

CHAPTER 2

LITERATURE STUDY

2.1 INTRODUCTION

Hahn in Kilbury, Bordier and Wong (1996:59) asserts that the major obstacles for persons with physical disabilities include bias, prejudice and discrimination. This is supported by Larson in Kilbury, et al. (1996:59) that this social stigma tends to isolate a person with a disability to a much greater degree than the disability itself. According to Kilbury, et al. (1996:59) prejudice toward persons with physical disabilities has been well documented. They further stated that negative attitudes and perceptions about people with physical disabilities are held tenaciously and are therefore extremely difficult to change. One behavioural index of these negative attitudes is the tendency for individuals with disabilities to be physically avoided by persons who are not disabled. The community of Tembisa is not an exception with regard to some able-bodied people having a negative attitude towards people with disabilities.

According to Losinsky, Levi, Saffey and Jelsma (2003:305) it is estimated that in South Africa nearly 5 percent of the total population of nearly 45 million has some type of disability. Matsebula (2003:3) asserts that millions of Africa's overall population is persons with disabilities. He mentioned further that there are currently over 600 million persons with disabilities throughout the world. Of these, 180 million are children, 400 million live in developing countries and 80 million are in Africa. Matsebula (2003:3) predicted that by the year 2025, the population of persons with disabilities would have risen to 900 million worldwide of which 650 million will be in developing countries.

2.2 DEFINITION OF KEY CONCEPTS FOR PHYSICAL DISABILITIES

2.2.1 *Paraplegia*

Hlongwane (2002:291) defined paraplegia as patients with loss of lower limb function and sensation, which results from damage to the thoracic, lumbar, and to a lesser extent, sacral cord segments.

2.2.2 *Tetraplegia/Quadriplegia*

It refers to patients with loss of function and sensation in all four limbs resulting from damage to cervical segments i.e. cervical segment 5 complete Tetraplegia (Hlongwane 2002:291).

2.2.3 *Handicap*

Oliver and Sapey (1999:39) define handicap as a disadvantage for a given individual, resulting from an impairment or disability that limits or prevents the fulfilment of a role (depending on age, sex, social and cultural factors) for that individual. This is in relation to a particular environment and relationships with other people.

2.2.4 *Accessibility*

Iwarsson and Stahl (2003:58) defined accessibility as to allow any individual, in spite of impairments, to get into and out of any building independently.

2.2.5 *Usability*

Iwarsson and Stahl (2003:59) interpret usability as the built environment, which has to allow any individual, in spite of impairments, to be able to perform daily activities within it. This concept implies that a person should be able to use, i.e. to move around, be in and use the environment on equal terms with other citizens.

2.2.6 **Depression**

A diminished experience of pleasurable sensation manifested by feelings of loss, negativism, hopelessness about the future, social withdrawal, dull affect, crying, change in appetite, loss of interest in personal hygiene and on accession, suicidal ideation (Heller, et al. 1992:54).

2.2.7 **Reasonable accommodation**

Silver and Koopman (2000:158) define reasonable accommodation for people with disabilities as:

- Providing ramps to ensure that the building is accessible to wheelchairs.
- Providing parking close to the main entrances.
- Placing lift buttons at a level easily accessible to all people with disabilities.
- Having a system installed in the lift that announces the various floors.
- Making sure that the toilet design is disability friendly.
- Installing automatic doors to the toilets in order that any person with a disability can enter or exit the toilet easily.

2.2.8 **Attitude transformation**

According to Silver and Koopman (2000:80) attitude transformation implies a change in thinking that offers a different view or paradigm and helps to prompt a more progressive pattern of behaviour towards the successful integration of people with disabilities into the open workplace.

2.2.9 **Inclusion**

According to the White Paper on an Integrated Disability Strategy (1997:79) inclusion implies a change from an individual change model to a system change model that emphasizes that society has to change to accommodate diversity, i.e. to accommodate all

people. This involves a paradigm shift away from the specialness of people to the nature of society and its ability to respond to a wide range of individual differences.

2.2.10 *Disabled person*

The White Paper of an Integrated Disability Strategy (1997:78) views a disabled person as an individual whose prospects of securing and retaining suitable employment as substantially reduced as a result of physical or mental impairment.

2.3 **HISTORY AND NATURE OF DISCRIMINATION**

Modern stereotypical perceptions about people with disabilities began with the industrial revolution. Industries needed able hands, strong backs and stamina in workers (Heller, et al., 1992:232). As a result industrial societies in the 19th and 20th centuries created an environment to isolate them. According to Heller, et al. (1992:232) people with even modest disabilities were often placed in charitable institutions and segregated from the rest of the society. During that time, people wanted institutions to relieve them of responsibility for the care of people with disabilities. Nagler (1992:137) holds that traditionally people with disabilities have been isolated, separated and alienated from larger segments of society through institutionalisation and shunning.

Rogers (1986:22) reported that injury to the spinal cord was over 5 000 years ago described as an ailment not to be treated. He further stated that at that time, 80 percent of all spinal injuries failed to survive longer than three years, and those that did often spent their lives in depressingly neglected states either under institutional care or virtual prisoners in their own homes frequently shut away from society.

According to the White Paper on an Integrated Disability Strategy (1997:2) the majority of people with disabilities in South Africa has been excluded from the mainstream of society and has thus been prevented from accessing fundamental social, political and economic rights. The

exclusion experienced by people with disabilities and their families is the result of the following factors:

- The political and economic inequalities of the apartheid system.
- Social attitude, which have perpetuated stereotypes of disabled people as dependent and in need of care.
- A discriminatory and weak legislative framework, which has sanctioned and reinforced exclusionary barriers.

According to the White Paper on an Integrated Disability Strategy (1997:30) there are a number of barriers in the environment which prevent people with disabilities from enjoying equal opportunities with non-disabled people, e.g. inaccessible service points, inaccessible entrances due to security systems, poor town planning and poor interior design. The above stated barriers still exist in Tembisa because some of the public places are inaccessible to people with disabilities especially the wheelchair users.

2.4 **PSYCHOLOGICAL ASPECTS OF PARALYSIS**

When a person suddenly becomes paralysed, the whole family system including friends and him/her become affected by the sudden change in the particular person's life. This is supported by Rogers (1986:27) who indicated that close relatives, wives, husbands, mothers, fathers, brothers and sisters, boy or girl friends are those most likely to receive the brunt of this abuse, for it is human nature to hurt those you love most. Rogers (1986:25) asserts that following the admission to hospital of a spinal injury patient, close relatives will find themselves in a state of mental turmoil when they are told that their loved one is paralysed. The initial reaction will be shock.

During the very early stages after becoming paralysed, the patient (person with paraplegia) will be too frightened as well as too ill to think clearly about what has happened to him/her. She/he will ascribe little importance to the fact that she/he may be unable to move or feel certain

parts of the body. Rogers (1986:26) stated that while hospitalised, the affected person will start to be familiar with the daily hospital routine, the surroundings and other patients with a condition similar to him/her. Seeing other people with the same condition will make the particular person feel better that she/he is not alone.

According to Rogers (1986:6) the process of psychological adjustment is slow and only time can heal the hurt mind successfully. He highlighted that to help relatives through this desperate and emotive period, it is important that they begin to understand the various stages of paraplegia.

Rogers (1986:27) noted that many patients utter the following reactions: "Why me?" "What have I done to deserve this?" Several will try to dispel their emotions by crying or swearing at everybody and everything in sight. Some will pray endlessly, seeking an answer and trying to rid their minds of the reality of their condition. Most patients will initially wish they were dead and out of it when told that they will no longer be able to walk or use their hands again.

2.5 **SOCIAL ATTITUDE TOWARDS DISABILITY AND DISCRIMINATION**

Some people have a tendency of looking down upon people with disabilities and experience difficulty in understanding and accepting them as their fellow community members.

According to Heller, et al. (1992:247) there remains enormous discrimination against people with disabilities in this society. They outlined the following features of the social perception of people with disabilities:

- Disability is often thought to be associated with mental incapacity.
- Disabilities are clearly associated with dependencies, and this society according to Heller, et al. (1992:247) values independence and productivity.
- People who are disabled from birth who suffer from genetic or congenital disabilities are identified with their disease, that is, the

condition did not come upon them later in life. It was there from birth and the person is identified with that defect. Such identity is the first source of individual discrimination and that is also attitudes that underlie social perceptions.

According to Heller, et al. (1992:250) the social perceptions of disability – disability as disposability, disability as evoking embarrassing compassion, disability as being strikingly different, disability as dependence, disability as mental incapacity and disability as an identity with disease are hindrances to justice for people with disabilities.

Oliver and Sapey (1999:153) indicated that discrimination against people with disabilities arises as a result of either negative attitudes or the failure to consider particular special needs.

According to Westbrook and Chinnery (1990:17) physically disabled people's handicaps are increasingly been seen as socially imposed through negative attitudes, which are expressed primarily through the exclusion of disabled people. An example is that some employers' attitudes make it difficult for disabled people to find work, build up environment limit access and the assumption of certain social roles such as sexual partner meets with disapproval. Westbrook and Chinnery (1990:19) added that such exclusions allow the able-bodied to escape the fears and discomfort that interaction with disabled people frequently arouses, but they also perpetuate a succumbing approach to the problems of physical disability.

Gething, Lacour and Wheeler (1994:66) are of the opinion that community attitudes towards people with disabilities are negative and affect quality of life and opportunities. They further stated that a negative attitude is defined as one which sets people with disabilities apart as being different from others, with the usual implication that they are deficient or inferior. Gething, et al. (1994:66) asserted that the government and organizations representing people with disabilities have

been aware of such attitudes and have implemented strategies to promote awareness of issues, positive attitude change and enhanced integration of people with disabilities within the community. The same situation prevails in Tembisa whereby different organizations for people with disabilities have organized awareness campaigns to educate the whole community about disability and issues around it. Although that has been done, there are still some people who possess negative attitudes towards people with physical disabilities.

2.6 **ATTITUDINAL BARRIERS PRESENTED BY OTHERS**

The negative attitudes towards people with disabilities are also marked at the educational institutions, which are portrayed by able-bodied students as well as educators. In Tembisa, these attitudinal barriers have led to students with disabilities being sent to specialized schools which are out of the community. That is a strategy of trying to send them to institutions, which will enhance their self-esteem and help to develop their self-reliance. Weisgerber (1991:71) holds that students with disabilities are vulnerable to the negative thinking of others, including their peers in school and various sensitive adults they encounter in the community. He revealed further that at post secondary level, students with disabilities might encounter some professors who take the position that persons with certain disabilities that limits their functioning do not belong to a profession. Ironically, advances have been made in adaptive technology, particularly adaptive computer equipment proved an alternative way of accomplishing certain specific tasks in work settings, yet these types of technological solutions are infrequently available to most institutions.

According to Weisgerber (1991:72) there may be professors who may refuse to change their teaching or testing methods to accommodate the disability. He further stated that some professors might claim that they are being fair because everyone in the class is given the same standard. However, by refusing to adjust their teaching and testing, they actually ensure that the person with a disability cannot gain the information or

share his or her knowledge and thus prove that they were correct in their original assessment.

2.7 CAUSES OF DISABILITY

The White Paper on an Integrated National Disability Strategy (1997:8) outlined the following causes of disability:

2.7.1 *Violence and war*

Disabilities are caused by violence, especially against women and children, injuries as a result of landmines and psychological trauma.

2.7.2 *Poverty*

The White Paper on an Integrated National Disability Strategy (1997:8) stated that disabilities are caused by overcrowded and unhealthy living conditions. It stated further that poor people face a greater risk of impairment or disability. In addition, the birth of a disabled child or the occurrence of disability in a family, often places heavy demands on family morale, thrusting the family deeper into poverty. In the community of Tembisa, especially its informal settlements of Ivory Park and Winnie Mandela, there are many poverty stricken families living in shacks. Most of them are overcrowded.

2.7.3 *Unhealthy lifestyle*

It is the misuse and or abuse of medication as well as the abuse of drugs and other substances. It is also caused by deficiencies in essential foods and vitamins. Stress and other psychosocial problems in a changing society may also cause disability (The White Paper on an Integrated National Disability Strategy, 1997:8.). There are also a number of people with problems of substance abuse in Tembisa, which affected their mental state leading to mental disability.

2.7.4 ***Environmental factors***

Those are epidemics, accidents and natural disasters, pollution of the physical environment and poisoning by toxic waste and other hazardous substances (The White Paper on an Integrated National Disability Strategy, 1997:8).

2.7.5 ***Accidents***

Disabilities are caused by industrial, agricultural and transport related accidents and sport injuries (The White Paper on an Integrated National Disability Strategy, 1997:8). Most of the clients with paraplegias coming to our office for service have been involved in motorcar accidents.

2.7.6 ***Social environment***

The fact that people with disabilities are marginalized and discriminated against creates an environment in which prevention and treatment are difficult (The White Paper on an Integrated National Disability Strategy, 1997:8).

2.8 **SOCIETAL CONDITIONS RELATED TO DISABILITY**

2.8.1 ***Low income and poverty***

Smart and Smart (1997:10) indicated that for centuries, a vast body of evidence has shown that those in lower socio economic classes have higher rates of morbidity, disability and mortality. The above statement is also applicable in the community of Tembisa whereby most low income and poverty stricken families experience high rate of disability. Most of people with physical disabilities are unemployed in Tembisa and depend on their disability grants.

Smart and Smart (1997:10) assert that people with low income are at a disadvantage in preventing the onset of disability and in ameliorating its effects after acquiring the disability. They further

stated that they have less wealth at their disposal and are less able to secure either health care or job retraining. McNeil in Smart and Smart (1997:11) commented that persons with low incomes are more likely to have disabilities than persons with high incomes.

2.8.2 ***Employment in physically dangerous jobs***

According to Smart and Smart (1997:11) the minority groups were most likely to find that menial and more dangerous jobs were the ones open to them.

Some of the people with paraplegia incurred the injury by performing dangerous jobs such as climbing roofs of the building, and fell down sustaining spinal cord injury resulting in paralysis. Smart and Smart (1997:11) agree with the above statement by indicating that minority persons are also more likely to work in service occupations including such jobs as food service work, building maintenance and cleaning, protective service and security work. They are less likely to work in occupations categorized as managerial and professional specialities occupations such as executives, administrators, engineers, health specialists and teachers.

2.8.3 ***Low educational attainment***

Yein in Smart and Smart (1997:11) asserts that education serves as a buffer against disability because it plays both a preventive and rehabilitative role. It is a preventive measure because those who are well educated are less likely to work in physically demanding and dangerous jobs, thus reducing the risk of disabling injuries.

2.9 DISCRIMINATION AND OBSTACLES TO BE REMOVED

2.9.1 *Workplace discrimination*

People with disabilities should be fairly included in the open labour market in order to live independently from the state grants. Quinn, MacDonagh and Kimber (1993:10) pointed out that the principle of equality and non-discrimination in the open labour market must be effectuated by the state in that the state should set itself up as a model employer by setting a target quota for the employment of individuals with disabilities in the public sector. This is been gradually implemented in South Africa, for example, the Department of Social Services and Population Development in Gauteng has employed Muzi Nkozi who is a paraplegia.

Ka’Nkosi (2002:4) agrees with Quinn, et al. (1993:10) that employers should make reasonable accommodation for the special needs of individuals with disabilities in employment. Quinn, et al. (1993:10) stated further that people who are able to perform the essential function of the job and who have a disability must not be refused employment on account of their disability. Furthermore, employers must treat an employee with disabilities as an equal with other employees in all other respects.

Lonsdale (1992:98) views people with disabilities as those at a serious disadvantage compared to the rest of the population in the labour market. They are less likely to have paid work. Lonsdale (1992:98) stated further that they tend to work in lower status, and lower paid jobs. Consequently, their income from employment is less than that of other people, and their economic status as a whole is therefore lower than that of others.

According to Silver and Koopman (2000:79) people with disabilities face several barriers in the workplace, such as both

physical obstacles in buildings as well as systematic barriers to employment. They indicated further that the most difficult barriers to overcome are the attitudes of other people towards people with disabilities. These attitudes are born from ignorance, fear, misunderstanding or hate and can impact negatively on people with disabilities who may even become bitter and introverted as a consequence of their systemic marginalization by society.

To overcome the above-mentioned problem, Silver and Koopman (2000:79) highlighted that those attitudes of existing staff members in the industries must be changed so that they are positive about inclusion and diversity. Once their attitudes have been transformed, people with disabilities can be successfully integrated into the workplace.

The Employment Equity Act (1998:14) highlighted that no person may unfairly discriminate directly or indirectly against an employee in any employment policy or practice on the following grounds – race, gender, sex, disability, pregnancy, marital status, colour, sexual orientation, age, religion, belief, political opinion, family responsibility, ethnic or social origin, HIV status, conscience, language and birth.

According to the Employment Equity Act (1998:18) the employers must implement affirmative action measures for people from designated groups (black people, women, people with disabilities). That means the employment barriers and unfair discrimination against designated groups should be eliminated.

Ka’Nkosi (2002:4) asserts that companies that fail to stop discrimination against people with disabilities may find themselves liable for criminal prosecution or civil suits. Mdladlana in Ka’Nkosi (2002:4) reported, that people with disabilities should be protected in the workplace and opportunities for businesses are open to

employ more disabled people. The Employment Equity Act (1998:18) requires employers to make reasonable accommodation for people from designated groups in order to ensure that they enjoy equal opportunities and is equitably represented in the workplace of a designated employer.

2.9.2 ***Public transport***

Silver and Koopman (2000:156) assert that the existing South African public transport system, which includes the taxi system is not easily accessible to people who use wheelchairs. They stated further that taxi operators normally charge double the usual fare to load a wheelchair and often become impatient with the time it takes to assist the person with a disability to board a taxi.

2.9.3 ***Disability, marriage and partnership***

According to Oliver and Sapey (1999:99) sex may or may not be a problem in long-term relationships where one or both of the partners are disabled. But there may be the practical problems of housing or mobility as most of the aids and adaptations are geared to the single person such as ripple mattresses which are not made in double sizes and extensions to houses are usually only built to accommodate the disabled person, regardless of whether there is a partner or not. Oliver and Sapey (1999:99) further stated that the provision of wheelchair accessibility and mobility in dwellings in the rented social housing sector is disproportionately skewed towards single person accommodation, not only causing a practical problem to many people but reflecting the dominance of a social attitude in which disabled people are not seen as being part of a family or other relationships.

2.9.4 ***Education***

Without a minimally adequate education an individual is not likely to have success integrating into society. The new trend is that people with disabilities need to be included in the mainstream

institutions. Quinn, et al. (1993:9) share the same opinion that mainstreaming in the normal school environment has the added benefits of better socializing individuals with disabilities and of educating their able-bodied counterparts of their abilities and equal human worth.

2.9.5 ***Private amenities***

Quinn, et al. (1993:11) made a point that it is considered important both theoretically and practically to forcefully open the social sphere to individuals with disabilities as much as possible, otherwise a whole dimension of life is foreclosed. Typical examples are dining out in a restaurant, and going to a sporting event.

2.9.6 ***Public services***

All public services offered by the state must be open and accessible to individuals with disabilities. According to Quinn, et al. (1993:10) accessibility applies to criteria of eligibility for services as well as to the physical accessibility of factories and other public places. It is noted by Ancer (2004:8) that there are still some public areas, which are inaccessible for wheelchair users. According to Ancer (2004:8) Esthe Muller, a lawyer who is quadriplegia also experienced discrimination due to her physical disability. Ancer (2004:8) reported that Esthe had difficulty in accessing magistrate's court in Springs, and had to be carried down seven steps to get to the courtroom. She fought that battle and ultimately won. However, Ancer (2004:8) stated that the relevant department apologised and promised to make the magistrate's courts in Germiston, Meyerton and Springs accessible to people on wheelchairs within the financial year 2004.

Public transport in particular must also be accessible, otherwise equal access and participation rights in the labour market are illusory.

2.9.7 *Housing*

Housing is also a critical issue. People with disabilities should be allowed to have their own households, which are accessible for their needs. Quinn, et al. (1993:9) asserts that much reform in this area (housing) has focused on private market discrimination against individuals with disabilities. Such discrimination might be found in the attitudes of vendors or landlords, in the attitudes of estate agents or even in zoning ordinances. Reasonable accommodation in this sector also entails physical accessibility at least in respect of multifamily residences.

2.10 **ADVANTAGES AND BENEFITS OF EMPLOYING PEOPLE WITH DISABILITIES**

The new trend in South Africa is for people with disabilities to be included in the mainstream, and companies are also required to employ them. The above statement is supported by Silver and Koopman (2000:63) by stating that South African employment laws require that employers make a commitment to include people with disabilities in their teams, in line with trends throughout industrial societies across the world. People who can make a contribution to the economy should not be marginalized.

2.10.1 *Advantages*

- There will be greater success in claiming refunds from the Skills Development Levy paid to company's Sector Education and Training Authority (SETA) if it has invested some of its resources in training people with disabilities (Silver and Koopman, 2000:64).
- Additional grants are available from the National skills fund, which focussed on training the unemployed, particularly

through learner-ships. These grants are primarily for the previously disadvantaged. It should be easy to claim for the training of people with disabilities who have been offered learner-ship contracts with companies.

2.11 QUALITY OF LIFE FOR PERSONS WITH DISABILITIES

2.11.1 *Definition*

According to Weisgerber (1991:2) quality of life is a sense of well-being, a dynamic blend of satisfactions which presumes the following:

- Freedom from hunger, poverty, sickness, literacy and undue fear about the impact of the hazards of life.
- Opportunity for personal growth, fulfilment, and self-esteem which includes:
- Opportunity to establish and maintain social bonds with family, friends, community and co-workers.
- Opportunity to participate in and derive meaning from religious, civic, family and work activities.
- Access to sources of aesthetical and intellectual pleasure, including museums, concerts, the use of public parks and libraries, participation in educational and other activities.
- Access to activities pursued for recreational purposes such as hiking, athletics, reading and television viewing.

Quality of life can also mean a healthy (well being) life characterized by emotional, physical, social, economic and psychological spheres that are positively fulfilled or met. For people with disabilities to attain quality of life is still difficult. Some of the barriers are attitudes that society has towards people with disabilities. Those societal attitudes make people with disabilities feel embarrassed, insecure, uncomfortable and dependent.

2.12 PEER COUNSELLING

2.12.1 *Definition*

According to Hlongwane (2002:289) peer counselling include the following aspects:

- Sharing experiences and ideas.
- Giving support and encouragement.
- Sharing information regarding the suppliers and equipment used by people with disabilities.
- Sharing and providing practical solutions to everyday problems like bladder and bowel care.
- Exploring community resources.
- Dealing with anxiety regarding body image, sexuality or personal relationships.
- Challenging feelings of frustration and anger related to the stigma of disability.
- Learning assertiveness and other social skills, like asking for help.

From the researcher's observation, most of the persons with physical disabilities are being assisted initially by professionals through counselling, with the use of peers with similar disability.

According to Hlongwane (2002:289) peer counselling is an important and necessary tool to help change the attitudes of persons with disabilities. Many rehabilitation professionals use former patients with great success to discuss and share their experiences with new patients.

2.12.2 *Definition of peer counsellor*

According to Hlongwane (2002:289) a peer counsellor is not just any person with a disability, but one who is knowledgeable about the process of rehabilitation, interested in helping others,

personally assertive, willing to make a commitment of time, effort and caring interaction with others.

2.13 **DISABILITY AS A HUMAN RIGHTS AND DEVELOPMENTAL ISSUE**

According to Mbeki (1997:10) people with disabilities should be recognized and acknowledged as equal citizens and should therefore enjoy equal rights and responsibilities. He further stated that their needs must be made the basis for planning. It implies that resources must be employed in such a way as to ensure that every individual has equal opportunities for participation in society.

A human rights and development approach to disability focused on the removal of barriers to equal participation and the elimination of discrimination based on disability.

According to Oliver and Sapey (1999:153) it is clear that people with disabilities do currently have certain limited rights not to be discriminated against in the employment market, to education commensurate with need, and to a whole range of benefits and services. They pointed out that it is plain that many people with disabilities do not get these rights and there are raging arguments about how best the rights of disabled people should be safeguarded and extended.

2.14 **A MOVE TO EMPOWERMENT**

As times goes by with the transformation, the government has instituted policies and laws, which will help to protect rights of people with disabilities. Apart from the government's intervention, groups of people with disabilities finally began to question the role that society had assigned them. They started organizing themselves and concentrated on looking at issues that affect them. Many movements and forums were then formed throughout the country. Within the public arena, moral debate concerning the treatment of disabled persons has long been dominated by considerations of justice and individual rights.

2.15 SUMMARY

Important issues associated with the phenomenon of physical disability have been raised from literature and the researcher's experience. Focus was on exploring the feelings that people with physical disabilities experience regarding discrimination. The nature and history of discrimination against people with disabilities was highlighted, and revealed that it emanated from the attitudes and stigma that some able-bodied people possess towards the target group. Literature outlined the following perceptions that society have on people with disabilities or disability: disability is associated with mental incapacity, associated with dependencies and people with disabilities identified with their disability. It was also stated that society still has negative attitudes towards people with disabilities.

The causes of disability, according to literature are violence and war, poverty, unhealthy life style, environmental factors, accidents and social environment. There was a considerable agreement amongst different authors about poverty at the most cause of disability.

Peer counselling is seen as a successful tool used in counselling people who became disabled sometime in their life, to help them accept and adapt to their new condition of disability. It is used by most social workers in delivering services to people with physical disabilities.

With the new dispensation, the South African government is preaching about transformation whereby people with disabilities need to be included in the mainstream of society. Companies need to transform and employ people with disabilities in the mainstream economy, rather than be placed in the protective and sheltered workshops. Pupils also need to be included in the mainstream schools and move away from isolating them at the specialized schools.

Inaccessibility of public buildings was indicated as other barriers, which prohibit people with disabilities to enjoy quality of life. All public buildings

should have ramps for wheelchairs, parking to be provided close to the main entrances, lift buttons to be placed at a level easily accessible to all people with disabilities, to have a system in the lifts that announces the various floors, toilets to be disability friendly and automatic doors to be installed in toilets to ensure easy entrance and exit for people with disabilities.

Public transport such as taxis and busses also came out as another barrier because they are not accessible to people with disabilities, especially those using wheelchairs. Houses built for disabled people should be well adapted to their needs e.g. basins to be installed at a level within reach of users, especially those using wheelchairs.