

Cerebral Palsy Perception Report



June 2016



Photo source: Kenya Community Centre for Learning, 2015; Local giving (2016). CP Sport

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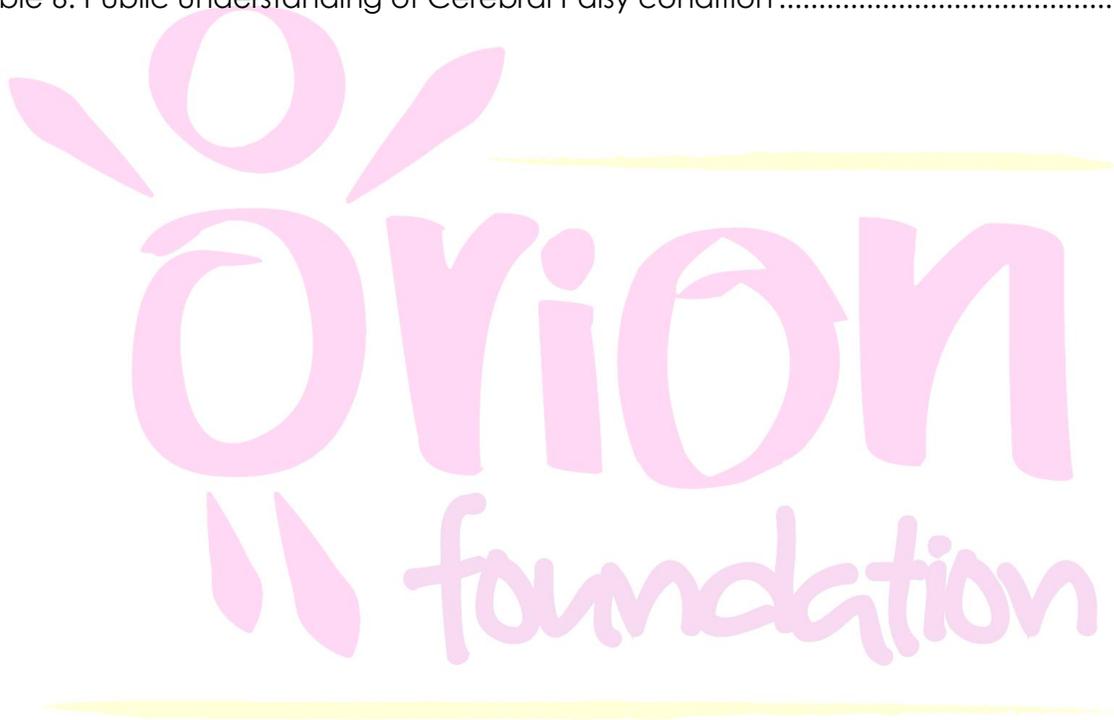
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EXECUTIVE SUMMARY

Cerebral Palsy (CP) is defined as a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child's brain is under development. This condition persists to older age and leads to lifetime disability. (Source: My Child Center)

The common manifestations of CP includes but not limited to; lack of muscle coordination when performing voluntary movements, stiff or tight muscles and exaggerated reflexes (spasticity), walking with one foot or leg dragging, muscle tone that is either too stiff or too floppy, excessive drooling or difficulties swallowing or speaking and shaking (tremor) or random involuntary movements. (Source: My Child Center)

Cases of CP are thought to be higher in Africa compared to Europe or United states; higher incidence major contributors are birth asphyxia and neonatal infections. Further, there is a challenge of structured and consistent screening policy for developmental disabilities amongst infants and preschool children hence, many children with disabilities are unrecognized and lack appropriate intervention. Stigmatization is rife among children with disabilities and their families denying them the basics such as health care, education, socialization and recognition. Information gaps and lack of skilled personnel challenge management of children with CP.

In Kenya, information about CP is scarce hence Orion Foundation in partnership with Breakthrough Consulting, conducted a study aimed at gaining deeper understanding into the lives of children with Cerebral Palsy and the social impacts to families/caregivers and day-to-day lives.

The study, which was conducted in Nairobi, targeted parents, mainly mothers of children with CP sampled at rehabilitation centers/ hospitals and schools / daycares and the general public randomly sampled at household level.

Study findings revealed that only 14% of the general public interviewed is aware of Cerebral Palsy. On awareness of special schools or rehabilitation centers, about 38% said they were not aware.

For most schools, facilities are not accessible to people with disabilities. 43% of parents cited special schools as the most available to parents with children with CP.

*"Facilities for people who suffer from Cerebral Palsy are not readily available. Special schools and rehab centers are the most available and accessible amenities." **Parent, child with Cerebral Palsy***

"Our schools facilities are not accessible to people with disabilities despite the affirmative action taken by government. Information is also not accessible." **APDK informant**

On treatment, the cost of therapy is very high especially in private hospitals who charge up to 3000/= per session while government hospitals charge 500/= or slightly less per session. In most cases, CP kids require therapy thrice a week. Insurance companies do not cover Cerebral Palsy and hence caregivers are forced to dig deeper into their pockets every time they take the children for therapy.

"On average, I spend about Kshs 20,000 per week on my daughter for therapy and transport alone, I have yet to consider food and help at home, it is very expensive since my insurance cover does not include this for my child" **Mother of a child with Cerebral Palsy**

"I take her for therapy sessions thrice a week and each time I am charged Kshs.500 at a government hospital" **Parent of a child with Cerebral Palsy**

Diagnosis of a child with Cerebral Palsy presents numerous challenges to the parents/caregivers. These include: strained marriages, psychological problems and even quitting jobs to concentrate on bringing up the child. Stigma is rife where the parents and the child suffering from this condition are alienated from the society.

Only 3% of marriages of the people sampled improved when the child was diagnosed with Cerebral Palsy compared to 44% which have suffered negatively. There are also instances of open discrimination at household levels where some fathers refused to buy anything for the child with Cerebral Palsy while others opt to leave the house.

"My marriage has suffered hugely and lead to a near divorce because my husband is unable to cope with our autistic child, I don't know how to fix this but it is a challenge for families living with children with disabilities" **Mother of a child with Cerebral Palsy**

When it comes to support from the government, 94% of the sample felt that it wasn't doing enough/giving enough resources for Cerebral Palsy towards treatment and prevention. There were suggestions that the beyond zero campaign should also help in the awareness of Cerebral Palsy.

There is a big challenge when it comes to schools as not all areas have special schools and most parents cannot access facilities that cater for children with special needs. There is also the challenge of trained teachers to deal with special needs education and most of them end up in regular schools.

The challenges are not only in schools but also in hospitals as nurses in public/government hospitals, in most cases do not give mothers/caregivers the correct advice especially, when a child has delayed milestones as they lack knowledge in this area. There are also issues of lack of adequate personnel in clinics. This is especially on



Tuesdays when a lot of children are coming for the therapy sessions. Hospitals also face the challenge of insufficient facilities for therapies; in some hospitals, therapies are done in a container outside hospital structures.

Public places are unbearable places for people with such conditions. Stigma from general public who stares and asks questions is annoying and depressing. In few occasions, the people with disability are manhandled especially at the time of boarding matatus, and most public places are not conducive for people with wheelchair due to lack of appropriate facilities.

Parents/caregivers of children with disability face challenges in terms of having to do everything for them, regardless of their ages. A person with such a condition has to be washed, dressed, fed, taken to toilet, helped to board and alight from the bus. They constantly have to protect their children from rejection/ stigmatization by neighbors/ general public. They have to be there for their children when house helps and most family members are hesitant to assist hence limiting their freedom to travel.

To ease the burden on parents/ caregivers and also offer the child with Cerebral Palsy, a number of interventions are crucial. This include: lobbying insurance companies to cover disabilities to help ease the burden of medical cost for parents. Also, there should be subsidies on bills for children with disabilities, facilities should be increased for treatment/ therapies, medical practitioners should be lobbied to pay more attention to signs of Cerebral Palsy and advice parents accordingly.

Concerning information, there is need to increase awareness about such disabilities and provide information both for the general public and people living with children with disabilities. It is also important to provide more information to parents of children with disability about caring for them.

On education, the relevant stakeholders should be lobbied to increase institutions offering special needs education and improve facilities of existing institutions, call for increase in the number of teachers trained on special needs education and provide facilities required by children with disabilities.

The government should be pushed to implement policies that ensure that the needs of people with disabilities are catered for in infrastructure and such other facilities.

1.0 CHAPTER ONE: INTRODUCTION

1.1 Background

Cerebral Palsy is a neurological disorder caused by a non-progressive brain injury or malformation that occurs while the child's brain is under development. This condition persists to older age and leads to lifetime disability¹.

"Cerebral Palsy is a non-developmental or non-progressive disorder caused mainly by injury to the brain, premature brain or the brain that has not yet matured." Therapist

Cases of CP are estimated at 2-2.5 in every 1000 in Europe or United states. In Africa, though no statistics, CP cases are deemed higher because of higher incidence major contributors such as birth asphyxia and neonatal infections².

Incidences of CP are potentially preventable or risk reduced if contributors are identified in good time. However, Africa lacks structured and consistent screening policy for developmental disabilities amongst infants and preschool children. Hence, many children with disabilities are unrecognized and without appropriate intervention³.

Children with disabilities and their families in African countries are frequently excluded from society because of stigmatization. Such children are often denied the basics of health care, education, socialization and recognition. Further, African continent has little information on coordinated management of multiple impairments and associated comorbidities CP children may be affected with. Shortage of trained health workers and rehabilitation personnel is rife across the continent, with few personnel specifically trained in the tools necessary to care for and to manage a child with CP⁴.

When infrastructure exists, it is constrained by a lack of cultural and language-specific validated clinical assessment tools, low literacy rates, and limited facilities for rehabilitative services and equipment.

Non-governmental organizations and governments have recently come up to set up initiatives geared towards helping people with CP.

¹ My child Centre

² K. A., Samia, P., Kakooza-Mwesige, A., Bearden, D. (2014). Pediatric Cerebral Palsy in Africa: A systematic review. *Seminars in Pediatric Neurology*, 21(1), 30-35.

³ K. A., Samia, P., Kakooza-Mwesige, A., Bearden, D. (2014). Pediatric Cerebral Palsy in Africa: A systematic review. *Seminars in Pediatric Neurology*, 21(1), 30-35.

⁴ K. A., Samia, P., Kakooza-Mwesige, A., Bearden, D. (2014). Pediatric Cerebral Palsy in Africa: A systematic review. *Seminars in Pediatric Neurology*, 21(1), 30-35.



Promotion of the use of adaptable low-cost materials, community health care workers, development of parent support groups and multidisciplinary outreach programs serve as means to manage CP in Africa.

Breakthrough Consulting, in partnership with Orion Foundation conducted a study aimed at gaining insights into the lives of Children with Cerebral Palsy and the social impact to their families/caregivers.

- i. This report details findings from the research study that aimed at answering the questions below:
- ii. What kind of burden does caring for a child with Cerebral Palsy give the family or caregiver?
- iii. How accessible is Nairobi, as a city, to anyone with Cerebral Palsy?
- iv. Is the education sector within Kenya inclusive of children with learning disabilities, such as children with Cerebral Palsy?
- v. How ready is the healthcare system to cater for children with Cerebral Palsy?

Common manifestations include but are not limited to;

- Lack of muscle coordination when performing voluntary movements.
- Stiff or tight muscles and exaggerated reflexes (spasticity).
- Walking with one foot or leg dragging.
- Muscle tone that is either too stiff or too floppy.
- Excessive drooling or difficulties swallowing or speaking.
- Shaking (tremor) or random involuntary movements.

2.0 CHAPTER TWO: METHODOLOGY

2.1 Study Approach

The survey made use of a mix of quantitative and qualitative methodologies to answer the required objectives.

In the quantitative phase there were face to face interviews carried out with parents/caregivers of children with Cerebral Palsy and the general population who did not have a person/child with Cerebral Palsy. The interviews were guided by structured questionnaires.

The parents/caregivers of children with Cerebral Palsy were purposively sampled at the rehabilitation centers/ hospitals and schools / daycare and the general population randomly sampled at the households.

In the qualitative phase, fourteen In-depth Interviews (IDIs) were used on the target respondents. There was a discussion guide (appended) used to guide discussions. On the other hand, the IDIs were administered to doctors/therapists, teachers, parents and association of persons with disability (APDK).

2.2 Sampling – Quantitative Phase

This sampling takes into consideration the various neighborhoods of Nairobi. At the field data collection stage, there was a purposeful selection of those parents/caregivers with children with Cerebral Palsy.

Table 1: Sampling-Quantitative Phase

Study approach	Quantitative	Qualitative
Study location	Nairobi	Nairobi
Target respondents	Parents, mainly mothers of children with Cerebral Palsy, purposive sampling Non Cerebral Palsy general population randomly sampled household interviews	IDIs Doctors - 2 Therapist - 2 Teachers - 2 Parents - 2 APDK - 1 Diaries (Parents) - 5
Sampling point for Cerebral Palsy & achievement	Rehabilitation centers/ hospitals and schools / daycare (59)	Main sampling points were places of work and home
Sample locations for Non-Cerebral Palsy & achievement	South C, Kangemi, Donholm, Buru Buru, Ruiru, Mathare, Umoja (50)	
Proposed sample	100	14
Achieved sample	109	14

2.3 Work Schedule

Table 2: Perception research work plan and schedule

Activity	Timeline	Status
1. Inception meeting	13 th April 2016	Done
2. Development of study tools	16 th -22 nd April	Done
3. Training / briefing Research Assistants & field team	28 th -29 th April 2016	Done
4. Field work – Face to face quantitative interviews	1 st -13 th May 2016	Done
5. Qualitative interviews – IDIs	5 th May-26 th May 2016	Done
6. Coding & data entry	16 th -18 th May 2016	
7. Transcriptions	1 st -8 th June 2016	Done
8. Data analysis and report writing	4 th -7 th June 2016	Done
9. Report writing	8 th -14 th June 2016	Done
10. Draft report presentation	29 th June 2016	Done
11. Final report	5 th July 2016	Done
12. Launch of the findings	25 th August 2016	



3.0 CHAPTER THREE: FINDINGS AND ANALYSIS

A total of 109 quantitative interviews were achieved against a target of 100. The sample was drawn from low, middle and upper middle social classes' residential areas in Nairobi. Summary of the demographic profile in the table below;

3.1 Demographics profile

Table 3: Summary of Demographic profile

	Percentages (%)
Gender	
Male	29%
Female	71%
Education	
Below high school	24%
High school and above	75%
Age	
18-24	11%
25-29	38%
30-34	27%
35-39	16%
40-44	6%
45+	3%
Age of child living with CP	
Below 1 year	
1-5 years	

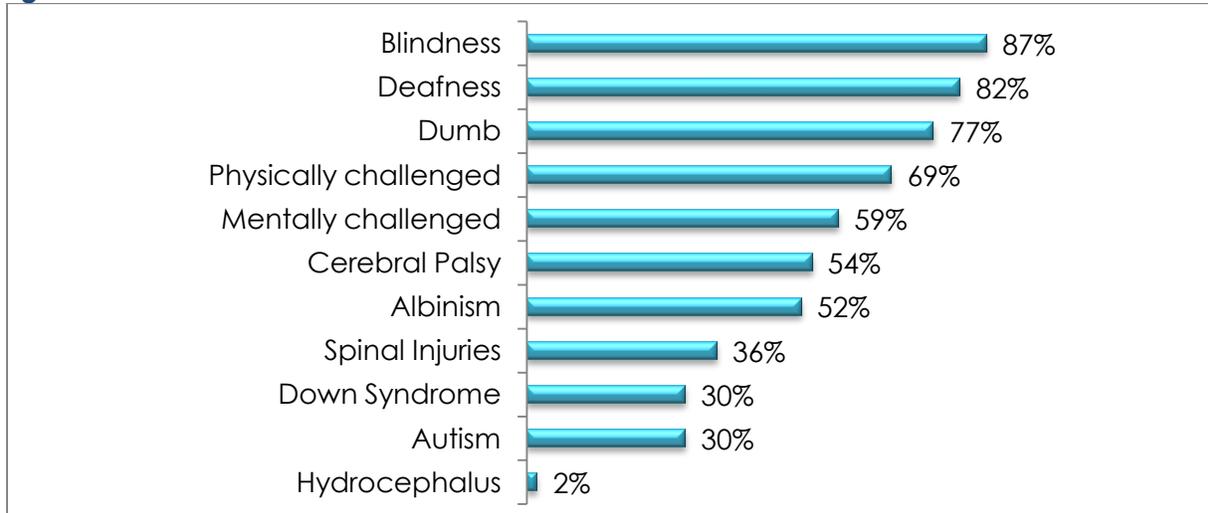
Seventy one percent (71%) of the respondents who participated were female; 75% possess high school education and above.

More than thirty eight percent (38%) of the caregivers/ parents sampled were aged between 25 – 29 years (young mothers) suggesting that children with Cerebral Palsy were mainly first births.

For the population sampled, most (74%) of the children with Cerebral Palsy were aged between 1 – 12 years, with the majority of the parents sampled being female.

3.2 Awareness of disabilities

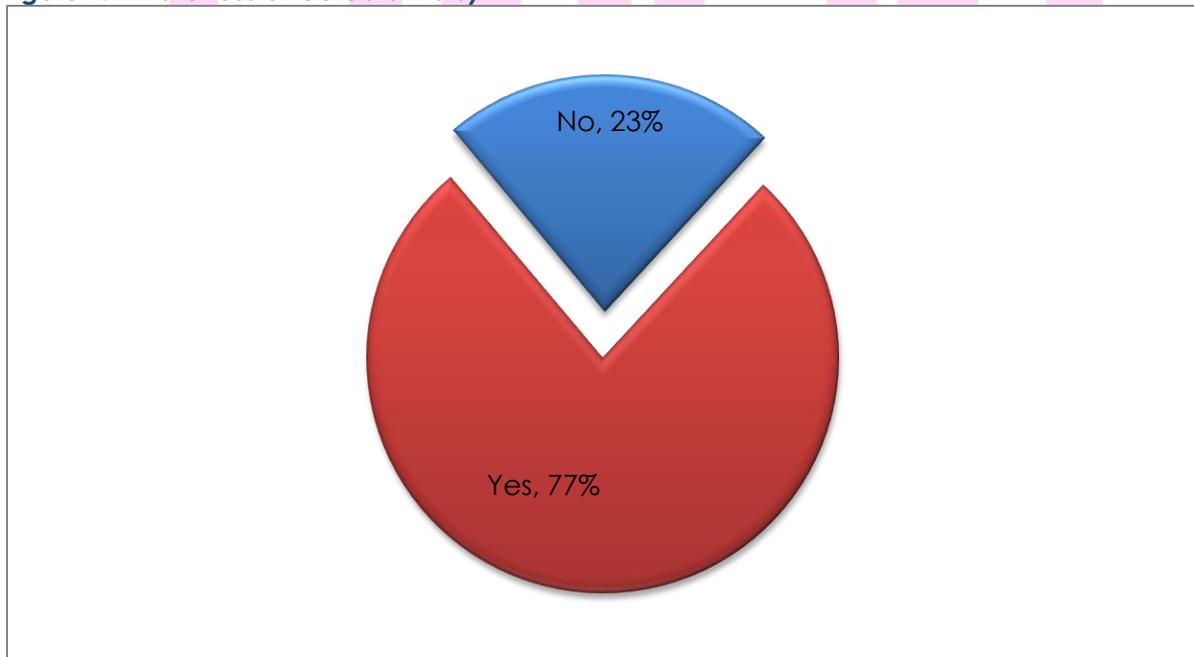
Figure 1: Awareness of disabilities



Blindness, deafness & dumbness were the most popular disabilities. Their awareness rated 77% and above.

3.2.1 Awareness of Cerebral Palsy

Figure 2: Awareness of Cerebral Palsy



3.2.2 Awareness of causes of Cerebral Palsy

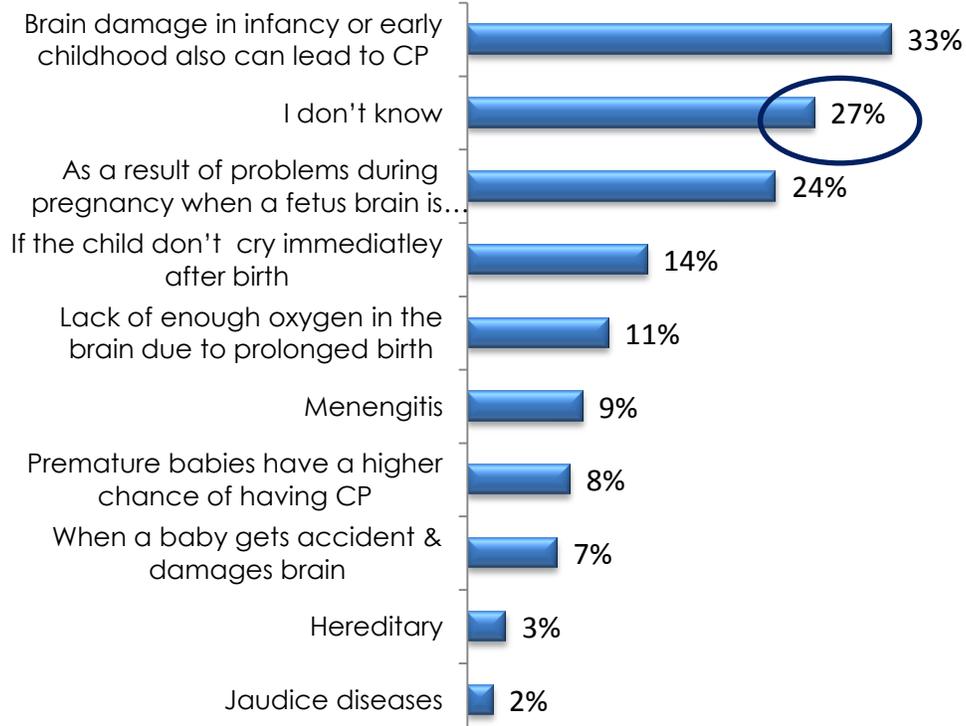


Figure 3: Awareness of causes of Cerebral Palsy

Majority of the non Cerebral Palsy sample are aware of Cerebral Palsy but their awareness of risk factors is low. Only 36% of the respondents were aware of the risk factors.

Though majority of parents knew Cerebral Palsy, their knowledge about the condition was scanty:

- *"I didn't know a lot about CP; actually I heard the name Cerebral Palsy when she was 2 years old."* **Parent of child with Cerebral Palsy**

Doctors and therapists believed that majority of the population are not aware of Cerebral Palsy:

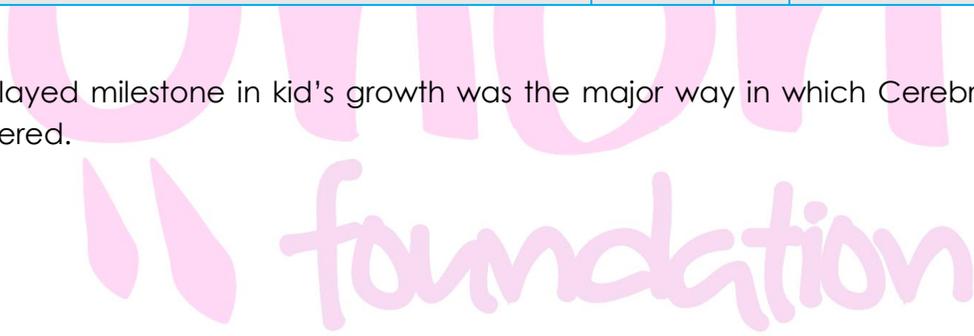
- *"Very few people are aware of Cerebral Palsy maybe in towns like Nairobi. In villages and remote areas of Kenya people don't know about Cerebral Palsy."* **Therapist**
- *"The general population does not know about Cerebral Palsy."* **Doctor**

3.3 Diagnosis of Cerebral Palsy

Table 4: Diagnosis of Cerebral Palsy

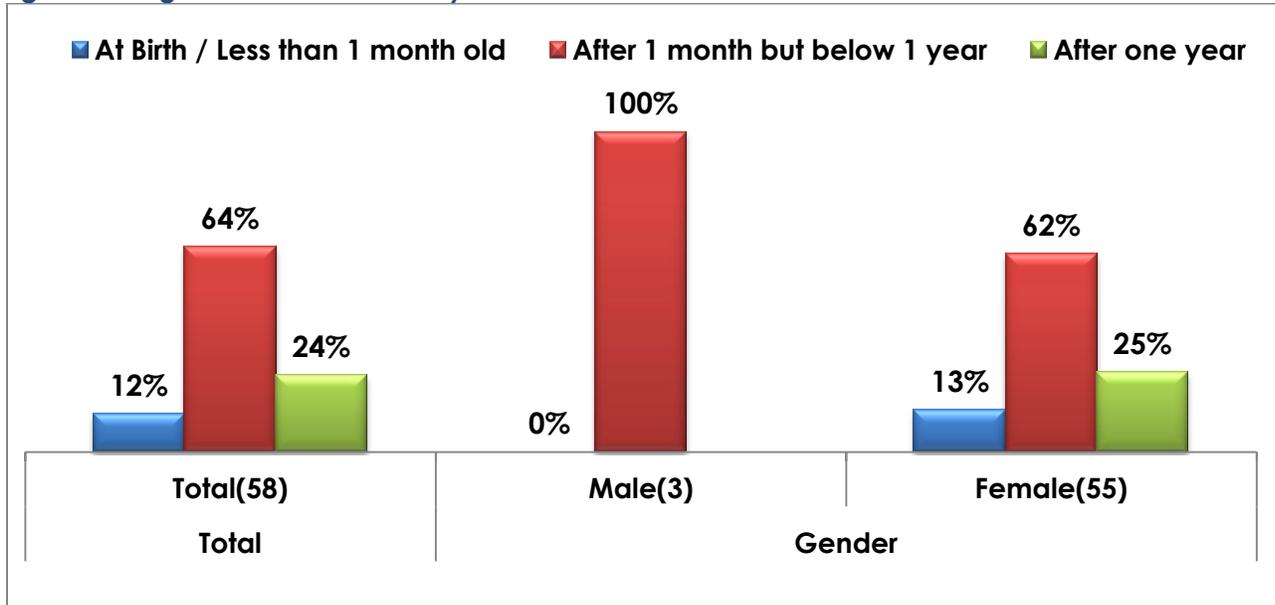
	Total	Gender	
		Male	Female
Delayed milestone	47%	0%	49%
Through assessment in hospital	22%	0%	24%
She had meningitis & was diagnosed with CP	14%	33%	13%
I had a prolonged labour during birth & the child had to be beaten by the nurse to cry	9%	0%	9%
When he was born ,he wasn't able to breath, he had to be put incubator	5%	33%	4%
She had severe malaria leading to CP	3%	0%	4%

At 47%, delayed milestone in kid's growth was the major way in which Cerebral Palsy was discovered.



3.3.1 Diagnosis of Cerebral Palsy

Figure 4: Diagnosis of Cerebral Palsy



Majority, 65% of children with Cerebral Palsy were diagnosed between a month and a year after birth.

Parents were shocked to learn about the condition

"I knew about my child's condition right from birth, since it was a premature birth."

Parent of a child with Cerebral Palsy

"A neurologist told me at 8 months so we started sessions of occupational therapy."

Parent of a child with Cerebral Palsy

"I was shocked beyond words; I was devastated and angry but I accepted later on."

Parent of a child with Cerebral Palsy

3.4 Awareness of facilities for children with disabilities (Non- Cerebral Palsy sample)

Figure 5: Awareness of special schools

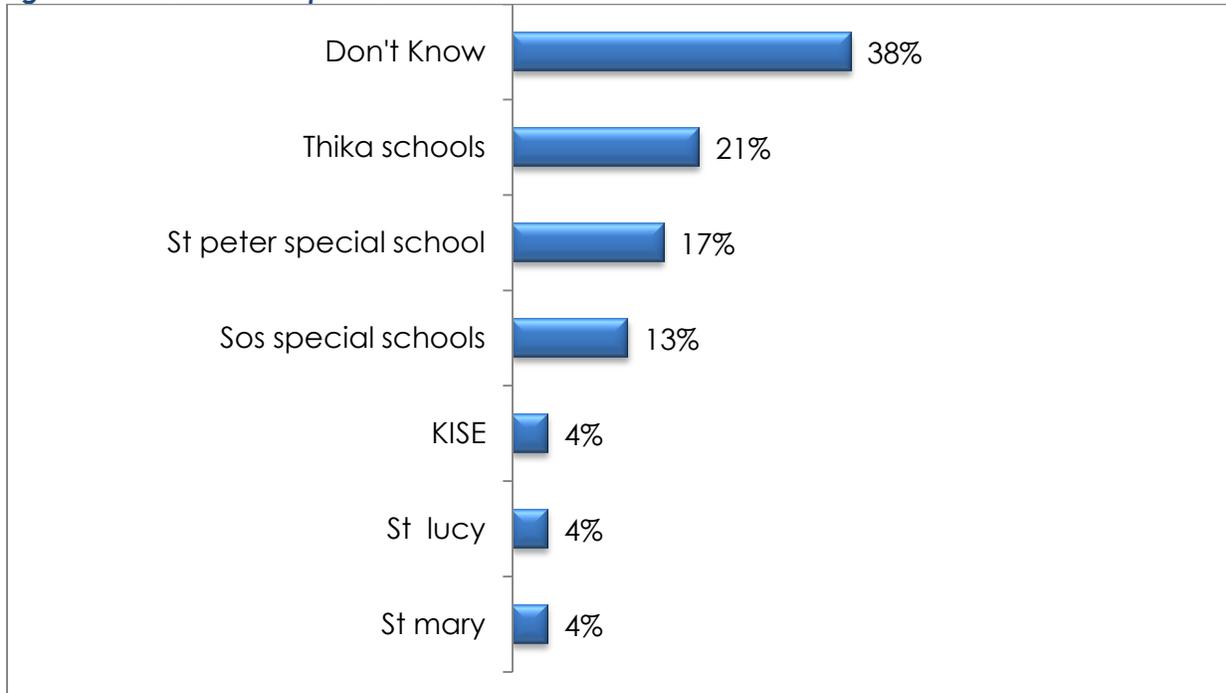
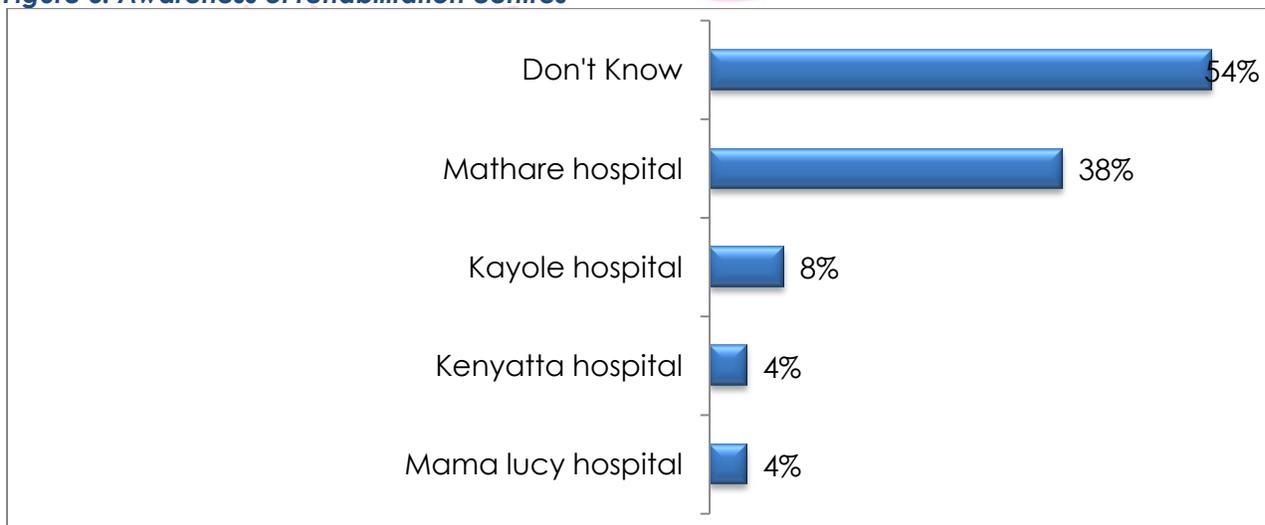


Figure 6: Awareness of rehabilitation centres

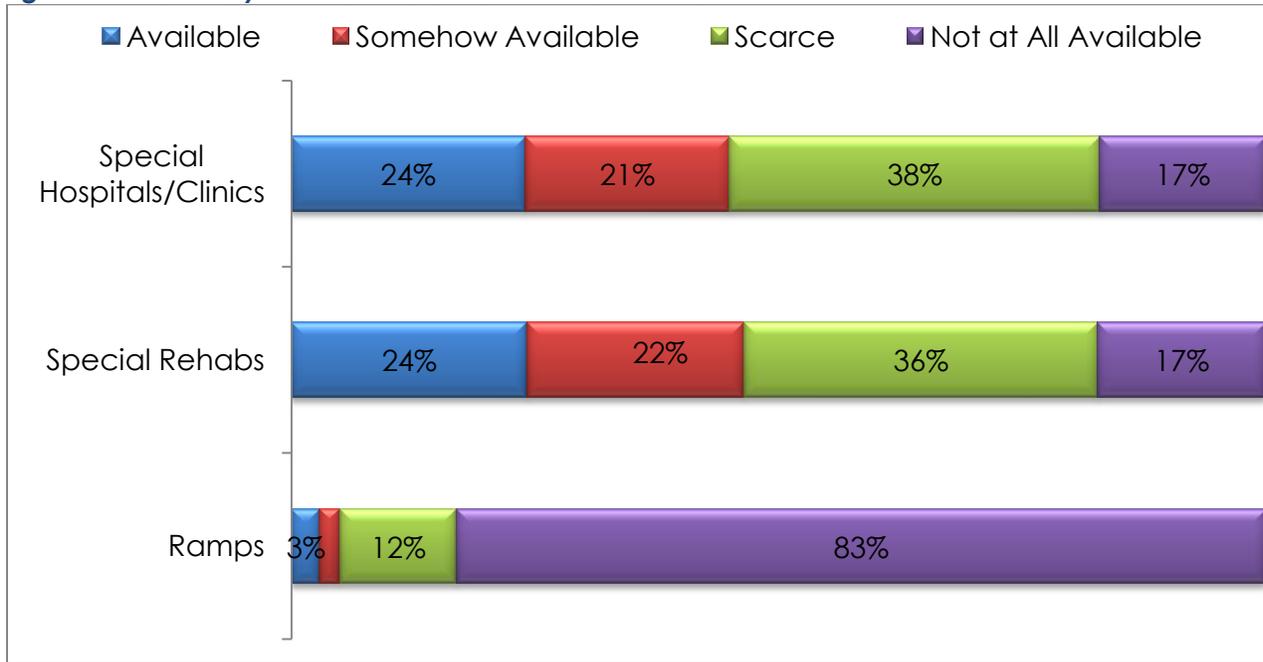


There is generally low awareness of special schools and rehabilitation centers among the non- Cerebral Palsy sample.

“I was aware of special schools but they were a bit far away. So we had to relocate from where we were to a place near the school.” **Parent of a child with Cerebral Palsy**

3.4.1 Availability of facilities for children with disabilities (CP sample)

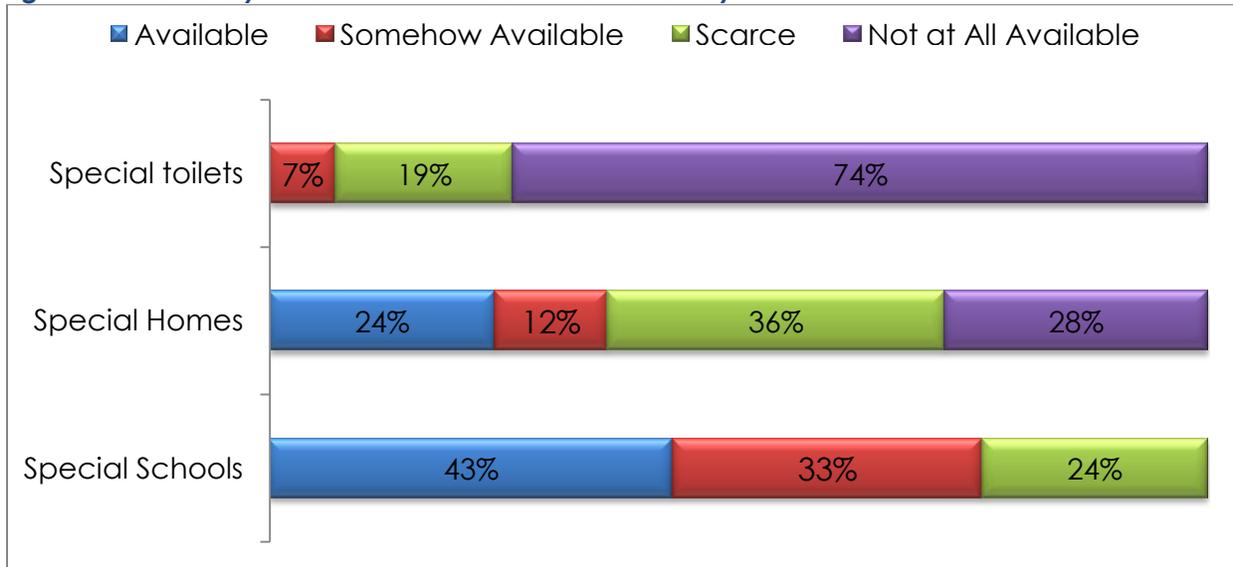
Figure 7: Availability of facilities for children with disabilities



Eighty three percent (83%) of parents recorded that special staircase are not available for the children with CP.

“The facilities are not accessible to people with disabilities. Our schools facilities are not accessible to people with disabilities despite the affirmative action taken by government. Information is also not accessible.” **APDK informant**

Figure 8: Availability of facilities for children with disability



Forty three percent (43%) of parents with children with Cerebral Palsy recorded that special school is the most available facility for children with disability.

“Facilities for people who suffer from Cerebral Palsy are not readily available. Special schools and rehab centers are the most available and accessible amenities.” **Parent, child with Cerebral Palsy**

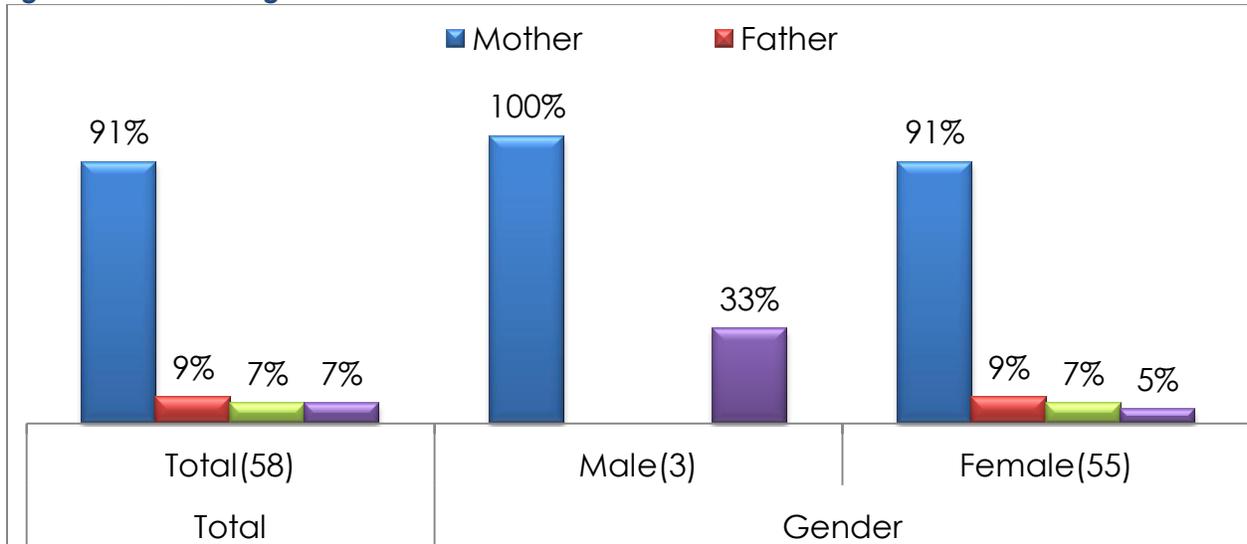
Figure 9: Availability of facilities for children with disability



For all the four facilities, parents of children with Cerebral Palsy generally rated them as “Not at all available.” Ninety eight percent (98%) of the parents, special seats in public transport are not available.

3.5 Main caregivers of children with Cerebral Palsy

Figure 10: Main caregivers of children with CP



Ninety one percent (91%) of main care givers of children with Cerebral Palsy are mothers.

“I am fully responsible for caring for my son who has Cerebral Palsy. This has been going on for six years.” **Mother of a child with Cerebral Palsy**

“When my daughter was diagnosed with Cerebral Palsy, I had to quit from my well paying job to concentrate on caring for her.” **Parent**

3.6 Therapies

Figure 11: Parents/ caregivers taking their children for therapy

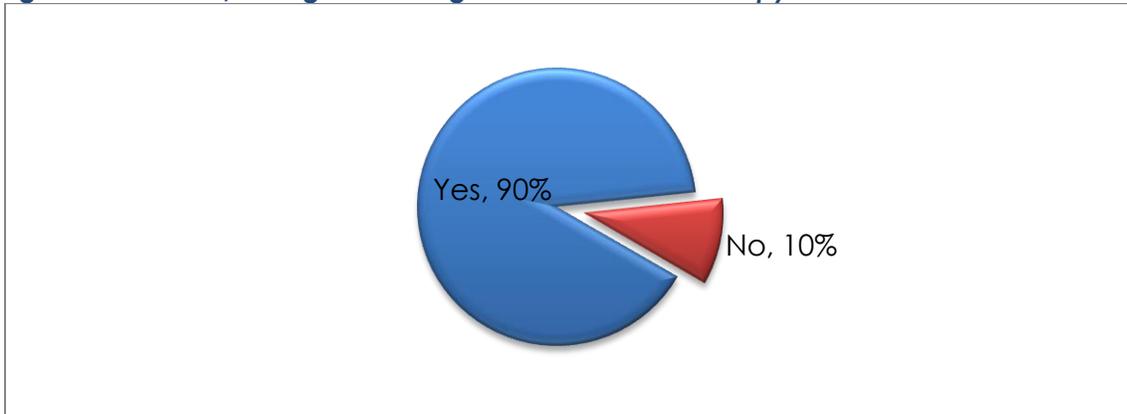
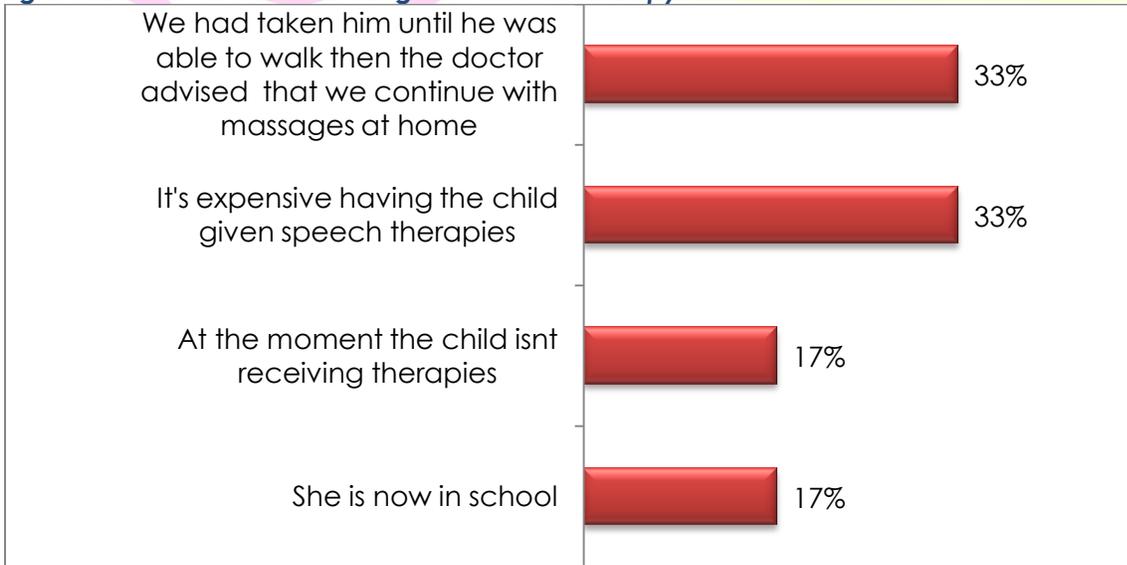
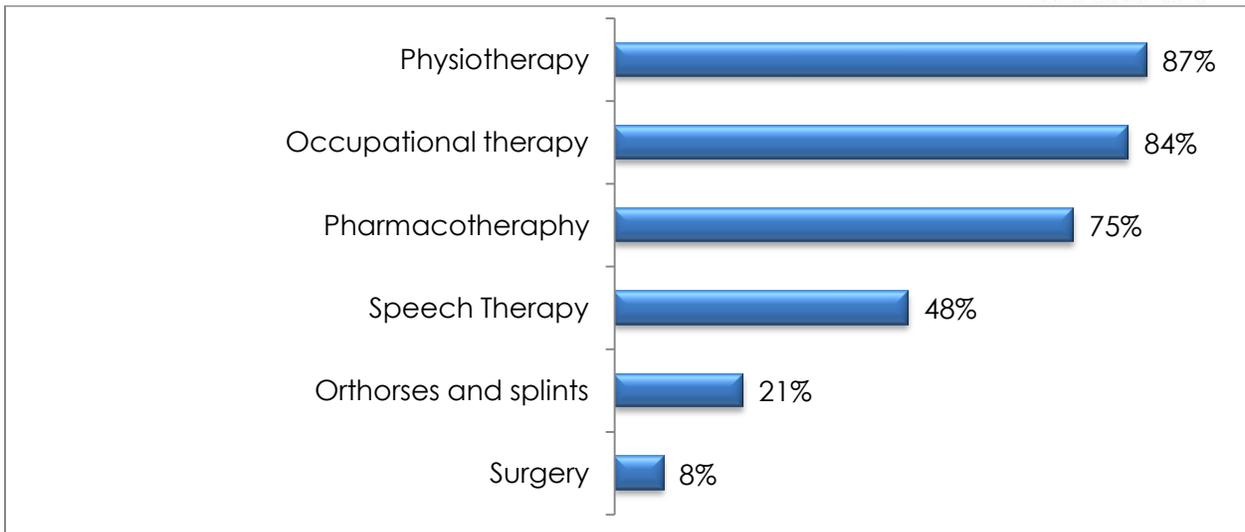


Figure 12: Reasons for not taking the child for therapy



Majority (90%) of parents take their children for therapy. 33% of the 10% who do not take their children for therapies is due to financial difficulties.

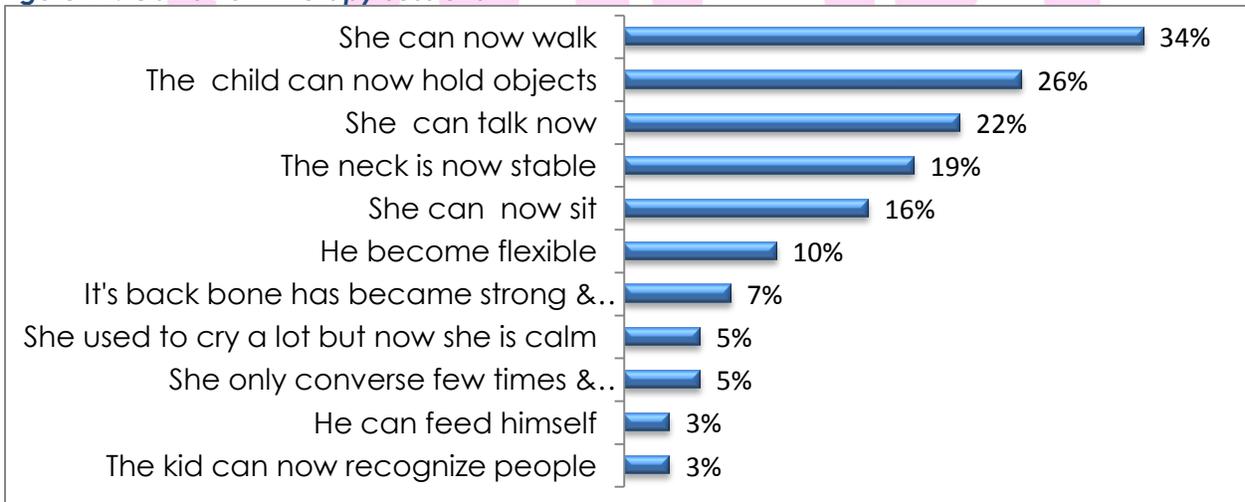
Figure 13: Common therapies given to children with Cerebral Palsy



Leading treatments for children with CP are physiotherapy and occupational therapy at 87% and 84% respectively. Speech therapy is also significant at 48%.

3.6.1 Gains from therapy

Figure 14: Gains from therapy sessions



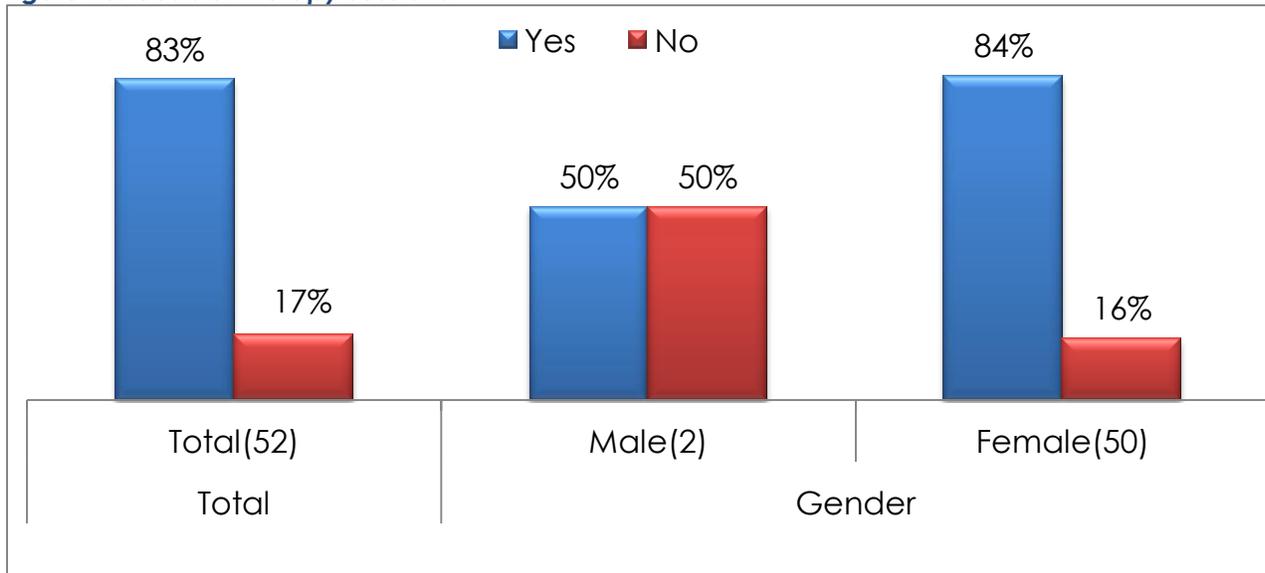
Ability to walk and hold an object is the most noticeable milestone in the life of a child with Cerebral Palsy.

“She underwent surgery to loosen some tendon in the knees and ankle. After she was healed she could move some steps. She is now independent, she can feed herself, write using mouse, play a piano etc.” **Parent of a child with Cerebral Palsy**

“...when she underwent surgery to loosen some tendon in the knees and ankle. After she was healed she could move some steps. She is now independent, she can feed herself, write using mouse, play a piano etc.” **Parent of a child with Cerebral Palsy**

3.6.2 Therapy cost

Figure 15: Costs of therapy sessions



In Most instances, therapy is paid for. Only 17% of the samples don't pay for it.

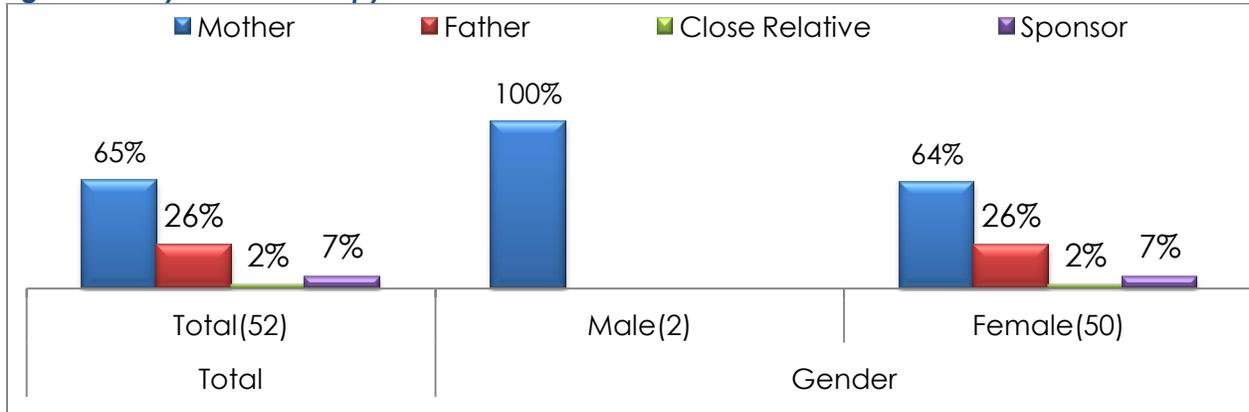
“.....the private hospitals charge up to 3000/= per session and in most cases, kids require therapy thrice a week” **Doctor**

“In rare cases, we even allow mothers to pay as little as 50/- or 100/- whenever they can and give them a receipt at the end of the month.” **Sylvester Wakulwa**

“I take her for therapy sessions thrice a week and each time I am charged Kshs.500 at a government hospital” **Parent of a child with Cerebral Palsy**

3.6.3 Payment of therapy bills

Figure 16: Payment of therapy bills



91% of therapy bills are paid by parents of the child with Cerebral Palsy.

"I pay all the bills incurred during therapies." **Mother of a child with Cerebral Palsy**

Mainly, it is my partner who foots the medical bills but on few occasions I usually chip in." **Mother of a child with Cerebral Palsy**

3.7 Medical insurance

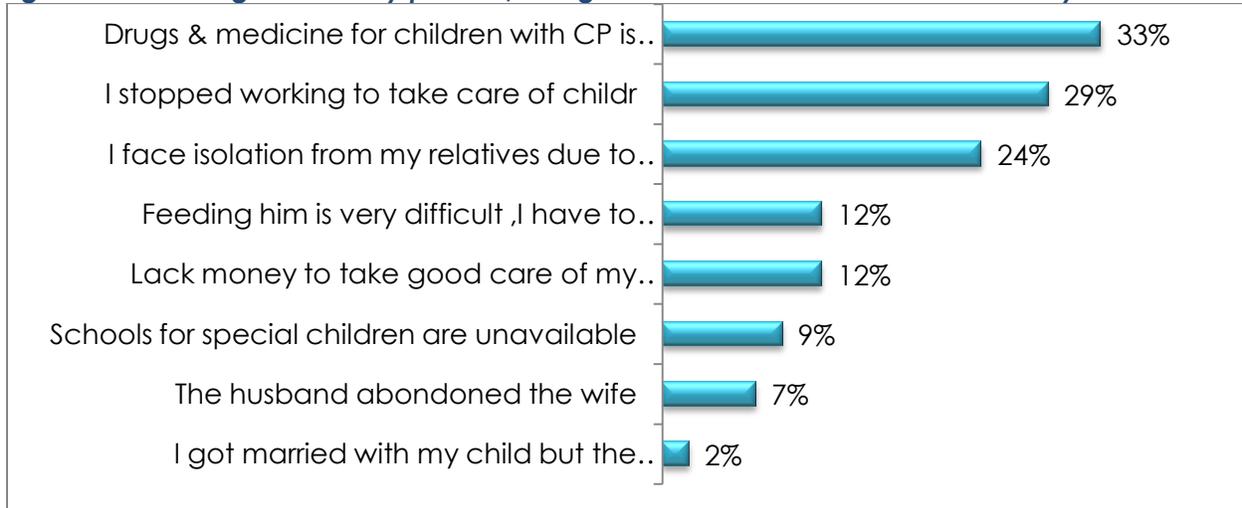
Insurance companies do not cover Cerebral Palsy condition.

"Therapies are very expensive, there is no insurance that cover Cerebral Palsy condition; we were rejected by so many companies, until we landed on one which almost terminated the contract until we took them to court, so they covered us by force sort of." **Parent of a child with Cerebral Palsy**

"Cerebral Palsy is viewed as non insurable because it is lifetime challenge." **Doctor**

3.8 General challenges

Figure 17: Challenges faced by parents/caregivers with children with Cerebral Palsy



Medication, career and rejection by society are the leading challenges for parents of children with CP.

"Therapies are very expensive, there is no insurance that cover Cerebral Palsy condition; we were rejected by so many companies." **Catherine Wandei**

3.8.1 Challenges on personal life

Table 5: Challenges faced on personal life

	Total	Gender	
		Male	Female
I had to stop working/schooling to take care of my child	67%	33%	69%
I feel lonely / isolated / Discriminated / Neglected	33%	0%	35%
My husband constantly blames me for my child's condition	21%	33%	20%
it hasn't affected me at all	12%	33%	11%
My husband left me	3%	33%	2%
Has improved since I have gotten a lot of support	2%	0%	2%
I had to rethink how to live moving forward	2%	33%	0%

67% of parents/caregivers quit work to attend to the child who has Cerebral Palsy condition.

3.8.2 Challenges at home

Parents especially mothers of children with Cerebral Palsy face numerous challenges at home which include discrimination of the child, stigma and the burden of having to perform all the duties for the child.

"There is open discrimination even at household levels where fathers would go out with other children and leave the child with CP at home." **Sylvester Wakulwa**

"There is also the issue of stigma so most parents would prefer to hide their children as opposed to bringing them out." **Teacher**

"It's not easy to have a child living with cp because I have to do everything for her from toileting, bathing and feeding." **Parent of a child with Cerebral Palsy**

"My neighbor always closes their door when my child goes to their house, and when they are eating they will not offer my child any food." **Parent of a child with Cerebral Palsy**

"My husband keeps blaming me for our child's condition." **Parent of a child with Cerebral Palsy**

"I have to explain to my other siblings the condition of their brother, it is hard but they are slowly getting it." **Parent of a child with Cerebral Palsy**

"My husband was not buying anything for my child with cp and when I insisted he left the house to stay with another woman." **Parent of a child with Cerebral Palsy**

"My relatives are not willing to understand my child's condition, they ignore her and only relate with the other children who don't have Cerebral Palsy." **Catherine Wandei**

3.8.3 Challenges in schools

Major challenges in school are:

- Lack of facilities that suit children with disabilities
- High cost of special education
- Inadequate teacher who are trained on special needs education
- Education system do not prioritize special need
- Few facilities that offer special education
- Special education facilities that are available accommodate few pupils/ student

"Not all areas have special schools and most parents cannot access facilities that cater for children with special needs." **Teacher**

"You have to go out of your way to bring in other resources that will supplement other traditional methods of teaching so it becomes very expensive." **Teacher**

"Of course in as far as the number of schools is concerned, they are not enough. Remember we said that a good number of these children have not even been identified, they are still at home." **Teacher**

"There are few trained teachers to deal with special needs education and most of them end up in regular schools" **Teacher**

"Our biggest challenge is that the buildings were not purposely built for a school." **Teacher**

"The education department doesn't give a lot of weight to special education compared to the others." **Teacher**

"When it comes to the curriculum, the forum should involve stakeholders especially for children with special needs." **Teacher**

"The toilets are not built to accommodate child with disability especially those on wheelchairs. For those who are not on wheelchairs the toilets are okay." **Teacher**

3.8.4 Challenges in hospitals

Major challenges parents of children with disability face at hospitals are:

- Misdiagnosis
- Negligence from medical practitioners
- Insufficient staff trained on dealing with disability
- High cost for the therapy sessions
- Inadequate facilities
- Long queue

"Nurses in public/ Government hospitals in most cases will not give mothers/caregivers the correct advice especially when a child has delayed milestones as they also don't know." **Sylvester Wakulwa**

"We don't have enough personnel in the clinic especially on Tuesday when we have a lot of children coming for the therapy sessions." **Doctor**

"Kenyan hospitals have insufficient facilities, just look at Mama Lucy hospital, therapy is done in a container outside a very small space and it's just one therapy that lasts 10 minutes." **Sylvester Wakulwa**

In private hospitals the highest that I know is 3000/- and the lowest is 1000/- and public the highest is 500/=. Bear in mind that the exercise is to be carried out 2 to 3 times a week." **Doctor**

"The equipment like braces and jackets that prevent contractures are very expensive." **Sylvester Wakulwa**

"Therapies are very expensive, there is no insurance that cover Cerebral Palsy." **Parent**

3.8.5 Challenges in public places

The greatest challenges public places are stigma from general public and lack of facilities that are suited for people with disabilities. In few occasion, the person with disability is manhandled.

"People always stare at my child when we are out in public places; it breaks my heart because instead of asking what's going on they just stare." **Parent**

"Sometimes people ask me why I am carrying a big child on my back and that I should put him down." **Parent**

"Getting into matatus with a child with Cerebral Palsy is usually a very big problem since matatus are always on the move, my child was once pulled and forced to stand by the conductor as I was getting in a matatu." **Parent**

"My child uses wheelchair and our matatus are not conducive for them so even getting her to a matatu takes a while." **Parent**

3.9 Typical day among higher income levels



5:45am- wakeup time, preparing for school – bathing, dressing & breakfast



8am – 1pm; classroom work, short breaks & lunch



1 -3pm: Therapy sessions and resting / sleeping.



4:30 – 7pm: Bathing, snacking, relaxing, watch TV, play with therapy balls,



8 – 9:30pm: Therapy sessions, dinner, take night pills and bed time

Major challenges

- Washing, dressing, toileting, feeding & helping to board & alight from the bus rejection/ stigmatization by neighbors/ general public
- House helps and most family members are hesitant to assist
- Limited travelling

7- 10am, wake up, cleaning up & breakfast

10am -1pm Therapy, playing & snacking

2 -5pm - Lunch, attending functions, shopping & church

Evening, freshening up, watching TV, takes dinner, and go to bed



3.10 Typical day among lower income levels

Week day



Wakes at 7:00 am, prepares him/ her for school (bathing, dressing and breakfast),



8am: Therapy session at home and the mother takes the kid to school at 9am.



School 9am-3pm, porridge break at 9:30am, Play time 9:30 – 11:30, Lunch at 1:30 and sleeping 1:30 – 3pm .



4 – 7pm, feeding the child and playing time. 7- 8pm, homework. 9pm bed time

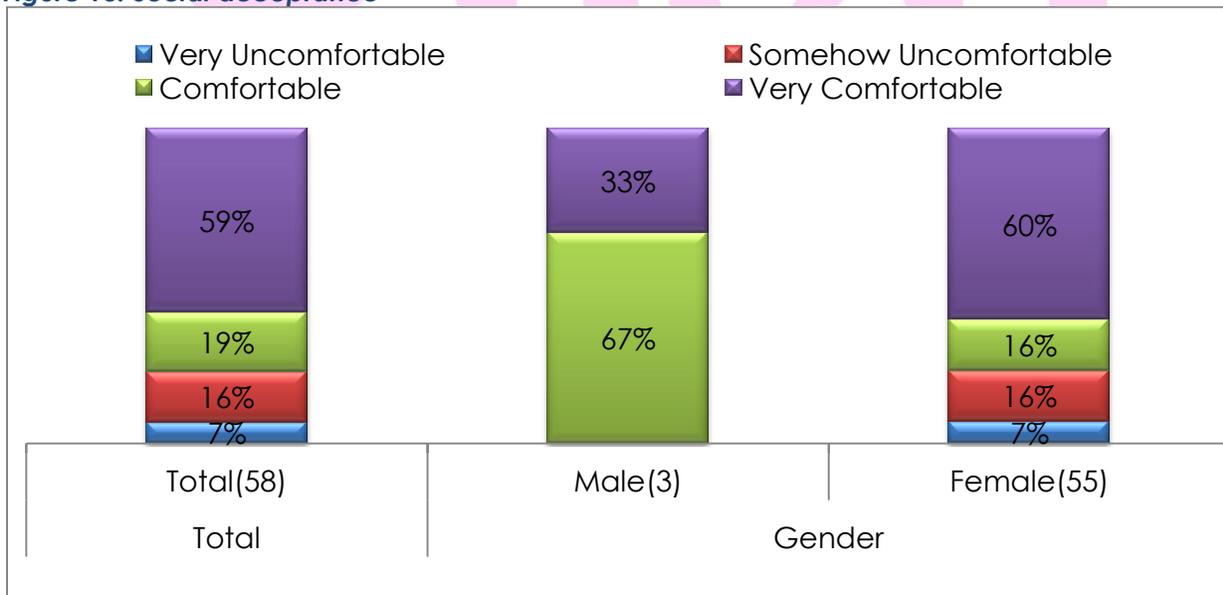
Major challenges

- Washing, dressing, toileting, feeding, carrying them on their back to school & to therapy, rejection/ stigmatization by neighbors/ general public
- No house helps and most family members are hesitant to assist
- Limit travelling
- Require close watch always

8am, the kid wakes up at , is fed at intervals of about 3 hours; morning therapy, playing with kids from neighborhood, outings are mainly to visit relatives.

3.11 Social acceptance

Figure 18: Social acceptance



59% of parents of children with Cerebral Palsy are very comfortable with their children in public places.

According to parents, there is a cordial relationship between children suffering from Cerebral Palsy and other children in residential areas.

They however are uninformed about nature of relationship between their children and other children while at school.

"I wouldn't know that, unless the teacher told us that. They should be treating her well because I haven't heard her complaining." **Parent of a child with Cerebral Palsy**

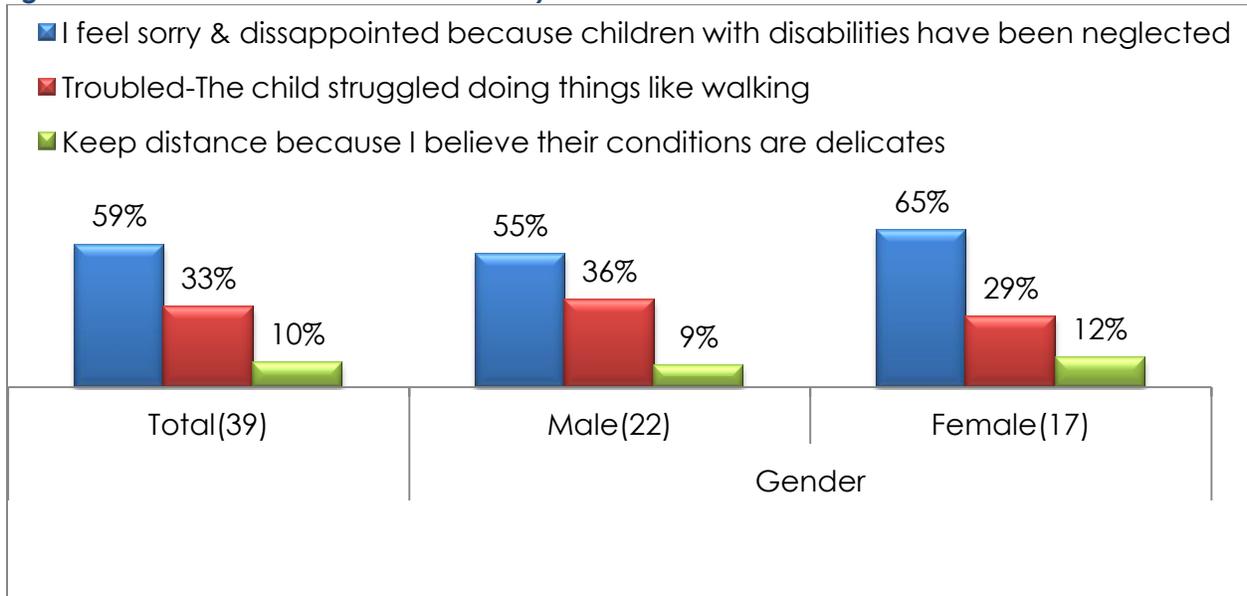
3.12 Public perception

Table 6: Public understanding of Cerebral Palsy condition

	Not at All Understood	Slight Not Understood	Understood	Well Understood	Very Well Understood
General public	64%	28%	3%	0%	0%
Partner	24%	5%	12%	17%	40%
Neighbours	19%	38%	28%	7%	7%
Extended Family	16%	16%	31%	17%	17%
Church Members	9%	28%	36%	16%	9%
Siblings/ Your Own Children	7%	12%	22%	24%	28%
Caregivers	0%	7%	17%	14%	59%
Teachers	0%	2%	7%	14%	28%
Doctors/Nurses	0%	5%	5%	12%	76%

64% of the general public do not understand the condition of children with Cerebral Palsy.

Figure 19: Public reaction to Cerebral Palsy



Majority (76%) of the non CP sample had encountered someone with such disability. All those who knew such people were remorseful about the condition.

Figure 20: Handling of children with Cerebral Palsy



Almost all respondents agree that children with CP are treated differently. A special school that makes it easy for the people with disability creates a major difference.

3.13 Perceptions by society

Among parents, there is appreciation that children with Cerebral Palsy are better understood by the society presently though they still haven't been fully accepted by the society.

"People understand though they stare at you; a lot but they should be educated."

Parent of a child with Cerebral Palsy

3.14 Support for caregivers

Parents of children who have Cerebral Palsy appreciate support through helping take care of the child with Cerebral Palsy and encouragement received.

Such support is received mainly from immediate family member, house helps, doctors and therapists.

"The house help has always been there for my child actually they have been very supportive."

Parent of a child with Cerebral Palsy

"I am very supportive sister who has always been there for me and my kid; actually this has motivated me and given me courage to move on, it has not been easy at all."

Parent of a child with Cerebral Palsy

3.15 Support for caregivers

Parents regarded doctors and therapists as a major source of encouragement. Because of regularity of interaction that is, during therapies and level of understanding of the Cerebral Palsy condition, this segment is able to consistently support parents of children with Cerebral Palsy in advice and words of encouragement.

"Our therapist is quite understanding, he point out things, he listen, and advice."

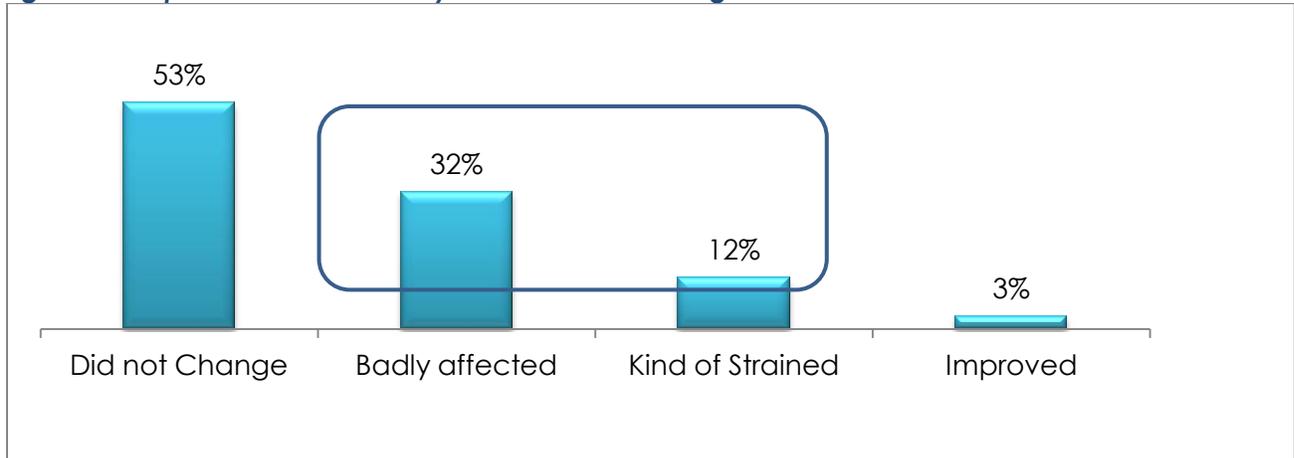
Parent of a child with Cerebral Palsy

"He is very good, and surprisingly she is at peace when doing her therapy so they get along very well."

Parent of a child with Cerebral Palsy

3.16 Impact on marriage

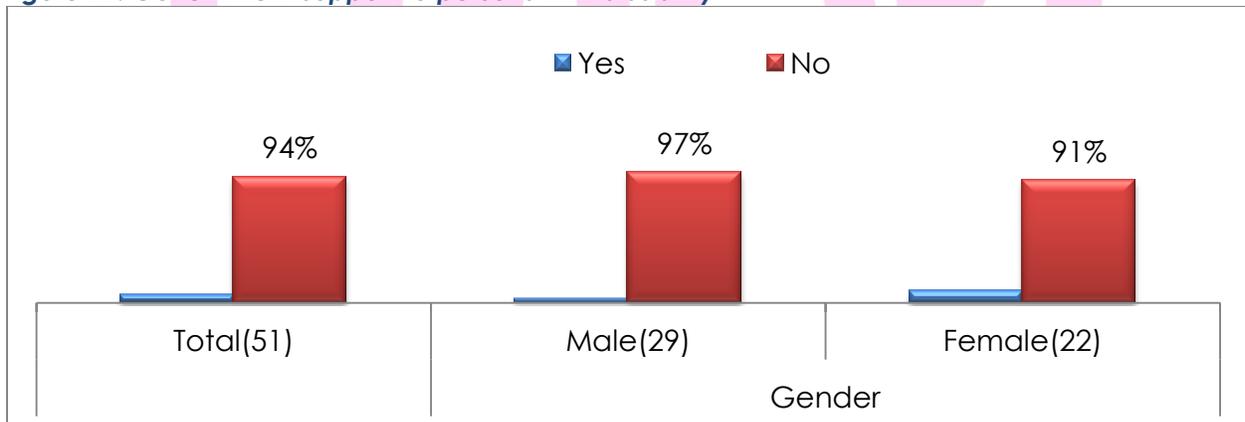
Figure 21: Impact of Cerebral Palsy condition on marriages



Cerebral Palsy diagnosis has led to impacted marriages negatively than positively. 44% have been affected negatively compared to 3% improvement. Most of those marriages that remained same had spouses blaming each other at some point.

3.17 Government support

Figure 22: Government support to persons with disability



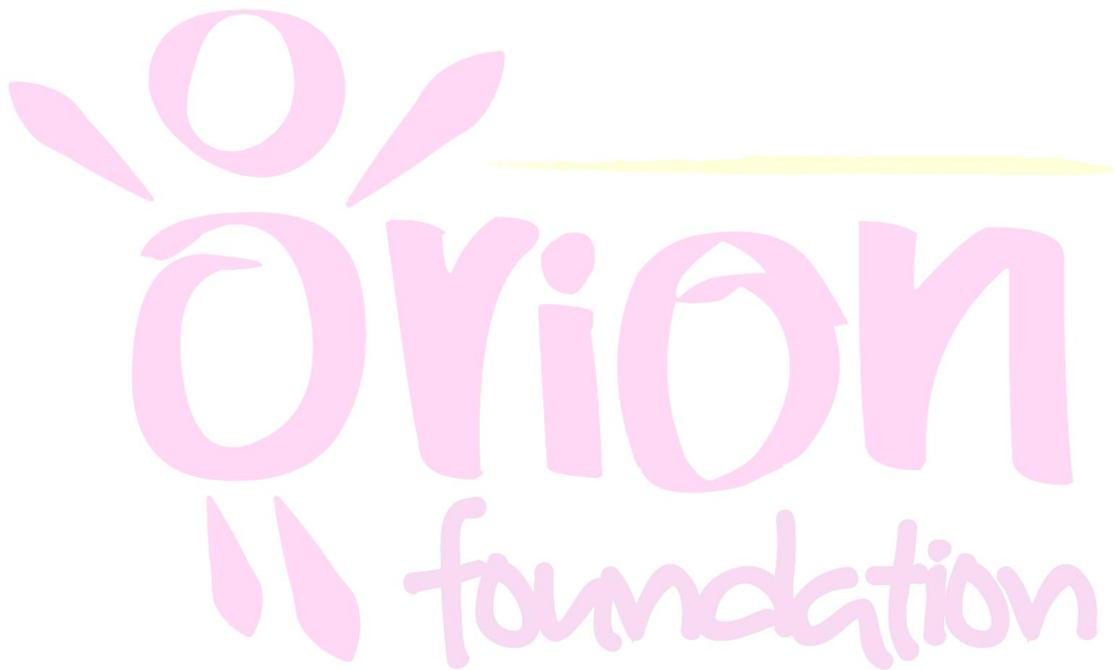
Generally, the sample was not happy with government's effort to help people with disability. 94% felt that it wasn't doing enough to help such people.

- Both doctors and therapists acknowledged that facilities available are not sufficient to deal with Cerebral Palsy patients
- Similarly, parents and APDK informant were concern that the government is not putting enough resources towards assisting people with Cerebral Palsy condition. They cited staffing and lack of necessary skills as major concern.



"The Government is not doing enough/giving enough resources for Cerebral Palsy and how to prevent it. Even the beyond zero campaign should also help in the awareness of CP and make CP part of it." **Sylvester Wakulwa**

"It should ensure that all institutions are accessible to people with disabilities." **APDK informant.**



4.0 CHAPTER FOUR: CONCLUSIONS AND RECOMMENDATIONS

4.1 Education

- Lobby to increase institutions offering special needs education and improve on facilities of existing institutions.
- Also, call for increasing the number of teachers trained on special needs education
- Provide facilities required by children with disabilities

4.2 Information

- Increase awareness about disabilities and provide information both for the general public and people living with children with disabilities
- Provide more information to parents of children with disability about caring for them

4.3 Medical care

- Lobby insurance companies to cover disabilities would ease the burden of medical cost for parents
- Subsidies on bills for children with disabilities
- Increase facilities which offer treatment/ therapies
- Lobby for medical practitioners to pay more attention signs of Cerebral Palsy and advice parents accordingly for early intervention

4.4 Government policy

- Push the government to implement policies that ensure that the needs of people with disabilities are catered in infrastructure and such other facilities.



APPENDICES

Good morning / afternoon / evening. My name is ... from Breakthrough Consulting Ltd, an independent market research company. We are currently conducting a study on children living with **Cerebral Palsy** and would like to ask you a few questions regarding this. The information you provide us will be aggregated, kept strictly anonymous & confidential and will be used solely for the purposes of the study. Would you mind spending a few minutes helping us by completing this questionnaire? Thank you.

Questionnaire

SECTION A: ADMINISTRATION QUESTIONS			
Interviewer's Name		Start time:	
Supervisor's Name		End time:	
Date			

SECTION B: DEMOGRAPHICS			
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Respondent Name :	Phone Number :		
I. Sampling area (check quota)	II. Highest level of Education	III. Gender	IV. Age
	1. Primary completed 2. Some secondary 3. Secondary complete 4. Vocational training 5. College 6. University 7. Post graduate 8. None 9. Refused	1. Male 2. Female	1. 18-24 2. 25-29 3. 30-34 4. 35-39 5. 40-44 6. 45+
V. Occupation	VI. Marital status		Household income (monthly)

<ol style="list-style-type: none"> 1. Un – employed 2. Self employed 3. Part time employed 4. Full time employed 5. Student 6. Housewife/househusband 7. Refused 	<ol style="list-style-type: none"> 1. Married 2. Single 3. Divorced 4. Separated 5. Widowed 6. Refused 	<ol style="list-style-type: none"> 1. Below 10,000 2. 10,000-25,000 3. 25,001-35,000 4. 35,001-45,000 5. 45,001-55,000 6. 55,001-65,000 7. 65,000+
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SECTION C: GENERAL INFORMATION (ASK ALL)

Q1. What are some of the disabilities that you are aware of? **(MULTIPLE MENTION)**

	Code
Spinal Injuries	1
Cripples	2
Cerebral Palsy	3
Down Syndrome	4
Deafness	5
Blindness	6
Dumb	7
Mental Disorder	8
Physical Deformities	9
Albinism	10
Autism	11
Other (Specify)	99

Q2. Have you ever heard of a condition known as Cerebral Palsy?

	Code
Yes	1
No	2

Q3. Are you aware of any causes of Cerebral Palsy?

	Code
As a result of problems during pregnancy when a fetus brain is either damaged or doesn't develop normally	1
Premature babies have a higher chance of having CP	2
Brain damage in infancy or early childhood also can lead to CP	3
Hereditary	4
Witchcraft	5
I don't know	6
Other (Specify)	99

Q4. How available are special needs facilities for people living with disabilities like CP in public places in Nairobi County? **(READ OUT)**

	Not at All Available	Scarce	Somehow Available	Available	Easily
Special Parking slots					
Special Seats in Public Transport					
Special toilets (adaptable)					
Special Lifts					
Special Staircase					
Special Schools					
Special Hospitals/Clinics					
Special Rehabs					
Special Homes					
Ramps in Public Places/ Schools					

SECTION D: MOTHERS/ CAREGIVERS WITH CHILDREN LIVING WITH CP

Q13. How old was your child when he/she was diagnosed with CP? **(Record in Weeks/ Months/ Years)**

Q14. And what is the current age of your child living with CP? _____ **(Record in months/ Years)**

Q15a. How was the condition discovered?

b. What was your reaction after learning about your child's condition? **(MULTIPLE MENTION)**

	Code
Shocked	1
Helpless	2
Embarrassed	3
Anxious	4
Sorry for the child	5
Some guilt	6
Suicidal	7
Other (Specify)	99

Q16. What are the main challenges facing a mother/ caregiver like yourself living with a child with CP?

Q17. Who is your child **MAIN** care giver? (The person who spends most time with the child, feeding them, bathing them, assisting them in any way)?

	Code
Myself	1
His/her father	2
House help	3
Older sibling	4
Younger sibling	5
Close relative	6
Other (Specify)	99

MANAGEMENT & TREATMENT OF CP

Q18. Does the child undergo any therapy/routine check-up in a hospital or rehabilitation facility?

	Code
Yes	1
No	2

a. If No, why not? _____

b. If Yes, Are there costs involved?

	Code
Yes	1
No	2

c. Who pays the hospital bills?

	Code
Myself	1
My Spouse	2
Close Relative	3
Sponsor	4
Donor Program	5
Insurance	6
Other (Specify)	99

Q19. Are there other conditions that the child has developed as a result of having CP?

	Code
Yes	1
No	2

Q20. If yes, what other conditions is the child suffering from apart from CP? (**MULTIPLE MENTION**)

	Code
Visual Impairment or Blindness	1
Hearing Loss	2
Food Aspiration (the sucking of food or fluid into the lungs)	3
Speech Problems	4
Drooling	5
Tooth Decay	6
Sleep Disorders	7
Osteoporosis (weak, brittle bones)	8
Behavior Problems	9
Emotional Disorder	10
Hyperactivity Problems	11
Pro-Social Behavior	12
Psychiatric Disorder	13
Peer Problems	14
Other (Specify)	99

Q21. Which of the following treatment/therapies has your child undergone or is regularly on? (**Ask if answered yes in Q18**)

	Yes	No
Physical occupational therapy		
Speech Therapy		
Special Education		
Inclusive Education		
Surgery		
Neurological procedure		
Orthoses and splints		
Wheel chair		
Massage		
Magical remedies/Witch doctor		
Antispastic drugs		
Ayurvedic drugs		
Homeotherapy medicines		
Antiepileptic drugs		
Tonics and vitamins		
Other (Specify)		

Q22. What changes have you seen in your child since you started rehabilitative treatment?

PERCEPTION & ATTITUDE

Q23. How would you say your marriage/relationship between you and your partner has been after your child was diagnosed with CP?

	Code
Badly affected	1
Kind of Strained	2
Did not Change	3
Improved	4
Other (Specify)	99

Q24. How comfortable do you feel taking your child out in the public places?

	Code
Very Uncomfortable	1
Somehow Uncomfortable	2
Comfortable	3
Very Comfortable	4

Q25. And how comfortable/willing are you to talk about your child's condition to other people?

	Code
Very Unwilling	1
Willing	2
Very Willing	3

Q26. How has your child condition affected your own life?

	Code
I feel lonely/ isolated	1
I neglected parents/ siblings	2
I feel discriminated by family and friends	3
I had to stop working to take care of my child	4
My husband constantly blames me for my child's condition	5
Other (Specify)	99

Q27. How well do you feel your child's condition is understood by the following types of people? **(READ OUT)**

	Not at All Understood	Slight Not Understood	Understood	Well Understood	Very Well Understood
Wife/ Husband/ Partner					
Siblings/ Your Own Children					
Extended Family					
Neighbors					
Church Members					
Caregivers					
Teachers					
Doctors/Nurses					
Strangers					

NUTRITION

Q28. Are there special diets for children living with CP?

	Code
Yes	1
No	2

Q29. Does your child have any types of diet recommended by the doctors/nutritionist?

	Code
Yes	1
No	2

Q30. Is your child feeding on the doctors/nutritionist recommended diets? **(Ask if answered yes to Q29)**

	Code
Yes	1
No	2

Q31. If No, why?

Q32. What types of diets have the doctor/ nutritionist recommended? **(Ask only those who have said Yes to Q29)** _____

Q33. What types of food do you give to your child?

	Code
Solid Foods	1
Semi Solid Foods	2
Liquid Foods	3
All types of Foods	4
Other (Specify)	99

Q34. What feeding practices are you currently using for your child?

	Code
Breast Feeding	1
Soft/ Mashed Food	2
Complimentary Foods	3
Normal Diet Like the Rest of Us	4
Other (Specify)	99



Q35. Who decides the type of food you give to your child?

	Code
Myself	1
My Spouse	2
Doctor/ Therapist/ Nurse	3
Nutritionist	4
My child's Teacher	5
My Neighbor	6
My Relatives	7
Other (Specify)	99

Q36. Finally, do you have any comments/feedback you would like to give relating to this topic?

*****THE END*****



In Depth Interview guide for Doctors/Therapists

Good morning / afternoon / evening. My name is ... from Breakthrough Consulting, an independent market research company. We are currently conducting a study on matters related to Cerebral Palsy (children living with CP). The information you provide us will be aggregated, kept strictly anonymous & confidential and will be used solely for the purposes of the study. Would you mind spending a few minutes to help us gather this information?

Introduction	<ul style="list-style-type: none"> • Moderator introduces the session and purpose of the meeting. • Moderator to ensure that respondent is aware that they are being audio recorded • Explain session length as (30 min)
Understanding Cerebral Palsy	<ul style="list-style-type: none"> • What types of chronic / disabilities are you aware of? • How common are chronic/ disability conditions? • How would you define Cerebral Palsy? • What causes Cerebral Palsy? • What are some of the symptoms of Cerebral Palsy?
Attitudes towards CP	<ul style="list-style-type: none"> • Do you think people are aware of Cerebral Palsy? • What do you think is their attitude towards children with Cerebral Palsy? • Do you think the hospital/ clinic staffs have a positive attitude towards children with Cerebral Palsy? • Are there any kind of special treatment that the hospital/ clinic give to parents/ caregivers of children with Cp? • Do you think people in the public can offer support to a child living with CP? • Do you think children living with CP are treated differently? • Do you think people in the public are able to assist children living with CP in any way?
Management and Treatment of CP	<ul style="list-style-type: none"> • Is there treatment for Cerebral Palsy? • How can Cerebral Palsy be prevented? • Is it a communicable disease? • When can a child be diagnosed with Cerebral Palsy? • Are there corrective measures in case of early detection of CP? • How can a mother/ caregiver know that their child is suffering from CP? • Are there some obvious symptoms that once a mother/ caregiver see, they automatically know its CP? • What types of treatments/ therapies do you provide for children living with CP? • Probe on the below: <ul style="list-style-type: none"> • Physical therapy to improve walking, stretch muscles, and prevent deformities • Occupational therapy to develop strategies for everyday living, with a focus on activities such as dressing. • Speech therapy to help with any swallowing problems or speech impediments • Braces to help compensate for muscle imbalance and can help with posture and walking • Mechanical aids (such as wheelchairs or walkers) to increase mobility

	<ul style="list-style-type: none"> • Communication aids (such as computers) can help with communication for the more severely impaired. • Medications to help with muscle contractions, reduce shaking, and relax muscles. • Surgery to correct anatomical abnormalities or release tight muscles. • How important are these treatments/ therapies? • What happens/ are there health implications when one stops going for therapy? • When is the right time to stop going for therapies? • Do you think Kenyan hospitals have sufficient facilities to help in the management and treatment of CP? • Do you think the government is providing help of any kind to parents/ caregivers with children living with CP with regards to management and treatment? • Are there other stakeholders that are involved with CP and what is there level of involvement?
<p>Modes of Payment for CP Therapies</p>	<ul style="list-style-type: none"> • For how long should a child living with CP go for therapy? • How much is each therapy session? • Do you think the amounts you charge for these therapy sessions are affordable to all the parents/ caregivers? • How do parents/ caregivers pay for these sessions? • Are there parents/ caregivers who make payments using insurance cards? • Why do you think the insurance companies are not keen in insuring CP and other related chronic diseases (<i>If not covered by the insurance company</i>)
<p>Wrap up</p>	<ul style="list-style-type: none"> • Are there any other things that you would like to say or recommend? Any final Remarks • Thank you for participating in the discussion and close interview
<p>THANK RESPONDENT AND CLOSE</p>	

In Depth Interview guide for Head Teachers

Good morning / afternoon / evening. My name is ... from Breakthrough Consulting, an independent market research company. We are currently conducting a study on matters related to Cerebral Palsy (children living with CP). The information you provide us will be aggregated, kept strictly anonymous & confidential and will be used solely for the purposes of the study. Would you mind spending a few minutes to help us gather this information?

Introduction	<ul style="list-style-type: none"> • Moderator introduces the session and purpose of the meeting. • Moderator to ensure that respondent is aware that they are being audio recorded • Explain session length as (30 min)
General Information	<ul style="list-style-type: none"> • How long have you been a head teacher at this school? • When was this school started? How many children have this school had since it was started. • How many children is the school currently having? • Do you have children living with other disabilities in this school? • In your own opinion, what do you think stops other parents/ caregivers from taking their children to school? • What are the main challenges for a child living with CP?
Attitudes towards Learning	<ul style="list-style-type: none"> • At what age should a child living with CP begin school? • What is the maximum time a child living with CP can spend in school? • Is there a specific syllabus for children living with CP? • Do they participate in extracurricular activities? If yes, what are these extracurricular activities? • What is their level of mastery of things they are taught? • Do they show interest and willingness to learn? • How would you describe their overall performance? • Do they like being in school? If yes, what do they like most about being in school? • Do they enjoy the lessons they are taught? If yes, what are some of these lessons?
Relationships	<p>Teachers</p> <ul style="list-style-type: none"> • How would you describe the relationship between the teachers and the children? • Are the teachers friendly to the children? • Are they willing to help the children achieve their potential? • Do they give them enough time to learn and play? • Do they understand their condition? • Are these teachers trained to teach children living with CP? <p>Classmates</p> <ul style="list-style-type: none"> • How would you describe the way these children relate to each other? • Do you think they are friendly to each other? • Are they helping each other to achieve their potential? • Do they do things together? <p>Other Support Staff</p>

	<ul style="list-style-type: none"> • How do the support staff relate with these children? • Do you think they are friendly towards them? • Do you think they can offer them any support if need be? • Do you think they understand their condition and how to deal with them?
Physical Environment	<ul style="list-style-type: none"> • How would you describe the physical environment within the school? • Do you think it is conducive for the children living with CP? • Does the school have ramps? • Does the school have communication aids? Are they enough for the children? • Does the school have adapted toilets? How many are they? Are they enough for the children to use? • Are there enough rooms in the classrooms for the children to move around?
Learning Materials	<ul style="list-style-type: none"> • Would you say the school has adequate learning materials for all the children? • How do you get the facilities/ learning materials that you use? • What are some of these learning materials that the school must have in order to cater well for these kids needs? • Do you get any support from the government with regards to purchase of these materials/ facilities? • Are there other stakeholders/ well-wishers who contribute some of the learning materials to the school? •
Fees/ school fees charged	<ul style="list-style-type: none"> • Is the school fee you charge same as the one charged by regular/ mainstream schools? • Do you think the school fee you charge is affordable to all the parents/ caregivers? • Are there instances when a child stopped coming to school because of lack of school fees? • What do you do with parents who cannot afford to pay the stipulated school fees? • Are there bursaries to help children living with CP pay for their school fees? • Is there any form of help that parents/ caregivers with children living with CP get to help them pay for school fees?
Wrap up	<ul style="list-style-type: none"> • Are there any other things that you would like to say or recommend for both private and public schools? Any final Remarks • Thank you for participating in the discussion and close interview
THANK RESPONDENT AND CLOSE	

In Depth Interview guide for Parents

Good morning / afternoon / evening. My name is ... from Breakthrough Consulting, an independent market research company. We are currently conducting a study on matters related to Cerebral Palsy (children living with CP). The information you provide us will be aggregated, kept strictly anonymous & confidential and will be used solely for the purposes of the study. Would you mind spending a few minutes to help us gather this information?

Introduction	<ul style="list-style-type: none"> • Moderator introduces the session and purpose of the meeting. • Moderator to ensure that respondent is aware that they are being audio recorded • Explain session length as (30 min)
General Awareness	<ul style="list-style-type: none"> • What types of chronic diseases are you aware of? • How did you get to know about them? • What comes to your mind when I talk of Cerebral Palsy? • How did you know that your child had CP? • What was your first reaction upon hearing that your child had CP? • How has your attitude towards this issue changed over the years, if it has? • What has been your personal journey during the time from first diagnosis to now? What has been the main challenge? • Are there any changes that you have noticed in the last 5 years? (Improvements/ any support e.t.c.)
Attitudes	<p>Family and Friends</p> <ul style="list-style-type: none"> • What is the relationship between your child with CP and his/her other siblings? • How did you explain to the other children about their brother/ sisters' condition and what was their reaction? • What is the relationship between your husband and your child with CP? Is he supportive at all? Does he help with taking care of the child? • How would you describe the attitude of family and friends towards your child? • Can you say the wider family and friends have positive attitude towards your child? • Can your wider family and friends spend time/ look after the child for a few hours? • Which people would you say spend most time with the child? • Do you receive any emotional support from wider family/friends? • Does the child receive encouragement to reach their potential from wider family/friends? • Does the child receive any physical i.e. being helped to move around from wider family/friends? • What activities do your child like doing? • What activities do your family and friends enjoy doing together with your child? <p>Teachers</p> <ul style="list-style-type: none"> • Are you aware of the schools you can take your child to within your locality/ near where you live?

	<ul style="list-style-type: none"> • Does your child go to school? • What kind of school is your child in – mainstream/ regular school or a school for special needs children? • Are there special staff that help the child in the school they go to? • Does the child receive encouragement to reach their potential from teachers? • Does the child receive emotional support from teachers? • Does the school where your child goes to have facilities s/he needs? • Do you think the teachers/doctors listen to your views concerning your child's condition? • Do you think your child is allowed enough time to learn at school? • Do you think teachers have understanding of your child's medical condition? <p>Therapists</p> <ul style="list-style-type: none"> • Does your child go for therapies? • What kinds of therapy does your child require? • Are the therapy sessions helpful to your child in any way? • What improvements if any, have your child made since he/she started going for therapy? • Does the child receive encouragement to reach their potential from the therapists? • Do you think the doctors/therapists listen to your views concerning your child's condition? <p>Classmates</p> <ul style="list-style-type: none"> • What do you think is the relationship between your child and his/her classmates? • Do you always feel that your child is safe with his/her classmates? • Do you think your child's classmates have positive attitude towards him/her? • Do you think your child receives emotional support from his/her classmates? • Do you think your child receive encouragement to reach his/her potential by classmates?
<p>Social Support</p>	<p>Home</p> <ul style="list-style-type: none"> • What kind of support do you receive from a helper with regards to your child? • Do you trust leaving your child alone with your house help or any other family member? • In case you were away, will your child get the same treatment he/she gets when you are around? • Have you received help of any kind from the church, government, special group organizations to help with the child's care? • Have you received any assistance even from well wishers on the child's equipment? <p>Community</p>

	<ul style="list-style-type: none"> • Do people in public places have positive attitude towards children living with CP? • What is people's reaction when they see children living with CP or any other disability? • Does your child receive physical help from people in public places? • Are there any parent support groups in the area you live? How helpful has it been to you with regards to dealing with your child's condition? • Are there suitable leisure facilities for children living with CP? How easy is it to access these facilities?
<p>Physical Environment</p>	<p>Home</p> <ul style="list-style-type: none"> • How would you describe the physical environment where your child lives at home? • Do you think it is conducive for your child's needs? • Do you have the walking aids at home for your child? • Do you have communication aids at home for your child? • Do you have adapted toilets at home for your child? • Do you have enlarged rooms at home? • Do you have modified rooms at home? <p>School</p> <ul style="list-style-type: none"> • How would you describe the physical environment where your child goes to school? • Do you think it is catering for your child's needs? • Does the school where your child goes to have ramps? • Does the school have communication aids? • Does the school have adapted toilets? • Does the school have lifts? <p>Community/ Public Places</p> <ul style="list-style-type: none"> • Adequate vehicle • Lifts in public places • Suitable doorways in public places • Accessible car parking • Adapted toilets in public places • Room in public places to move around • Ramps in public places • Smooth pavements in town or village centre <p>Transport</p> <ul style="list-style-type: none"> • Accessible taxis • Accessible train services • Adequate bus service • Accessible buses
<p>Wrap up</p>	<ul style="list-style-type: none"> • Are there any other things that you would like to say or recommend? Any final Remarks • Thank you for participating in the discussion and close interview



THANK RESPONDENT AND CLOSE

