

**LIVING WITH DISABILITIES IN WINDHOEK: AN INVESTIGATION INTO  
INCIDENTS AND FORMS OF DISCRIMINATION AGAINST PEOPLE LIVING  
WITH DISABILITIES**

**A THESIS SUBMITTED IN PARTIAL FULFILMENT  
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**FREDDY MUNDIA MAIBA**

**200743031**

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**Supervisor: L. Haoses Gorases, PhD**

**DECLARATION**

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**DEDICATION**

I dedicate and credit my academic achievements first and foremost to the heavenly Father, the source of all knowledge and wisdom. To my surviving mother and my late father for their love and care and for inculcating in me the spirit and virtues of resilience, dedication and hard work. Finally yet importantly, to my wife Peneyambeko, my children Pohamba, Faith, Ndapandula and Angela for their emotional support and understanding, especially during the moments when they needed my presence and I was not there due to my academic commitments.

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You have been a wonderful team and I am proud to have been associated with you. Keep up the good work and let the torch of your wisdom shine to the benefit of our posterity.

**ABSTRACT**

The purpose of this study was to explore and describe the magnitude of discrimination or abuse committed against people with disabilities in the city of Windhoek, with special attention on exploring the general perceptions held by people regarding this phenomenon. Incidence levels of discrimination or abuse and the forms in which they manifest itself, were also explored, including health beliefs (superstitions) supposedly espoused by certain cultural groups which attribute disability to bad luck or curse. The study used descriptive and exploratory research designs with qualitative and quantitative approaches.

The study results reflected that despite policy interventions, complemented by awareness campaigns to sensitize people on issues of disability, discrimination and abuse against people with disabilities are prevalent. These discriminatory and abusive practices are endemic in schools, at work places, within family circles and in the community at large. Both victims of disabilities, men and women, old and young, have in one way or another, been exposed to incidents of discrimination or abuse in the four social environments identified in the study.

It has been recommended that the government should commission a study to evaluate the effectiveness of the implementation of the policies on disability. The results of the study could give effect to the review of those policies that are not meeting their intended or desired goals and objectives.

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**LIST OF ABBREVIATIONS**

CBD	Central Business District
CDC	Centre for Disease Control and Prevention
EA	Emotional abuse
Eurostat	European Statistics
ICF	International Classification and Functioning
ICT	Information and Communication Technology
I&M	Isolation and Marginalization
MD	Millennium Declaration
MRCC	Multidisciplinary Research and Consultancy Centre
NBC	Namibian Broadcasting Corporation
NEPAD	New Partnership for Africa's Development
NEPRU	Namibia Economic and Policy Research Unit
NFPDN	National Federation for People with Disabilities in Namibia
NGO	Non-governmental Organization
NPC	National Planning Commission
PGSC	Post Graduate Studies Committee
PhA	Physical abuse/assault
PIGs	Private Interest Groups
SA	Sexual abuse/assault
SADC	Southern African Development Community

TEB	Temporarily able-bodied
UN	United Nations
UNDP	United Nations Development Programme
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
US	United States
WG	Washington Group
WHO	World Health Organization
WSIS	World Summit on the Information Society

**DEFINITION OF TERMS**

Emotional abuse	Abusive acts such as insults, jeering, name-calling and the display of derogatory body or sign language.
Empowerment	Process of generating and building capacity to exercise control over one's life.
Independent living	Ability or capacity for self-support economically or financially.
Isolation and marginalization	Actions or acts that create physical and/or psychological barriers between the victim of disability and his or her peer groups or other members of the society.
Perceptions	How different people look at things or perceive them.
Physical abuse	Any action or act which violates the physical integrity of a person of which the common manifestation is corporeal assault with the intent to cause grievous bodily harm that leads to physical pain and/or psychological torment.

Sexual abuse	Use of physical force to obtain sexual pleasure without the consent of the victim or, the use of such force to punish, degrade or humiliate the person.
Social environment	Social contexts in which discrimination against people with disabilities is being encountered, such as school, work, domestic and community.

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## **INTRODUCTION AND BACKGROUND**

### **1.1 GENERAL INTRODUCTION**

This study was undertaken to look into the social conditions of people with disabilities who live or work in the city of Windhoek. The aim of the study was to investigate incidents of discrimination or abuse to which people with disabilities are exposed, as well as to investigate the forms through which these abuses manifest themselves. The study sought to confirm or refute by means of empirical evidence claims that people with disabilities are not treated fairly and equally, and are still exposed to some forms of discrimination or abuse in the society. It is also claimed that people with disabilities are not enjoying full socio-economic benefits, privileges and rights that are enjoyed by the majority of the Namibian citizens. Other claims include perceptions that people with disabilities are marginalized and isolated based on perceived cultural or traditional beliefs that associate disability with bad omen or curse.

Oxford Primary Dictionary (2003, p.120) states that to discriminate between people is to treat them differently or unfairly because of their race, sex, or religion. In the context of disability, discrimination could take the form of denial of the disabled people's fundamental rights such as the right to education, health care, social welfare services and other benefits. Abuse can be physical or psychological.

Rothstein (1998, p.32) defines the term disability with respect to an individual, to mean a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment. According to Iithana (1997, p.iii), impairment, disability and handicap are all words used by the Namibian society to describe a physical, visual, hearing, speech, mental or other limitations that a person may have.

The causes of disability are many. Some people are born with forms of disabilities while others acquire them in the later stages of their lives because of factors such as infectious diseases, accidents or physical violence. An able-bodied person today may become a victim of disability tomorrow. Everyone is potentially a disabled person. Some disability rights activists use the term Temporarily Able-bodied (TAB) to refer to people other than disabled people as a reminder of the fact that disability can affect anyone (Wikipedia, 2008, p.3). Cunningham and Coombs (1997) sum up the meaning of TAB with these words: “I don’t have a disability. Not on this day; not at this moment. What happens tomorrow, I can’t guess. Chances are good that I, like most of the people in this country, won’t become disabled in the next day. But some will” (p. x).

## 1.2 BACKGROUND OF THE STUDY

Because disability was historically viewed as an individual pathology or disease, violations of the rights of people with disabilities have not been adequately addressed by

the international human rights system. Recent developments have seen many efforts made to bring the issues of disability to the world attention. The approximate 10% of the world's population who live with a disability continuously encounter barriers to their full participation in society. These barriers place them at greater risk of discrimination, abuse and poverty. People with disabilities are often denied access to basic services such as primary health care and education. Employment opportunities are limited and hinder these people's economic self-sufficiency.

Exclusion and abuse of people with disabilities are violations of their human rights. People with disabilities are entitled to enjoy the same rights as all others. A human rights approach to disability acknowledges that people with disabilities are rights holders and that social structures and policies restricting or ignoring these rights often lead to discrimination and exclusion of people with disabilities. A human rights perspective requires society, particularly governments, to actively promote the necessary conditions for all individuals to fully realize their rights (Disability Rights Promotion International, 2009, p.2).

In Namibia, the government has enacted laws that guard against discrimination, abuse or the violation of people's rights. Article 10 sub-articles (1) and (2) of the Constitution of the Republic of Namibia guarantee the equality of all persons before the law, and prohibit discrimination against any person on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status (Constitution of Namibia, 1990, p.8).

In conformity with this legal provision embodied in the supreme law of the land, and reinforced by international obligations, agreements, conventions and treaties to which Namibia is a State Party, the government of Namibia has committed itself to building a society that espouses the values and principles of equality, justice, freedom, fairness and equal opportunities of Namibian citizens from all walks of life, to advance socially and economically in accordance with the fundamental rights and freedoms enshrined in the constitution. These rights and freedoms encompass also the rights of people with disabilities.

According to the findings of the National Housing and Population Census conducted in the year 2001, there were 85567 people with disabilities in Namibia among whom 22062 were reported to be urban residents. The census report further revealed that this figure represents about 5% of the population of 1.83 million people living in Namibia. (Central bureau of Statistics, 2001, p.28) For the country with 1.83 million people, 5% of the population with disabilities constitutes a high number.

The recognition of the social conditions and special needs of people with disabilities has prompted the Government, to adopt by an act of Parliament, a national policy on disability. The policy's objectives are to achieve full social integration of people with disabilities into the society. The policy also seeks to combat discrimination against persons with disabilities through legislation (National Policy on Disability, 1997, p.3).

In 2004, another piece of legislation came into being namely, the National Disability Council Act, 2004 (Act No. 26 of 2004). By virtue of this legislation, the National Disability Council was established to perform the following functions with respect to disability issues:

- monitor the implementation of the national policy on disability;
- identify provisions in any law, which may hinder the implementation of the national policy on disability and make recommendations in that regard;
- advise any person responsible for the enforcement of existing legislation which provides for equal opportunities for all people in Namibia on the enforcement of that legislation;
- comment on proposed legislation which may affect persons with disabilities in any manner;
- consult with persons with disabilities, organizations of persons with disabilities and organizations rendering to persons with disabilities, and take any other steps in order to obtain necessary information on the implementation of the national policy on disability;
- initiate amendments to the national policy on disability in order to ensure that it takes account of changing circumstances and;
- in general, take all necessary steps in order to improve the situation of persons with disabilities in Namibia (National Disability Council Act, 2004, p. 3).

The efforts of the Namibian Government to ameliorate the social and economic conditions of people with disabilities through legislation and policy interventions are within the framework of regional and international initiatives; especially those that aim at introducing international norms and standards relating to disability within the context and framework of the international law dealing with universal principles of human rights. Within the Southern African Development Community (SADC) region and the European Union (EU), significant progress was made to include disability issues on the political agenda and discourse forums of member states of these two regional blocs.

In the SADC region for instance, the PAMOJA 2005 SADC Disability Conference held in Johannesburg, South Africa, from 6 to 7 October 2005, adopted the disability declaration which meant or intended to serve as the basis and platform for disabled people's future inputs into discussions that concern them. This bold step to adopt the declaration was inspired by the following regional and international political landmarks and events that took cognisance of the social and economic conditions of people with disabilities for which corrective policies and strategies were required:

- the political commitment and concrete steps that government and other sectors of society will take to establish an inclusive information society as signatories to the World Summit on the Information Society (WSIS) Declaration of Principles and Plan of Action, held in Geneva in 2003;
- the United Nations (UN) standard rules on the equalization of opportunities for people with disabilities adopted in 1993. These UN rules speak among



- others, of the need to ensure that every aspect of societal organization is made accessible to all as a basic objective of socio-economic development;
- the World Programme of Action concerning disabled persons which promotes the development of appropriate measures and technologies for the prevention of impairment and disability, amongst other specific areas of engagement;
  - the draft United Nations Convention on the fundamental rights of people with disabilities which proposes that states should be responsible for developing and implementing appropriate measures to ensure that people with disabilities exercise their right to freedom of expression and opinion through Braille, sign language and other modes of communication of their choice; providing information in accessible formats and technologies, using alternative and augmentative modes of communication and undertaking and promoting the research, development and production of new technologies (PAMOJA Disability Conference, 2005, p.1).

### 1.3 STATEMENT OF THE PROBLEM

In 2007, during the commemoration of the international day of people with disabilities in Namibia, several speakers at various commemorative events countrywide expressed their concerns about the need to amend or reform the laws in order to enable people with disabilities to be integrated in all sectors of the society (Eises, 2008, p.3). A New Era

newspaper article written by Sibene (2008), quoted a statement delivered by Tjivera at the commemoration of the 2008 international day of people with disabilities in which he said, “we the majority of people with disabilities in Namibia have lost hope in the top government, especially those whom we thought could make a difference for the people with disabilities in Namibia” (p. 1). Tjivera stated further that problems and shortcomings related to the full implementation of policies and programmes that were meant to address the needs and aspirations of people with disabilities remain unresolved. Hence, disabled people are still at the receiving end in as far as the improvement of their social and economic conditions are concerned.

The assessment report of the Affirmative Action Act of 2000-2004 also revealed that very few people with disabilities had secured employment, and few institutions took concrete steps to accommodate people with disabilities in employment (Voice on Disability Issue, 2006, p 5).

#### 1.4 RESEARCH QUESTION

The study was guided by the following research question: **Does discrimination or abuse against people with disabilities really exist in the city of Windhoek?**

## **1.5 OBJECTIVES OF THE STUDY**

The aim of the study was to explore the magnitude of discrimination or abuse committed against people with disabilities. Specific objectives of the study were to:

- explore the general perceptions about the prevalence of discrimination or abuse against people with disabilities;
- explore the incidence levels of discrimination or abuse against people with disabilities;
- explore and/or identify forms of discrimination or abuse encountered by people with disabilities and lastly;
- explore health beliefs (superstitions) which associate disability with bad luck or curse.

## **1.6 SIGNIFICANCE OF THE STUDY**

This study anchored on the premise that its findings will stimulate an academic inquiry that will lead other researchers to expand the knowledge and insight into disability issues using the findings presented herein, complemented by other existing body of knowledge as the basis. The expectation was to disclose the findings of the study to those who might have access to this report. The data presented in this report could serve as a tool to inform policy decisions of the Government, Non-governmental organizations (NGOs),

Private Interest Groups (PIGs), as well as other stakeholders involved with or advocating for the rights, freedoms and human dignity of people with disabilities.

### **1.7 LIMITATION OF THE STUDY**

There were several limitations encountered during the study, chief among them being the limited time that was prescribed to collect data and present a report of research. The time constraints affected the choice of the sample size. The size of the sample in this study was thought to be adequate under the circumstances; it could not be expanded to a larger sample for doing so would have proven difficult and strenuous to analyze and interpret the data presented in the this report.

Only people with disabilities and a selected number of people without disabilities were included in the study. The choice of participants was dictated by the need to reach out to people who had the potential to provide the data required for the study. In addition, only participants between the ages 16 years and above were considered as eligible respondents in the study.

### **1.8 CONCLUDING NOTES**

Chapter 1 has discussed the definition of discrimination from the points of view of Rothstein and the Oxford primary dictionary. Ithana has offered the Namibian

perspective of the meaning of impairment, disability and handicap by arguing that these terms are used by the Namibian society to describe a physical, visual, hearing, speech, mental or other limitations that a person may have. The chapter also touched on the aspects of the international agenda on disability with special emphasis on building societies that respect the human rights and freedoms of people with disabilities. The research question, statement of the problem, research objectives, significance of the study as well as the limitations encountered during the study, were highlighted in this chapter. The next chapter will discuss the literature review.

## **CHAPTER 2**

### **LITERATURE REVIEW**

#### **2.1 INTRODUCTION**

This chapter will discuss the writings of other scholars on disability in the form of the literature review. The purpose of the review is to provide a conceptual framework to the study by building on the knowledge base of others. This knowledge base does not only provide a theoretical basis upon which the study is built but also helps to discover the existing knowledge gap that needs to be filled as a contribution to the academic discourse. Seven theoretical frameworks on disability that constituted the literature review will be discussed along with other issues pertinent to the study such as the problems with statistics, definition of disability and the prospects for the future for people with disabilities. At the end of the discussion, the theories upon which the study was built will be presented followed by the summary or concluding notes of the chapter. The classification standards and models discussed in this chapter are based on the international classification of functioning, disability and health (ICF) produced by the World Health Organization (WHO).

## 2.2 THEORIES ON DISABILITY

### 2.2.1 Feminist theory

Thomson (2008) defines feminist theory as “a collaborative, interdisciplinary inquiry and a self-conscious cultural critique that interrogates how subjects are multiply interpellated: in other words, how the representational systems of gender, race, ethnicity, ability, sexuality and class mutually construct, inflect and contradict one another” (p. 4). Thomson further states, “Feminist disability approach fosters complex understandings of the cultural history of the body. By considering the ability/disability system, feminist disability theory goes beyond explicit disability topics such as illness, health, beauty, genetics, eugenics, ageing, reproductive technologies, prosthetics, and access issues. Feminist disability theory addresses such broad feminist concerns as the unity of the category woman, the status of the lived body, the politics of appearance, the medicalization of the body, the privilege of normalcy, multiculturalism, sexuality, the social construction of identity and the commitment to integration” (p. 4).

According to Thomson (2008), the feminist disability theory’s critique revolves around the understanding of disability as a pervasive cultural system that stigmatizes certain kinds of bodily variations. The premise of feminist disability theory is that disability, like femaleness, is not a natural state of corporeal inferiority, inadequacy, excess or

misfortune. A feminist disability theory unseats the dominant assumption that disability is something that is wrong with someone.

### **2.2.2 Positivist theory**

The positivist theory of disability focuses on the search for curative remedies, on reducing degrees of impairments, or assessments of clinical interventions. The positivist theory uses methods such as controlled trials, random statistical samples, and structured questionnaires (Oliver, 2008).

### **2.2.3 Functionalist theory**

Oliver (2008) states that “influential functionalists emphasize medicine’s role to cure and to maintain the normal functioning of individuals and of society. In this model the sick role involves being compliant and wanting to get well. This can make people with incurable conditions, including disabled people who are classified as sick, and seem to be deviant. The link between disability and social deviance that functionalists make influences health care and research and supports the continued dominance of professionally controlled health and welfare services for disabled people” (p.3).

According to Oliver, “a variant of functionalism known as normalization theory underlies some programmes that claim to enable devalued people to lead culturally valued lives”(p. 3).



#### **2.2.4 Social constructionism**

The theory of social constructionism is concerned with underlining the importance of learning from the experiences of people with disabilities to understand the meaning of disability. A study conducted in the United States showed that blindness was experienced as loss that require counselling while in Sweden the same problem was perceived as a problem that requires support services. In Britain, blindness was treated as a problem that requires aids and equipment while in Italy, the society viewed the problem as a matter of salvation in which the sufferer needed to seek consolation and mediatory services of the Roman Catholic Church (Oliver, 2008).

#### **2.2.5 Postmodernism**

Postmodernism theory sees society in terms of fragmented and complex social structures in which social class has less importance. It holds other sources of social difference such as sex, ethnicity, sexuality and disability as important (Oliver, 2008).

#### **2.2.6 Critical theory**

Critical theory sees disabled people's problems as the product of a un- equal society. It ties the solutions to social action and change. Notions of disability as social oppression mean that prejudice and discrimination disable and restrict people's lives much more

than impairments do. The critical theory has raised political awareness and helped with the collective empowerment of people with disabilities (Oliver, 2008).

### **2.2.7 Personal tragedy theory**

According to Oliver (1996), “grand theory when viewed from the sociological perspective provides an explanation of phenomena at the highest level of abstraction” (pp. 130-131). In terms of the phenomenon of disability, he argued that the dominant grand theory has been personal tragedy theory. According to this theory, disability is a tragic happening that befall unfortunate, isolated individuals on a random basis.

A limiting factor about the theory of personal tragedy is that it does not hold for all situations. In other words, it does not provide a universal explanation of disability (Oliver, 1996). Supporting data in the study by Oliver (cited in Hanks & Hanks, 1980) states that “in some societies disability is seen as the ascription of privilege, as a sign of being chosen by the gods” (p. 131).

The attitude or tendency to regard disabled people as privileged, blessed or cursed is shaped by the way people perceive, or what they believe to have been the cause of disability i.e. divine displeasure or punishment; or bad blood (Groce, 1999). Wright (1960) supports this view by these words: “Cultural theories as to the source of

disablement and its effects on the person doubtless play a role in the treatment accorded to persons with disabilities” (p.273). In ancient Greece and Rome, the retarded person was viewed with horror and exposed so that he or she might die (Hallas, Fraser & MacGillivray, 1982, p.1).

The theory of personal tragedy seems to suggest inclusiveness of fate. It infers that no one is immune from personal tragedy because tragedies do befall people randomly, under different circumstances, at different places and at different times. The usage or the inclusion of the word tragedy in the theory poses a problem and is probably partly the reason why this theory is not universal. Tragedy denotes misfortune or sad event, as such, the theory can not apply to people in societies where disability is regarded as a blessing or a sign of being chosen by the gods. The Oxford pocket dictionary (1984, p. 799), defines tragedy as a drama of elevated theme and diction and with unhappy ending; sad event, serious accident, calamity.

Notwithstanding the lack of universal understanding of disability, the literature on the subject of disability point to a number of similarities in the way people with disabilities are treated worldwide, irrespective of the cultures or societies in which they live. Social science researchers and writers who studied disability issues agree that discrimination and abuse against people with disabilities are common features in many societies. According to Groce (1999), the biggest problems reported worldwide by experts and the victims of disability are prejudice, social isolation and discrimination. Traditional beliefs

and superstitions create barriers to full integration and participation of people with disabilities in socio-political and economic activities. The marginalization, isolation and rejection of people with disabilities are rooted in the cultures and traditions of the society and represent people's attempts to maintain and preserve the cultural identity and way of life. Coleridge (1993) in his book 'Disability, Liberation, Development', emphasized the plight of people with disabilities by stating, "People with disabilities are oppressed and marginalised in every country of the world, in both North and South. They are oppressed by social attitudes which stem from fear and prejudice" (p.4).

### **2.3 PROBLEMS WITH STATISTICS AND DEFINITION OF DISABILITY**

The fear by family members of alienation and rejection because of being associated with physically or mentally impaired individuals, especially when such fear is reinforced by strong negative superstitions, create barriers in communication as most of them are not comfortable or willing to openly discuss disability related matters. The prevalence of these stereotypes and prejudice limit the extent to which correct and reliable statistical data on disability are accessible. Groce (1999) contends that in some countries only the most severely disabled people are identified, while in others even individuals with the mildest cases or forms of disability are included in the national surveys and census reports. The lack of commonly agreed national classification standards and the deviation or variations by countries in the application of the international classification standards produced by the World Health Organization (WHO) compounds further the data

accuracy and reliability on disability. Helander (2007, p.6) contends that cultural and developmental factors influence the concept of disability and has contributed to the failure to reach consensus on an acceptable definition and classification of disability. Helander gives a typical example of the difficulties encountered in defining disability. He states that in 1974, 500 million people in developing countries were identified as severely malnourished. The 2005 UNDP estimates put the number of people who go hungry on a daily basis at 800 million. These peoples' functional capacity at home, at school and at work are significantly reduced. Helander asks a question whether these people should be included and counted in the disability prevalence estimates.

Bourk (2008, p.1) on the other hand, states that defining disability is a problematic and contentious issue. Supporting data in Bourk's study (as cited in Lindsey, 1996) states that the definition is complicated by its linkage to individual eligibility criteria for programme and financial assistance. The lack of agreement or consensus on what constitutes disability can complicate the process of public policy formulation by governments. The narrowing or broadening of the definition has both implications on policy. Narrowing the definition inadvertently disempowers and excludes certain categories of persons with disabilities to benefit from the social programmes and privileges enjoyed by other disabled people. In contrast, broadening the definition could include people who do not necessarily meet the criterion for eligibility as disabled. In terms of terminology, Bourk identifies three commonly accepted terms which could

assist legislators in policy making. These terms are *impairment, disability and handicap*.

Impairment is any loss or abnormality of psychological, physical or anatomical structure or function. Disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. Handicap is a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors) for that individual. Lewis (1995) defines disability and impairment in the same fashion as Bourk, but offers another dimension to the term handicap. According to her, “Handicap is the impact of the impairment or disability as a result of others’ negative evaluation of it. For example, poor speech becomes a handicap if it causes others to be patronising” (p.8).

The problem associated with the classification and terminology on disability was noted in the report known as SINTEF (2003) of the University of Namibia on living conditions among people with disabilities in Namibia, which was produced in collaboration with other stakeholders. The report revealed that most of the statistical data on disability were produced without a common terminology or standard procedures and guidelines( SINTEF, 2003).

Although the World Health Organization (WHO) has produced international classification standards as already alluded to, and as will be shown in subsequent

discussions, it seems that the problem on this issue remains unresolved, or, has not yet achieved universal application. In a bid to resolve the matter, or at least do something about it, an international seminar on the measurement of disability, sponsored by the UNSD, UNICEF, Eurostat and the US Centres for Disease Control and Prevention (CDC), was held in New York in June 2001. The seminar which brought together experts in disability measurement from developed and developing nations reviewed and assessed the current status of methods used in population based data collection activities to measure disability in national statistical systems. The seminar agreed to establish the Washington City Group on disability (WG) which would implement the seminar's recommendations. The outcome of the New York seminar was the recognition that statistical and methodological work was needed at an international level to facilitate the comparison of data on disability cross-nationally (Eide and Loeb, 2005, p.8).

## **2.4 LEVELS OF DISCRIMINATION**

### **2.4.1 Social level**

Comparative analysis of the literature on disability distinguishes two levels or dimensions in which discrimination experienced by people with disabilities manifests itself, namely: in the social and individual dimensions. Supporting data in the study by Oliver (1996) (cited in Marshall, 1952) defines the social element to mean "the whole range of rights that include the right to economic welfare, security, sharing in the social

heritage as well as the right to live the life of a civilized being according to the standard prevailing in the society” (p. 11). An individual is socially discriminated against when he or she is excluded from enjoying the benefits cited in Marshall’s definition of the social element. The social dimension of discrimination can tentatively be defined as an institutionalized means or form of socially accepted behaviour that isolates and excludes people with disabilities from participating in social or cultural life pursuits, including barring them from material and psychological benefits to which every member of the society is entitled.

The British Council of Organization of Disabled indicates that institutionalized discrimination is a complex form of discrimination which operates throughout society and is supported by history and culture. The Council contends that this form of discrimination can be discerned through policies and activities of modern organizations that show irregularities between disabled and non-disabled people. The Council cites the following examples of institutionalized discrimination: parents of disabled children do not have the right to send their disabled children to local schools; employers can discriminate openly against disabled workers, and on average disabled workers earn much less compared to non-disabled workers (Barnes, 2008, p.8). Olsen (2009) supports these views of discriminatory policies in institutions. She states that, “Because structural discrimination is rooted in the institutional structure of a society, policies and forms of organization indirectly and most often unintentionally discriminate individuals as well as groups with another background than the majority of the population. Structural



discrimination justifies and normalises indirect forms of negative special or solutions of the other. It is based on established ideologies, methods of operations and procedures that most likely are not purposely aimed at discrimination, but in practice exclude many groups from working life and other possibilities” (p.2). As a contribution to the views above, Donnellan (2001) states, “The structure of our society, to a certain extent, dictates to us how we run our lives. We have rules, protocols and procedures that are ensconced in tradition and are very rarely questioned. We conform because we do not want to be different, but sometimes these traditional values make it difficult for disabled people to fit in” (p.5).

The unintentional forms of discrimination mentioned by Olsen may be true, but there is enough evidence, as seen in the preceding discussion, which suggests that deliberate forms of discrimination engendered by culture, tradition and religious beliefs do exist.

The United Nation’s Enable-Human Rights and Disabled Persons report (2008) also confirms the assertions by researchers on the prevalence of discrimination against people with disabilities. The report states that people with disabilities still experience forms of discrimination in education, employment, transport, housing and buildings in general (United Nations Enable Report, 2008).

#### **2.4.2 Individual level**

The individual dimension of discrimination can be better understood when viewed from the physical and psychological perspectives of the victims of discrimination. The research shows that disabled people are exposed to forms of physical and psychological abuse committed either by the victims' immediate family members or by members of the community at large. Often being defenceless and afraid of speaking out for fear of retribution, people with disabilities suffer in silence. The commonly reported forms of physical abuse include corporal assault and sexual abuse. Macfarlane (2008, p.1) asserts that it is a well-known fact that all disabled people, whatever their impairment, are subjected to abuse in many forms. Women with disabilities are more likely to be abused than non-disabled women, depending on whether or not they live in a community or institutional setting. The research on disability and gender shows that women with disabilities suffer dual discrimination and are worse off than their male counter-parts. Harris and Wideman (1988) state that "Disability and being female interact in a profoundly discriminatory and disadvantaging way" (p.131).

Psychological abuse as perceived from the point of view of the victim manifests itself in the form of emotional torment resulting from rejection, isolation and stigmatization. This form of abuse is humiliating and can diminish the dignity, self-esteem and self-worth of the victims of disabilities.

## **2.5 WORLD HEALTH ORGANIZATION'S CLASSIFICATION OF DISABILITY**

### **2.5.1 Classification**

The International Classification of Functioning, Disability and Health (ICF) produced by the World Health Organization (WHO) distinguishes between body functions and body structures associated with disability. The World Health Organization defines impairment in bodily structure or function as an anomaly, defect, loss or other significant deviation from known generally accepted population standards which may fluctuate over time. Activity is defined as the execution of a task or action. The International Classification of Functioning (ICF) has developed and listed the following nine main domains of functioning which can be affected:

- Learning and applying knowledge
- General tasks and demands
- Communication
- Mobility
- Self-care
- Domestic life
- Interpersonal interactions and relationships
- Major life areas

- Community, social and civic life (Disability,2008).

### **2.5.2 Models of disability**

The World Health Organization's International Classification of Functioning (ICF) identifies many conceptual models which were developed to assist in understanding and explaining the phenomenon of disability and functioning. Among the most popular ones are the medical and the social models of disability.

#### **2.5.2.1 Medical model**

The medical model views disability as a problem of the person that is directly attributed to or caused by disease, trauma, or other health conditions which require that the victim be subjected to sustained medical care provided by medical practitioners and health professionals. In the medical model, management of disability is targeted at effecting the cure of the individual, or to help the individual to make necessary adjustments including behavioural changes that would ultimately lead to an almost cure or complete cure from the medical condition. The medical model is closely or wholly associated with medical care. The political response in this model is often than not directed toward reforming or modifying the healthcare policy (Disability, 2008).

The medical model of thinking has perpetuated the belief that people with disabilities are a burden to society whose survival is dependent on constant professional medical care

and dependence on social welfare systems. People with disabilities have been accorded a low status in the society and are therefore not regarded as normal people who should be entitled to equal opportunities, rights and privileges enjoyed by non-disabled people. According to Barton (1989), people with disabilities have become increasingly critical of the role of health care professionals in their lives, which they view as demeaning and oppressive. Part of their criticism is that they are not listened to and their perspective is under-valued. Their concerns include the need to know the extent to which they are in control of their bodies. Macfarlane (1996) states that, “Most of the care received by disabled people has not been of their choosing or under their control. Many disabled people will define the care they have received as being oppressive, often of a custodian nature and provided in a controlled way” (p.13). However, over the years as the society became aware of the human rights aspects associated with disability, the traditional approach to disability based on the medical model has steadily shifted to the social model of disability.

#### **2.5.2.2 Social model**

Some scholars view the social model of disability as essentially a socially engendered problem whose solution lies in the full integration of the victims of disability into the mainstream society. The social model makes no attribution or reference to an individual. It is an intricate and complex set of conditions whose genesis points to the social environment within which people with disabilities live. The social model calls for

collective management of the problem by the whole society that entails among others, making the necessary environmental modifications to enable people with disabilities to participate fully in all spheres of social life. The model should be viewed from the perspectives of culture and ideology which require change both at individual, community and society at large (Wikipedia, 2008).

The social model of disability seeks to change negative perceptions and attitudes held by the society towards people with disabilities by pointing out that disability is not necessarily inability but rather, disability is something that is imposed on these people on top of their impairments. Ramcharan, McGrath and Grant (1997) state that “Disability is not (only) a characteristic of a person’s inability to do or to participate in certain things; nor is it a characteristic of there not being things in which people with disabilities might participate. Rather, numerous forms of disability are actively accomplished and produced by others: family, service personnel and the community at large” (p.48).

Oliver (1996), a disabled person himself and an accomplished academic who wrote widely on disability issues, and whose writing was informed and inspired by his tragic personal experience, has contributed immensely to the evolution of thinking of the social model of disability. In fact, he was one of the originators of this thinking. Oliver actually disagreed and challenged the concept of the medical model of disability. He contended

that what is termed medical model should instead be called an individual model of disability of which medicalization is but one significant component.

According to Oliver (1996, p.32), it is not the individual limitations caused by impairment, regardless of the form, which is the cause of the problem of disability but the society's failure to provide the necessary services and adequately meeting the needs of people with disabilities. He postulated that "disability according to the social model is all the things that impose restrictions on disabled people, ranging from individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport systems, from segregated education to excluding work arrangements" (p.33). Supporting data on Oliver's definition of the social model of disability (cited in the Union of the Physically Impaired against Segregation, 1975) stated, "In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society. Disabled people are therefore an oppressed group in society" (p. 14). Baird and McConachie (1995) support the statement above; they state, "There are cultural expectations of normality in our society which have profound implications for the development of personal identity, and therefore put particular pressure on those who have an obvious impairment" (p.15).

Nekundi (2008) offers an insight into the aspects of social attitudes related to disability. She defines social attitude as a condition where a person with disability cannot live

freely because of segregation and the tendency and attitudes of people to look at the person's disability rather than looking at his or her ability.

Oliver (1996) does not discard entirely the concept of the medical model because this model recognizes the various degrees of pain that people with disabilities suffer as a result of their physical conditions which require medical approach and attention. The problem lies in the society's failure to appreciate the fact that people with disabilities, despite their impairments, have many social roles they are capable of performing, as such, they should not be regarded as social invalids who are entirely dependent on constant care, attention and social welfare benefits for survival. They should be viewed as members of the society who have the capacity to also contribute to the socio-political and economic activities of the country. People with disabilities should therefore be accorded the same status, opportunities, equal rights to education and employment, as well as to actively participate in other spheres of human activities. Regarding them as dependents, helpless and hopeless is tantamount to violation of their human rights and human dignity.

Meekosha (2009) disagrees with the concept of the social model of disability. She claims that the concept is Eurocentric, and that it is essentially based on the idealized white male supremacy of the northern hemisphere, which she says is very much tied to the production of disability in the global south. She proposes that the name or the concept of social model be substituted by the concept of social suffering. This thinking



seems to introduce a new dimension in the academic discourse on disability. She supports her views by contending that the concept of social model which focuses on aspects such as impairment, independent living, care and human rights is irrelevant to people in other parts of the world whose main goal is survival.

The theory or concept of social suffering seems to anchor on the understanding that some of the causes of disability and other attendant social ills have historical origin or roots. The history of dispossession, burdens, troubles and serious bodily and spiritual wounds inflicted on indigenous people in developing countries bear the footprints of colonialism. Meekosha asserts that the concept of social suffering allows the experiences of indigenous people (i.e. of Australia) to be read through the dispossessing actions of the global north without denying the agency of these people.

Meekosha's insight and observation on the restrictive nature of the concept of social model might have given a spark to an academic inquiry which will drive academics and researchers to look at the social model of disability with different lenses.

## **2.6 PROSPECTS FOR THE FUTURE**

The idea that individuals have rights as human beings which they should claim against their governments was established in 1948 Universal Declaration on Human Rights, but until recently little progress was made towards claiming these rights for all people

( Brown and Ainley, 2005, p.208). According to Priestley (2001, p.3), disabled people throughout the world are empowering themselves to claim greater participation, integration and equality. He states that such claims are not only about greater control over individual lives but also about greater influence over the social structures within which such lives are lived. Priestley's statement seems to suggest that people with disabilities are rising to the challenge of claiming their rights as enshrined in the 1948 Universal Declaration of Human Rights.

The battle to change people's mindset and negative attitudes towards people with disabilities may take long but signs indicate that societies are going through the process of change. Governments and mainstream institutions recognize the rights and freedoms of people with disabilities that entitle them to lead fulfilling and meaningful lives in societies and communities in which they live. The general awareness raised through the social model approach with regard to the human rights aspects of people with disabilities has resulted in the adoption of conventions and recommendations which recognize the rights and freedoms of people with disabilities. These instruments were adopted under the aegis of a number of governments, non-governmental organizations, international organizations and agencies. One example of this recognition was the inclusion and the reaffirmation of the rights and freedoms of people with disabilities in documents such as the Vienna Declaration and Programme of Action of 1993, the Copenhagen Declaration and Programme of Action of 1995, and the Beijing Declaration and Platform of Action of 1995( Independent Living Institute,2008).

In 1993, the United Nations General Assembly adopted what is termed the UN Standard Rules on the equalization of opportunities for disabled persons. Rule No.6, under the theme education, states that countries should recognize the principle of equal primary, secondary and tertiary education opportunities for children, youth and adults in integrated settings. Nations should ensure that the education of persons with disabilities is an integral part of the education system (Mittler, 2005, p.3).

According to Quinn (1998, p.xx), one of the results of societies' changing views on disability is the number of laws and policies produced to provide programmes, funding and other assistance for people with disabilities. Guozhong (2006, p.47) states that in 2003, China had achieved an employment level of approximately 83.9% of people with disabilities. Guozhong contends that a series of positive legislative and administrative actions in China, combined with the work of disability organizations, have improved the general living conditions of people with disabilities.

In the United States of America, several laws were enacted with respect to creating, sustaining and upholding the principles of equality, freedom and social justice for all in an integrated American society. According to Lehr and Brinckerhoff (1996, pp.4-6), some of the pro-disability laws enacted by the US government are, The Handicapped Children's Early Education Act of 1968; The Economic Opportunities Amendments of 1972; The Education for All Handicapped Children Act of 1975; The Amendments to

Child Abuse Prevention and Treatment Act of 1984 and The Education of the Handicapped Act Amendments of 1986.

As far as prospects for the future for people with disabilities in Namibia are concerned, the country has ratified various international conventions affirming a commitment to accept people with disabilities; by focussing on their abilities rather than on their disabilities; creating an enabling environment for equal education and employment opportunities to them; and treating them with the respect due to every human being (The Namibian, 2008, p.1).

In October 2008, Namibian parliamentarians attended a disability sensitization workshop during which the Right Honourable Prime Minister Nahas Angula gave a presentation. In his presentation, he stated that the workshop would be a reminder of the shortfalls, ignorance, insensitivity and the lack of responsibility on the part of Namibian lawmakers about disability issues. He stated that disability issues were viewed as a health issue which were and are ill informed by the World Health Organization. There has been a contrast between the medical model and the human rights model of disability. The medical model has been characterized as one that fixates on the medical traits of the person such as their specific impairments, rehabilitation etc. As such, the medical model locates the problem of disability within the person. The human rights model on the other hand, focuses on the inherent dignity of the human being first and foremost and

subsequently on the medical characteristic of the person but only if required (Angula, 2008, p.1).

Deducing from the statements above, the level of awareness on disability in Namibia is reasonably high but there is also ignorance in certain quarters of the structures of the government about disability. Most encouraging though, is the fact that there is political will towards change.

## **2.7 THEORETICAL AND CONCEPTUAL FRAMEWORKS**

The seven theories discussed in this chapter provided scholarly insights into the phenomenon of disability. Although profound and enriching in content, none of them specifically mentioned the incidents and forms of discrimination or abuse faced by people with disabilities in specific social contexts. Most of the academic discourse on this subject revolves around general concepts of discrimination but not in specific terms as this study has explored. The personal tragedy and the critical theories have nevertheless provided a conceptual framework upon which this study is built. For instance, the critical theory recognises the fact that societies are unequal and attributes the problem of disability to social inequalities and injustices existing in the society. As will be seen in chapter 4, this study has identified four social environments or contexts as the focal areas of the study. The theory of personal tragedy on the other hand, serves as a reminder that no one is immune from disability. Since everyone is a potential

candidate for disability, we are reminded, as the saying goes, that treat others as you would like them to treat you. No one can predict the future, let alone having a foresight of when fate will strike.

Since no literature surveyed thus far, has provided insight into incidents of discrimination or abuse as this study has attempted, it can be noted that another angle of academic inquiry into disability issues has been introduced. However, if there is already existing knowledge on the subject from the same approach used in this study, the study should be treated as an attempt to expand or contribute to the existing knowledge base.

## **2.8 CONCLUDING NOTES**

Chapter 2 has discussed the literature review in which the expert opinions of other researchers and writers on disability were analyzed and compared. The chapter has reviewed seven theories underpinning the subject of disability although much emphasis focussed on the discussion of the personal tragedy theory. The analysis of this theory has contributed to the understanding of the phenomenon of disability, especially as it relates to the causes of disability. The chapter also discussed the definitions and conceptual models of disability from the perspective of the international classification of functioning produced by the World Health Organization (WHO). With regard to the two models covered in the chapter, the medical model of disability is viewed as a problem of the individual while the social model of disability is regarded as a socially created

problem whose solution lies in the collective efforts of the society as a whole rather than in individuals. The next chapter will discuss the methodology used in the study.

## **CHAPTER 3**

### **RESEARCH METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter will discuss the methodology used in the study. Its content is organized in accordance with the relationship of the concepts. The research design, research context, population and sample, instruments of data collection and procedures used in the data collection, test for reliability and validity, data analysis techniques and ethical considerations will be discussed in the sequence and order they are listed. The chapter will conclude by summarizing key features or themes presented in the methodology.

It is important to note at the outset that, although the study was designed to follow a pre-planned methodology as was first conceived in the preliminary study that took place in May and repeated in September 2008, the actual fieldwork that culminated in the collection of data and presentation of this report has been an evolving experience. Both the research context, the criterion for the selection of participants and the size of the sample population have changed and took different shapes and forms as the fieldwork progressed. This change and the slight deviation from the original plan were necessitated by the circumstances on the ground.



### **3.2 RESEARCH DESIGN**

The study used descriptive and exploratory research designs with both qualitative and quantitative approaches. Descriptive and exploratory research designs describe situations and events. In this context, the researcher observes and then describes what has been observed. In descriptive studies, the researcher must be acquainted with the topic, and must be able to describe the phenomenon being studied in detail.

According to Struwig and Stead (2003), qualitative research is not easily defined although it has certain features that distinguish it from quantitative research. Qualitative research methods are applied in many fields namely: in management science, sociology, anthropology, ecological psychology, ethnography and many other social science studies. Qualitative research is therefore an interdisciplinary, multi-paradigmatic and multi-method. In its application, qualitative research employs methods such as focus group discussions, interviews, participant observation, archival source analysis and content analysis.

Some of the distinguishing characteristics of qualitative research are the contextualization of the phenomenon being studied and the attempt to understand the phenomenon from the participants' perspectives. Since people's behaviours and experiences are inextricably intertwined with the environments in which they live, qualitative research provides a comprehensive description and analysis of the

environment or social context of the participants in the study. To understand the phenomenon from the participants' perspectives means that the researcher tries to see through the eyes of the participants. In other words, he or she does not only relate the views of participants but also carries out an in-depth analysis of these views in order to gain an insight into the phenomenon being studied.

Struwig and Stead (2003) also contend that qualitative research is any research that uses qualitative data; and qualitative data in this case is information the researcher collects that is not expressed in numbers such as words, pictures, drawings, paintings etc.

Qualitative research was used in this study to explore and examine the perceptions held by various groups of participants regarding the phenomenon of discrimination or abuse against people with disabilities in Windhoek. Participants were allowed to express views and opinions about their experiences, problems and challenges they face in the communities they live. From these viewpoints, complemented by empirical evidence obtained from those who gave accounts of their personal experiences, the researcher was able to determine the extent and magnitude of the phenomenon being studied. Empirical data refer to cases or incidents of discrimination and abuse which some participants had encountered in various social set ups, such as at schools, at places of employment, in family home environments as well as within the communities.

Quantitative research was also employed in this study. Struwig and Stead (2003) define quantitative research as a form of conclusive research that involves large representative samples, and is fairly structured in terms of its data collection procedures. Quantitative research mainly seeks to test hypotheses. These hypotheses are usually derived from theories. As one of its characteristics, quantitative research focuses on the measurement of constructs. In other words, quantitative research anchors on the premise that the variables being studied must be measured and the results must be quantitatively expressed.

Some of the important characteristics of quantitative research are causality, generalization and replication. Causality seeks to identify relationships between variables being studied, such as to determine or identify the cause and effect relationships between dependent and independent variables. Generalization means that the results of the study can be inferred or generalised from the study population or sample to a larger population. Replication means that all other things being equal, if a study conducted by one researcher is replicated by others the results or findings should be the same. Quantitative research uses questionnaires and observational studies or methods to measure the constructs being studied.

The quantitative approach in the study involved the collection and capturing of data by means of questionnaires. In addition, the data were analysed and interpreted using numerical or percentage expressions. For example, the tables and figures in chapter 4

contain numerical data expressed either in absolute numbers or in relative frequencies. The data were obtained from primary and secondary sources with the primary sources constituting the major part of the study. The secondary sources involved the process of literature survey that provided the theoretical and conceptual basis of the study as was already alluded to in chapter 2. The data from the secondary sources were obtained from books, journals, newspapers, government publications and reports, as well as other publications from the internet.

### **3.3 RESEARCH CONTEXT**

The fieldwork began on the 12<sup>th</sup> of September 2008 and concluded on the 10<sup>th</sup> of October 2008. The study was confined to the city of Windhoek and covered the city's high-density urban constituencies such as Katutura East, Katutura Central, Khomasdal North, Moses Garoeb, Samora Machel, Soweto and Tobias Hainyeko respectively. The researcher undertook house-to-house visits in the company of one research assistant. Members of the households visited were asked to indicate whether they shared their home with someone with disabilities; and based on the information provided the sample population was drawn. The number of respondents in constituencies varied depending on how many of them were reached by the researcher. In certain constituencies, as few as two or three respondents were identified and included in the study. To accomplish the task of enumeration and to maintain a focused approach in the search for possible participants, the researcher relied on the statistics of the 2001 population and housing

census of the Khomas Region that provided details on the total number of people with disabilities living in each constituency (Central Bureau of Statistics, 2001, p.22). However, since the data obtained from the census report did not provide information about specific households with disabled people, the search to locate them in their respective suburbs was done on a random basis rather than systematic. The absence of this information made the fieldwork quite cumbersome and hectic amid the constraints imposed by time.

Apart from the constituencies, the study also covered other areas of interest. These areas or places of interest included the following:

- Offices of the National Federation of People with Disabilities in Namibia (NFPDN) in Okuryangava, Katutura;
- Onyose Trust Centre for People with Disabilities in Khomasdal;
- Namibia National Association for the Deaf (NNAD) in Khomasdal;
- Ministry of Defence, Bastion 2, in the Central Business District (CBD);
- Concordia College in Hochland Park;
- Moreson School for the mentally, visually and hearing impaired learners;
- Katutura Red Cross centre and;
- Ehafo Vocational Training Centre in Avis.

## **3.4 POPULATION AND SAMPLE**

### **3.4.1 Population**

The study population consisted of two groups of participants namely, people with disabilities and those without disabilities. People with disabilities comprised individuals, males and females with various degrees of impairments, ranging from those with visual, hearing, and speech impairments to those with mobility difficulties. The inclusion criterion was based on the ability of the participants to complete the questionnaires unassisted. In other words, the participant could read and right English. The selection criterion for those with language problems was based on the ability the participant to understand the content of the questionnaires and to answer the questions therein contained with the assistance of someone. This meant that individuals with mental impairments and minors were excluded from participating in the study.

People without disabilities comprised individuals, males and females of various social status, such as teachers, directors, volunteers, social workers, parents or guardians and employees working with people with disabilities. The inclusion criterion in the study was based on the participants' intimate knowledge of disability. In other words, those who qualified as participants were individuals who by virtue of their responsibilities or status they have direct or indirect contact with people with disabilities and are thus acquainted with the conditions of people with disabilities. This relationship placed them

in a position where they could provide rich information sought by the study. The total study population was 135 participants.

### **3.4.2 Sampling and sample**

Qualitative sampling approach was used for both groups of participants. The sampling method used was non-probability sampling. Struwig and Stead (2003) state that “in non-probability sampling, the probability of any particular member of the population being chosen is unknown. The selection of sampling units is arbitrary as researchers rely heavily on personal judgement” (p.111). The study did not have prior knowledge of individuals who would constitute the study population, hence, participants were randomly chosen based on the personal judgement of the researcher, guided by the type of data that were needed to meet the purpose of the study.

### **3.4.3 Sampling size**

People with disabilities constituted the biggest number of participants; they were 94 in total, 52 males and 42 females. People without disabilities were only 41, 35 of whom were females while 6 were males. The sampling techniques for both groups of participants involved the use or administration of questionnaires and focus group discussions. Both purposeful and snowball sampling strategies were used.

### **3.4.4 Sampling strategies**

#### **3.4.4.1 Purposeful sampling**

According to Struwig and Stead (2003), “Purposeful sampling is not concerned so much with random sampling as it is with providing a sample of information-rich participants. In other words, the participants manifest certain characteristics that the researcher is interested in” (p.122). In this study, the researcher was interested in the age, gender, social status, occupation as well as the likelihood of participants to provide quality and reliable data sought by the researcher.

#### **3.4.4.2 Snowball sampling**

Snowball sampling is a procedure in which initial respondents are selected by probability methods, but in which additional respondents are then obtained from the information provided by the initial respondents (Struwig and Stead, 2003, p.112). In this study, the snowball sampling strategy was not part of the initial plan but its relevance became obvious during the fieldwork when the initial respondents began referring the researcher to other people he did not know before. This strategy enabled the researcher to reach previously unknown people who later became part of the sample population. The snowball sampling worked in the form of what could be termed a referral system



whereby participants' information led the researcher to other people in the domino kind of effect.

### **3.5 INSTRUMENTS OF DATA COLLECTION AND PROCEDURES USED IN DATA COLLECTION**

Proven instruments of data collection in qualitative and descriptive research studies were combined, adapted and applied in this study to achieve the intended outcome of the research. These instruments included questionnaires, interviews and focus group discussions ( Varkevisser, Pathmanathan & Brownlee, {u.d.} p. 50),

#### **3.5.1 Interviews**

##### **3.5.1.1 Structured interviews**

Structured and unstructured interviews were used to collect the data. Structured interview sessions were held with participants who needed assistance with the completion of questionnaires due language and other problems such as visual impairments, mobility difficulties etc. Questionnaires were used as interview guides whereby the researcher personally filled in answers as he received them from the participants. Participants who did not require assistance were requested to complete all the relevant sections of the questionnaires which were later collected by the researcher.

For purposes of this study, two sets of questionnaires, both containing open ended and close-ended questions were used. One set of questionnaires designated by the letter ‘A’ was administered to people with disabilities because it contained specific questions which could be answered only by the victims of disabilities. Another set of questionnaires designated by the letter ‘B’ was used to obtain the data from people without disabilities regarding their personal views and perceptions about discrimination and abuse against people with disabilities. The purpose of involving participants without disabilities into the study was to try and understand the phenomenon of discrimination or abuse against people with disabilities from both perspectives, namely, from the perspective of the victims of disabilities themselves and from that of able-bodied individuals. The contents of the questionnaires were divided into sections and grouped according to themes.

### **3.5.1.2 Unstructured interviews**

According to Berg (2001), “Unstructured interviews do not use schedules of questions. Interviewers assume that they do not know in advance what all the necessary questions are. Consequently, they can not predetermine a full list of questions to ask” (pp. 69-70). In this study only one unstructured interview session was conducted which involved a school principal from one of the special schools for learners with disabilities in the city of Windhoek. The interview took place in the principal’s office and was conducted without following a specific set of questions. For example, one specific question was

posed by the researcher and based on the answers received, other questions were then formulated and posed. The purpose of this technique was to allow the interviewee to express her views freely. This instrument proved to be a valuable source of data by means of which the researcher gained insight into other dimensions of the phenomenon being investigated. Much of the information she provided was corroborated by other sources elsewhere.

### **3.5.2 Focus group discussions**

Berg (2001) defines a focus group as “an interview style designed for small groups. It is an attempt to learn about the biographies and life structures of group participants” (p. 111). The focus group discussion proved to be an important instrument of data collection. Its application in the study was to obtain information from participants by means of group discussions over a certain topic or issue that was suggested by the researcher. The focus group discussion accorded the opportunity for participants to discuss, share and exchange views with one another on a number of issues that affect them and on which they share common experiences. Only one focus group discussion was conducted in this study involving a small number of learners from one special school in Khomasdal.

Six participants were placed in one room and sat in such a way that they all faced each other in a round table kind of setup. Participants were randomly selected and

represented an equal number of males and females with the age category ranging from 18 years and above. All participants were people with disabilities who came from different social backgrounds and from different constituencies. The researcher positioned himself in a way that he could not attract attention from the group. The group was informed about the purpose of the study and the reason why the discussion team was constituted. After this brief introduction the topic for discussion was given by the researcher. At the beginning there were tensions and nervousness displayed by few individuals in the group, but as the discussion progressed and more guiding questions and suggestions were given, the tension dissipated and everybody was able to contribute to the debate. The discussion highlighted a number of issues which were pertinent to the purpose of the study. Some participants even brought forth issues they wished to see the government address with respect to the plight and socio-economic conditions of people with disabilities in Namibia.

### **3.6 TESTS FOR VALIDITY AND RELIABILITY**

Tests for validity and reliability are essential elements of any research project. Their consideration and inclusion in the research accords a degree of credibility and trustworthiness to the results of the study. Tests for validity and reliability are undertaken during the pilot study. Robson (1993) identified three major reasons why a pilot study is important and why it should precede the actual field research project. He states that a pilot study is conducted to determine or ascertain whether: (1) there are

ambiguities in the items of the test (2) the instruments of data collection will capture the data anticipated by the researcher (3) the collected data would be meaningfully analysed in relation to the research question.

Struwig and Stead (2003) define reliability as “the extent to which test scores are accurate, consistent or stable “(p. 130). According to them, a score’s reliability should first be determined before its validity is examined, since a test score’s validity is dependent on the reliability of the test score. Unreliable test scores will normally affect their validity.

The validity of a measuring instrument’s scores refers to the extent to which the instrument measures what it is intended to measure ( Struwig and Stead, 2003, p.138). Cronje, Du Toit and Motlatla (2001) define the concept of validity from the perspective of performance appraisals in human resources management to mean “the extent to which the performance measure assesses relevant aspects of performance. For example, if an employee’s job requires the drilling of holes, it should not measure how well the person plays sport” (p.455). The definitions of validity and reliability are similar irrespective of the context in which these concepts are used as illustrated by the two definitions above.

The test for validity and reliability of the instruments of data collection in this research was done by means of a pilot study conducted in May and repeated in September 2008. The first version of the questionnaires was administered to a selected group of

individuals in May. The results from this initial test altered the scope and the content of the questionnaires as adjustments and realignments of the instruments to the purpose of the study were made. In early September just before the actual fieldwork started, two tests were conducted during which the revised version of the questionnaires was administered twice to the same group of people. This exercise confirmed the reliability of the questionnaires as the first and second tests conducted during separate periods yielded similar results anticipated by the researcher. This process involved the test-retest procedure where the two sets of data captured by the same instruments overtime were examined for consistence, depth and the scope in terms of the extent to which the variables of the phenomenon being studied were captured.

The test for the validity of the instruments was determined by means of face validity and content validity respectively. The items of the test were confirmed to measure what the test was intended to measure. In the same vein, the items of the test fully reflected the theoretical content domain of the phenomenon being studied. Accordingly, the measure for trustworthiness of the instruments was ascertained by means of the test for validity and reliability through the processes and activities carried out during the pilot study. These instruments, after they passed the measure for validity and reliability, were adopted and applied in the study.

### **3.7 DATA ANALYSIS TECHNIQUES**

Data were analysed descriptively using the SPSS statistical package in combination with a specially designed Microsoft Excel 2003 spreadsheet. The data analysis involved the process of examination, categorization, tabulation and cross-tabulation. All the data collected through different instruments were compared and matched to determine their relevance to each research objective. The results of this data analysis are graphically represented in chapter 4 in which responses of participants, in different social contexts, are indicated. Content analysis, also known as documentary analysis, was used to group responses captured by different instruments of data collection into categories and themes to ascertain the meaning of respondents' views and perceptions regarding discrimination and abuse against people with disabilities. The ANOVA software programme was used to assist with statistical manipulation of data.

### **3.8 ETHICAL CONSIDERATIONS**

During the study certain aspects of ethics were observed. Before the fieldwork began, the research project proposal was first approved by the Post Graduate Studies Committee (PGSC) and subsequently endorsed by the Senate of the University of Namibia. Following this approval, the researcher also approached the office of the Khomas Regional Governor for permission to conduct research in the city of Windhoek which was later granted, (see attached appendices 2 and 3).

The study design was based on the principle of voluntary participation. The sample population was drawn from participants who voluntarily decided to participate in the study. At no time was any person coerced to participate or to disclose information he or she was not willing to give. Participants had the liberty to participate or withdraw from the study anytime they so wished, although no withdrawals were observed in this study. Children younger than 16 years of age were excluded from participating in the study as they were considered minors. This applied also to children with various degrees of mental impairments.

### **3.9 CONCLUDING NOTES**

The methodology has delineated a number of activities that led to the collection of the data. The concepts of the research design, research context, research participants, as well as the population sampling strategies and data analysis techniques were discussed in detail. Factors that influenced the changes and deviation from the original plan in the methodology were also explained. The sample population consisted of two broad categories of participants namely: participants with disabilities and participants without disabilities. Each category had yielded information that proved pertinent to the research question and the research objectives. The next chapter will discuss the findings of the study.



**CHAPTER 4**  
**RESULTS AND FINDINGS**

**4.1 INTRODUCTION**

This chapter will present the results and findings of the study in a narrative form, supported where appropriate, by tabular or graphic documentation. Table 4.1.1 below shows the characteristics of the study population.

**Table 4.1.1 Number of individuals in the study by Gender**

<b>Gender</b>	<b>Disabled</b>		<b>Non-disabled</b>		<b>Total</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Male</b>	<b>52</b>	<b>55</b>	<b>6</b>	<b>15</b>	<b>58</b>	<b>43</b>
<b>Female</b>	<b>42</b>	<b>45</b>	<b>35</b>	<b>85</b>	<b>77</b>	<b>57</b>
<b>Total</b>	<b>94</b>	<b>100</b>	<b>41</b>	<b>100</b>	<b>135</b>	<b>100</b>

Source: Adapted from MRCC report, 2003, Living Conditions among People with Disabilities in Namibia,

A National Representative Study, p.55

## **4.2 RESULTS OF THE STUDY**

### **4.2.1 Perceptions**

Participants in the study representing both disabled and non-disabled individuals, males and females, old and young were asked to describe how they understood the notion of discrimination and abuse against people with disabilities. They were asked to indicate whether they believe that discrimination and abuse do exist in the city of Windhoek. In response to this general question, 78% (n = 32) of participants without disabilities have indicated that discrimination and abuse do exist. 12% (n = 5) of them do not believe or, they have not yet experienced anything they could attribute to discrimination or abuse against people with disabilities. The remaining 10% (n = 4) of participants in this category were not sure whether such phenomenon does exist. 84% (n =27) of those who believe in the existence of discrimination and abuse were female respondents compared with 16% of their male counterparts.

In response to the same question, 83% (n = 78) of people with disabilities believe that discrimination and abuse do exist in the society while 17% believe the opposite. Out of the total number of 78 of those who believe, 58% were male participants while the corresponding figure for female respondents was 42%. The overall number of responses in the affirmative representing the entire study population was 110 or 81%, whereas those who do not believe were 21 or 16%. The difference in responses between the two

groups i.e., those who believe and those who do not believe is 65%. Participants who were not sure whether discrimination or abuse does exist were only four, representing 3% of the study population. Participants with *not sure* answers were females from the group of people without disabilities or able-bodied individuals as they are also referred to. The words participants and respondents are used interchangeably to refer to individuals who participated in the study. Table 4.2.1 below shows the number of responses by participants to perceptions of discrimination or abuse.

**Table 4.2.1 Number of responses to perceptions of discrimination or abuse against people with disabilities**

Gender	Disabled			Non-disabled			Total	
	Yes	No	Not sure	Yes	No	Not sure	Yes	No
Male	45	7	-	5	1	-	50	8
Female	33	9	-	27	4	4	60	13
Total	78	16		32	5	4	110	21

### 4.3 Incidents of discrimination or abuse

In the attempt to determine the magnitude of discrimination or abuse committed against people with disabilities in the society, four areas referred to in this study as social environments were identified. These environments are school, work, domestic and community. The quest for answers to the research question was based on the analysis of

the responses and the interpretation of the data from these four social environments. Participants were asked to describe their experiences of discrimination or abuse by means of a 'yes or no' answer in each of the four social environments. The analysis and comparison of the number of responses or percentages of these responses in specific environments gave an idea of the environment in which discrimination or abuse was more prevalent or severe.

Besides determining the environment in which discrimination or abuse was endemic, the analysis and interpretation of the data also focused on the identification of the gender or age categories of participants that were more vulnerable or more exposed to discrimination or abuse in the society. Hence, participants were divided into two broad categories namely, males and females according to their gender designation. Participants in each gender group were further sub-divided into four categories according to their age groups. Table 4.3.1 below illustrates the division of participants into these categories according to gender and age. Furthermore, the table shows the number of participants in each category and the corresponding percentage of that category relative to the total number of participants with disabilities in the study. Each age and gender group's responses were analysed and interpreted individually before comparisons were made with the responses from other categories. The results of these comparisons form part of the findings of the study as will be illustrated in section 4.6.

**Table 4.3.1 Categories of participants with disabilities**

<b>Gender</b>	<b>Age category (Years)</b>	<b>Number of respondents</b>	<b>Percentage (%)</b>
<b>Males</b>	<b>16-19</b>	<b>24</b>	<b>26</b>
	<b>20-35</b>	<b>18</b>	<b>19</b>
	<b>36-49</b>	<b>6</b>	<b>6</b>
	<b>50-74</b>	<b>4</b>	<b>4</b>
<b>Females</b>	<b>16-19</b>	<b>11</b>	<b>12</b>
	<b>20-35</b>	<b>13</b>	<b>14</b>
	<b>36-49</b>	<b>12</b>	<b>13</b>
	<b>50-74</b>	<b>6</b>	<b>6</b>
<b>Total</b>		<b>94</b>	<b>100</b>

Many participants gave accounts of their personal experiences, with some of them relating that discrimination and abuse have become part of their social lives albeit without adequate coping mechanisms such as access to counselling services or emotional support in the family circles. Participants' exposure to discrimination or abuse was in varying degrees and occurred without being influenced in a large measure, by factors such as gender, age, type or degree of impairment or social status. A significant number of participants have experienced multiple exposures to discrimination in social environments such as at school, at work, at home and in the community. The

magnitude of the problem differed from person to person. Some have encountered more problems at school while others reported to have encountered worse incidents of discrimination or abuse at home and in the community. With regard to forms of discrimination, many participants shared similar experiences. There are certain discriminatory or abusive practices that cut across culture, gender and age. One such example of a transcendent nature is emotional abuse. Section 4.4 is devoted to the discussion of the forms of discrimination or abuse in which emotional abuse will feature prominently as one form that is commonly encountered by many participants.

Adult participants who lived in the two dispensations, i.e., the colonial and post-colonial eras, spoke of similarities between the incidents of discrimination or abuse they encountered in the past and those they continue to encounter in a free and independent Namibia. In comparative terms, people with disabilities who attended school during the colonial period have been exposed to many incidents of discrimination or abuse than their counterparts in the postcolonial era. The reason for this disparity in the levels of exposure is that there are many special schools for people with disabilities in an independent Namibia than they used to be during the apartheid era. The data obtained from the Ministry of Education show that during the apartheid era only four special schools were in existence, as compared with nine schools in post independence era (Directorate for Programmes and Quality Assurance, 2008). The study has established that special schools offer an environment in which people with disabilities are hedged or protected from discrimination or abuse.

It is important to note that researchers on special education for learners with disabilities are sounding a warning. They reveal an inherent dilemma or policy implications in the establishment of special schools for learners with disabilities. Oliver and Sapey (1999, p. 94) argue that instead of being useful, special education may further disable impaired adolescents and offer nothing special. The reason for this, according to Oliver and Sapey (1999) is that special schools exacerbate the problem of disability in many ways. For example, disabled children are usually taken away from their home environments for longer periods, and by the time they leave these segregated setups peer relationships have been formed in their local community on a lasting basis and they find themselves excluded. Special schools also fail to provide remedial social skills programmes to alleviate the negative effects of segregation. Gillham (1986) emphasizes this point when he states that, “It is certainly much easier to bring together special equipment and expertise in one place, or a few places; but a school where all the children are special is an inherently abnormal environment. Adaptation there may have little relevance to adaptation in normal social settings” (p.11).

Twenty- four male participants between the ages of 16 and 19 (See table 4.3.1) took part in the study. This age group’s responses to incidents of discrimination or abuse at school varied between 59% and 41% respectively. In other words, 59% (n = 10) of participants confirmed having been exposed to discrimination or abuse at school compared with 41% (n = 7) who did not have an experience of such incidents. Seven participants could not relate their experiences at school because they have never attended school. Only one of

the participants reported to have been exposed to discrimination or abuse at work. Twenty-three other participants are either still at school or they are unemployed. To be specific, ten participants are unemployed while the other thirteen are still attending school.

When they were also asked to describe their experiences of discrimination or abuse in the domestic and community environments, 58% (n = 14) indicated that they had been exposed to these incidents at home compared with 42% (n = 10) who denied knowledge of exposure to these incidents. Similarly, 58% (n = 14) said they had been exposed to discrimination or abuse in the community compared with 42% (n = 10) who said they had not encountered any act they could attribute to these incidents in the community. Table 4.3.2 and Figure 4.3.1 below give graphic illustration of these responses.

**Table 4.3.2 Number of responses to incidents of discrimination or abuse amongst 16-19 years old male participants**

<b>Gender</b>	<b>School</b>		<b>Work</b>		<b>Domestic</b>		<b>Community</b>		<b>Total</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>Male</b>	<b>10</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>10</b>	<b>14</b>	<b>10</b>	<b>39</b>	<b>27</b>
<b>Total</b>	<b>10</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>14</b>	<b>10</b>	<b>14</b>	<b>10</b>	<b>39</b>	<b>27</b>



**Figure 4.3.1 Analysis of responses to incidents of discrimination or abuse amongst 16-19 years old males**

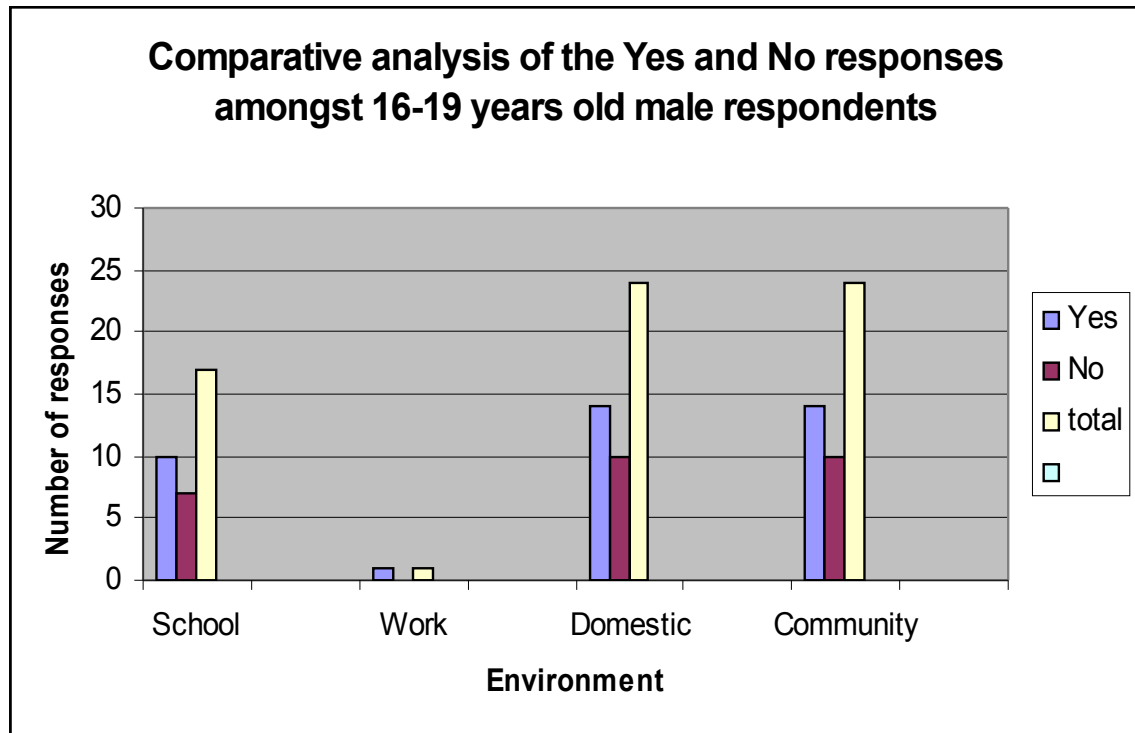


Table 4.3.2 and Figure 4.3.1 above show a high prevalence level of discrimination or abuse in the domestic and community environments than at school and at work. Young people in this age category are more exposed to incidents of discrimination or abuse at home (domestic) and in the community than they are in the other two environments. The low prevalence level at work could be attributed to the fact that 96% (n = 23) of participants have no work experience as they have never entered the job market before. The school environment registered slightly low prevalence level compared with the domestic and community environments. Possible explanation for this low prevalence

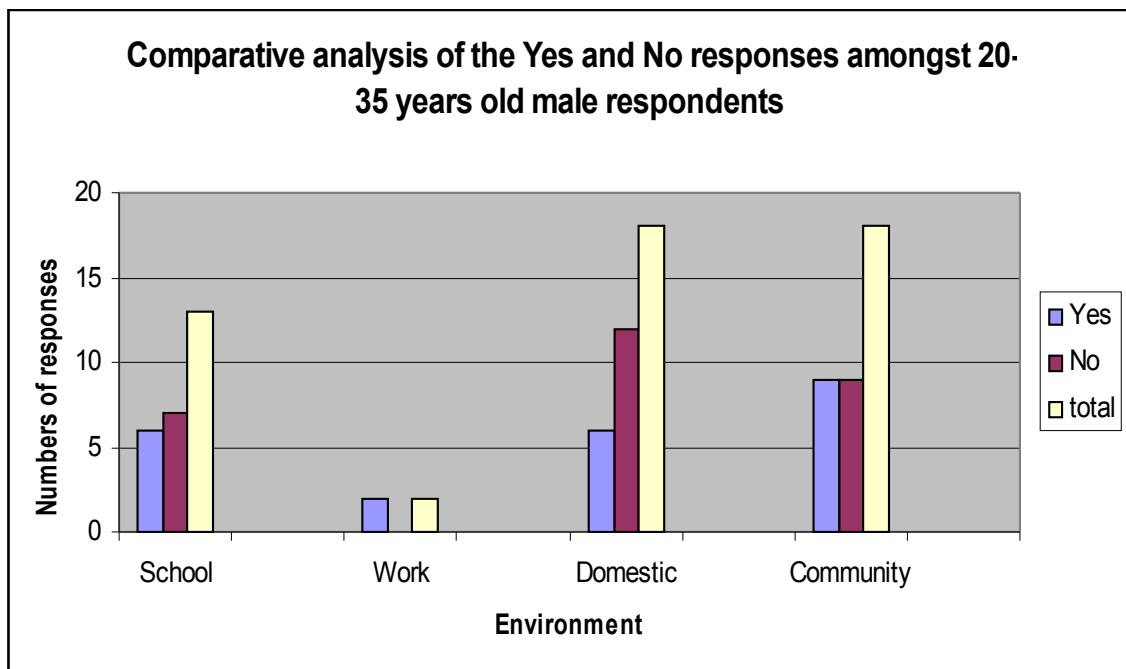
level is that 41% (n = 7) of these young people are enrolled in special schools where incidents of discrimination or abuse are significantly lower than in normal schools.

Individual responses of young men between the ages of 20 to 35 years were also analysed to determine this age group's level of exposure to discrimination or abuse in the society. Overall, eighteen participants took part in the study. Their responses to incidents of discrimination or abuse at school varied between 46% and 54% respectively. 46% (n = 6) have been exposed to discrimination or abuse at school while 54% (n = 7) have not been exposed to such incidents. Five participants had never attended school, hence, they had nothing to relate regarding discrimination or abuse at school. Only two or 11% have indicated that they were exposed to discrimination or abuse at work; the rest or 89% of respondents are either still at school or they are unemployed. In terms of their exposure at home and in the community, 33% (n = 6) had encountered discrimination or abuse at home compared with 67% (n = 12) who had no exposure to such incidents. Responses in the community were 50% (n = 9) in the affirmative and 50% (n = 9) in the negative respectively. Table 4.3.3 and Figure 4.3.2 below present graphic illustration of the responses of the 20 to 35 year olds in various social environments.

**Table 4.3.3 Number of responses to incidents of discrimination or abuse amongst  
20-35 years old male participants**

Gender	School		Work		Domestic		Community		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Male	6	7	2	0	6	12	9	9	23	28
Total	6	7	2	0	6	12	9	9	23	28

**Figure 4.3.2 Analysis of responses to incidents of discrimination or abuse amongst  
20-35 years old males**



The data in the table 4.3.3 and in the figure 4.3.2 show a high prevalence level of discrimination or abuse in the community than in other social environments. The work

environment registered the lowest prevalence level as only two or 11% of participants were employed. The rest of the participants are yet to enter the job market. The work environment would probably have yielded different results had a significant number of these young people been employed.

It is also interesting to note that the highest level of negative responses was registered in the domestic environment with 67% (n = 12) of participants saying they have not encountered incidents they could attribute or associate with discrimination at home. The evidence suggests that participants in this age category are better off at home than in other environments in terms of their level of exposure to discrimination or abuse.

The third age category that participated in the study was that of male participants between the ages 36 and 49 years. Overall, their total number was six. When they were asked to describe their experiences of discrimination or abuse at school, work, home or in the community 40% (n = 2) said they had encountered discrimination or abuse at school while 60% (n = 3) have answered in the negative. One participant could not relate his experience at school as he has never attended school. Only one or 33% of respondents reported to have been exposed to discrimination or abuse at work compared with 67% (n = 2) who answered in the negative. Three participants said they were unemployed. Only one or 17% (n = 1) of respondents reported exposure to discrimination or abuse in the domestic environment compared with 83% (n = 5) who indicated that the home was the best environment for them. 67% (n = 4) of participants indicated that they

had encountered discrimination or abuse in the community compared with 33% (n = 2) who answered in the negative. Table 4.3.4 and Figure 4.3.3 below give graphic illustration of the responses of the 36 to 49 years old participants.

**Table 4.3.4 Number of responses to incidents of discrimination or abuse amongst 36 to 49 years old male participants**

<b>Gender</b>	<b>School</b>		<b>Work</b>		<b>Domestic</b>		<b>Community</b>		<b>Total</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>Male</b>	2	3	1	2	1	5	4	2	8	12
<b>Total</b>	2	3	1	2	1	5	4	2	8	12

**Figure 4.3.3 Analysis of responses to incidents of discrimination or abuse amongst 36-49 years old males**

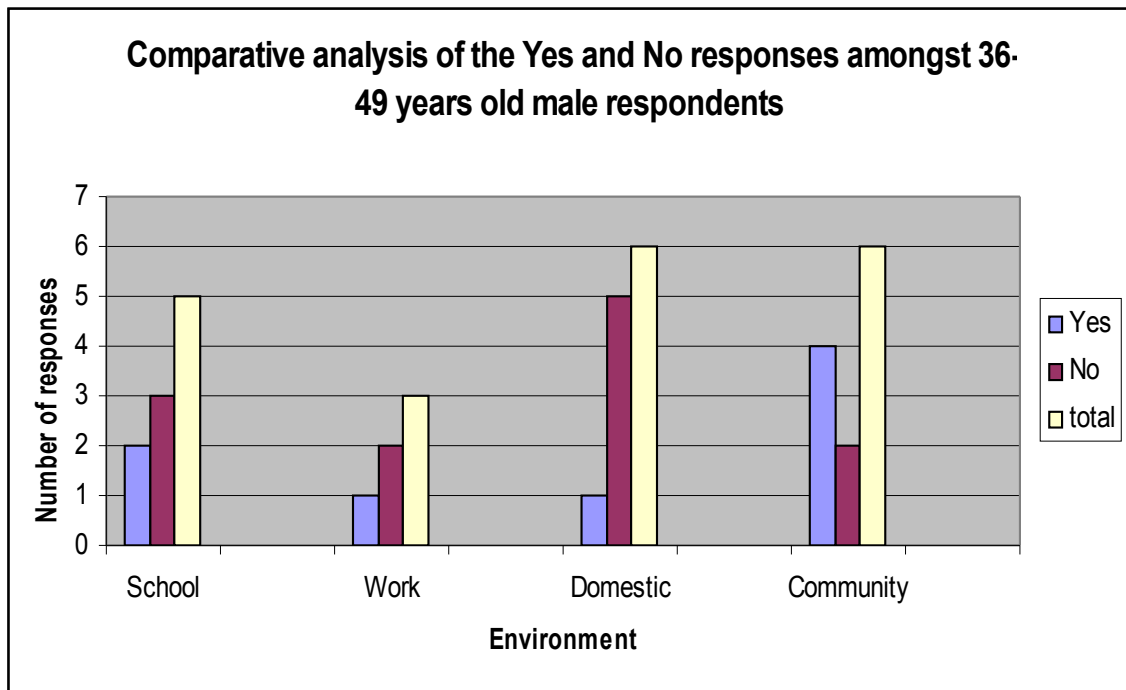


Figure 4.3.3 shows a high prevalence level of discrimination or abuse in the community than in other environments. In contrast, the work and domestic environments registered the lowest incident levels. The facts suggest that this age category is worse off in the community than in other environments in terms of their exposure to discrimination or abuse. The domestic environment registered the highest negative responses with 83% (n = 5) of participants saying they have not been exposed to discrimination or abuse at home compared with 17% (n = 1) of those who confirmed their exposure at home. It is important to note that 50% of respondents in this age group are employed.

The last category of male participants that also participated in the study was that of the age bracket between 50 and 74 years old. They were four participants in total. When asked to describe their experiences of discrimination or abuse, 50% (n = 2) said they

have been exposed to these incidents at school compared with the same number and percentage of those who answered in the negative. All four participants indicated that they were unemployed. In terms of their exposure at home and in the community, their responses were 75% (n = 3) in the affirmative against 25% (n = 1) in the negative at home and 50% (n = 2) in the affirmative against 50% (n = 2) in the negative in the community respectively. Table 4.3.5 and Figure 4.3.4 present graphic illustration of this age category's responses.

**Table 4.3.5 Number of responses to incidents of discrimination or abuse amongst 50 to 74 years old male participants**

Gender	School		Work		Domestic		Community		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Male	2	2	0	0	3	1	2	2	7	5
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>5</b>

**Figure 4.3.4 Analysis of responses to incidents of discrimination or abuse amongst 50-74 years old males**



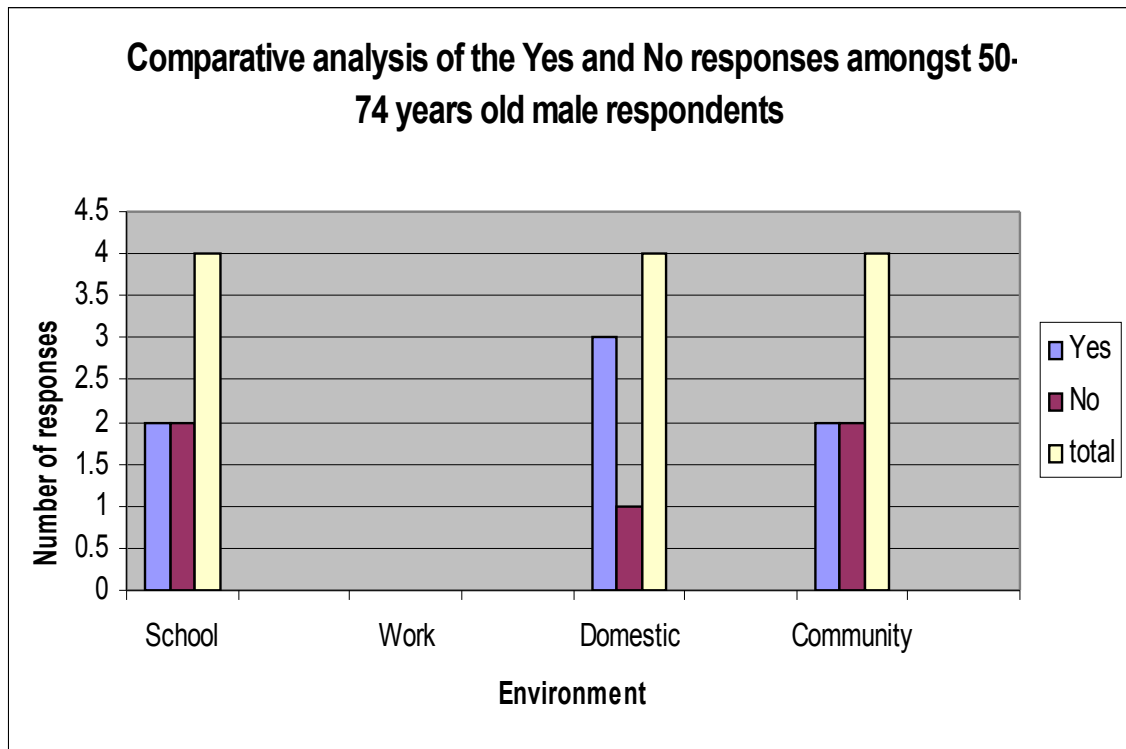


Figure 4.3.4 above shows a high level of exposure to discrimination or abuse in the domestic environment compared with other environments. The community and school environments also show relatively high level of exposure compared with the work environment where no single case of exposure was reported. The obvious reason for the nil prevalence level at work is that all participants in this age category are unemployed.

The first category of female participants whose responses were also analysed was that of the age group between 16 and 19 years old. Participants were eleven in total. When they were asked to describe their experiences of discrimination or abuse, 45% (n = 5) said they had encountered discrimination or abuse at school compared with 55% (n = 6) who

had no knowledge of such incidents. None of the participants had been employed in their lives. Ten or 91% of participants are still at school while one or 9% has left school and joined the ranks of unemployed youth. With regard to their experiences of discrimination or abuse at home and in the community, 64% (n = 7) said they had been exposed to incidents of discrimination or abuse at home compared with 36% (n = 4) who reported to have no knowledge of such incidents at home. Likewise, 18% (n = 2) said they had encountered discrimination or abuse in the community compared with 82% (n = 9) who had no exposure to such incidents in the community. Table 4.3.6 and Figure 4.3.5 give graphic illustration of these responses.

**Table 4.3.6 Number of responses to incidents of discrimination or abuse amongst 16-19 years old female participants**

Gender	School		Work		Domestic		Community		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Female	5	6	0	0	7	4	2	9	13	19
Total	5	6	0	0	7	4	2	9	13	19

**Figure 4.3.5 Analysis of responses to incidents of discrimination or abuse amongst 16-19 years old females**

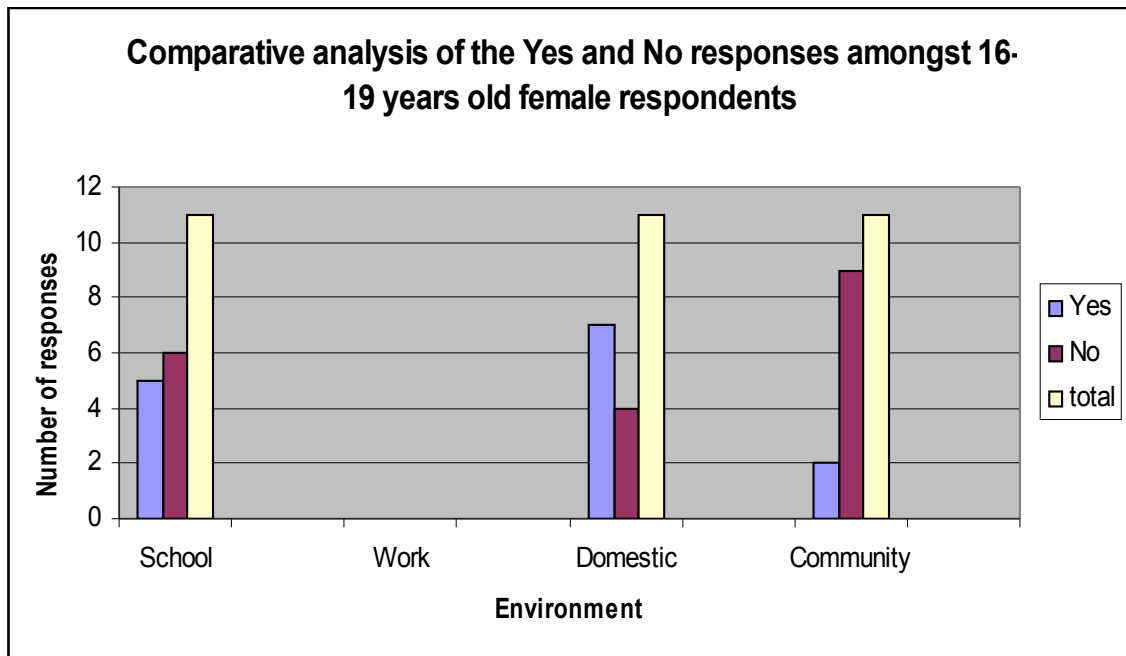


Table 4.3.6 and Figure 4.3.5 above indicate a high prevalence level of discrimination or abuse in the domestic environment amongst 16 to 19 years old female participants than at school or in the community. Experiences of discrimination or abuse at school come second in terms of the magnitude of exposure to these incidents. The community environment registered the lowest incident level. It is interesting to note the contrast between the level of exposure in the community by this group and that of male participants in the same age bracket. A number of factors are at play here, some of which include the inactivity and confinement of girls to the home environment as opposed to the more active and socially interactive group of young males.

The second category of female participants comprised the age bracket between 20 and 35 years old whose total number in the study was thirteen. When asked the same

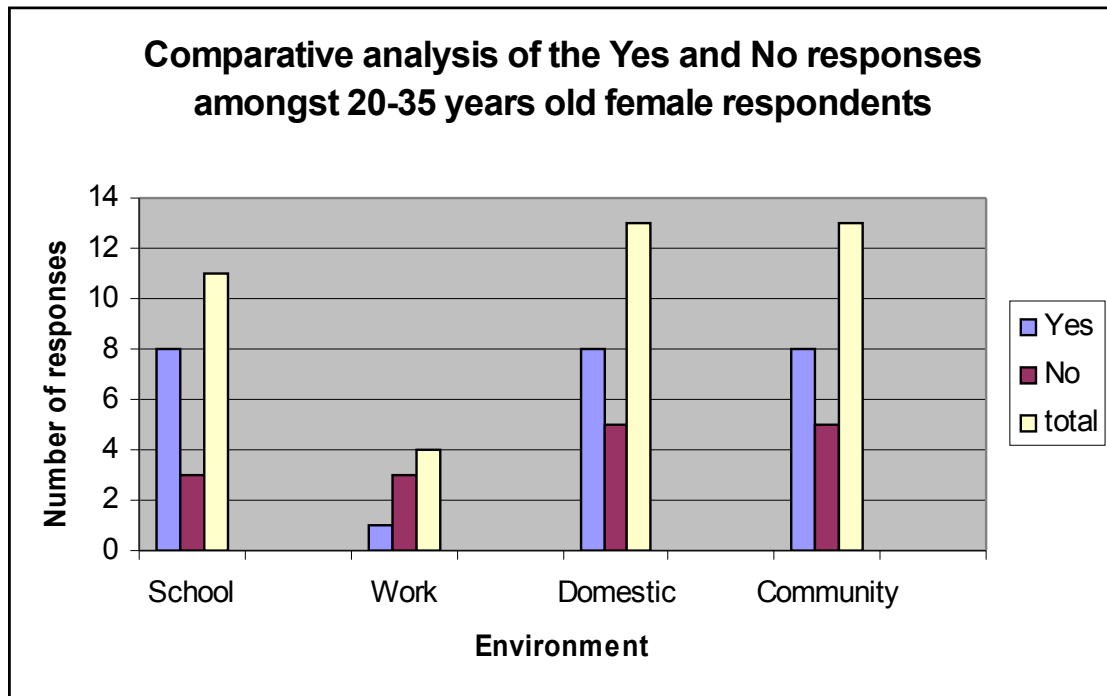
question like other groups, that is, to describe their experiences of discrimination or abuse in the four social environments, 73% (n = 8) of participants said they have been exposed to incidents of discrimination or abuse at school compared with 27% (n =3) who denied any knowledge of such exposure. Two participants could not relate their experiences at school as they have never attended school. Asked about their experiences at work, 25% (n = 1) of participants indicated that they have been discriminated against at work while 75% (n = 3) denied any knowledge of discriminatory or abusive practices at their work places. Eight participants are unemployed while one is still attending school. With regard to exposure at home and in the community, 62% (n = 8) have encountered discrimination or abuse at home compared with 38% (n = 5) who did not have such experience. Similarly, 62% (n = 8) have been exposed to these incidents in the community compared with 38% (n = 5) who said they had not encountered any incident they could attribute to discrimination or abuse in the community. Table 4.3.7 and Figure 4.3.6 illustrate the degrees of exposure to discrimination or abuse in different environments.

**Table 4.3.7    Number of responses to incidents of discrimination or abuse amongst  
20-35 years old female participants**

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Gender	School		Work		Domestic		Community		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Female	8	3	1	3	8	5	8	5	25	16
<b>Total</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>8</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>25</b>	<b>16</b>

Figure 4.3.6 Analysis of responses to incidents of discrimination or abuse amongst 20-35 years old females



The data in Table 4.3.7 and Figure 4.3.6 show equal levels of exposure to incidents of discrimination or abuse in three social environments namely: school, domestic and community. The work environment is dominated by the low prevalence level for reasons

that only four participants among the thirteen have secured jobs. The high prevalence level at school can be attributed to factors such as insufficiency or non-existence of special schools for people with disabilities during the apartheid regime as most of the participants in this age category attended school during that era. A significant number of participants said they attained their education in normal schools.

Participants between the ages of 36 and 49 years took part in the study; they were twelve in number. This is the third category of female participants who also gave accounts of their experiences of discrimination or abuse in the society. When asked to relate their experiences, 64% (n = 7) indicated that they were discriminated against at school while 36% (n = 4) said they have not been exposed to such incidents at school. 14% (n = 1) had experience of discrimination or abuse at work while 86% (n = 6) indicated that they have not encountered such incidents at work. Five participants said they were unemployed hence, they had no knowledge of work related discrimination or abuse.

In their responses to incidents of discrimination or abuse in the domestic and community environments, 17% (n = 2) answered in the affirmative while 83% (n = 10) answered in the negative. Likewise, 67% (n = 8) reported that they have been exposed to discrimination or abuse in the community compared with 33% (n = 4) who have not encountered such incidents. Table 4.3.8 and Figure 4.3.7 below illustrate this age category's level of exposure to discrimination or abuse.

**Table 4.3.8 Number of responses to incidents of discrimination or abuse amongst  
36-49 years old female participants**

<b>Gender</b>	<b>School</b>		<b>Work</b>		<b>Domestic</b>		<b>Community</b>		<b>Total</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>Female</b>	7	4	1	6	2	10	8	4	18	20
<b>Total</b>	7	4	1	6	2	10	8	4	18	20

**Figure 4.3.7 Analysis of responses to incidents of discrimination or abuse amongst  
36-49 years old females**

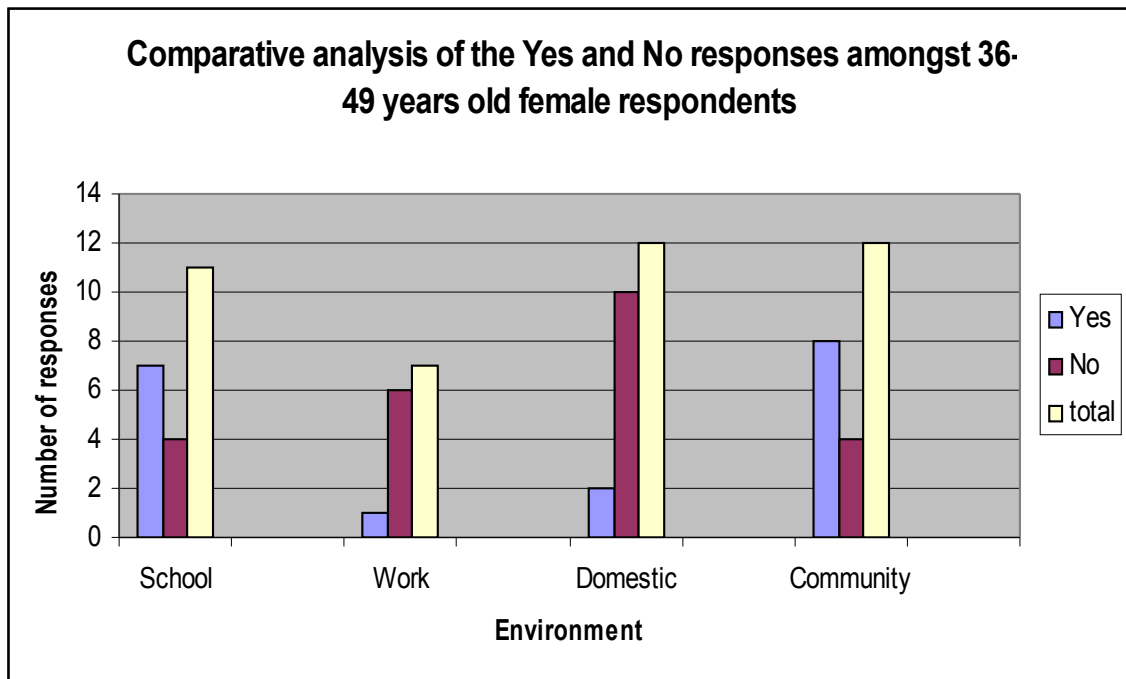


Table 4.3.8 and Figure 4.3.7 show a low prevalence level of discrimination or abuse in the domestic environment compared with other environments. The data show a possible relationship between employment status or independent living and the level of discrimination or abuse. The study could not conclusively prove this relationship. There are many other factors at play that influence peoples' behaviours and attitudes towards victims of disabilities; independent living is probably one of these factors.

The last category of females who participated in the study was that of the age bracket between 50 and 74 years old. This category consisted of six participants. When they were asked to relate their experiences of discrimination or abuse they encountered in the four social environments, 50% (n = 3) said they have been exposed to incidents of discrimination or abuse at school opposed to 50% (n = 3) who denied exposure to such

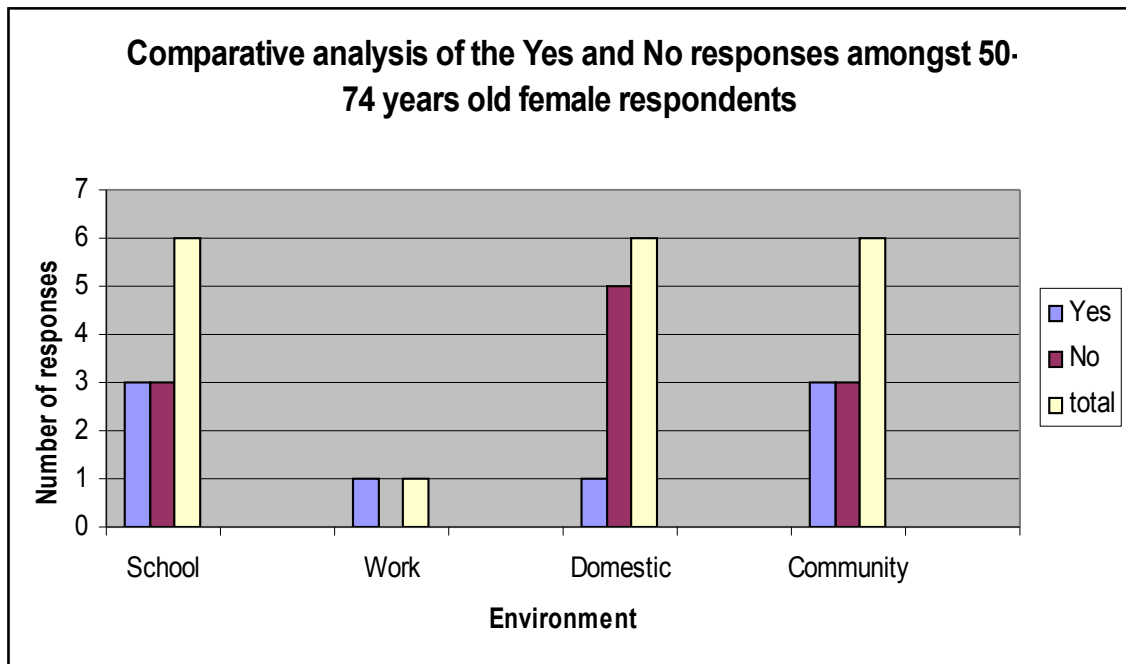


incidents. Only one gave an account of experience of discrimination or abuse at work, the other five are unemployed. One or 17% of participants had been exposed to discrimination or abuse at home while 83% (n = 5) of participants denied knowledge of exposure to these incidents at home. Concerning the same experience in the community, 50% (n =3) of participants reported to have been exposed to discrimination or abuse in the community compared with 50% (n =3) who had no such experience. Table 4.3.9 and Figure 4.3.8 present graphic illustration of these responses in various social environments.

**Table 4.3.9 Number of responses to incidents of discrimination or abuse amongst 50-74 years old female participants**

Gender	School		Work		Domestic		Community		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Female	3	3	1	0	1	5	3	3	8	11
Total	3	3	1	0	1	5	3	3	8	11

**Figure 4.3.8 Analysis of responses to incidents of discrimination or abuse amongst 50-74 years old females**



The data show a low prevalence level in the domestic and work environments compared with school and community environments that registered equal degrees of exposure to discrimination or abuse. The reason for the low prevalence level at work is that among the six participants only one of them indicated that she was employed. In other words, limited job opportunities accounts for this low prevalence level as participants had no work related experiences of discrimination or abuse.

The aggregate (total) responses of male and female participants were paired, compared and analysed by age categories to give an indication of the extent of discrimination or abuse experienced by each gender and age group in the four environments. The purpose of the comparison was to identify the age category or gender group that was better of or worse of in terms of the degree of exposure to discrimination or abuse. Figure 4.3.9

below gives a graphic illustration of the responses of the 16-19 years old male and female participants. Note that all comparisons are expressed in numbers and not in percentages.

**Figure 4.3.9 Analysis of responses to incidents of discrimination or abuse amongst 16-19 years old males and females**

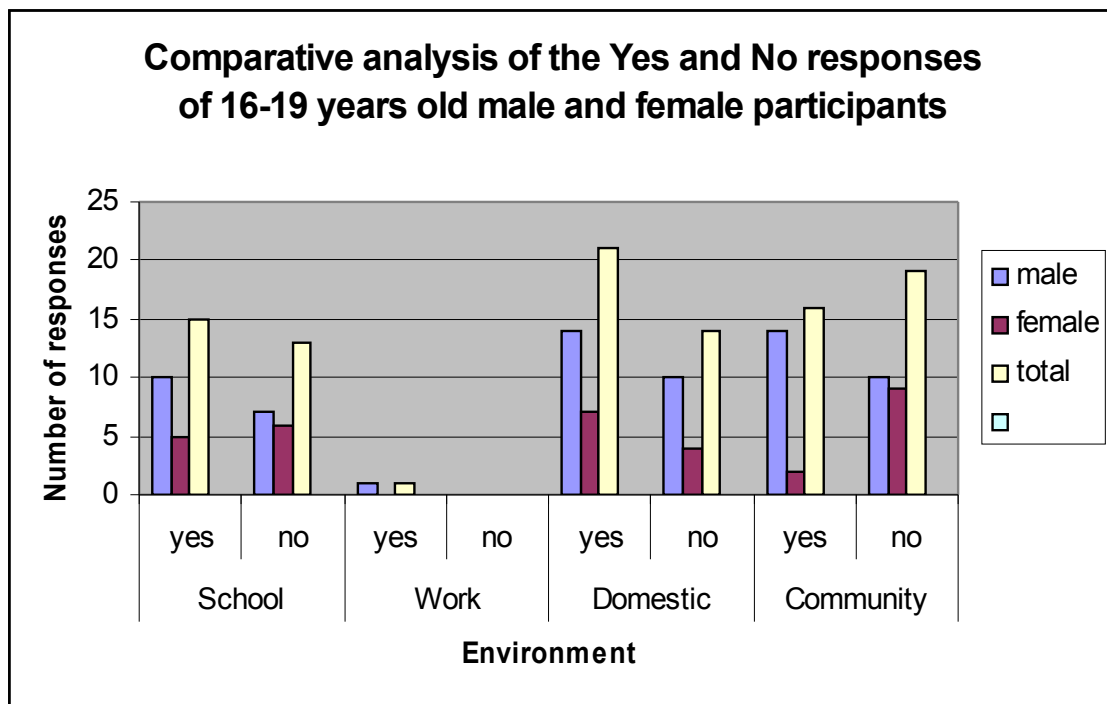


Figure 4.3.9 shows the responses of the 16-19 years old male and female participants across the spectrum of the social environments. The data show a high prevalence level of discrimination or abuse amongst males in the domestic and community environments compared with their female counterparts. In comparative terms, male participants are worse off at home and in the community. In contrast, female participants are better off in

the community than at home. Male participants are also more vulnerable to discrimination or abuse at school than their female counterparts are.

**Figure 4.3.10 Analysis of responses to incidents of discrimination or abuse amongst 20-35 years old males and females**

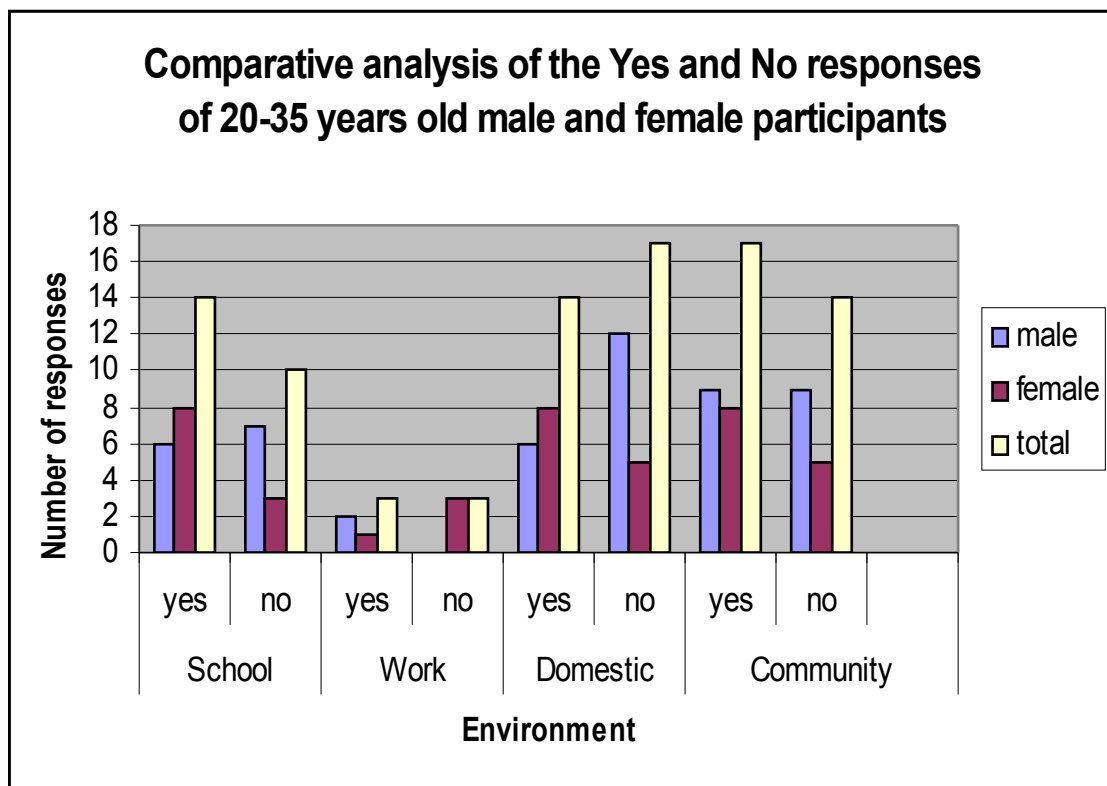


Figure 4.3.10 shows the comparison of responses of the 20-35 years old male and female participants across the spectrum of the social environments. The data show a high prevalence level of discrimination or abuse amongst female participants at school and at home. As opposed to 16-19 years old females, this age group’s level of exposure to

discrimination or abuse in the community is relatively high. Males are better off at school and at home than in the community.

**Figure 4.3.11 Analysis of responses to incidents of discrimination or abuse amongst 36-49 years old males and females**

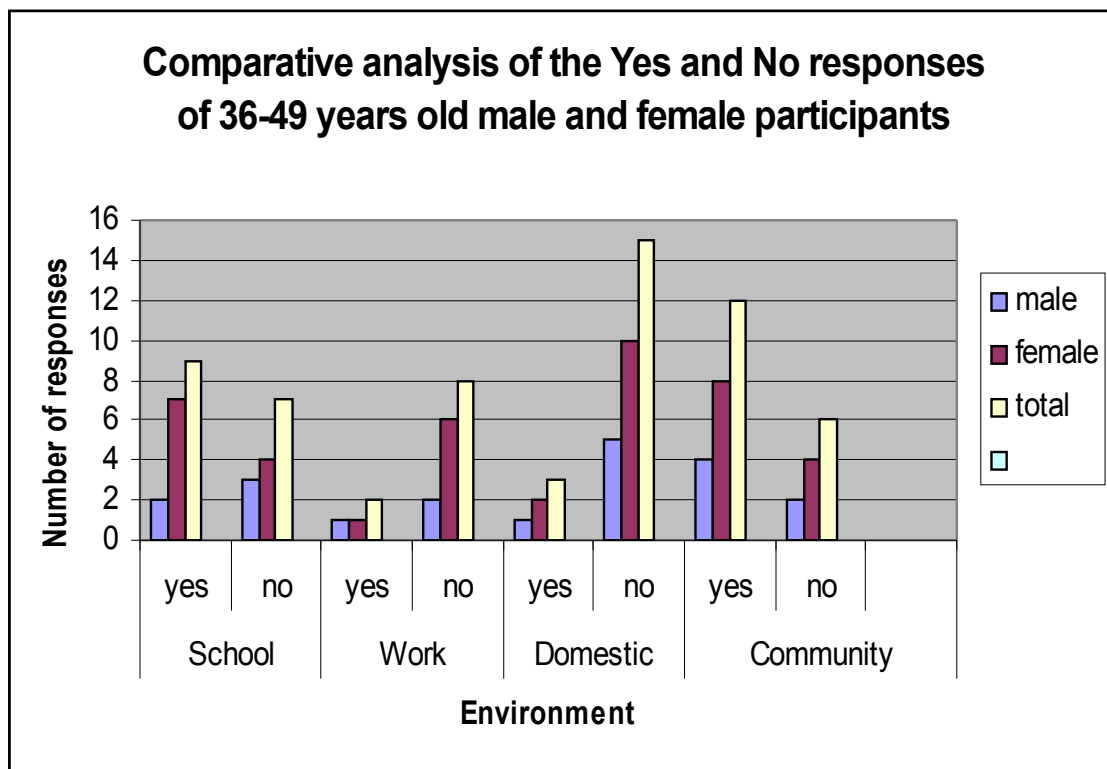


Figure 4.3.11 shows the comparison of responses of the 36-49 years old male and female participants across the spectrum of the social environments. The data show a high prevalence level of discrimination or abuse amongst female participants at school and in the community than among their male counterparts. It is also interesting to note that female participants have registered the highest negative responses in the work and

domestic environments. Male participants seem to be better of in the domestic environment than in the community.

**Figure 4.3.12 Analysis of responses to incidents of discrimination or abuse amongst 50-74 years old males and females**

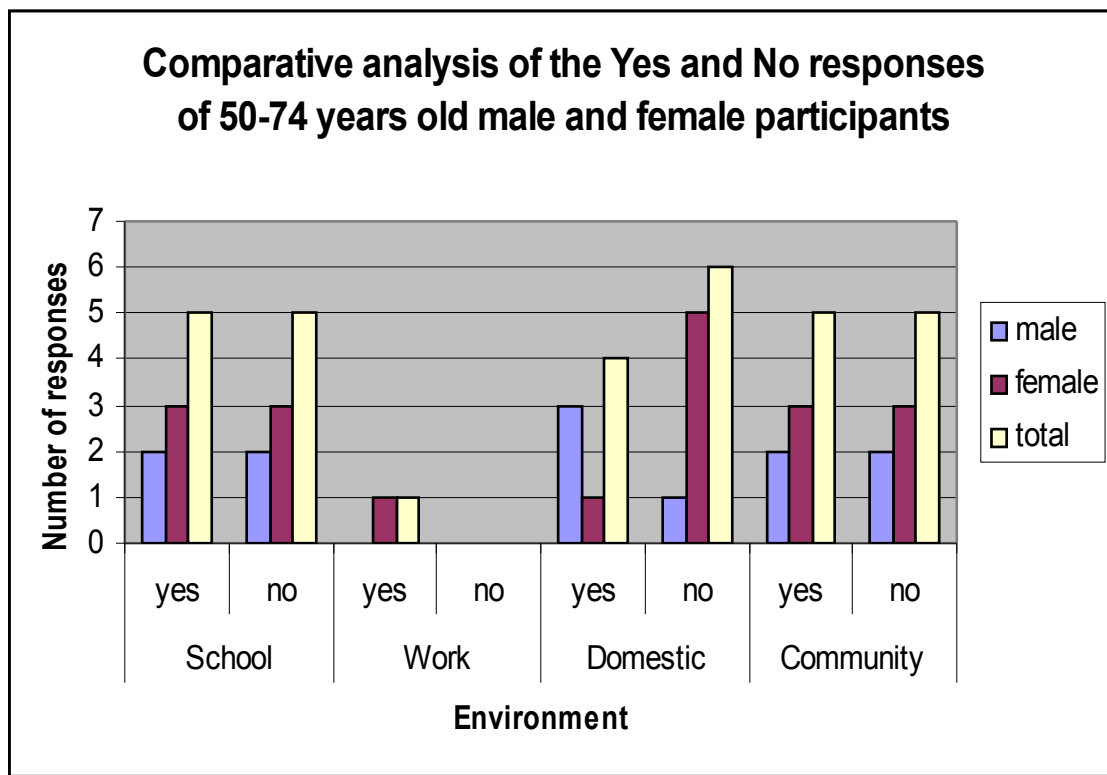


Figure 4.3.12 shows the comparison of responses of the 50-74 years old male and female participants across the spectrum of the social environments. Female participants registered the highest number of negative responses and lowest positive responses in the domestic environment than their male counterparts, an indication that females are better of than males at home in terms of their level of exposure to incidents of discrimination

or abuse. Nevertheless, these females seem to be worse off than their male counterparts in terms of their exposure levels at school and in the community.

**Table 4.3.10 Profile of responses to incidents of discrimination or abuse**

Age category (years)	Number of responses									
	Social environments									
	Total		School		Work		Domestic		Community	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Male</b>										
16-19	39	27	10	7	1	0	14	10	14	10
20-35	23	28	6	7	2	0	6	12	9	9
36-49	8	12	2	3	1	2	1	5	4	2
50-74	7	5	2	2	0	0	3	1	2	2
<b>Female</b>										
16-19	13	19	5	6	0	0	7	4	2	9
20-35	25	16	8	3	1	3	8	5	8	5
36-49	18	20	7	4	1	6	2	10	8	4
50-74	8	11	3	3	1	0	1	5	3	3

Table 4.3.10 above shows the profile of responses to incidents of discrimination or abuse by all age and gender groups of people with disabilities in the study.

#### **4.4 Forms of discrimination or abuse**

Participants were asked to describe the forms in which the incidents of discrimination or abuse they narrated in section 4.4 manifested themselves. Four of these forms were identified namely: physical abuse/assault, emotional abuse, sexual abuse/assault, isolation and marginalization. A large number of participants confirmed their exposure or subjection to these forms of discrimination or abuse in the four social environments referred to in the study. The severity or degree of exposure differed from person to person based on certain determinants or factors that influenced each occurrence. These determinants or factors could not be identified as the design of the study was restricted in its focus and scope.

Individual accounts of participants' exposure to forms of discrimination or abuse in the society were studied and analysed to determine the gender or age group that was better off or worse off in terms of the degree or magnitude of the problem they faced. Comparisons of the groups' responses could not be expressed in relative terms (percentages) because they do not count for 100%. The reason for this is that many participants have been subjected to multiple forms of discrimination or abuse, as such, certain individuals answered twice or thrice to one form of discrimination or abuse depending on the frequency of exposure. In such instances, it was impossible to express their responses in percentages.



Table 4.4.1 gives the profile of responses to forms of discrimination or abuse by all gender and age groups. The analysis of the information provided in the table gives a picture of the form that occurred most frequently and which was commonly encountered by many participants. The information further shows the environment in which the problem is endemic, as well as the gender or age group that is better or worse off than other groups.

From table 4.4.1 it can be seen that sexual abuse/assault is the rarest form of discrimination or abuse that was reported. Only one such incident involving sexual assault was reported. The victim was a female participant in the age group of 36 to 49 years. Isolation and marginalization and physical abuse/assault counted less in terms of their frequency of occurrence but appear to have been experienced by both male and female participants in the four social environments, an exception being in the community where no such form was reported.

Emotional abuse tops the list in terms of the magnitude and frequency of exposure. Nearly every participant has been exposed to emotional abuse at school, home and in the community. Both gender groups and all age categories experienced emotional abuse, which suggests that this form of abuse is the most prevalent one, and the one that cuts across gender, age and culture. Figures 4.4.1 to 4.4.8 below present graphic illustration of the forms of discrimination or abuse experienced by different gender and age groups.

**Table 4.4.1 Profile of responses to forms of discrimination or abuse by gender and age groups**

Age category (years)	Number of responses															
	Social environments															
	School				Work				Domestic				Community			
	PhA	S A	E A	I & M	PhA	S A	EA	I & M	PhA	S A	EA	I & M	PhA	SA	EA	I&M
<b>Male</b>																
16-19	1	0	8	1	0	0	1	0	2	0	12	1	0	0	14	0
20-35	1	0	5	2	1	0	1	1	0	0	6	0	1	0	9	0
36-49	0	0	2	0	0	0	1	0	0	0	1	0	0	0	4	0
50-74	1	0	2	0	0	0	0	0	1	0	2	0	0	0	2	0
<b>Female</b>																
16-19	0	0	5	1	0	0	0	0	0	0	6	1	0	0	2	0
20-35	1	0	8	2	0	0	1	1	1	0	7	0	0	0	8	0
36-49	0	1	6	1	0	0	0	1	0	0	2	0	0	0	8	0
50-74	3	0	3	0	0	0	1	0	0	0	1	0	0	0	3	0

**Figure 4.4.1 Analysis of responses to forms of discrimination or abuse amongst 16-19 years old males**

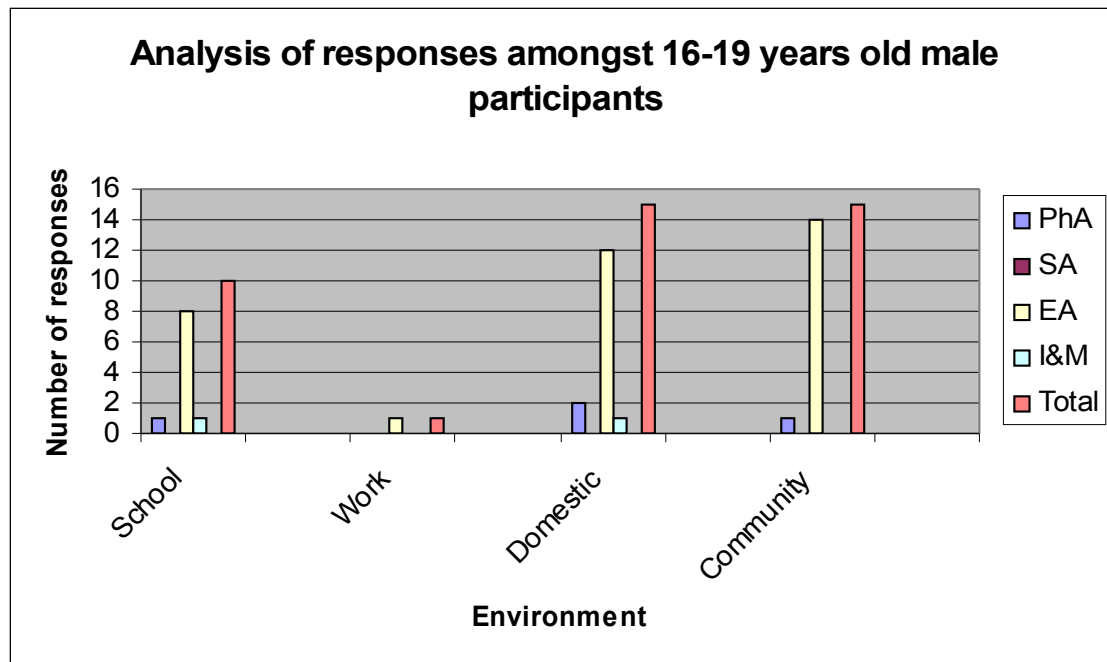


Figure 4.4.1 above shows that emotional abuse is the most common form of discrimination or abuse experienced by the 16 to 19 years old male participants. The community environment accounts for more exposures followed by the domestic and the school environments. The occurrences of physical assaults and isolation and marginalization are negligible.

**Figure 4.4.2 Analysis of responses to forms discrimination or abuse amongst 20-35 years old males**

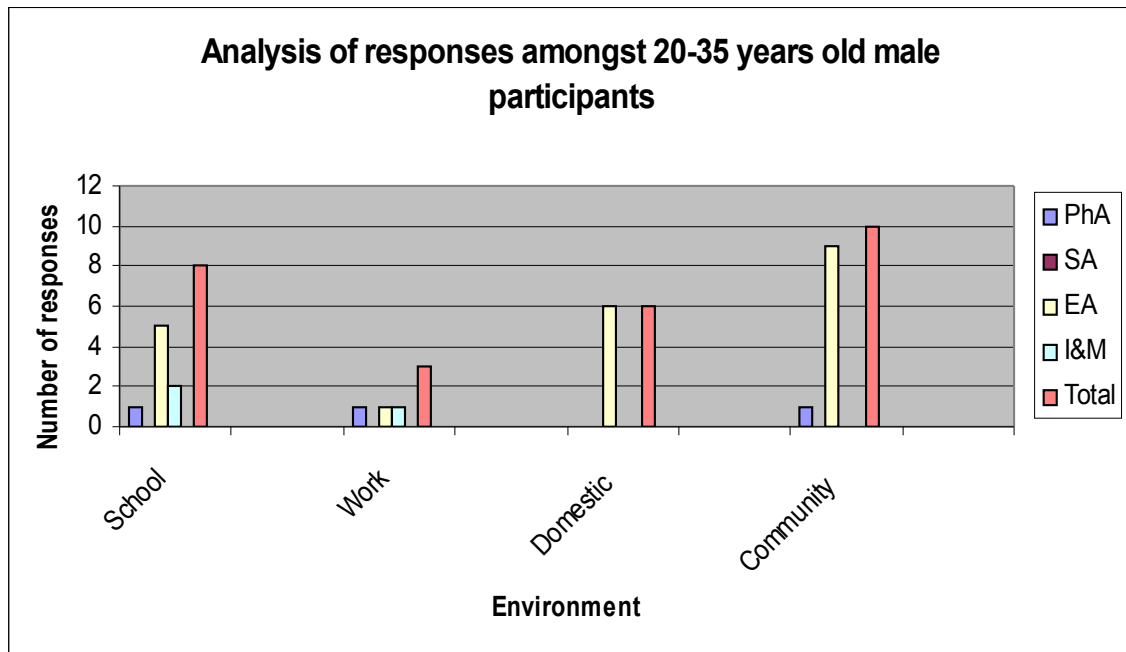


Figure 4.4.2 above shows a high prevalence level of emotional abuse in the community amongst the 20 to 35 years old male participants followed by the home environment. The school environment shows a slight increase in prevalence level of isolation and marginalization. Although negligible, the work environment shows occurrences of the three forms of discrimination or abuse namely, physical assault, emotional abuse and isolation and marginalization.

**Figure 4.4.3 Analysis of responses to forms discrimination or abuse amongst 36-49 years old males**

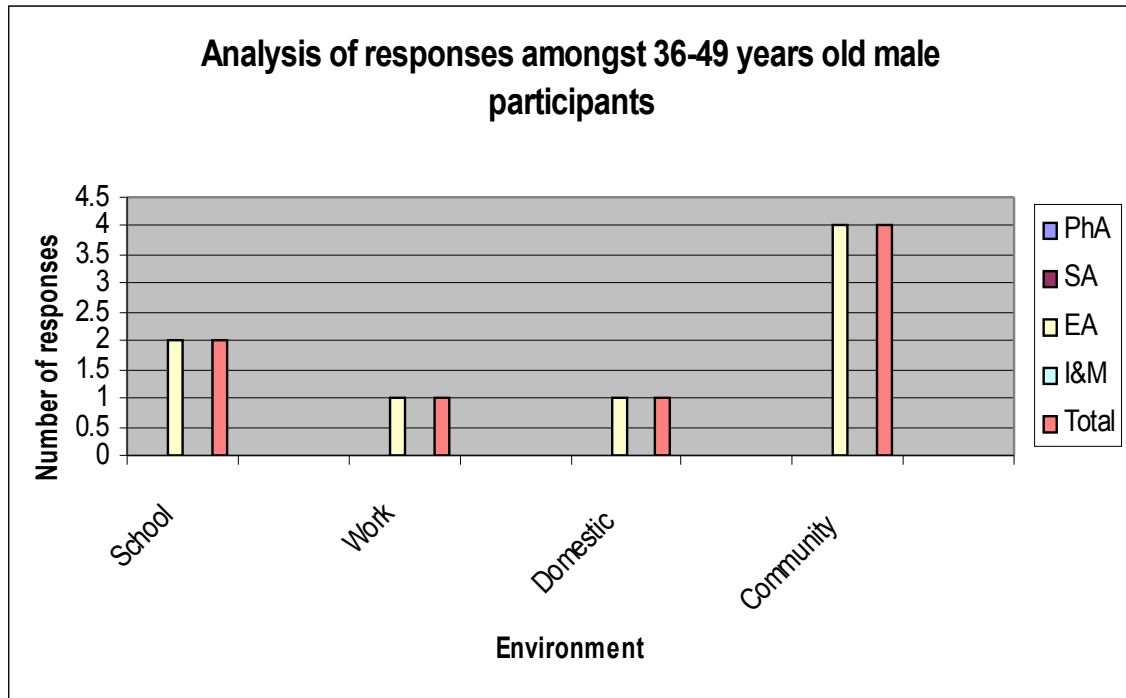


Figure 4.4.3 shows emotional abuse as the only form of discrimination or abuse experienced by the 36 to 49 years old male participants. It shows a high prevalence level in the community environment followed by the school environment. Figure 4.4.4 on the other hand shows an equal degree of exposure in the domestic, community and school environments. Physical assault also seems to be a common feature amongst this age group.

**Figure 4.4.4 Analysis of responses to forms discrimination or abuse amongst 50-74 years old males**

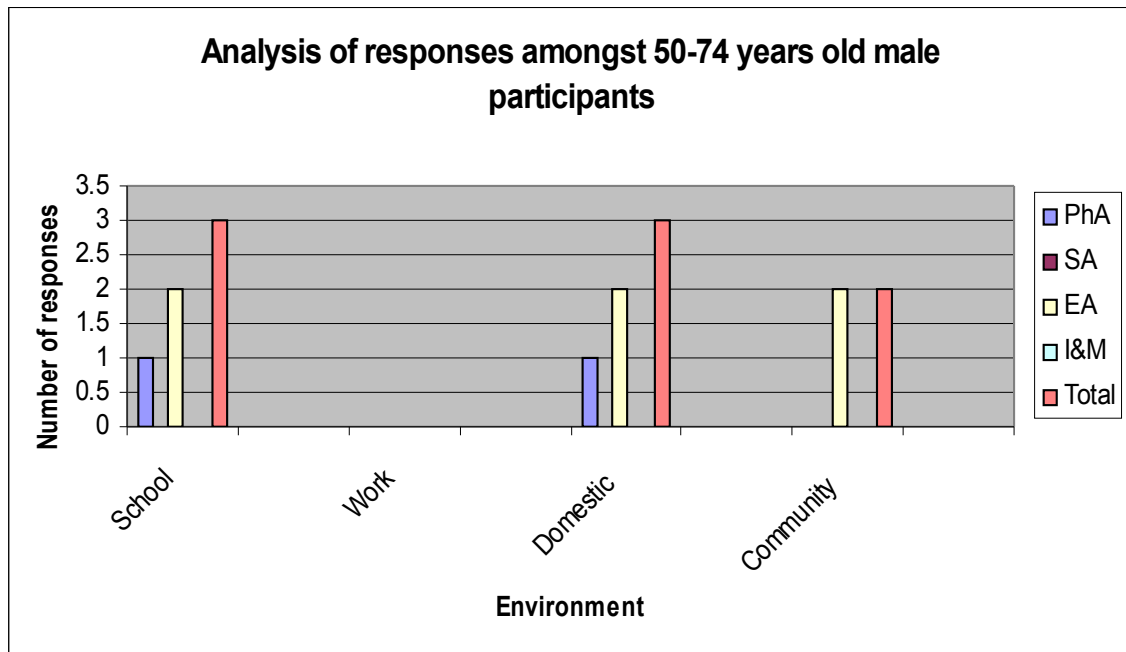


Figure 4.4.5 below shows the extent to which female participants between the ages of 16 and 19 years are exposed to forms of discrimination or abuse. The data show that emotional abuse is endemic in the domestic environment than in other environments. The school environment comes in second place in terms of the degree of exposure while the community environment shows the lowest prevalence level. It is interesting to note that in terms of the definition of emotional abuse as defined in this study, this form of treatment should not be expected to occur in the domestic environment; it fits other environments than the home environment.

**Figure 4.4.5 Analysis of responses to forms discrimination or abuse amongst 16-19 years old females**

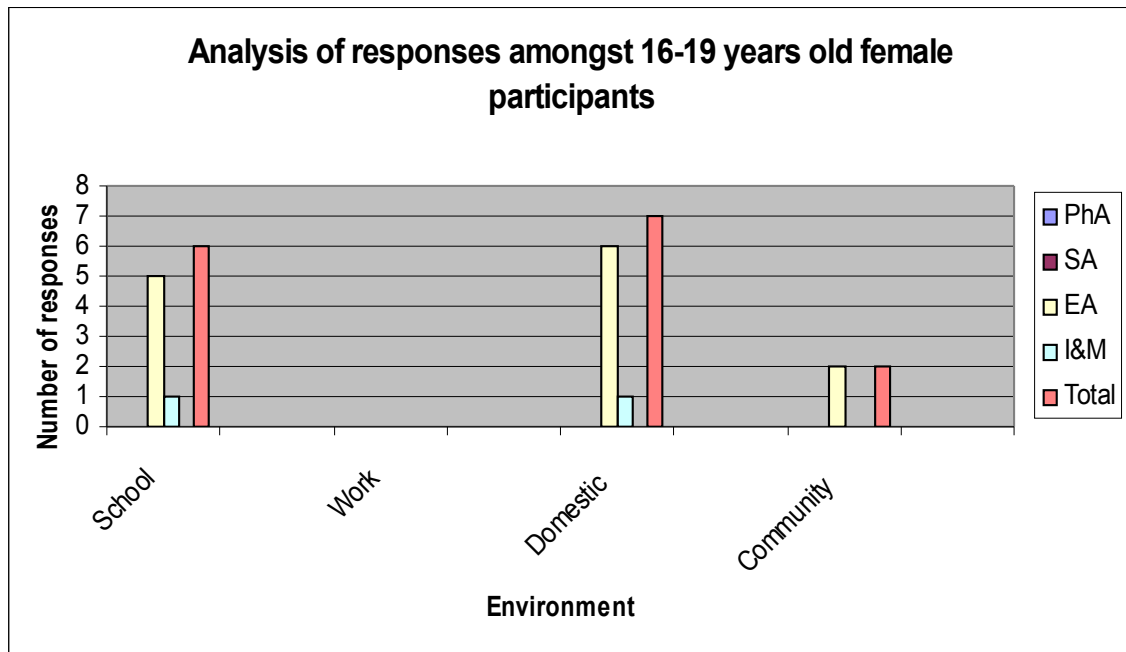


Figure 4.4.6 below shows that emotional abuse dominates the school, domestic and community environments with the domestic environment showing a slightly lower prevalence level. The school environment features three forms of discrimination or abuse namely, emotional abuse, physical assault and isolation and marginalization.

**Figure 4.4.6 Analysis of responses to forms discrimination or abuse amongst 20-35 years old females**

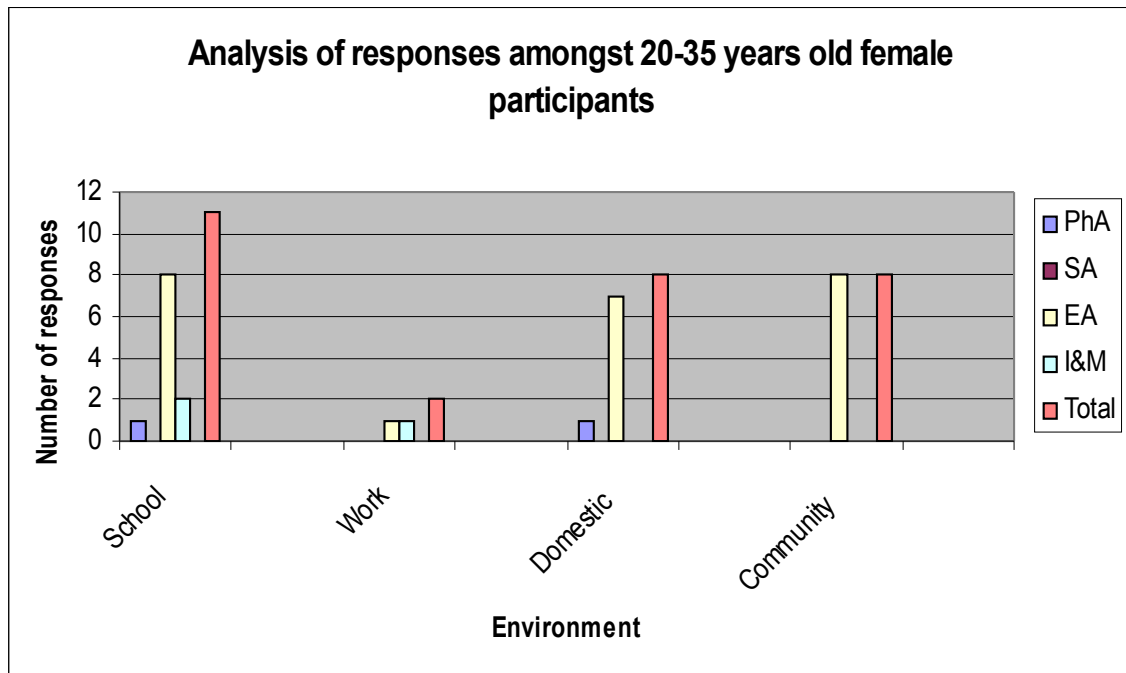
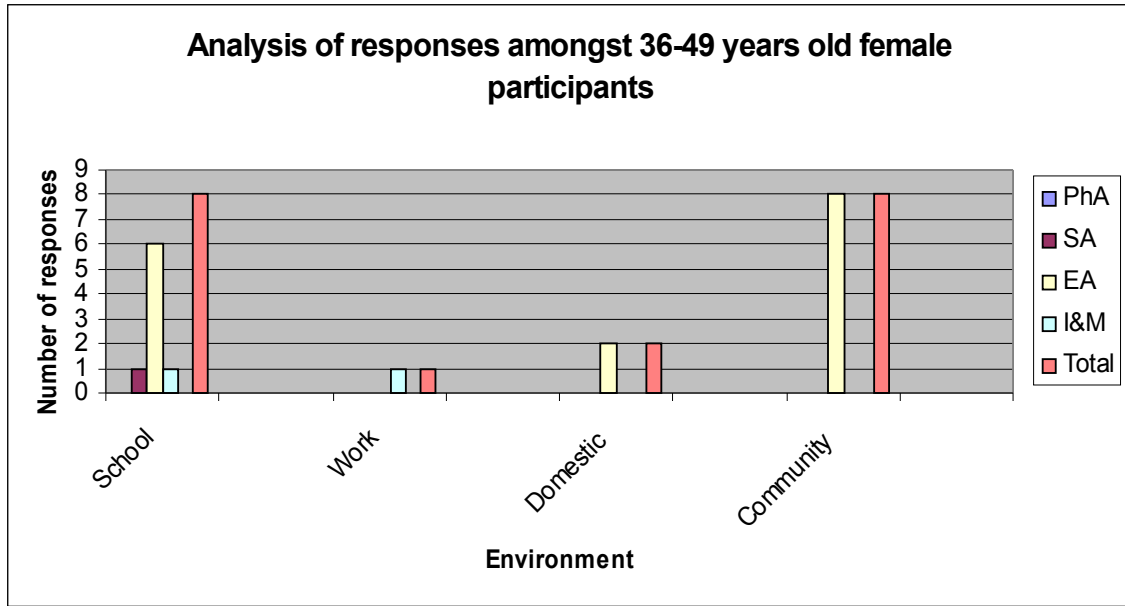


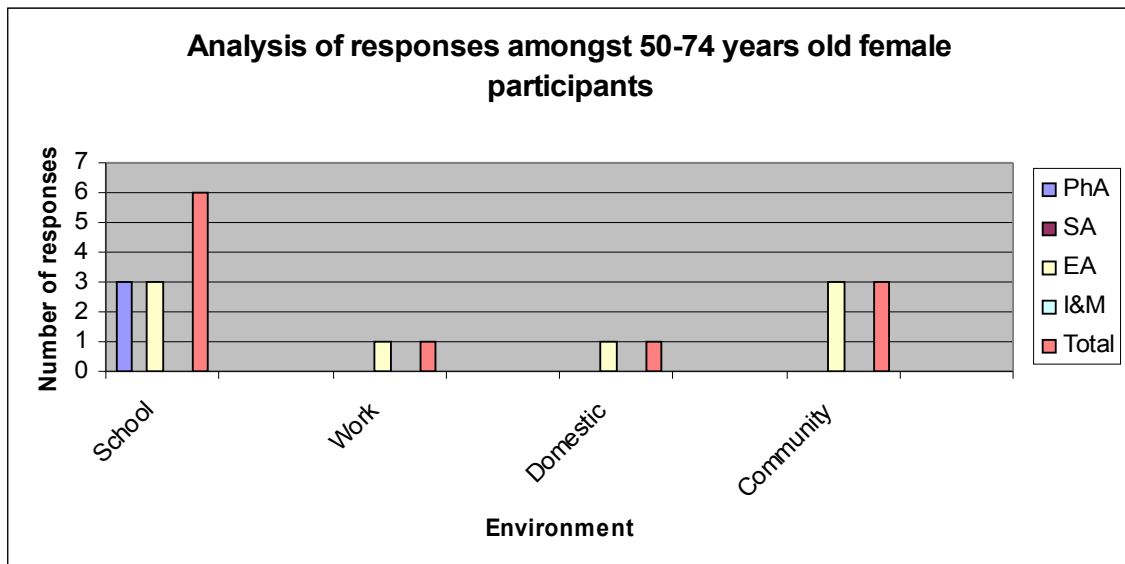
Figure 4.4.7 below shows a high prevalence level of emotional abuse in the community followed by the school environment. The domestic environment shows the lowest prevalence level of emotional abuse. The school environment shows three forms of discrimination or abuse namely, sexual assault, emotional abuse and isolation and marginalization. Figure 4.4.8 on the other hand shows a high prevalence level of physical abuse or assaults amongst the 50 to 74 years old female participants. This form of abuse occurred in the school environment. It is important to note that this age group had attended school during the colonial dispensation in which educational policies were markedly different from the ones pursued by the Namibian Government.



**Figure 4.4.7 Analysis of responses to forms discrimination or abuse amongst 36-49 years old females**



**Figure 4.4.8 Analysis of responses to forms discrimination or abuse amongst 50-74 years old females**



In terms of the perpetrators of these abuses, the study found out that 95% of abuses at school were committed by able-bodied learners while a 5% share was committed by teachers. Family members in the domestic environment accounted for 100% of abuses. Family members in this context refer to both biological family members as well as members of the extended family such as uncles, aunts, cousins etc. 100% of abuses in the community environment were committed by individuals referred to by participants as strangers. In other words, these are individuals whom the victims did not know or could not easily identify. Victims usually encountered these people on the streets or in the shops and other public places.

#### **4.5 Disability as a curse or a sign of bad luck**

The study has explored the perceptions of participants in order to determine whether it is true that certain sections of the Namibian society domiciled in the city of Windhoek believe that disability is a curse or a sign of bad luck. This supposed belief or superstition is viewed as one of the factors that significantly influence peoples' negative attitudes and behaviours towards people with disabilities. All 135 participants in the study comprising both disabled and non-disabled individuals, males and females, were asked to express their views and opinions over the matter. The group of 41 non-disabled participants was requested to give its views first. 78% (n = 32) of participants believe in the existence of these superstitious beliefs; however, many of them were quick to point out that the belief or beliefs are culture based. In other words, only certain cultural

groups within the Namibian society hold onto these views. Five or 4% of participants denied the existence of such beliefs in the society while four or 3% of participants said they were not sure.

About 86 or 91% of participants with disabilities whose total number in the study was 94 believe in the existence of superstitions about disability but rejected the inference or notion that disability is a curse or a sign of bad luck. They stated that people who hold to such views are those with knowledge deficiency. Put differently, those who are not well informed about the nature and causes of disability. On the other hand, eight or 9% of participants believe that disability is regarded in the society as a curse or bad luck.

#### **4.6 FINDINGS OF THE STUDY**

There was consensus among participants that discrimination and abuse do exist in the Namibian society. Out of 135 participants, 110 or 81% agreed that discrimination or abuse is real while those who did not agree were only 21 or 16%. Participants with disabilities did not only agree or believe in the existence of this phenomenon but they also provided evidence to this effect by means of personal accounts of exposure to discrimination or abuse in the society.

Discrimination or abuse affects all gender and age groups of people with disabilities although the magnitude of exposure differs from person to person depending on a

number of factors. For example, it was discovered, although not 100% confirmed, that people with disabilities who earn an income and are thus financially independent are less susceptible to incidents of discrimination or abuse in the domestic environment, but this status does not protect them against discriminatory or abuse practices in other social contexts.

It was discovered that on average discrimination or abuse is more prevalent in the community environment than in other social environments. All gender and age groups of people with disabilities have been exposed to high levels of discrimination or abuse in the community.

The magnitude of exposure is more severe among the youthful groups of people with disabilities, with the young men between the age group of 16 and 19 years being more severely affected in the domestic and community than their female counterparts in the same age category. Young girls in the same age group are least exposed to discrimination or abuse in the community but they are severely affected in the domestic environment. Females between the age group of 20-35 years are worse affected by discrimination or abuse in all social environments than the age group of 36 to 49 years although only in the domestic environment where they are better.

There is no direct relationship between the age or the gender of the victim of disability and the level of discrimination or abuse to which such individual is exposed. As seen

above, the high incidence of exposure by the young men to discrimination or abuse can be attributed to their level of social interaction in the society rather than their age or gender. Since this age group is more active in the society, they are more likely and vulnerable than young girls who are more reserved and stay at home most of the time.

As far as the social status is concerned, there is a positive relationship between employment or independent living and the level of discrimination or abuse at home. Female participants between the ages of 36 and 49 years who have reported the lowest exposure levels are in the majority in terms of people with disabilities who are employed or are earning an income.

Among the four forms of discrimination or abuse which were identified in the study, emotional abuse is the most common form to which all participants have been exposed. The perpetrators of these abuses are family members in the domestic environment, fellow students at school and strangers in the community.

Lastly, perceptions in the society that associate disability with a curse or bad luck are not only hearsays but are superstitions and beliefs that are espoused by certain cultural groups within the Namibian society.

## **CHAPTER 5**

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 GENERAL DISCUSSION**

The results of the study have revealed a high prevalence level of discrimination or abuse in the city of Windhoek, judging from the responses of participants in the study. Yet, with this prevalence rate, the literature on disability in Namibia is scanty; not much has been written about the conditions of people with disabilities, suggesting that this prevalence rate is not matched with the necessary knowledge or public awareness about disability issues. In terms of the knowledge base on specific incidents or forms of discrimination or abuse, this study seems to be the first in the city of Windhoek to investigate issues related to incidents and forms of discrimination or abuse committed against people with disabilities. Other studies have been conducted but they had a different focus. The results of this study can be seen as an academic endeavour that seeks to establish baseline data on incidents and forms of discrimination or abuse against people with disabilities in the city of Windhoek. This might be the trend in other constituencies which still need to be investigated.

With regard to the way the study was conducted, it can be safely stated that proven scientific research methods were applied during the course of the data collection. It is

believed that these methods can be used in other studies to arrive at similar conclusions arrived at in this study, of course taking cognisance of the *ceteris paribus* principle or determinant which states that other things being equal (Mohr & Fourie, 2000, p.170). Much of what could produce variations or different results would not be the consequence of the methods used but more an attribution to the experience, competency and thoroughness of other researchers with regard to the research designs, the purposes and the focus of their studies.

The instruments of data collection such as questionnaires (see annexure A and B), were specifically produced and employed to meet the design and the purpose of the study. Their reliability and validity for application in other research projects can not be ascertained; but they can be adapted to meet specific needs of other researchers.

The results of the study show a high degree of consensus among the participants with respect to the phenomenon of discrimination or abuse against people with disabilities. Almost two-thirds majority of participants or 81% of all respondents have indicated that discrimination and abuse do exist in the society. Only 21% of the study population seems to hold different views while 3% are not sure. This high level of consensus confirms the perceptions held by many people that disabled people are socially excluded or maltreated.

The results of the study pose a challenge to the notion held by many Namibians, including government officials, that the Namibian society is an inclusive society. How inclusive is the Namibian society if other sections of the population feel that they live on the periphery? Does the notion of inclusiveness refer to the desired end state which the country is striving to reach at some point in the future? Currently the facts point to a society that is beset with many social injustices of which discrimination and abuse against people with disabilities is one.

Young people with disabilities between the ages of 16 and 19 have been identified as being more vulnerable to discrimination or abuse. Most of discriminatory or abusive practices directed against these young people take place in the community and within family circles. The facts show that girls are more vulnerable at home than in the community while their male counterparts receive an equal share of exposure to these incidents at home and in the community. It is easy and natural, although not acceptable, for strangers in the community to mistreat people with disabilities. However, when the same treatment is reported within families, many questions are raised, for blood is thicker than water. Unfortunately, the study could not investigate the factors that contribute to the prevalence of discrimination or abuse in the home environment because the issue was outside the scope of the study. The knowledge about the causes of discrimination or abuse in the domestic environment is important for devising strategies related to disability public awareness campaigns.



Although it is difficult to believe that family members can discriminate against or abuse their disabled relatives, the number of responses claiming or proving this fact were overwhelming, suggesting that there is more to this phenomenon than meet the eye.

There are two possible explanations to this problem; either what participants are claiming is true or they are not capable of making a distinction between genuine acts of discrimination or abuse and the normal misunderstandings that are common in every home set up where family members may argue over something that would result in exchanging abusive language. Until another research proves the facts, it is very difficult to draw a line. It is easy to attribute discrimination and abuse in other social environments to people's negative attitudes and cultural stereotypes, but the same can not be easily inferred to the family members. As such, certain contributing factors and a pattern of repeated behaviours giving rise to certain acts of discrimination or abuse have to be identified and isolated. Factors to be studied are things like the family structures in which disabled people live, i.e., nature of kinship, social status, ethnic background and its associated beliefs, norms etc. The findings about the prevalence of discrimination or abuse in the domestic environment should be treated with caution. This does not mean that what respondents have said is not true. The 16 to 19 years old age group was deliberately singled as the basis of analysis. Discrimination or abuse in the domestic environment is not only restricted to this age group, the trend is visible across all other age categories.

Another interesting finding of the study was that of the linkage of discrimination or abuse to the victim's social status. Although admitting to have been exposed to discrimination or abuse in other environments, most of disabled participants who are employed denied the knowledge of exposure to these incidents at home. Independent living in the form of earning an income plays a big role in reducing the magnitude or level of exposure to discrimination or abuse in the domestic environment amongst these participants. It can then be concluded that whereas dependent living subjects disabled people to discrimination or abuse, economic empowerment liberates them.

Emotional abuse was found to be the most common form of abuse encountered by all participants. Other forms such as sexual abuse, physical assault as well as marginalization and isolation are less prevalent. This suggests that people with disabilities are less exposed to violent forms of abuse but more susceptible to psychological related maladies which although non-violent in nature, they sometimes result in violent end, such suicides etc.

The study has discovered that special schools for people with disabilities such as the Moreson school, Onyose Trust and others, provide a conducive environment where the incidence level of discrimination or abuse are almost nil. Good as this may seem, they do not offer a permanent solution to the reduction of discrimination or abuse against people with disabilities and the creation of an inclusive society. In fact, pursuing the policy of stabling special may prove counterproductive in the future. Disabled people

attending these schools will be required at some point in the future to enter the labour market or to live in the community. The earlier they are integrated with other people the better they adjust.

## **5.2 CONCLUSIONS**

This study has presented data on the magnitude of discrimination or abuse committed against people with disabilities in the city of Windhoek. The data were both anecdotal narration of the accounts of participants' personal experiences and content analysis of these accounts which led to a deeper understanding of the phenomenon of discrimination or abuse across the four social environments (contexts) in which this phenomenon was encountered. A baseline data on incidents of discrimination or abuse has also been established that could serve as the basis for future research endeavours in the same field.

The study showed that the society or communities in which people with disabilities live are characterized by stigma, prejudice and marginalization. Barriers still exist that impinge on the efforts of the government to create an equal and inclusive society. The results of the study undoubtedly pose many challenges to both the government and civic organizations that deal with disability issues. The incidence level of discrimination is high and calls for corrective measures and strategies to be effected to mitigate the impact of the problem on the victims of disabilities.

## 5.3 RECOMMENDATIONS

### 5.3.1 People with disabilities

Although the Government of Namibia had shown great interest in creating an enabling environment for people with disabilities to exercise their rights and freedoms, it should be noted that the strongest vehicle for change is the united voice and actions of people with disabilities themselves. They should act as their own mouthpiece by publicly speaking out for themselves, and disclosing the injustices they feel they are exposed to in the society. People with disabilities should themselves serve as educators in the communities by sensitizing the public about the rights and freedoms of people with disabilities as enshrined in the national legislation and the international conventions and treaties on disability. They should prove that they are capable of fulfilling many social roles and thus contribute to social and economic wellbeing of the society. The greatest sin they could commit is to coil themselves in their cocoons and remain silent, and hope that someone will plead their case. This is an injustice they could do to themselves.

People with disabilities should utilize the opportunity of the right to freedom of expression offered by the democratic culture in the country. One medium of expression they could exploit is the weekly NBC national radio chat shows and open line, as well as the weekly current affairs programme **'the open file'**. People with disabilities should also push their issues to parliament through their representative in the national assembly.

People with disabilities should adopt the motto “**There is nothing about us without us**”. What this motto suggests is that people with disabilities should play an active role and provide inputs in all issues that relate to them, be they national debates, or formulation of laws and policies about disability.

### **5.3.2 Family members of people with disabilities**

Family members, guardians and caretakers of people with disabilities should recognize that they represent the first line of support to people with disabilities under their care. Their exemplary services could serve as a motivating factor for the communities at large to follow. Charity begins at home. Family members in bondage to negative cultural and traditional beliefs should realize that there is nothing superstitious about disability. Research has proved that congenital causes of disability are the result of biological factors which have nothing to do with ascription by higher powers. Similarly, causes of disabilities because of un-natural factors, such as accidents etc, are tragedies that befall people randomly, at different times and under different circumstances.

It is expected, as a moral duty, for family members, guardians and caretakers to promote the care, education, rehabilitation and socialization of people with disabilities, including helping them to remove the barriers to full participation in community activities. Disabled people with severe impairments that require medical attention should be assisted to access the help they need to alleviate their conditions.

### **5.3.3 Faith based organizations**

Churches wield enormous power of moral influence. Church organizations should recognize that they are an agency of change and custodians of spiritual and moral values in the society. Church leaders should assist to educate the society on disability issues by inculcating the understanding that discrimination is a vice and not a Christian virtue. Any person espousing or practising discrimination is a prophesied follower of Christ, not a true Christian.

### **5.3.4 Society**

As seen in the literature review, some scholars believe that the social model of disability is a socially engendered problem whose solution lies in the full integration of victims of disability into the mainstream society. The model calls for the collective management of the problem of disability by the whole society that entails among others, making the necessary environmental modifications to enable people with disabilities to participate fully in all spheres of social life. Taking it from the above statement, the society has an important role to play in caring for the needs of people with disabilities by identifying their special requirements, providing support and facilities for rehabilitation, as well as removing all the barriers that limit disabled people's abilities to lead meaningful and fulfilling lives.

### **5.3.5 The Government**

The government should commission a study to evaluate the effectiveness of the policies on disability in order to identify problems related to their implementation. Should any bottlenecks be identified that limit the full implementation of these policies, the review of the policies and corrective measures are recommended. There is evidence in the study, which suggest that economic empowerment of people with disabilities reduces the level of discrimination and abuse committed against them. The government should, through employment equity policies, create a conducive environment in the labour market for people with disabilities to secure employment. This should go hand in hand with the efforts to provide vocational, technical skills and scholarship for people with disabilities to acquire all the necessary knowledge and skills they need to secure employment.

As noted in the study, there is evidence that suggest that learners with disabilities who are enrolled in special schools are less susceptible to incidents of discrimination and abuse as compared with their counter-parts enrolled in normal schools. The study has also found out that there are more special schools for people with disabilities in an independent Namibia than there were during the apartheid era. Although this seems positive and plausible, the evidence from research suggests that the policy of establishing special schools should be pursued with caution as it has its own negative spin offs. One of the problems with special schools is that of creating or promoting a

segregated education system where learners with disabilities are not given opportunities to attend normal schools. Through special education, learners with disabilities are also separated from their parents and communities for longer periods. This, according to research, makes it difficult for learners to adjust and adapt to the life after they leave the segregated life they got used to in the special school environments. They also find it difficult to form bonds within their families and communities.

The Ministry of Education should devise a selection criterion whereby only learners with severe learning disabilities could be placed in special schools. Those with minor learning difficulties who can cope with the demands of the normal school environments should be allowed to be enrolled in normal schools. If mixing them with non-disabled learners would create teaching problems, special classrooms could be allocated for this purpose. The purpose is to allow social interactions between disabled children and non-disabled children during break and lunch times, as well as during extramural activities. This form of interaction would help learners to know and get used to each other and in the process form strong bond of friendships between them that transcend their physical differences.

### **5.3.6 Non-Governmental Organizations and Private Interest Groups**

It is recommended that non-governmental organizations and other private interest groups which are involved with disability issues should work hand in hand with the government



and assist in suggesting possible solutions to problems of discrimination and abuse against people with disabilities; as well as to provide consulting and other services to complement those provided by the government.

### **5.3.7 Institutions of higher learning and academic community**

Institutions of higher learning such as the University of Namibia and the Polytechnic should commission research to replicate this study with a view to confirm or refute its findings. Should the findings be similar, further studies could be considered to look into the factors that contribute to high incidence levels of discrimination and abuse against people with disabilities within the domestic environment. Knowledge of these factors would greatly improve the quality and scope of educational campaigns against discrimination and abuse against people with disabilities. UNAM's MRCC and NEPRU have already undertaken research on disability in Namibia. They could build on their previous research by considering these recommendations. These recommendations are also extended to independent researchers who might be interested in the subject.

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