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Socio-ecological influences of attitudes toward disability among Kenyan undergraduate students

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This study examined personal and contextual variables as predictors of attitudes toward disability at a Kenyan higher education setting. Participants were a convenience sample of 309 undergraduate students at a Kenyan university enrolled in Sociology, Social Work, Psychology, Political Science, and Public Administration majors. Data on attitudes were collected using the Attitudes Towards Disabled Persons scale (ATDP; Antonac & Livneh, 1988). A cross-sectional survey design was employed for data collection, and a multiple regression analysis was used for data analysis. Results revealed that the model was significant: $F(9, 250) = 2.784, p = 0.004$. However, only age ($\beta = 0.173, p = 0.044$) significantly predicted attitudes towards disability, indicating older students held more positive attitudes than their younger counterparts. Older students had a more favourable attitude towards people with disabilities than younger students. Seniority, by age, is highly valued in Africa than perhaps anywhere in the world. Kenyan older adults may be key to enhancing favourable attitudes toward individuals with disabilities in Kenya as well as interventions aimed at changing negative attitudes towards people with disabilities.

Keywords: Disability, predictors of attitudes, culture, Kenya, undergraduate students, socio-ecological

Introduction

The World Health Organization considers disability to be defined by activity restrictions and participation limitations in preferred or typical environments (WHO, 2001). Specifically, the social environment is one in which disability stigma is most expressed, and social attitudes prompt various levels of activity restrictions and participation limitations, including inaccessible physical infrastructure (WHO, 2002). Developed and developing countries present with significant differences in disability friendly policies and services. Although there are disability policies in many developing nations, corruption and lack of resources are obstacles in actually implementing these policies to serve the disabled population (Rispel, Sousa, & Molomo, 2009). The availability and enactment of such policies is both a reflection and consequence of how disability is regarded in those countries. For instance, perceived self-knowledge of disability law is positively correlated with attitudes toward disability (Budisch, 2004; Dong, Oire, MacDonald-Wilson, & Fabian, 2013; Gold, Oire, Fabian, & Wewiorski, 2012; Oire, 2013). Participants who reported that they had knowledge of the American with Disabilities Act (ADA) had better attitudes toward disability rights (Hernandez, Keys, & Balcazar, 2004). In a study of U.S. employers' knowledge and use of reasonable accommodations, Oire (2013) found a positive correlation between employers' self-reported level of knowledge of the ADA and willingness to recruit and hire employees with disabilities.

Many developing countries are signatories of international disability conventions (e.g. the essential dignity, worth and equality and absolute rights of all humans, the right to justice and freedom for all people, the need for persons with disabilities (PWDs) to enjoy their freedoms and rights without discrimination, etc.) including the United National Convention

on the Rights of People with Disabilities (Mji, Maclachlan, Melling-Williams, & Garza, 2009; Umeasiegbu, Bishop, & Mpofu, 2013). Nonetheless, implementation of these conventions has remained aspirational in most developing world contexts. Unfortunately, citizens of those countries continue to focus on disability limitations rather than barriers imposed on PWDs by the environment. For example, in relation to productivity and contribution to society, Kenyans (as other nations) view PWDs as burdens, useless and good for nothing, rather than blame the educational, employment, and other societal systems (Macha, Kieti, & Ngunyi, 2007).

There are comparatively fewer studies that have examined attitudes towards disability in developing world contexts compared to the developed world setting. Examples of those studies include Amosun, Kambalmetore, Maart, & Ferguson (2013); Devlieger (2006); Getachew (2011); Kisanji (1995); Mpofu, (2003); Ogundele, Deli Ajayi, Olaleye, & Adeyanju (2012) and others. Yet, findings would be important to inform disability policies and services in those countries to align with the international convention to which developing countries such as Kenya are signatory. Western countries' investigations of attitudes towards disability have focused on socio-ecological influences.

Socio-ecological influences

Studies from Western countries have found an association between several socio-ecological variables and positive attitudes towards PWDs. For example, females (Chen, Ma, & Zhang, 2011; Findler, Vilchinsky, & Werner, 2007; Hunt & Hunt, 2000; 2004; Loo 2002; 2004; & Martin et al., 2005), older students (Beckwith & Matthews, 1995; Findler et al., 2007), professional and educational preparation in disability (Au & Man, 2006; Hunt & Hunt, 2000;

White & Oslon, 1998), contact with PWDs (Budisch, 2004; Chen, Brodwin, Cardoso, & Chan, 2002; Choi & Lam, 2001; Thomas et al., 2003), and experience providing disability related services (Herbert, 2000a, 2000b; Hernandez, Keys, & Balcazar, 2004; Tervo et al., 2004) associated positively with attitudes towards PWDs. Similarly, Palmer, Redinius, & Tervo (2000) found people living in larger communities held more positive attitudes towards PWDs than those living in smaller communities. While Jewish youths living in the cities had negative attitudes towards PWDs, those living in collective communities (Kibbutz) showed positive attitudes towards PWDs (Florian, Weisel, Kravetz, & Shurka-Zemitsky in Wonsun & Chen, 2009). These positive attitudes make sense. For example, females are caring and empathetic and, as a group, also experience negative attitudes from society (Hergenrath & Rhodes, 2007; Olaleye, Ogundele, Deli, Ajayi, Olaleye, & Adeyanju, 2012; Wonsun & Chen, 2009). Older students may have had more contact with knowledge about PWDs, and even experience some form of disability themselves. As a result, they may be more inclined to perceive PWDs positively. Because it is common to encounter PWDs with high social status in western nations, it is highly likely that contact with PWDs will positively influence one's attitude towards them, given that society has more favourable attitudes towards PWDs with high social status, as Smart (2001) noted. This suggests that disability stigma is rooted less in functional or participation limitations than in social attitudes and other factors such as religion, tradition, knowledge about disability, etc. In addition to socio-ecological factors, research has focused on context, such as higher education settings.

Higher education settings

Among student populations, female undergraduate students had more positive attitudes than male peers (Chen, Ma, & Zhang, 2011; Findler et al. 2007; Hergenrath & Rhodes, 2007; Hunt & Hunt, (2000; 2004); Loo (2002; 2004); Martin et al., 2005; Miller et al., 2009; Vilchinsky, Werner, & Findler, 2010). With regards to race, Wang, Davidson, Yakushko, Bielstein, Tan & Bleier (2003) and Chen, Brodwin, Cardoso & Chan (2002). found that Chinese students in Hong Kong, Taiwan, Australia, and the USA had negative attitudes towards PWDs. It is worth noting that these negative attitudes of Asian students from different nations may be more culturally driven than the influence of higher education settings. In addition, type of disability seemed to influence students' attitudes towards PWDs. For example, Korean students living in the United States held negative attitudes towards those with mental illness (Bi, 2010), whereas Portuguese students had positive attitudes towards those with behavioural disabilities (Ribas, 2007). Hispanic undergraduate students were less likely to be friends with persons with disabilities (using wheel chairs) than Caucasian undergraduate students (Marini et al., 2013). Considering immigration status, Anuar (2014) found international students had positive general attitudes as well as favourable attitudes in social contexts, such as dating, marriage, and work toward PWDs compared to American students. The replicability of these findings to African settings is not known.

Research on attitudes towards disability in African settings

Contrasting cultural attitudes are prevalent in African settings. Many studies (e.g., Devlieger, 1999; Kisanji, 1993; Lachal, 1972; Mbuba et al., 2013; Sharkawy et al., 2006; Wazakili et al., 2006) noted that culture, past experiences, education, and families influence attitudes towards PWDs. On the one hand, anthropological studies suggest positive attitudes towards disability or at least caution in expressing negative attitudes towards people with disabilities. As an example, researchers such as Devlieger, Lachal, Kisanji, and others have analysed proverbs to understand various cultural beliefs, customs, and values about individuals with disabilities in Africa and other nations. Their findings from some African communities show proverbs are used to caution people not to laugh at individuals with disabilities. They also communicate that no one has control over his or her own destiny and that laughing at an individual with a disability might be an absurd way to challenge destiny. The proverb "laugh at disability after you are dead" (a warning not to laugh at PWDs) and other related ones are not uncommon in many African communities, including in Kenya. Proverbs are a justifiable means to understanding attitudes towards PWDs; in the African context, proverbs are a subtle means of expression about disability and other issues. Further, they are widely believed as wise and elderly men and women used them to communicate about disability and other related issues to their kinsmen (Devlieger, 1999).

On the other hand, PWDs in Kenya, as in many African countries, are defamed and ostracised (Macha, Kieti, & Ngunyi, 2007). While students in the study of Amosun et al. (2013) expressed empathy for and positive attitudes towards PWDs, they also expressed discomfort when around them. Individuals use cultural-religious beliefs to explain disability; for example, disability may be attributed to witchcraft, curses from the gods/ancestors, or a punishment from God and considered burdensome and shameful (Getachew, 2011; Kiima, Njenga, Okonji, & Kigamwa, 2004; Manyibe, Mamboleo, Mugoya, & Kampfe, 2009; Ogechi & Ruto, 2002). These negative beliefs may partly contribute to societies' unfavourable attitudes towards PWDs. For example, in sub-Saharan African communities (as in other communities), language usage reflects such negative views of PWDs, and PWDs are commonly referred to as heavy, difficult, ugly, etc. (Mpofu, 2003; Smart, 2001). Persons with physical disabilities and those who have lost their vision completely are more predisposed to negative attitudes, abuse, and violence and individuals with hearing and/or mild vision experience barriers to information (Macha et al., 2007). It is worth noting that the negative attitudes of society extend to families and acquaintances. It is not uncommon for families and friends of PWDs to experience social exclusion because of their association with PWDs (Getachew, 2011).

Individuals with disabilities in Kenya have indicated that they are perceived negatively by society (Kieti & Ngunyi, 2007). In a study by Mamboleo and Kampfe (2010), Kenyan students scored approximately 16 points lower than the mean score of 38 other studies using the Attitudes Toward Disabled Persons (ATDP) Form-O scale

(Yuker & Hurley, 1987), indicating that they had less positive attitudes towards PWDs compared to the normed populations from other parts of the world.

Negative attitudes towards PWDs, widespread in all cultures and nations, are creating the many obstacles PWDs face (Antonak & Livneh in Vilchinsky et al., 2010). Kenyan students represent the leaders and/or future leaders of the country with powers to make decisions affecting individuals with disabilities. Therefore, the purpose of this study was to examine the predictors of attitudes toward PWDs among Kenyan students as predicted by the following: gender (G), age (A), marital status (MS), educational focus (EF), level of enrolment (LE), type of enrolment (TE), employment affiliation (EA), socio-economic status (SE), place where one grew up (PG), area of residence (AR), perceived knowledge of disability (KD), previous contact with disability (PC), and self-knowledge of disability law (KL).

Research Question: What are the predictors of general attitudes towards people of disabilities among undergraduate students at the University of Nairobi?

Method

Research design

This study utilised a cross-sectional survey design. This is a type of research where either the entire population or its subset is selected for data collection to help answer the research question. It is called cross-sectional because the gathered information about X and Y represents what is going on at only one point in time (Olsen & St. George, 2004).

Participants and setting

Study participants were drawn from a convenience sample (Polit & Hungler, 1999) of students who satisfied the following criteria: they were based at the University of Nairobi's main campus. The University of Nairobi is the country's oldest institution of higher education, and has produced tremendous trained manpower since its inception (University of Nairobi, 2009). At the time of study, the student participants were majoring in one of the following undergraduate areas: Sociology, Social Work, Psychology, Political Science, and Public Administration. These majors were chosen as criteria because the majority of the graduates are expected to formulate and/or implement (or are already formulating and/or implementing) policy both in the public and private sectors in Kenya. A total of 309 questionnaires were completed.

Data collection procedures

This study was approved by the Institutional Review Board of the University of Arizona's subject protection program, and permission to conduct the study was granted by the Government of Kenya, through the National Council for Science and Technology (NCST).

Recruitment

Data collection was conducted by a research assistant with the help of a university professor as supervisor. The research assistant was required to complete the Collaborative Institutional Training Initiative (CITI) training. Given that the study took place at a college setting, lecturers teaching

undergraduate courses in the majors who met criteria for this study were approached with a request to allow their students to participate in the research survey. The lecturers were requested to inform students about the purpose and nature of the study a week in advance. Announcements for the study were also posted in the classroom notice boards as well as the main hallways of the selected departments. During the data collection week, the research assistant visited each of the selected classrooms to distribute the research packets. Only those classes whose lecturers had indicated a willingness to allow their students to take part in the study were involved. These lecturers allowed time at the end of the lesson for the students to complete the survey. In order to avoid collecting multiple data from the same participants, the research assistant visited each classroom only once and collected the data at the end of the class session.

Informed consent

Prior to the start of data collection, the research assistant read the introductions to the study document to the participants. He explained the contents of the informed consent form, which detailed the purpose of the study, and allowed the participants to read and sign the subject disclosure form that was part of the research packet. The consent form clarified that there was no known risk associated with participating in the study, and that there was no monetary reward attached to their participation. He informed them that no personally identifying information such as name or address was required. They were told that at the completion of data collection exercise, these data would be securely handled and immediately shipped by the assistant and his supervisor to the principal researcher who was based in Tucson, Arizona in the United States where he was completing his doctoral education. Participants were informed that their responses to the surveys would be anonymous and the final report would not include any identifying information. Participants were also informed that there was no obligation to complete the survey and that they could withdraw at any stage during the survey. Participants were also informed that all surveys would be kept safely for at least three years, as was required by the Internal Review Board of the University of Arizona.

Handling of data

Raw data were handed over to the assistant supervisor as soon as they were collected, and were stored in a locked cabinet in an office accessible only to the supervisor. Later, the raw data were mailed in a sealed box as registered mail to the principal investigator based in the U.S. The raw data were stored in a locked cabinet in an office accessible only to the principal investigator. After these data were processed, electronic data were stored in a password-protected computer in the principal investigator's office.

Instrumentation

The Attitudes toward Disabled Persons scale (ATDP) (Yuker & Hurley, 1987) was administered. The ATDP is a 6-point Likert-type scale consisting of 20 items (Tervo, Palmer, & Redinius, 2004). The possible responses to each item of the scales range from +3 (*I agree very much*)

to -3 (*I disagree very much*) (Antonac & Livneh, 1988). A total score is computed by adding the responses of the 20 items and ranges from 0 to 120. Due to roughly half of the items being positively worded, all responses are summed, the sign of this sum reversed and a constant added to eliminate any possible negative value. A high score on the scale indicates a more positive attitude toward persons with disability (Antonac & Livneh, 1988). Median reliabilities for Form-O are high (five week test-retest = 0.83, 4 to 16 month test-retest = 0.68, split-half = 0.80, alpha = 0.76). A Cronbach's alpha statistic of 0.68 was observed for ATDP scores for the present study. Prior to administration of the survey instruments, a panel of experts with knowledge of Kenya reviewed the instrument for language appropriateness and its utility among undergraduate Kenyan students. The instrument was thought to be appropriate for the purpose of the study because English is the language of instruction in Kenya. These experts recommended that Item #20 "Disabled people are often grouchy" of the ATDP Form-O be edited for clarity, replacing the word "grouchy" with the word "complaining."

Data analysis

Data processing was undertaken to edit, code, and tabulate it in preparation for statistical analysis. The Statistical Package for Social sciences (SPSS) Windows Version 17 was used to analyse the data. Descriptive statistics (frequency distributions, means, and standard deviations) were computed for the demographic variables. Significance level was set at $p = 0.05$. General regression analysis was

conducted to determine the predictive index of each independent/criterion variable. See Figure 1 for the independent and dependent variables.

Results

This study examined predictors of general attitudes towards people with disabilities among undergraduate students at the University of Nairobi in Kenya. A general multiple regression analysis was used to determine the possible predictors of attitudes toward disabilities among the Kenyan students.

Descriptive statistics

The majority (61.8%) of the participants were female and males accounted for 38.2% of the sample. Participants ages ranged from 19 to 45 years ($M = 24.09$, $SD = 4.438$). Eighty three percent of participants (83%) reported that they were single, with 17% indicating they were married. Most of the participants (83.8%) said they resided in urban areas while 16.2% lived in rural areas. About 10% of the participants indicated they did not have previous contact with disability. Seventeen percent (17%) reported having a friend or work-mate with a disability, and 18.8% indicated they had a family member with a disability. Most of the participants were sociology majors (34.4%), followed by psychology (24.9%). Political science majors were 17.6%, social work 12.2%, and public administration (4.6%). The rest indicated that they were enrolled in more than one academic major. Seventy percent (70%) reported that they had knowledge of disability. Thirty percent (30%) said they

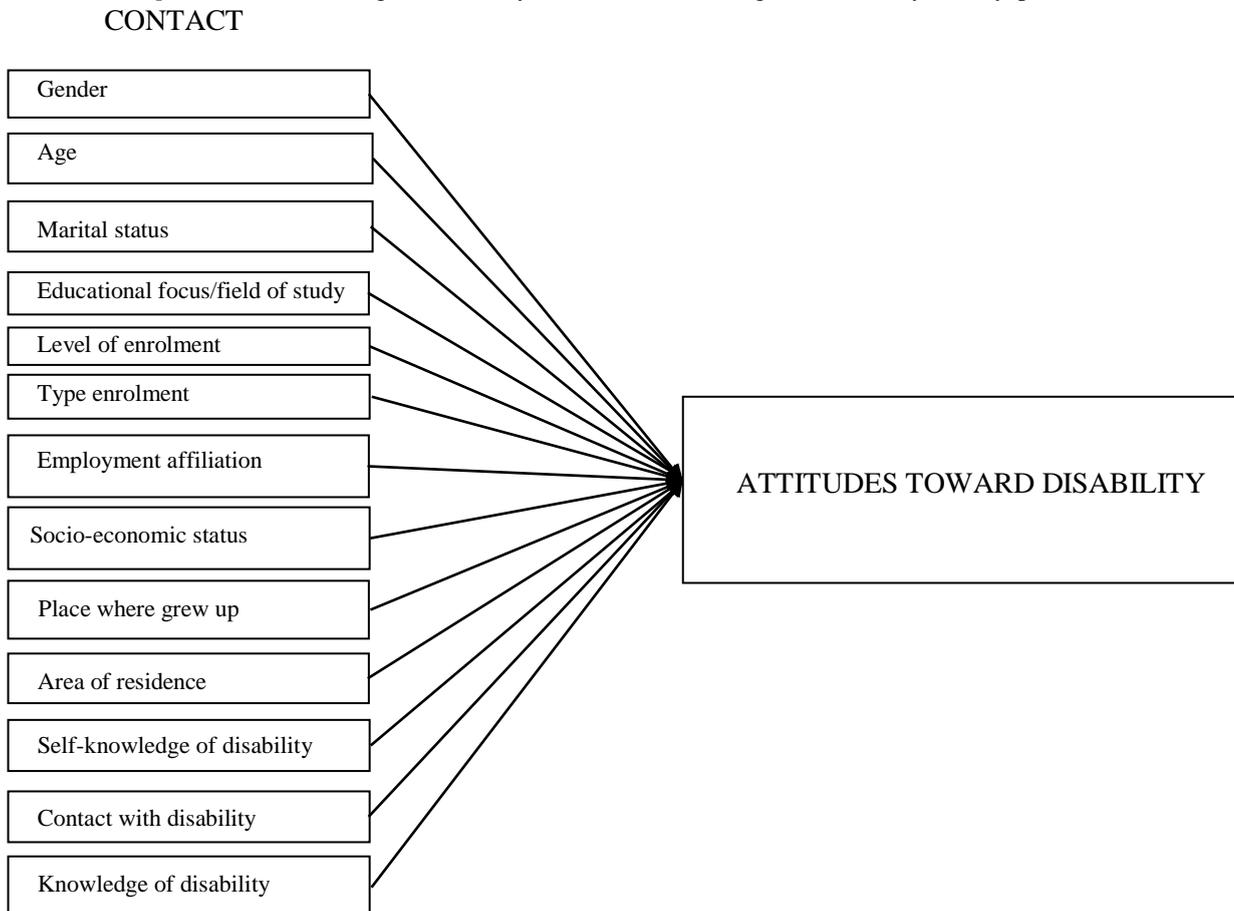


Figure 1. Independent and dependent variables

either did not have knowledge, or had little knowledge of disability. A paltry 22% felt they were familiar with disability law in Kenya with the majority (78%) indicating they either had no familiarity, or had little familiarity with the law. Regarding exposure to people with disabilities, 46% reported having intimate (family member, co-worker, or friend) contact with disability. The majority of the participants (54.0%) indicated they had casual contact with disability.

Among all the variables, only age significantly predicted attitudes towards disability. Table 1 is a summary of the general multiple regression for variables that were entered into the regression model. All categorical variables were excluded from the model to keep it parsimonious.

The overall model was significant $F(9, 250) = 2.784$, $p = 0.004$. However, as shown in Table 1, none of the predictors were significant except for age ($\beta = 0.173$, $p = 0.044$). Although age showed a relationship, the magnitude of the effect was small. The overall explained variability for the model was also small ($R^2 = 0.091$) indicating the overall effect of all the predictor variables was small.

Discussion

The findings of the present study suggest older people have more positive attitudes towards people with disabilities than younger people. These findings mirror those of Findler et al. (2007) with Israeli college students and Beckwith and Matthews (1995) with Australian college students. These findings could, therefore, be interpreted to mean that older Kenyan students are familiar with disability-friendly proverbs (Devlieger, 1999; Kisanji, 1993), as previously discussed, and have internalised their meaning. Also, older Kenyans may themselves have personal experience with disability from family and community roles. Kenya has a low enrollment of students with disabilities in regular schools, with an estimated 10% of those who are eligible enrolling (Ngigi & Macharia, as cited in Mutua & Swadener, 2006, p. 520). The low enrolment of students with disabilities (Aseka, 2013) makes it likely that younger Kenyan students have less exposure to disability than older students. However, further research on these speculations is needed.

Young persons aged 30 years and below constitute 71% percent of the country's population (Kenya National Bureau of Statistics, 2010). Because community attitudes are an expression of people's culture (Kisanji, 2004), it might be inferred that the youthful nation of Kenya may not be embracing individuals with disabilities because the

traditional view held by the older generation does not seem to hold any longer.

Besides age, none of the predictors (see Figure 1 for the predictor variables) predicted differences in attitudes towards disability. The significant result for age in this study corroborates the findings of Beckwith and Matthews (1995) and Findler et al. (2007), who also found older students had more positive attitudes towards PWDs than younger students. However, Royal and Roberts (1987), on the other hand, found younger students' attitudes were more positive than those of older students. Also, Olaleye et al. (2012) found young students in junior high school had positive attitudes towards their classmates with disabilities. While some of the non-significant findings were in line with those from past studies (e.g., Hampton & Xiao, 2007; Ribas, 2007), they contrasted those of other studies (e.g., Chen et al., 2011; Hergenrather & Rhodes, 2007; Hunt and Hunt, 2004; Zhang, 2011). For example, Hampton and Xiao (2007) and Ribas (2007) in China and Portugal, respectively, found no effects of gender on attitudes towards PWDs, as was the case in the present study. Also, regarding place of residence and socio-economic status, Benham (1988) and Findler et al. (2007), found no effects of these variable on attitudes towards PWDs.

One would expect the contact and knowledge variables to affect attitudes towards PWDs, given the overwhelming research findings that these variables do have effects on attitudes towards PWDs (Au & Man, 2006; Brostrand, 2006; Budisch, 2004; Chen et al., 2002; Choi & Lam, 2001; Thomas et al., 2003). The reason for the present study's contradictory results among Kenyan students may be due to the low social status of PWDs in Kenya, as in many other developing countries. Higher social status of PWDs usually results in more positive attitudes, while lower social status leads to negative attitudes (Smart, 2001). However, because PWDs in general, especially in developing countries, are assigned low social status, the role social status plays in attitudes towards PWDs may have been constant across levels of contact. Mpfu (2003) noted social status' role in the acceptance of students with disabilities by society. Raising the social status of PWDs in Africa may help reduce negative attitudes towards them. For example, counsellors, administrators, and others can help increase the enrolment of students with disabilities in universities and help them graduate and acquire and maintain employment. This can, in turn, raise their social status in society, which as mentioned above, can lead to positive attitudes towards them. Regarding the non-significance of knowledge (perceived knowledge of disability and self-knowledge of disability law) in this study, the lack of attention given to disability issues in Kenya may imply limited exposure to social justice education addressing empowerment of PWDs; therefore, regardless of students' level of knowledge, their attitudes towards PWDs might be the same. It is worth noting that, despite the enactment of the Kenya's Persons with Disabilities Act in 2003, the undergraduate students of the University of Nairobi were not aware of its existence (Daily Nation, 2007).

The finding that level of enrolment was not significant is not surprising, given only second and third year students participated; therefore, differences between these

Table 1. Summary of general multiple regression analysis for predictors of attitude toward persons with disability

Variable	β	t	p
Gender	0.099	1.588	0.114
Marital status	-0.092	-1.117	0.265
Level of enrolment	0.010	0.156	0.876
Type of enrolment	0.028	0.405	0.686
Place grew up	0.115	-1.780	0.076
Area of residence	0.043	0.658	0.511
Age	0.173	2.026	0.044*
Perceived knowledge of disability	0.010	0.141	0.888
Self-knowledge of disability law	0.035	0.497	0.619

Note. $R^2 = 0.091$, * $p = 0.05$

two groups are less likely. Also, the finding that educational focus was not significant is not surprising either, given the close relations among the disciplines (sociology, psychology, social work, etc.) in this study. However, the place where one grew up had no significant effect. This is surprising considering that more persons with disabilities live in rural areas (Government of Kenya, 2008), and therefore, the possibility for those living there to come in contact with PWDs is highly likely. As mentioned above, research findings consistently show that previous contact with PWDs has a positive effect on people's attitudes toward disability (Budisch, 2004; Chen et al., 2002; Choi & Lam, 2001; Thomas et al., 2003). Also, that gender did not predict differences in attitudes towards PWDs was surprising. This finding replicates those of other developing world settings (Hampton & Xiao, 2007; Ribas, 2007). The reasons for this finding are not apparent. However, in some collective cultures such as Kenya, the care of the disadvantaged is a community norm (Pyke & Bengtson, 1996), and this social attitude may be held across gender. Alternatively, there may have been insufficient power to detect the various effects, if they existed, given the sample size of the present study. Research using larger sample sizes may be needed to better detect group differences in attitudes towards PWDs.

Implications for rehabilitation and social services

People with disabilities may face unfavourable actions by young Kenyan students. The younger Kenyan generation, future leaders to make crucial decision that will affect PWDs in relation to employment, health, and QOL, appear to have negative attitudes towards PWDs. The poor treatment of PWDs by society, as mentioned above, exists (Kieti & Ngunyi, 2007). According to the theory of reasoned action, individuals will act on their attitudes based on their beliefs about how significant others view their actions (Ortega, Huang, & Prado, 2012). Given society's unfavourable beliefs and negative actions towards PWDs, the young Kenyan generation may act on their negative attitudes towards PWDs. This may result in low enrolment in education and lack of health care, among others, for PWDs in Kenya, when the young generation become future leaders.

Ongoing disability advocacy and concerted implementation of international conventions of disability by the country's social services might positively impact disability-related attitudes in the nation. Therefore, rehabilitation professionals, health workers, social welfare workers, special education teachers, and others serving PWDs in Kenya are challenged to become better advocates for people with disabilities. Rehabilitation counsellors also need to identify and work closely with other disability stakeholders in Kenya to raise awareness of disabilities by tailoring specific programs to target young people, working toward changing their attitudes about disability.

Furthermore, the rehabilitation counsellors might consider incorporating senior citizens in programs for individuals with disabilities. This is because this age cohort seems to be responsive to disability issues as opposed to their youthful counterparts. Seniors in these programs can mentor the young generation, especially in relation to their attitudes towards PWDs.

Limitations of the study

A limitation of the present study was the fact that the sample was homogeneous in nature and small, consisting mainly of Kenyan participants, which might bring the generalisability of the findings into question. Further research on this topic is recommended in other institutions of learning and places of employment to ascertain generalisability. The study also relied exclusively on self-reports of attitudes towards PWDs. Future studies might attempt to replicate these findings using behavioural measures, such as observation of attitudes demonstrated in real-life situations. Furthermore, this study utilised a cross-sectional survey design. Although this design may show a relationship, causality cannot be implied.

Conclusion

PWDs are highly stigmatised in society. The evidence from this study suggests that age predicted attitudes toward people with PWDs among Kenyan students. While younger students displayed negative attitudes towards PWDs, older students showed more favorable attitudes. Older adults can foster positive attitudes towards PWDs in Kenya. For a country where the majority of the citizens are young (Kenya Demographics profile, 2014), this finding may be indicative of a society of young individuals who may need to be sensitised regarding disability issues. The older generation can play a crucial role in this endeavour by mentoring and educating the younger generation regarding attitudes towards PWDs.

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