qualitative research is exploratory and is

useful when the researcher does not know the important variables to examine" (22). According to Creswell, this approach becomes the best in a study where the topic is new and has never been addressed with a certain sample or group of people. Finally, a mixed method design is useful "to capture the best of both quantitative and qualitative approaches".

Personal Experiences

The researcher's own training and experience plays a significant role in choosing a research method. For example, "An individual trained in technical, scientific writing, statistics and computer statistical programs who is also familiar with quantitative journals in the library" Creswell believes, "would most likely choose the quantitative design". In a qualitative research, the "approach incorporates much more of a literary form of writing, computer text analysis programs and experience in conducting open-ended interviews and observations". Creswell notes further, the "qualitative approaches allow room to be innovative…there is undoubtedly a strong personal stimulus to pursue topics that are of personal interest- issues that relate to marginalized people and an interest in creating a better society for them and everyone.

Audience

To a great extent, the audiences to whom the research findings will be reported do influence the choice of a research method. Their experiences or inexperience in quantitative, qualitative or mixed research methods will shape the decision made about this choice.

CHAPTER III

RESEARCH METHODS AND PROCEDURES

Insights obtained from methodological literature as reviewed above greatly influenced the choice of research methods used in this study. The descriptive nature of the research was a key factor in considering a qualitative approach. Due to the limitations of time and shortage of finances, focus group discussions and participant observation were employed for data collection in this study. The research combined two methods in data collection: focused group discussions and participant observation.

Focus Group Discussions

Focus groups are "small structured groups with selected participants, normally led by a moderator. They are set up in order to explore specific topics, and individuals' views and experiences, through group interaction" (Litosseliti 2003, 1).

The advantages of the method were considered. They are:

- It is low cost
- Provides speedy results
- Its flexible format allows the facilitator to explore unanticipated issues
- Encourages interaction among participants
- In a group setting participants provides checks and balances, thus minimizing false or extreme views.

However, the limitations of the method were also taken into consideration by the researcher. Some of these limitations include:

- Its flexible format makes it susceptible to facilitator's bias.
- Discussions can easily loose focus or be dominated by a few vocal participants
- The method generates relevant qualitative information, but no quantitative data.

Formation of focus groups

In collaboration with Bethany mobile clinics coordinators, the researcher selected twelve parents from four different places in Kenya: Nakuru, Eldoret, Kitale and Machakos. For each place, the researcher planned for a one-day residential meeting where the issues raised in the focus group guide (developed prior to the discussions) were discussed. In collaboration with Bethany's mobile clinic coordinators, the researcher identified key people from partner institutions in the selected areas to facilitate the process of contacting the selected participants and also in identifying ideal venues for the discussions.

Selection of participants

In collaboration with the coordinators, the researcher prepared a list of twelve parents from each selected clinic location. The details of the information in the list included; proximity to respective mobile clinic venue, number of times the parent has benefited from credit waver program, and the child's disability. In collaboration with the spiritual department, the researcher was able to identify and recruit a few parents (from respective areas) who have received Christ through the hospitals' various spiritual programs. These parents joined other selected parents in focus group discussions.

Composition of the groups

Generally out of the twelve parents selected from each place, at least three were males. The rest were females (regardless of whether one is married or not). Priority in the selection of participants was based on nearness to the mobile clinic venue. This was ensured for the purpose of cutting down transport costs. Besides this requirement, the selected parents were required to have spent at least four days in the hospital during her/his child's treatment. However, during the discussions, there were a few parents who sent their representatives who had not visited the hospital but were involved in taking care of the disabled children at home. In each group, Six, or so participants had participated in some/all of Bethany's spiritual programs in one way or another.

Inviting selected participants

Communication to the selected parents was done in two phases. The first phase involved the researcher having a face-to-face encounter with the participants during respective mobile clinics, prior to the set discussion date. During these interactions, the researcher handed invitation letters to the participants either in person or by proxy, through the person who had brought the child to the clinic. During participant-researcher encounter, the researcher asked for phone contacts from the participants which were later instrumental in following up participants before the set discussion dates. Follow up through phones constituted the second phase of the invitation process. Key contact persons played a significant role in following up the participants. To facilitate follow up by the key persons from participant's areas, the researcher prepared a list of the respective participants. Among other details, the list gave the phone contacts of the participants, where applicable.

Data Collection

Facilitation team

The same facilitator and notes taker were retained in all discussions to avoid analysis problems, which may arise due to differences in facilitation styles. Data collected was in the form of responses to issues that were raised by the discussions guide. The researcher facilitated all sessions in all the four discussions. The hospital's spiritual director associate was brought on board to assist with administrative and logistical issues during the discussions. Although initially the plan was to use him as the note taker, this plan later was changed. The researcher was advised to take the move in order to allow participants to discuss issues as freely as possible. The mobile clinic coordinator was not available and so the spiritual centre associate assumed his role.

Data collection tools

All focus group discussions were guided by a *discussion schedule*, which had been developed prior to the discussions. To collect data, a combination of methods was employed in all discussions. The facilitator (in this case the researcher) used a tape recorder to record all contributions from participants. The facilitator also used flip charts for climate setting and introductions session, as well as to note down conclusions. The note taker used a notebook to record general group convictions as well as non-verbal communications. The tape recorder was particularly important in ensuring that original words were captured in the collected data. Although the researcher had initially considered the use of a video camera, the tool was never used. The researcher feared that the camera would detract the attention of participants and thus decided to do away with it. To arrive at a general consensus on conclusions by the plenary, flip charts were quite instrumental.

Data Analysis

As soon as possible after the FGDs end, it would have been ideal for the facilitator and note taker to sit down to review the session, go over the notes and listen to the tapes. This exercise was not practical in this research. The distance and other commitments back in school called for immediate return after discussions. Even time for travel and discussions were carved out from normal school time.

The second method of data collection utilized in this research was participant observation.

Participant Observation

Spradley (1980) has observed, "Human behavior, in contrast to animal behavior, has meanings to the actor, meanings that can be discovered" (p.16). The researcher considered use of participant observation method to be able to get data through observing activities as they happened. For the purposes of this research, the researcher's intent was to observe the real situation in the hospital and compare it to data, which he would later collect in group discussions with the parents (see analysis section). By definition, participant observation is an ethnographic method of data collection involving those "forms of research in which the investigator devotes himself to attaining some kind of membership in or close attachment to an alien or exotic group that he wishes to study" (Nachmias 1996, 90). Spradley (1980, 58-61) talks of five levels of such participation: nonparticipation, passive, moderate, active and complete participation.

Advantages of the Method

Selltiz (1951), gives some of the advantages of the method as,

- It makes it possible to collect data as it occurs.
- Takes care of many forms of behavior that are so taken for granted by researchers through other methods.

- The method is useful in collecting information from informants who due to one reason or another are not able speak.
- The method enables the researcher to collect information from informants who may be unwilling to report.

The method has, however, some limitations which include:

- Often, it is impossible to predict when an event may take place.
- The method is limited by the duration of events.

Data Collection

The researcher used the method to collect data in two different social situations. Firstly, the researcher spent four days in the hospital observing activities and places. During the observations, the researcher assumed a role equivalent to what Spradley would have described as *moderate participation*. This kind of participation "occurs when the ethnographer seeks to maintain a balance between an insider and an outsider, between observation and participation." During the observations, the researcher spent most of his time in the wards. He also visited the theater, dining room, cash office, brace shop and outpatient clinic. Secondly, the researcher visited remote clinics organized by the hospital. The venues of the four locations were identified locations where group discussions would be later held i.e. Kitale, Eldoret, Nakuru and Machakos. The researcher's role here was similar to the one he had played in the hospital: moderate participation. During these clinics, the researcher recorded data as it happened.

Data Analysis

The researcher made records as soon as possible after observations. The data has been analyzed in great details in the following chapter.

CHAPTER IV

FINDINGS AND DATA INTERPRETATION

About the Group Discussions

The purpose of this study was to explore Bethany's effects on spiritual and socio-economic life of parents of the disabled children under the hospital's care. To conduct the study, a representative group of 48 parents were selected from 4 different clinic locations (Kitale, Eldoret, Machakos and Nakuru). From the total number of parents invited, 91.7% turned up for the discussions. The 4 locations are among leading clinics with the largest number of patients served by the hospital, in Kenya. From each location, 12 parents were invited for a one day focus group discussion. The percentage of parents who attended the discussions varied from location to location. In Kitale 100% attended, Eldoret, 91.7%, Machakos 100% and in Nakuru 75% were in attendance. On average, sessions in all the discussions took 8 hours. The age of parents invited for the discussions cut across the divide. The youngest was a mother of 22 years while the oldest was in his mid 60s. The language of communication used in all discussions was Kiswahili, which is the Kenyan national language. Composition of the 4 groups by gender is summarized in the table below.

Table: Gender Composition from Respective Locations

Clinic Location	Male	Female
Kitale	6	6
Eldoret	5	6
Machakos	3	9
Nakuru	1	8
Totals	**15**	**29**

Living with a Disabled Child

In most cases, people are attracted to the plight of disabled persons without much concern, if any, for close family members living with the disabled person. It emerged from all group discussions that, to a very large extent, parents of the disabled children do suffer just as much as their disabled children do. Parents suffer in every aspect: economically; mentally; socially; spiritually; emotionally as well as physically. This became so clear in all discussions. The point that was made at the end of the day was that, the parent of a disabled child is a member of a society made of two people; him/herself and his/ her disabled child. What this means is that, to such a parent, any influence on the child (whether positive or negative), will have a direct impact on the parent's life. Generally speaking, from all the group discussions, the degree and exposure of suffering by the mother are much higher than by the father. Out of the findings from discussions one would rightly argue that, the world of a parent with a disabled child can be defined as a world characterized by the following;

Rejection

About 75% of mothers in all group discussions shared feelings of rejection either by their own husbands or close family members, after giving birth to a child with a disability/multiple disability. Even in cases where children developed disability later after birth, the mothers carried a big share of blame from as close quarters as their spouses. One mother, Monica, from Nakuru bitterly shared her experiences; first in the hands of her husband who had visited her at Bethany, and later from close family members. The husband was accompanied by his younger brother to the hospital. Below is the experience, as Monica narrated it.

> When they came, they found us in the church. When my husband saw our child in a cast, he became angry. He sarcastically began by appreciating my efforts to bring the child to this high-cost hospital where the child was treated. Now he demanded to know from me "who could be approached in the hospital to have the cast immediately

> removed and the child discharged". It took the intervention of a spiritual center staff member to convince him otherwise. It was late in the evening and the staff arranged how they could be accommodated for the night. In the morning, my husband left without saying even a word to me. I saw them from my hospital bed, through the window going home. When I saw this, I felt forsaken and said to myself, "I have now been left in a world of only two people: my child and me". When he arrived home and narrated the ordeal to his close family members, he was given Kshs. 200 by two of his brothers, Kshs. 100 by each. My mother-in-law could only blame my "stupidity" for dragging the family into debts in a hospital too costly for the family to afford. He recounted how the family had financially struggled in the past in the hands of other hospital's that finally did not help the child's situation. My husband committed himself to casual labor to raise money to settle the hospital bill. He worked for several days. After discharge and the date to take the child back to Bethany for a check up clinic was fast approaching, my husband disappeared from home. This was because he had no money to give towards fare to enable me to take the child to the hospital.

After the husband of this mother later softened his stance, with counseling by the hospital staff, his brothers turned against him and his "stupid' wife. The mother recounted the heart-piercing words that were one evening hurled at her together with her husband, owing to the disability of their son.

> My husband's brother hurled insults to us, "What kind of a creature is this? Our father is not like this frog- like creature that you people bore" (The disabled child had been named after the grandfather.) He sarcastically requested us to "go back to bed and procreate our father". When this was said to us, my husband was just bitterly sobbing. Now that I had learnt rejection, I was able to encourage him.

Monica's case is only a case among many other cases of rejection. Another mother narrated,

> I sold all that I had… looked for financial assistance from friends until they all ran away from me. Even my own husband ran away and was only coming home once per week. He decided to run away from home owing to this situation. He felt that there was no peace at home. He feared that I could ask for money to take the child to the hospital, which he did not have.

Even fathers of disabled children suffer rejection. Jacob, A born-again Christian who did a church wedding, emotionally remembered his sufferings in the hands of his beloved wife and her entire family after the birth of their first-born

disabled child. The disability was seen as having been caused by angered ancestors who were not happy with Jacob, as an "illegitimate" child. He had been born out of wedlock and hence this description. Jacob lamented,

> My daughter Mercy brought great misunderstanding in our marriage. Were it not for Bethany, truly, my marriage was headed for a dead end after we gave birth to a child with weak legs. Soon after Mercy (the disabled child) was born, my parents-in law came for their daughter (wife) complaining that she was in the wrong family. Emotionally, I felt lonely like someone in the wilderness. I remembered our honey moon days, how we enjoyed a warm relationship and later happy moments with my wife before Mercy was born. But this was no more as the moments had been replaced with quarrels and our love getting cold now that we had given birth to a disabled child.

The mood from all the discussions on *challenges faced by parents of a disabled person* was that of rejection. The rejection starts from the immediate physical and emotional environment as it progresses towards the wider community. Cases of divorces are not uncommon among couples with disabled children.

Shame

Slightly over half of the parents who participated in the discussions acknowledged that having a disabled child invites shame into the family. The victims expressed it either directly, or it can be deduced from their sharing of the way they carried themselves in public in the presence of their disabled child. One parent from Kitale had this to say,

> The leg continued swelling. With time, the child situation started straining my relationship with my wife. We had to alternate carrying the child and this was not easy. Today after surgery by Bethany doctors, the child is able to walk without any assistance and this has dealt with my shame.

Another patient's, from Machakos, described a situation that was no better. She recounted her experiences with her unkind neighbors.

> Our neighbors really despised our family for having a disabled child. On top of this, we were always hated and insulted. But I thank God. After our child was operated in Kijabe and was able to walk; now they have started respecting us and believed that God can work wonders.

It is unfortunate that, parents of the disabled children and their children too do suffer shame even in the church where they go to seek solace. Dorcas, a parent from Eldoret shared the experience of her child in the church, "My child is now happy to see that other children do not laugh at him both at school and in the church". Another parent answering the question "*How has Bethany's credit program helped you as a parent?* answered, "As parents of the disabled, we have seen great light in our families. Shame in our families has gone away". From Kitale another parent shared her experiences,

> Two years after the operation at Kijabe, our child was able to sit down without any assistance. Before this happened, neighbors used to laugh at her. When we received a wheelchair from Bethany other children started acknowledging that we had a child in our disabled daughter. Initially they could not see her this way.

In other words, in most cases, families with disabled children are always known in any village. When people discuss anything in reference to such a home, they mostly identify the home with the disabled child.

Hopelessness

As one listened to the parents sharing their experiences with other hospitals before learning about Bethany, it was quite clear that at some point the parents had lost hope. Almost all parents suffered frustration. The source of the frustrations ranged from their own spouse, close family members, church, society and worse of all, medical institutions. Most of the frustrations from families largely came from rejection and isolation of the parents by people from whom they would expect unconditional support. In the quest to have the disabilities of their children corrected, parents were dragged into all manner of practices. One parent narrated how she suffered; first in the hands of a respectable medical institution before she finally fell in the hands of a self-proclaimed diviner. The mother narrated,

> After doctors from a nearby dispensary in my village failed to help my child, they referred me to a provincial government hospital. After examining the child, doctors at the hospital admitted the child for a possible surgery. I came to understand later that they admitted the child pending further consultations with other doctors who were not available then. When we were taken to the ward, I was discouraged to hear that there was no bed available. I joined some other patients who had found a space on the floor. I remained in the hospital, sleeping on the floor for three days, still hopeful that my child would be attended to. Each morning, the same doctors would visit my child and hold brief discussions in English. I do not know English but I can understand one word here and there. Though I did not understand much of what they were saying, I could hear them say "the head is become big". On the fourth day, I demanded to know what the doctors were planning for my child. For two days they ignored me. On the third day I became angry and decided to take my child, go home, wait for him to die, burry him and take care of the other children. I grabbed my child from the floor and left the ward without following the normal discharge process. I felt that I did not owe the hospital anything. In any case they had just wasted my time by keeping me and my child in the hospital.
> On my way back home, I remembered a certain woman in the village who would "pray" for the sick, at a fee. I had once gone there. …When I went there the second time on my way from the hospital, I felt frustrated and upset with her. This time round she did not give me water, as part of her "prayers', as she had done during my first visit. This time she was only asking God what the cause of the problem was with my child. Unfortunately answers from God were not forthcoming. Frustrated, she turned her anger on me. She said that the reason as to why she was not getting a "breakthrough" was because I was not working and therefore she chased me away to go and work in her fields. She even reduced my food ration. It became tough for me. The fourth day I decided that enough was enough and begged to leave. She told me that she was almost getting an answer. She said that it had been revealed to her during prayers that I was not in good terms with my mother. She told me that once my relationship with my mother was right, then the healing of my child would be found. Though I did not agree with her, I decided to give it a trial. I went back home and shared with my mother what the diviner had said. She asked me to buy her a pet coat of which I obliged. When I brought the pet coat to her, she spit on it and spoke blessings to my son. I was anxious to see my son healed from his condition. To my frustration, this did not happen. I felt that I had come to the end of myself and contemplated on having my son remain at home unattended as I waited to see him die at God's appointed time. Two weeks later, I received information from our village chief that a team from Bethany- Kijabe would visit Nakuru to see patients with the problems similar to my son's. This became the beginning of the healing of my son.

This was only one case among many. Several cases were also reported where some parents, fathers especially, resorted to heavy drinking after using all that they

had to address the plight of their disabled child. A parent from Kitale had to apply for early retirement from a government job in order to settle hospital bills. These bills had accrued from unsuccessful surgeries on his disabled child. By resigning, this parent hoped to use his benefits to settle the bills. Even with this, the problem of the child was not solved.

After suffering insults from his own brother to go back to bed with his wife to give to a normal child, as has been reported above, John suffered frustrations to the point of contemplating suicide. The wife reported to the Nakuru group,

> My husband was by this time agonizing over the painful insults by his brother, that I had to comfort him. It came to a point when he decided to commit suicide because to him, the insults were unbearable. He was bitterly complaining to God for giving him a disabled child. He inquired to know what his sin was, to warrant such kind of suffering.

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Broken relationships

Parents of disabled children have to cope with the problem of having to live with very fragile relationships. In all the four discussions, only two parents had come from families that enjoyed warm relationships despite the disability of their children. The rest were culprits of broken relationships in one way or another. When the relationships were not broken, they were strained. From the discussions, it became evident that many families with disabled children are living with tensions and strife in relating with one another. One parent observed, "Personally I have benefited a lot. Truly speaking, our relationships within the family were pretty bad. My relationship even with my in-laws had turned sour". Another parent noted that experiencing bad relations with family members is inevitable, "If you do not sour your relationship with your brothers, it happens between you and your parents. If it does not happen with your own parents, expect it to happen with your parents in-law".

Spiritual hunger

Due to the responsibilities that come with living with a physically disabled child, parents do not get ample time to engage in activities outside their home setting. Going to church is restricted and when it happens, it becomes hard for parents to meaningfully engage in church activities. Reading the bible and saying prayers is a spiritual discipline that is lacking among many parents. This was a general agreement in the four groups. A parent, asked to state the importance of Bethany's spiritual programs said,

> While at the hospital, I learnt the discipline of reading my Bible. I usually do not read it at home. While at the hospital, I learnt that it is important that I set apart time to read my Bible while at home. I encourage my fellow parents to learn the discipline and do likewise while at home.

Another common feeling in all the groups was that, messages delivered in the church do not adequately address parents' issues. The general feeling was that, in most cases sermons preached in the hospitals to a great extent speak to the parents' situation. From all the four groups, there was a strong feeling that spiritual programs are a key component towards healing both the children and parents not only spiritually but emotionally too.

Poverty

The world of parents of the disabled children is a world riddled with abject poverty. Out of the 44 parents who turned up for the group discussions, only three had cleared their hospital bills without much struggle. Although 13 parents, about 30% of total number of participants, had cleared their bills, they attributed it to the friendly system by the hospital of paying bills as one-is-able, and when-able. When asked how Bethany has helped them by treating their disabled children, 92% brought up the issue of finances. The general feeling by the parents was that, the success achieved in treating the children owed it to the hospital's friendly financial policy on payment of

hospital bills. Most of the source of rejection rejection, shame and broken relationships suffered by parents can be traced to the economic situation of the families. When narrating about their impression of the hospital during their first visit to the hospital, 80 % of the parents recounted how they at first feared having their children treated, lest they got themselves into financial trouble. Again when the parents were asked what would have happened if they had to foot hospital bills before discharge, as it happens with other hospitals, their general feeling was that "our children would die with their disabilities."

Many parents narrated their frustrations in their attempts to raise money to clear hospital bills. Mobilizing family members or/and friends for fund raising activities seemed a common method among parents. However, the method seemed to have a common trend of failing where it had been tried in the past. Other parents resorted to their churches for help. Churches proved to be no better either. They are not able to help, as the parents would expect. Parents generally felt that going to people for assistance would always invite more ridicule. It is no wonder that parents would fear to lay on their shoulders financial burdens. This can be seen below in the quoted words of a parent who had sent her brother with her disabled children to Bethany for operation. She had instructed,

> Should the hospital ask to be given money before treating him, please come back home with the child immediately. When they raised the issue, my brother remained in the hospital for two days without signing the consent for the child to be operated. He insisted that the mother was coming to sign, although the real problem was that he was fearing getting me into financial problems.

From the discussions, a number of issues were raised which seem to aggravate economic instability of the parents. The majority of the parents in all the four discussions noted that they had to help their disabled children in carrying out activities of daily leaving. What this meant is that parents are not economically productive in their daily life activities. This dependence of the children on their

parents does not only impede parents from undertaking economic activities but also hamper their spiritual growth, as they are not able to engage in spiritual formation activities. Where the situation is different, there is mistrust between parents that by one parent going away from home to look for money, the other would treat the spouse with suspicion that probably she/he is running away from responsibility of taking care of the child. Most parents hence do not have ample time to engage fully in economical activities.

Out of the 44 parents who attended the discussions, only four had gone beyond secondary education. A majority of the parents had either dropped school at primary or secondary level. The low education standards attained by majority of the parents of disabled children dictates to a great extent the kind of jobs that can be available for them. The main economic activity of most of the participants was subsistent farming. The produce realized by the families from their small pieces of land is only enough to feed the families. However, parents from both Kitale and Eldoret acknowledged that they normally harvest slightly above what they consume as a family. This was unlike their counterparts from Nakuru and Machakos who said that they sometimes do not even realize enough produce to carry their families across the year. With all these factors coming into play, majority of the parents find themselves between a hard place and a rock, economically.

Bethany's Influence on Parents' Spirituality

Although the hospital, through its spiritual centre, has specific programs put in place to directly take care of the patients and their caretakers' spiritual needs, discussions showed that all programs of the hospital do promote parents' spirituality, either directly or indirectly.

Patient-Staff relationship

Although no parent directly linked patient-staff relationship as the reason for accepting salvation, parents from the four locations unanimously agreed that they had been greatly challenged by the hospital staff's attitude towards their disabled children. Asked to narrate their first experience with the hospital, over 75% of members in all the four groups commented on the good welcome that they received from the hospital staff. From the discussions, parents felt that they noticed a difference between Bethany and other hospitals right after entering into the hospital premises. Referring to her experience during her first visit to the hospital, one parent from Machakos said,

> First and foremost Bethany staffs are God-fearing. When you arrive at the hospital, you are well-received and they do not discriminate people based on social status. They show great love for everyone and from them I was challenged to have a good heart for other people.
>
> In support of this statement, another parent in the group added,
>
>> Every time a person visits a new place and is well received, a positive picture about the place is stored in such a person's mind. Bethany staff received me well and an opinion was formed in my mind that my child would get well, and this later came to pass.

Parents from all the four discussions held seemed to value the reception that they received from hospital staff during their first visit. Some parents admitted that this challenged their attitude towards their disabled children, and this marked a beginning towards their socio-spiritual transformation. Other than the reception, the care given and love expressed by hospital staff towards the disabled children affected the parents spiritually.

Counseling

Living in a world characterized by unjustified rejection and intense hopelessness, many parents do appreciate moments spent with hospital staff discussing their fate. About 50% of the parents in all the four discussions

acknowledged having gone through counseling sessions in one way or the other either while at the hospital, or mobile clinics. Many of the parents said that they came to the hospital bitter with God for giving them disabled children. One female participant narrated how her husband, who was always complaining to God for giving him a disabled child, changed his attitude towards God after going through some counseling sessions with one of the hospital staff. This was despite the fact that the husband was a born again Christian. Counseling helps in confronting deeper level of traditional beliefs and customs. These are usually hidden in the parents' worldview about possible causes of disability. The parents' cultural world has many explanations to offer for disabilities. The explanations involve mystical powers that are thought to cause disabilities when they are not happy with human beings. During the discussions, the issue of traditional beliefs about disabilities was common in all four groups. They appreciated the counseling sessions saying that it is during such sessions that alternative explanations to the causes of disabilities are given. This has enabled many parents to appreciate God.

Provision of services

Many parents came to the hospital when they had already lost hope that their children would ever get healed. It was no wonder that over 95 % of all the 44 participants highly valued interventions made by the hospital on behalf of their disabled children. Although they generally felt that all departments in the hospital has been serving them well, more emphasis was particularly given to surgeries and the nursing care that parents receive from the hospital. According to the parents, correction of children's deformity has transformed not only their parents' spirituality, but also that of many others including cousins, other siblings and the wider community. This is because these people too have had their own convictions about

disabilities based on a worldview. Correction of the deformities by the hospital confronts these beliefs and shakes the peoples' worldview at the deeper levels.

During the Machakos discussions, there was the report of a father who had warned his son with a cleft lip/palate against going to the hospital for an operation. He is reported to have told his 17-year-old son to prepare to die and be buried in Kijabe, in case he did not heed the father's warning. He cautioned the son that in case that happened, the son's body could be buried in Kijabe as he (the father), could not afford to transport the body to Machakos. This frightened the boy and it was only through great encouragement by the boy's mother that the young man agreed to be operated. When the operation was successful, the boy decided to give his life to Christ, while still at the hospital.

Over 95% of parents who participated in the discussions appreciated that they have benefited much spiritually after their children's disabilities were corrected at Bethany. One parent excitedly reported to the group,

> I have personally benefited a lot. Before I brought the child to the hospital, he was not able to walk but now he is. I have benefited spiritually too. I have been taught always to trust in God alone. Since, I have been telling others of His goodness.

Another female parent noted that when her neighbors saw the child recovering from a successful surgery, they said that she had taken her to a witch doctor. This gave her an opportunity to tell them about her experiences with Bethany. Successful operations have resulted in children's independence from their parents, allowing them (both children and their parents) more and frequent time to engage in spiritually transforming activities. Many parents get involved in church activities after children's treatment. This was a feeling that was common in all the four discussion groups. Almost all parents felt that not only are they able to attend church services today, after

the operation of their children, but also that they spend more time participating in those activities. This was unlike it used to be before taking their children to Bethany.

Mobility aids

Mobility aids given to children after operation such as wheel chairs, surgical boots and crutches contribute significantly in spiritual growth of both the children and their parents. In one instance where parents used to carry their child always, it was reported that after acquiring a wheel chair from the hospital the burden of carrying the child was eased. Children in the neighborhood and the child's siblings started competing to push the child from the wheel chair, to school. To other children, pushing the wheelchair became fun. This increased parents' time to engage in other activities, including spiritual.

Credit waver

As noted earlier, an overwhelming majority of parents raised the money issue as they narrated their initial impression of the hospital during their first visit. Their fear was that their socio-economic status was too low to allow them access to the hospital's services. One parent equated the hospital with some of the best high cost private hospitals in the country. It is against this background that the parents from all discussion groups felt that the hospital's friendly financial policy of dealing with each parent according to their financial capacity has helped them access hospital's services that would otherwise have not been the case.

Although parents do not point directly to a spiritual benefit accruing from credit wavers, it was evident during discussions that to some extent there is one, indirectly. One parent observed that after receiving some cash from her church through collections from church members, she felt that she became a burden to the church and at some point close friends in the church started distancing themselves from her. She reported that it was only after her hospital bill was waved that she felt

free to interact and participate in church activities. It was only then that close friends who had kept distance from her started giving her a warm fellowship again. Through the credit waver program many parents saw a true demonstration of love.

Mobile clinics

Prayers and word of encouragement to patient and their parents during mobiles clinics is one way that parents have benefited spiritually. Parents appreciated that the prayers and sharing of God's word soothes their hearts, which are sometimes wounded as the parents leave home. Although the hospital spiritual staff team up with local pastors to witness to the patients and their parents, only a small minority seemed to understand the partnership. However parents appreciated presence of local pastors during mobile clinics. From the four group discussions it was widely accepted that spiritual programs are important during mobile clinics.

Networking

Partnership between the hospital staff and local pastors from respective clinic locations was widely appreciated and quite effective. About 75% of participants felt that, in one way or another, a pastor has ministered to them spiritually, during the clinics. This partnership has particularly helped the parents know more about the hospital and enabled spiritual follow up once children are discharged from the hospital. Information gathered from the discussions indicated that about 30% of the participants had known the hospital through their pastors.

Spiritual programs

In all the 4 discussions, parents felt so strongly that the hospitals' spiritual programs are a major contributor to their spiritual formation. A parent in Kitale observed, "Spiritual programs motivate many parents to a large extent when they see prayers said for their children. This boosts parents' faith even them that do not know how to pray". In other words, parents are greatly encouraged by prayers and staff

sharing the word of God from parents' hospital beds. Another parent, in appreciation of the importance of the hospital's spiritual programs observed,

> If we were enjoying good times, we probably would not have time even for prayers. But due to this particular problem you find that we are ready to listen to the word of God and participate in prayers. When I listen to the word in a hospital setting, I am transformed by the same word because while going through the hard times you allow the word to change you. This is as opposed to hearing the same word from a church setting, where one may have gone for different reasons other than hearing the word. In the church, one may only be interested in meeting a friend or enjoying good music without any concern for the word. But at Bethany, because you have gone there for treatment, the situation demands that you settle to actively listen to the word which consequently transforms you. I therefore recommend that the sharing of God's word should continue at Bethany.

In all the four discussion groups, parents had a strong feeling that spiritual programs in the hospital have been a major contributor towards their spiritual transformation. Believers and non-believers alike expressed this feeling. Having suffered greatly in the hands of men without much help, it was quite clear from the parents that the spiritual component of the hospital played a pivotal role in rekindling their hope. They contrasted the hospital environment from the church setting, preferring the hospital environment for meaningful spiritual transformation.

Prayers said to patients before operations proved to be a major source of encouragement to parents from all the group discussions. To the parents, this gives them the impression that the doctors acknowledge of their inadequacy without God's hand in their work. The statement *"man treats but God heals" was* mentioned in three out of the four groups. The statement was quoted to emphasize the fact that apart from God, Bethany doctors can do nothing. Parents strongly felt that to a very large extent, the spiritual component of the hospital makes it unique from the other medical institutions. Another parent appreciated,

> I saw doctors waking up very early in the morning to pray with the children. This was very amazing to me. From the staff, I learnt a lot.

> Before starting their day's work, they begin by having devotions. I learnt from them having devotions before starting my day's work too.

Bethany's Influence on Parents' Socio-Economic Status

From all the discussions, there was a common feeling that through its programs, Bethany has influenced families of disabled children in a big way. Socially, tensions and mistrust has been greatly diffused. Many children who had been pushed out of school owing to disability have now reported back. Emotional healing through restoration of broken relationships was noted in all the discussions. From their sharing, parents' trust in God has been greatly boosted, through disqualifying traditional beliefs about disabilities. Economically, the healing of the disabled child has brought great economic boost to the families. Generally speaking, every aspect of the hospital has contributed towards the achievement of this in its own unique way. However, the influence of these aspects is interdependent. An influence in one area leads to a change in another. In other words, they are all involved in a dependent kind of a relationship.

Counseling

Parents appreciated counseling in a great way. From the discussions, it was evident that through counseling, would be serious crisis was averted from both parents and their children. In narrated instances where counseling saved the day, it took intervention of the spiritual staff, through counseling, to allow for operation of a child to take place. From the discussions, there were three kinds of counseling cited as taking place in the hospital; one geared towards facilitating consent for surgery to be done; socio-economic surveys to determine parents' financial ability; and finally that which addresses social issues involving members of the immediate social environment of the child. The common type of counseling that featured prominently is the second kind. This was followed by a kind of counseling aiming at making

parents consent surgery on their children. Proactive counseling undertaken to establish social issues within the families featured as of least priority with the hospital. All in all, parents generally appreciated the role played by counseling in their children's healing process.

Patient-Staff relationship

The common feeling in all the four group discussions is that parents are greatly challenged by the attitude of Bethany staff towards the disabled children. The general feeling in all the groups was that, the staff has a big heart for disabled children. Parents noted that because of the positive attitude of the hospital staff towards their children, they have learned in a big way to love their disabled children. Besides loving their disabled children they have been provoked into reciprocating the same gesture to other parents with disabled children. A parent from Kitale said,

> The staff's attitude towards my child prompted me to ask myself the question, "If they can help my child this way, why can't I help other parents?" I have already reached out to four other parents. Right now, their children are receiving treatment from the hospital.

Provision of services and mobility aids

Successful surgeries, efficient nursing care and provision of post-surgery aids to enhance mobility of children, impacted very strongly not only on parents' socio-economic well-being, but also that of their disabled children. Throughout the four discussions, parents kept on referring to the services and aids again and again, as having contributed immensely in bringing healing in their families. In all the four discussions, the general agreement was that the quality of services offered by the hospital could not be matched with those of any other hospital they had visited with the same problem.

From the discussions, there are a number of issues that stood unique with the hospital. General feeling with all groups was that the hospital staff is committed to the

welfare of disabled children. About 50% of 44 parents who participated in the discussions had had bad experiences with other hospitals before finally coming to Bethany. One parent bitterly narrated her bad experience in a government-sponsored Provincial General Hospital. After spending three days sleeping on the hospital floor awaiting a surgery on her child, the parent decided to walk out of the hospital unattended, having lost hope that the operation would ever be done. The general feeling in the four group discussions was that time taken after admission to have the child operated is amazingly short. Many parents, with experiences from other hospitals come expecting to take long in the hospital before their children are operated. They are thus amazed to experience the contrary. The number of children operated daily was yet another issue captured during the discussions. The feeling across the board was that the hospital theater is ever busy with patients getting in as others get out. This is very encouraging to the parents. Besides commitment, the positive attitude of the hospital staff towards patients was both a challenge and a great source of encouragement to the parents.

As a result of healing of the children, a lot has taken place in the parents' socio-economic life. Reconciliation, which was always elusive before, has finally been realized. Over 90 % of the parents had this experience in one way or another. The types of reconciliation noted involved; a husband and his wife, child and parents, one parent and his/her in-laws, family with a disabled child and the wider society or members of the same family. Of all reported cases of rejection before the operation, there was reported 100% acceptance after the operation and healing. One female parent admitted, "I am forever grateful to the hospital that it has helped my husband to appreciate this child and see him like the rest. Today, I feel good when my husband takes the boy out for a walk, a thing that he never used to do before the child came to Bethany". The father from Eldoret who had suffered rejection from his in-laws was

excited to report to the group of his experiences with the same in-laws after the child got healed. He narrated,

> … My wife became very happy to see her daughter walking on her own. When the cast was finally removed, we realized that both feet were completely healed. She was so excited that she immediately went to inform her parents. Before then, her parents did not want to hear anything to do with me. To them I had been bewitched, and had extended the bad omen to our daughter. Upon receiving the good news, the parents came to see it for themselves. They felt so ashamed to realize that the disability of our child had nothing to do with bewitching. They witnessed the wonders of God and asked me to forgive them. They even proposed that we have cerebrations to thank God and forgive each other for words uttered regarding the child's disability.

Where there was shame before the child's treatment, it has now been replaced with pride. As already noted above, parents' shame of living with a disabled child was done away with after the child's operation. The sense of self worth by parents was also recovered. Many parents expressed concern that they were feeling guilty that they were not successful parents by bringing to earth children that they could not fully care for. Upon healing of their disabled children, the hurting parents expressed inner healing. One parent portrayed this picture in his contribution on the gains of parents as a result of treatment of their disabled children. He noted,

> I am the happiest parent today. Before my child was treated, he was a big burden to us. But after the treatment, I count it great gain to us as a family. For example, for now he has joined school and he is always taking himself to school. I am proud to see him recognizing me as a father.

Physical healing of the disabled children has ensured independence of children from their parents, allowing their parents more time to engage in economic activities. This was a very common experience with almost all members in the four group discussions. Other than the healing, provision of mobility aids has contributed significantly towards this independence. By using aids like wheelchairs, crutches, surgical boots, etc, children's independence from the parents is enhanced. By use of the same aids, many children have been able to go back to school where they spend most hours of the day, allowing their parents time to engage in meaningful economic

activities. This independence has greatly boosted families' economic situation. One single mother speaking on the gains made from the independence noted,

> Before the child was healed, the profits from my small business used to be minimal. This is no longer the case, after Kijabe people treated my child. Profit from my business has increased ten fold. Before the treatment, I used to get something like Ksh. 500 as profit per month. As I speak, the profit today stands at Ksh. 5,000 per month. The reason for the increase is that I am able to buy goods directly from wholesalers. There before, I used to buy stock from brokers who could buy goods from wholesalers and sell the same goods to me at a higher price. When prices of goods would change I found myself selling at a loss before I could learn of the adjustments in the market. This was because I was always confined in the home. Today, this problem is no more.

Credit waver

There is a very strong feeling that the hospital's terms of paying hospital bills is a big relief to parents. Over 95% of the total number of participants acknowledged benefiting from this arrangement. Parents generally felt that they have been treated each according to his or her financial abilities. There was a general feeling that what the hospital has been charging is too minimal for parents to claim that they have been paying for the services received from the hospital. Without this consideration, the parents felt that their only option would have been to sell their only family assets and thereafter living like paupers. One parent from Machakos said, "Without this consideration, I would have had to sell my only oxen that I use to farm in order to feed my family". The general feeling was that if the hospital demanded for the entire amounts from parents to have children treated, then many children would not be taken to the hospital. By the hospital treating each case as unique in paying hospital bills, it has been now possible to take disabled children to school. The country has very few special schools for the disabled. Disabled children have to struggle to secure places in these schools. These schools are also relatively more expensive, compared to normal public schools. A sizeable number of parents who participated in the discussions felt

that after the children are healed, they (children) enroll in public schools that are free, easing the school fees burden from the parents. This fact can be seen in the high numbers that have joined school after operations. Of the total number of children who were out of school owing to disabilities, over 90% have gone back to school after operations. The burden of shouldering other needs for other siblings and self has been made easy for the parents, through the hospital's special arrangement of paying hospital bills.

Mobile clinics

All parents appreciate hospital's mobile clinics. There was a very strong feeling that mobile clinics have significant benefits to parents. Kitale and Machakos groups felt that the clinics should go even to the villages. Although the hospital does not give cash to parents directly, parents acknowledge that the hospital has been saving them a lot of money that they would have otherwise have had to spend in the form of fare to Kijabe. Parents from Kitale observed that it costs them at least three times to travel to Kijabe than it would to take the child to Kitale town for the mobile clinic. One parent from Machakos noted that many children from Makueni have been failing to honor their clinic appointments owing to lack of fare to bring children to Machakos. The parent cited 5 such cases that she knew of.

Other than money, there was a general feeling in all the groups that time spent to bring children to the clinic is relatively short compared to one that a parent would have to spend to take the child to Kijabe. At the end of the day, the saved time is spent in either socio-economic or spiritual formation activities.

Networking

From the discussions, about 30 % of participants had links with organizations that had helped parents in one way or another financially in taking care of their disabled child. These organizations are largely charitable organizations. Others are

faith based or religious in nature. Among the charitable organizations, Liliane Fonds featured prominently while the Catholic Church featured most, among religious groups. All in all, it was generally felt that these organizations have played a significant role in aiding medical care to the disabled children.

Effective programs

The hospital's spiritual programs have been very instrumental in shaping the parents socially. From the discussions it emerged that the majority of parents hailed from communities that believed that disabilities are as a result of curse from ancestors. As such, the spiritual department of the hospital has influenced parents' worldview towards discarding this kind of a belief. Through addressing disabilities from a Biblical perspective, parents have been greatly challenged against the cultural belief that ancestors are not happy with the family. As a result, many have viewed disabilities as an act of God, for a given purpose. Many parents acknowledged the existence of belief in ancestral spirits among their people. Successful operations are seen as a confirmation to what the hospital's spiritual team has been teaching.

Economically, the spiritual center has influenced parents in a number of ways. The spiritual staff, in the course of their normal counseling sessions, has been linking patients with the hospital social worker who assists parents in sorting out their hospital bills. Findings from all discussions revealed that, a number of parents had benefited this way. This formed about 20% of the participants.

Parents' Suggestions

There are two issues that came up during the discussions. The first issue was raised during discussions with groups from both Kitale and Eldoret. The groups suggested that although parents of disabled children may be poor, there could be other ways in which they can support other patients in the hospital, either materially or in kind. They expressed great desire to know from the hospital whether this is possible.

These two groups come from a maize growing zone of Kenyan North rift. The groups strongly they felt that they could give out some farm produce towards feeding patients in the hospital.

Secondly in all groups, there was a general feeling that the group discussions were beneficial to all participants. From all the groups, there was a plea that hopefully this was the beginning of other meetings. This was despite the fact that, they knew the objective of the discussions. Answering the question, "Have you benefited in any way from this meeting?" a parent from Kitale said, "How I pray that this will not be the first and the last meeting of its kind. I hope that this is only a beginning". In other words, parents generally felt that they need ongoing support.

Researcher's Experience Through Observation

Most of the issues raised and conclusions arrived at by the parents during the group discussions were largely confirmed to be true in the researchers' four days of study through observations at the hospital and in again during mobile clinics. The relationship between the staff and the patients, as well as the caretaker, can be summarized as being cordial. At any given time, there was a spiritual centre staff in the ward, either witnessing or having a social session with caretakers. Each weekday from 4.00 pm, there was a fellowship in the ward. When I asked several parents their views on the importance of the fellowship, all agreed that it was good and encouraging to them. One parent said, "It (fellowship) helps us as parents to have faith in God, especially when your child is in the theater". Nursing staff would come to the beds for patients who were to be operated, each time a turn for a patient came. They would be accompanied by the parents into the recovery room from where a medical team plus the parent said a prayer before the parent went back to the ward.

For at least thirty minutes after 8.00 am each day, the hospital staff congregated in their respective departments for morning devotions. The only

exception to this arrangement was with the theater staff. Theater staff held their devotions a bit earlier than the rest. During discharge, parents would go through the hospital mediator who would sort out payment of bills. During mobile clinics, the researcher also witnessed the same staff interviewing patients before they (patients) were booked for operation. The interview was intended to determine the financial standing of the parent. After the interview, a figure would be arrived at by both the parent and the staff as to the amount to be paid by the parent to have the child treated.

Generally speaking, the researcher's observational experience was a confirmation of the parents' sentiments and evaluations.

CHAPTER V

CONCLUSIONS AND RECOMMEDATIONS

From the discussions, parents of disabled children are a hurting group. One truth that came up during the discussions was that, you can not single out the "spiritual" aspect and start addressing it as a single entity. This is largely because, parents of these children are bleeding in every aspect: emotionally, physically, socially, economically, psychologically, cognitively as well as spiritually. For them to appreciate spiritual programs, every other aspects of their life must be addressed. From the discussions it was clear that Bethany has been providing for the very environment that these parents have been yearning for: a place where they can regain their self-worth; a place they and their children can be respected and loved just as they are; a place where though they are not able to pay for services rendered, their economic instability does not determine how they are treated; and finally, a place where their children's disabilities can both effectively and efficiently be addressed. From the discussions, the following conclusions were arrived at:

1. Every program of the hospital; medical, social, financial, physical, or service provision has a significant part to play in addressing the spiritual needs of the parents.
2. The way hospital staff relates with the children plays a significant role in influencing the parents' attitudes towards the disabled child. Both believers

and nonbelievers alike strongly attributed the good relationship between children and the hospital staff to the staffs' spirituality. One parent observed,

> Staffs at the hospital are God fearing. That is why when you go to the hospital they receive you well. They do not discriminate against one, according to his or her social or/and economic status. They show great love to patients. From them I learnt to have a heart for all people.

3. To a very large extent, the outcome of rehabilitative interventions has a key role to play in spiritual transformation of the parents, and the society at large. This can be seen in the sentiments of one of the parents, as quoted below.

   > ... Living with a disabled child calls for despise from people. Our family suffered despise for having a disabled child. We were also hated and many were the insults that people were hurling at us. But today I thank God. After our child went to Bethany and had a successful operation, these people have now great respect for us. They now believe that God is a miracle working God.

4. Successful operations and provision of mobility aids to the children after operations have contributed immensely towards improving parents' economic status. Children's independence from their parents is enhanced thereby releasing parents to engage in economic activities, more meaningfully.
5. Without the hospital's credit waver and a friendly bills payment arrangement, most children would not have been brought to the hospital. Parents felt that without this arrangement, "our children would have to die with their disabilities".
6. According to the parents, the spiritual component of the hospital has played a key role in their children's healing. To them, it is what makes the hospital different from all other hospital that they had visited prior to their coming to Bethany. One parent from Machakos noted,

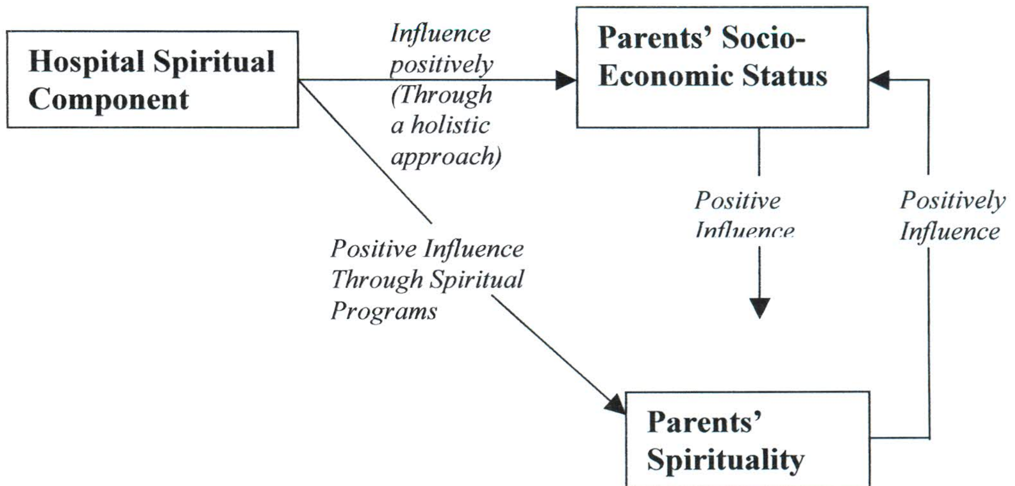
   > When you compare doctors from our national hospital (Kenyatta) and those from Bethany you note a difference. Kenyatta doctors are highly qualified in terms of training. But as parents we are attracted to the Bethany doctors by their salvation. This is because through them, God

> has been working wonders. To them, your status counts nothing, unlike with Kenyatta doctors.

7. Parents need forums where issues to do with disabled children are discussed. This issue was raised in all the discussion groups.
8. Parents are proud to be associated with the hospital. Although the parent is financially not a big partner, they are yearning to be involved in other appropriate ways, to ensure sustainability of the hospital. One parent from Eldoret strongly felt that, "for us parents who are farmers, we can even take our farm produce to the hospital to ensure that the hospital keeps running". Parents in all the group discussions shared this feeling.

From the study it was clear that by targeting the socio-economic aspects of the parents, the hospital programs have consequently influenced parents spiritually. However in the parents' view, the hospital's influence on their life has been largely due to the hospital's spiritual component. In particular, parents strongly felt that the spirituality of the staff holds the key to the success of the hospital. They are convicted that, if the hospital believes that "man treats as God heals", then the staff must have demonstrated faith in the God that heals.

To transform spiritually lives of patients and their caretakers, the hospital have had to address their social, emotional, physical, economic and cognitive aspects. But for the hospital to be able to achieve this, the spirituality of its staff is paramount. Staff motivation has to be found outside their monthly pay or quest to excel in their career. Though these two are important, it is imperative that the staffs are motivated by their faith in the healing God. When this is the case, their resulting lifestyles will speak more words than a sermon on love can. The result will be a transformation in patients' social, emotional, physical and economic lives. Influencing these aspects of parents' life will have a direct impact on parents' spirituality, as can be seen in the illustration below.



Recommendations

Based on the research findings, the researcher recommends the following,

- That the research findings are shared with the hospital staffs and other partners of the hospital working for disabled children. In the researcher's view, this will especially help the staff better understand the social situation in which the parents and other caretakers of disabled children live.
- That the hospital develops Bible Study materials addressing the plight of the disabled, which will be used by hospital staff during departmental devotions. This will allow staff time to reflect on their work context.
- The hospital, through the spiritual department, will enhance counseling structures especially for in-patient. Such structures should include a follow up program.
- It would be to the best interest of the parents, if the hospital can afford, to initiate *Community-Based-Rehabilitation* (CBR) programs to enhance follow up on post-surgery, spiritual, social or any other kind of follow up. In case this is not workable, the hospital should consider strengthening its collaboration

with existing CBR programs in rural areas, where applicable. In particular, local pastors in the field can probably be incorporated in such a program.

- As part of its sustainability strategy, for the hospital, the management should explore ways in which parents can contribute in meeting hospital needs.
- As long as the hospitals' vision remains one of healing both the body and the soul, it should never compromise the issue of commitment to Christian faith, when recruiting its staff (regardless of the job designation). Once employed, the hospital should ensure that its staff is highly motivated to enhance their excellence in care to the disabled children and their caretakers.
- As can be deduced from the research, for a mission hospital not to have spiritual programs in its care to patients is tragic. However, lifestyle evangelism is more effective and powerful than any other known method

Recommendations for Further Research

Based on the findings of the study, the researcher would like to recommend further research on two areas;

1. In what other ways can the hospital enhance parents' participation in ensuring its sustainability?
2. In what ways have the hospital influenced the socio-spiritual lives of the disabled children under its care?

REFERENCE LIST

Avalos, H.1999. *Health care and the rise of Christianity.* USA: Hendrickson Publishers, Inc.

Berinyuu, A.A. 1983. *Pastoral care to the sick.* Bern: Verlag Peter Lang.

Creswell, John W. 2003. *Research esign: Qualitative, quantitative, and mixed methods approaches.* London: Sage Publications.

______________. 1998. *Qualitative inquiry and research design: Choosing among five traditions.* London: Sage Publications.

Dortzbach, K. 2002. *Healing and wholeness: toward understanding effective African church interventions following community violence.* PhD. Dissertation. University of South Africa, Pretoria.

Fountain Daniel E. 1999. *God, medicine and miracles: The spiritual factor in healing.* Wheaton: Harold Shaw Publishers.

______________. 1989. *Health, the Bible and the Church.* Wheaton: Harold Shaw Publishers.

Gillham, Bill. 2000. *Case study research methods.* London: MPG Books Ltd.

Kane, J. Herbert.1980. *Life and work on the mission field.* Grand Rapids, Michigan: Baker Book House.

____________. 1978 *Understanding Christian missions.* 3rd ed. Grand Rapids, Michigan: Baker Book House.

____________. 1974. *Understanding Christian missions.* Grand Rapids, Michigan: Baker Book House.

Larson, J. S. 1991. *The measurement of health.* New York: Greenwood Press.

Litosseliti, Lia. 2003. *Using focus groups in research.* London: MPG Books Ltd.

Mugenda, O.M and G. Mugenda Abel. 1999. *Research methods; quantitative and qualitative approaches.* Nairobi: ACTS Press.

Nachmias, David and C. F. Nachmias. 1996. *Research methods in social sciences* New York: St. Martin's Press.

Ram Eric, ed. 1995. *Transforming health: Approaches to healing and wholeness.* California: MARC Publications.

Robertson, I. 1977. *Sociology.* USA: Worth Publishers Inc.

Samwel, V and C. Sugden. 1999. *Mission as transformation* U.K.: Regnum Books International.

Selltiz, C, M. Jahoda, M. Deutsch, and S. Cook. 1951. *Research methods in social relations.* New York: Holt, Rinehart, and Winston, Inc.

Smith, Linda. 1995. *Effective counseling.* England: Lynx Communications.

Spradley James, P.1980. *Participant observation.* USA: Thomson Learning, Inc.

UNICEF n.d. Standard rules on the equalization of opportunity for persons with disability. Geneva.

APPENDIXES

1. ENTRY LETTER

NAIROBI EVANGELICAL GRADUATE SCHOOL OF THEOLOGY

P.O. Box 24686 - 00502 Karen, NAIROBI, KENYA

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Bethany Children Hospital
P.O. Box 52
KIJABE

10th January 2005

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

RE: RESEARCH WORK

The bearer of this letter, Mr. Peter Kiragu Kinyanjui is a student at Nairobi Evangelical Graduate School of Theology(NEGST) and is doing research towards the completion of the Master of Divinity in Missions degree. The research is on **" Institutional Effects on the Spiritual and Socio-economic Life of the Parents of Disabled Children: A Case Study of Bethany Crippled Children Hospital of Kenya (BCCHK)"**

Any assistance that you can give to Mr. Kinyajui will be much appreciated.

Sincerely,

Dwight Jessup, PhD.
Ag. Deputy Vice-Chancellor for Academic Affairs

MA in Missions ✤ MA in Church History ✤ Master of Theology ✤ MA in Translation Studies ✤ Master of Divinity ✤ MA in Christian Education ✤ MA in Biblical & Theological Studies

A project of the Association of Evangelicals in Africa (AEA)

2. HOSPITAL OVERVIEW

Bethany Crippled Children's Hospital Overview

AIC Bethany Crippled Children's Hospital of Kenya (Bethany) is one of the leading specialty hospitals in East Africa. Bethany is a 30 bed, pediatric orthopedic hospital devoted to serving the physically disabled children of Kenya as well as training new Kenyan Orthopedic surgeons.

Bethany was built and is managed by CURE International of Harrisburg Pennsylvania USA. CURE is one of the largest international providers of surgical and rehabilitation services for children in developing countries. Bethany was built as a collaborative effort between CURE and the African Inland Church in order to serve both the medical and spiritual needs of children in Kenya. The primary medical goal of Bethany is provide "first world" quality care to the children of Kenya, and also to teach the Kenyan physicians and nurses in pediatric rehabilitation medicine.

Bethany provides Orthopedic, Plastic and ENT surgery to children 18 years of age and younger. Children with club feet, polio, effects from tuberculosis of the spine, congenital conditions such as scoliosis and osteogenesis imperfecta and burn contractures are served at the hospital. In addition, twice per year a team of ENT specialists from the US visit the hospital to treat cases such as cleft lip and palates.

Medical care is provided to every patient regardless of their ability to pay. In most instances, Bethany asks each family to participate in the costs associated with their child's stay and a deposit is requested for each scheduled admission. Its business office staff works with each family for payment of the medical treatment. Many of the physically disabled children in Kenya come from homes that are economically disadvantaged. Because of this, Bethany is grateful to have partner organizations to assist with those families that cannot meet the financial obligation for the medical care received at Bethany.

The primary source of support behind Bethany's construction and continued operations is CURE International. Cooperative funding is also supplied by Christoffel Blindenmission (CBM), Liliane Fondes, Bethany Relief and Rehabilitation International (BRRI), Goal Ireland and other foundations and individuals from throughout the US and Europe. We at Bethany are grateful to God for His provisions of resources, finances and other help through our many supporters.

Construction for Bethany's building began in February 1997. The building was completed in January 1998, and on May 23, 1998, accepted its first inpatients. The hospital is located in Kijabe Mission Station, about 70 kilometers northwest of Nairobi, Kenya and is adjacent to AIC Kijabe Hospital, a 220 bed, full service adult hospital. A number of functions are shared between the two facilities. For instance Bethany is able make use of services such as - pharmacy, laboratory, radiology, pathology and others, as needed. Bethany is able to assist Kijabe Hospital in orthopedic technology and orthopedic surgery.

At Bethany, outpatient clinics are held each Wednesday. A team of physicians, therapists and technicians evaluate new patients and follow-up with on-going patients that had been seen before. There are constant needs for changes in casts, changes in orthopedic and prosthetic devises, needs for current x-rays, etc.

Also, each week, Bethany sends out a mobile clinic team, comprised of surgeons, therapists, nurses, technicians and spiritual team staff, who travel to one of over 10 different remote medical clinic locations throughout Kenya. The team evaluates new patients and treats patients returning for follow-up care. Bethany works with a network of medical professionals, pastors and medical facilities in these local areas. They help to identify new patients and to inform the families of the issues they may face, both medically and socially. This combination of remote clinics and network of cooperating professionals, allows Bethany to refer patients and their families after surgery, to people and organizations that can assist them with spiritual matters, schooling and other needs in the patient's home village that Bethany is not equipped to address.

The Medical Director of Bethany is Dr. Timothy Mead, a board certified, orthopedic surgeon from Grand Rapids Michigan. Since opening in November 1997, three Kenyan surgeons have already completed an initial three years of training at Bethany and have been sponsored by CURE for their Masters of Medicine in Orthopaedics at Makerere Medical University in Kampala, Uganda. The first of these surgeons, Dr. Joseph Theuri has completed his Masters program and has returned to join Dr. Mead as Assistant Medical Director. The second surgeon will be returning to Kenya in August 2005 and the third in 2007. In addition, Bethany has two more full time residents in training at the hospital who will also progress onto their formal residency training over the next 2 - 3 years.

Bethany and CURE International in cooperation with Moi University Medical School in Eldoret Kenya, are in the final stages of efforts to have an Orthopedic residency program approved. For the first time Kenyan surgeons will be able to trained, tested and certified in Kenya. This program will allow Kenyan surgeons to be trained in orthopeadics within Kenya and eliminate the need to send physicians outside of Kenya.

Beyond physicians, Bethany is very involved in creating internship programs for therapists, orthopedic technologists and nurses to allow us to become an even more viable part of the improvement of the overall Kenyan medical outreach. We bring in resources for periods of time to help us devise the best procedures and care plans for the patients we see.

The Bethany mission is not exclusively medical, but it is spiritual as well. Bethany treats all patients regardless of their individual religious beliefs. We, however, strongly believe that even with the best medical knowledge and expertise, we can only treat and witness; it is Jesus who heals and saves. We hope that each staff member of Bethany displays the love of Christ in word, action and deed, so that the patients and family members who come to us may know Jesus Christ through interacting with us.

We are eager to increase public awareness as to what help is available for physically disabled children in Kenya. We are working to spread the word that being handicapped is not a curse but that there is hope for these children. Many families need to know that there is hope for their child to live a normal life.