THE FEELINGS OF PEOPLE WITH PHYSICAL DISABILITIES REGARDING DISCRIMINATION IN TEMBISA

By

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DECLARATION

I hereby declare that this dissertation is the result of my independent investigation, and all the sources used have been acknowledged by means of proper references.

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SUMMARY

The feelings of people with physical disabilities regarding discrimination in Tembisa.

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The aim of the study was to explore and describe the feelings of people with physical disabilities regarding discrimination in the community of Tembisa. Discrimination against people with physical disabilities is one of the major problems affecting the larger society, impacting on their lives.

The exploratory and descriptive designs were used because of insufficient information available on this topic particularly in Tembisa and to describe the feelings of people with disabilities regarding discrimination. A semi-structured interview schedule was used as a data-gathering instrument.

The study was conducted among people with physical disabilities who are clients of the organisation Association for Physically Disabled (APD). Ten respondents were then selected following a purposive non-probability sampling method.

The study revealed that most people with physical disabilities experience difficulty in accessing some of the public buildings in Tembisa as they are not wheelchair friendly. Housing for people with disabilities was also raised as another problem experienced by people with disabilities in general. The findings further proved that not much has been done regarding inclusion of people with disabilities by employing them in the open labour market.

In conclusion, it has been proved that people with disabilities feel isolated, rejected, marginalised and stigmatised in the community of Tembisa by their able-bodied counterparts. Recommendations are provided regarding how people with disabilities can be included in Tembisa and mainstream society.

KEY CONCEPTS

- Disability

- Disabled person

- Accessibility

- Reasonable accommodation

- Usability

- Inclusion

- Attitude transformation

- Handicap

- Depression

- Paraplegia

- Tetraplegia / Quadriplegia

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CHAPTER 1

THE FEELINGS OF PEOPLE WITH PHYSICAL DISABILITIES REGARDING DISCRIMINATION IN TEMBISA

1. **INTRODUCTION**

The problem of discrimination against people with physical disabilities still exists in South Africa. The Constitution of the Republic of South Africa (Act No. 108 of 1996) has tried to eradicate it, but there are still some sectors where it is been practiced. According to the White Paper on an Integrated Disability Strategy (1997:57) people with disabilities, like the majority of people in this country during the apartheid era, were denied fundamental human rights. However, they further experience discrimination on the basis of their disability.   It further stated that people with disabilities are marginalized and excluded from many aspects of life.

Green (1997:34) highlighted that the World Health Organization has estimated that throughout the world 500-540 million people are disabled, representing a prevalence ratio of one in ten persons. She further estimated that this figure would probably double in the next 35 years. Although the World Health Organization estimates that 10% of the world's population is disabled, the Department of Health estimates that the number of disabled people in South Africa constitutes 12,8% of the population (Green, 1997:343).

Hales (1996:6) indicated that for over 100 years, disability has presented as a culturally embedded socially accepted form of oppression against people with disabilities. Heller, Flohr and Zegans (1992:232) asserted that modern stereotypical perceptions about people with disabilities began with the industrial revolution.

To date some community members still encounter difficulties in accepting people with physical disabilities, with specific reference to Tembisa.

Tembisa is a township situated 4km north of Olifantsfontein and 15km south of Kempton Park. According to Nagler (1990:1) society's attitudes about the disabled are in a process of evolution. The disabled desire to escape from the prejudices and discriminations that have had the effect of casting them into a minority. Since the disabled are a disadvantaged group, they encounter social, physical, psychological and economic barriers in attempting to maximize their rehabilitative and habilitative potentials.

From the researcher's observation, some members of the society in Tembisa regard people with disabilities as useless, incapable and as objects that need to be isolated and pitied. Some even have a negative attitude towards them. This attitude leads to the destruction of people with disabilities' self esteem and self-image.

Nagler (1990:1) stated that people with disabilities often believe that they are members of the victimized minority, who are prevented by the attitudes of society from enjoying the quality of life that they deserve. Being victims of prejudice and discrimination, the disabled often suffer the alienation and isolation experienced by racial, religious, ethnic and other minority groups.

The current study will be conducted in the township of Tembisa focusing on exploring the feelings of people with physical disabilities regarding discrimination.

2. **MOTIVATION FOR THE CHOICE OF THE SUBJECT**

The researcher became interested in exploring the problem because her brother-in-law has a congenital physical disability. She wanted to know

more and gain understanding about the feelings of people with physical disabilities regarding discrimination in Tembisa, in order to help with intervention programs.

The researcher is presently employed at an organization that renders services to people with physical disabilities; hence she is interested in this study.   From the researcher's work experience, people with physical disabilities are neglected, isolated, abused and stigmatized by some family and community members.   The disabled people in Tembisa experience discrimination because they have difficulty in accessing some public buildings for example, banks, stadiums due to lack of ramps that aid them for mobility, especially the wheelchair users.   Nagler (1990:18) also pointed out that people with disabilities were simply relatively isolated, stigmatized individuals.

3. **PROBLEM FORMULATION**

According to the census done in 1996, there are 455,541 people with disabilities in Gauteng.   Tembisa has 20,117 people with disabilities and 3,001 people with physical disabilities (Statistics S.A.:1996).

Kilbury, Bordier, and Wong (1996:59) indicated that persons with physical disabilities have experienced a long history of stigmatization and discrimination.   Some non-disabled members of the community in Tembisa still attach a stigma towards people with physical disabilities.   Barton (1989:10) pointed out that people with disabilities are likely to face exclusion from the workforce because of their perceived inabilities and hence dependency is still created.

As far as education is concerned, people with disabilities lack access to education and educational facilities.   Hence a high level of adult illiteracy is marked among people with disabilities.   According to the White Paper for

Social Welfare (1997:59) children with disabilities are discriminated against and denied opportunities such as access to education, recreation and public transport.

The study is done to assess the feelings of people with physical disabilities regarding discrimination in Tembisa.

4. **AIM**

The researcher's aim is to attain the following:

To investigate the feelings of people with physical disabilities regarding discrimination in Tembisa.

OBJECTIVES
- To build a theoretical knowledge base through literature study about the phenomenon of physical disability.
- To conduct an empirical investigation into the feelings of people with physical disabilities in Tembisa regarding discrimination.
- To make recommendations to help social workers develop intervention programs for people with physical disabilities.

5. **RESEARCH QUESTION**

The following research question is formulated:

What are the feelings of people with physical disabilities towards discrimination in Tembisa?

6. **RESEARCH APPROACH**

The researcher will use a qualitative approach in this study. According to Leedy and Ormrod (2001:147) a qualitative approach focuses on pheno- mena that occur in natural settings and involve studying those phenomena

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in all their complexity. The researcher will explore people with physical disabilities' feelings regarding discrimination against them and derive meaning from their perspective. Fouché and Delport (2002:79) indicated that a qualitative approach is ideographic and holistic as it aimed to understand social life and the meaning that people attach to everyday life. They further clarified that it also produces descriptive data in the participant's own written or spoken words. Slavin (in Makgatho 2000:21) stated that qualitative research is defined as studying individuals in their natural settings to see the way in which they attribute meanings in social situations.

7. **TYPE OF RESEARCH**

Applied research will be used in this study, because it will focus on practical problems that people with physical disabilities experience and seek solutions to this problem.

Monette, Thomas, Sullivan, Cornell and De Jong (1994:6) indicated that applied research is designed with a practical outcome in mind and with the assumption that some group or society as a whole will gain specific benefits from the research. This refers to people with physical disabilities gaining insight on a problem solving process regarding problems they experience due to their physical handicap. Bailey (in Makgatho 2000:20) indicated that applied research is research with conclusions that can be applied to solve social problems of immediate concern.

8. **RESEARCH DESIGN**

A research design is a blue print, strategy or plan of the whole research project (De Vos and Fouché, 1998:77)

According to Bless and Higson - Smith (1995:63) a research design is the planning of any scientific research from the first to the last step. They

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further defined it as a programme to guide the researcher in collecting, analyzing and interpreting observed facts, - it specifies the unit of analysis, the sampling procedures, the variables on which information is to be obtained, the data collection and measurement procedures and the plan for the analysis of data.

The researcher will use the combination of descriptive and exploratory designs in conducting this study. According to Grinnel (1993:1360) an exploratory study explores a research question about which little is already known. Although this is not a new subject, but it is new in Tembisa as the researcher will be exploring the feelings of people with physical disabilities regarding discrimination in this community.

Grinnel (1993: 153) asserts that a descriptive design is one step closer to determining causality. It usually lacks either random assignment or control over rival hypotheses and sometimes both. A descriptive design will help to give an in depth description of the feelings of people with physical disabilities regarding discrimination in Tembisa.

9. **RESEARCH PROCEDURES AND STRATEGY**

As the researcher will be using a qualitative approach, the data collection method to be used will be semi structured interviewing with a schedule. According to De Vos, Strydom, Fouché and Delport (2002:302) semi structured interviews are used to gain a detailed picture of a participant's beliefs about, or perceptions or accounts of a particular topic.

They further defined a semi structured interviewing as a set of predeter-mined questions on an interview schedule, but the interview will be guided by the schedule rather than be dictated by it.

Subjects will be contacted individually through home visitations. The criteria to be used in selecting subjects will be heterogeneity, paraplegics and quadriplegics. The subjects will be between ages 18 – 59 years.

The researcher will utilize the general disability register available in the organization, Association for Physically Disabled (APD), in selecting units of analysis. Purposive sampling method will be used to select units of analysis. Bless and Higson - Smith (1995:95) explain purposive sampling as a method based on the judgment of a researcher regarding the characteristic of a representative sample. In purposive sampling, samples are selected because they believed to be able to give the researcher access to some specialized insight or a special perspective, experience, characteristics or condition of physical disability. This sampling method relies more on the subjective considerations of the researcher than of scientific criteria. The researcher will be asking subjects questions and record their responses. Data will be collected and analysed according to themes and categories.

10. **PILOT STUDY**

Hysamen (in De Vos, 1998:179) stated the purpose of a pilot study is an investigation of the feasibility of the planned project to bring possible deficiencies in the measurement procedure to the fore. The advantage of a pilot study is that it will highlight if a measuring instrument needs to be improved before utilizing it in the main investigation.

10.1 *Literature*

The study of literature in the field of physical disability will help in orientating the researcher on whether literature on the particular subject exists and is freely available. The researcher will focus mainly on recent literature obtained from books, journals, dissertations, thesis, government policy, reports and computerized

databases which are now globally available through the internet regarding the phenomenon of people with physical disabilities.

Leedy and Ormrod (2001:108) hold that the review of literature describes theoretical perspectives and previous research findings related to the problem at hand. They further stated its function is to look again at what others have done in areas that are similar, though not necessarily identical, to one's own area of investigation.

According to Strydom (1998:180) the main purpose of the literature study during the pilot study phase remains the broad orientation of the researcher with regard to her investigation and to alert her to certain matters during the main investigation, for example, deficiencies and loopholes in the measuring instrument.

10.2 **Consultation with experts**

The researcher will consult the following experts:

- Ms A Makgatho, social worker who has worked for over 15 years in the field of physical disability employed by the Association for Physically Disabled (APD) in Tembisa. Contact with Ms Makgatho will be through a personal interview.
- Ms BM Mafoko, a social work manager who also worked for over 25 years in this field of physical disability employed by the Association for Physically Disabled (APD) in the Soweto branch. She will be contacted through a telephonic interview.
- Ms K Papole, a social worker for Department of Health Community Based Rehabilitation (CBR) stationed in Tembisa will also be contacted through a personal interview.

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Strydom (1998:180) holds that tapping the experience of experts usually offers more advantages than disadvantages. The content of the interview with experts will be sharing their experiences and opinions with regard to the feelings of people with physical disabilities regarding discrimination. The purpose of an interview with experts is to bring an unknown perspective to the fore or reject the researcher's own views. According to Cilliers cited (in De Vos, 1998:181) the utilization of experts can help to delineate the problem more sharply and to gain valuable information on the more technical and practical aspects of the research endeavor.

10.3 *Feasibility of the study*

Strydom (2002:213) asserted that at this stage of the pilot study, the researcher should address the goals and objectives, resources, research population, procedures of data collection, the data gathering itself, the fieldworkers and possible errors that may occur. They further highlighted that transport, finance and time factors should also be considered.

The study will be conducted in the township of Tembisa where the researcher is a bona fide resident. It will be convenient for her because she is well orientated to the area. The researcher will not encounter any difficulty in contacting the respondents because she is employed at an organization, which renders services to people with physical disabilities. The researcher will incur no traveling expenses. With regard to the time factor, not much time will be consumed, as the researcher knows the area well and can easily access subjects without difficulty. A letter of permission will be obtained from the Director of the Association for Physically Disabled in order to conduct the research.

10.4 **Pilot test of interview**

According to Strydom (1998:179) a pilot study is a process whereby the research design for a prospective survey is tested. It refers to trying out a measuring instrument on a small number of persons having characteristics similar to those of the target group of respondents. The researcher will select three people with physical disabilities living in Tembisa, and conduct a pilot study by testing out the interview schedule through asking the stated questions. A list of questions will be constructed, whereby the respondents will be asked to answer them. They will be compiled in a semi structured interview schedule, but the researcher will record the subjects' responses.

The respondents will also be asked to comment on the wording of questions, the sequence, possible redundant, missing and confusing questions. The advantage is that it will help the researcher to modify the questions if necessary after the pilot study before the main investigation.

According to Strydom (1998:182) the purpose of the pilot study is to improve the success and effectiveness of the investigation. Space must be given on the interview schedule during the interview or with whatever data collection method is used for criticisms or comments by respondents. The researcher must then carefully consider those comments during the main investigation.

11. **DESCRIPTION OF RESEARCH POPULATION, DELIMITATION / BOUN-DARY OF SAMPLE AND SAMPLING METHOD**

11.1 **Population**

Bless and Higson-Smith (1995:25) defined a population as the entire set of objects of and events of group of people, which is the object of

research and about which the researcher wants to determine some characteristics. It is not feasible to use the whole population in the research study, but the sample must be selected which will be representative of the population. This is supported by De Vos and Fouché (1998:100) who pointed out that most of the time researchers are not able to study an entire population owing to limitations of time and costs, and are obliged to draw a sample. In this study the research population will be all people with physical disabilities who reside in Tembisa Township. It will be those with paraplegia and quadriplegia. The researcher will use the general register of the Association for Physically Disabled, of all people with disabilities in Tembisa. The target population will be heterogeneous i.e. consisting of both males and females with physical disabilities. According to the general register compiled by the researcher, there is a population of about 300 people with physical disabilities in Tembisa.

11.2 *Sample and sampling method*

Schaefer and Lamm (1992:39) defined a representative sample as a selection from a larger population that is statistically found to be typical of that population. Those people are units of analysis, which have been selected from the whole population.

A sample should have the same characteristics of the population. Strydom and De Vos (1998:191) stated that the larger the population, the smaller the percentage that population needs to be, and if the population is relatively small, the sample should comprise of a reasonably large percentage of the population.

Larger samples enable researchers to draw more accurate conclusions and make more accurate predictions. The researcher will select a sample of ten subjects who will participate in this study. Non-

probability sampling technique will be used. According to Bless and Higson-Smith (1995:88) non probability sampling refers to the case where the probability of including each element of the population in a sampling is unknown i.e it is not possible to determine the likelihood of the inclusion of all representative elements of the population into the sample. The non-probability sampling technique, which the researcher will use, is purposive sampling. According to Strydom and De Vos (1998:198) purposive sampling method is based entirely on the judgment of the researcher regarding the characteristics of a representative sample. The criteria to be used is both males and females, people with paraplegia and quadriplegia between the ages 18 – 59 years.

12. **ETHICAL ISSUES**

According to Strydom (1998:24) ethics refers to a set of moral principles which is suggested by an individual or group, is subsequently widely accepted and which offers rules and behavioral expectations about the most correct conduct towards experimental subjects, respondents and employers. Ethical practices help to protect the interests of participants in studies and guard against exposing them to unconducive research procedures.

12.1 *Harm to subjects or respondents*

It is the researcher's responsibility to protect the subjects from physical or emotional harm. She must be able to anticipate risks before beginning with research such as danger, injury or physical attack on research subjects and assistants. The researcher does not anticipate any physical harm to subjects who will participate in this study.

Emotional harm to subjects entails placing them in stressful, embarrassing, anxiety producing or unpleasant situations e.g. falsely telling people with muscular dystrophy that their disability grants have been permanently discontinued. It is unethical for researchers to harm anyone in the course of research especially if it is without the person's knowledge and permission (Bailey, 1994:454).

The researcher will avoid repeatedly asking respondents questions that cause emotional turmoil by reminding them about the conditions, which rendered them paraplegias and quadriplegias.

12.2 *Informed consent*

Grinnel (1993:82) indicated that the consent of individuals to participate in a study must be both voluntary and informed. Subjects of study must be acquainted in advance with every aspect of the study and the permission for their involvement must always be obtained via informed consent procedures. It is important for respondents to give permission for participating in the study because the principle of clients' self determination should be respected at all times.

With this study, the researcher will inform the respondents about the aim and objectives of the study. She will also obtain their consent if they are interested in participating. Those who are not interested in participating in the study will be excluded. The researcher will be acting unethically if she includes respondents who are unwilling to participate in this research.

12.3 *Deception of subjects or respondents*

McBurney (1994:377) indicated that deception involves setting up false expectations of the process under investigation. It also refers to

a situation where the researcher withholds information or offsetting incorrect information in order to ensure participation of subjects when they otherwise possibly have refused it.

No form of deception should ever be inflicted on subjects. If it happens, it should be rectified immediately through debriefing of such subjects if necessary. According to Newman (1997:449) deception is acceptable only if there is a specific methodological purpose for it, and it should be used only to a minimal degree if necessary.

The researcher will disclose the true purpose of the study as being to explore the feelings that people with physical disabilities experience regarding discrimination. She will also state clearly that she conducts research, which will be published at the University of Pretoria, where she is furthering her studies in the field of physical disability. Furthermore, she will indicate clearly that their names will remain anonymous.

12.4 *Violation of privacy*

The privacy of subjects should not be invaded. The researcher must keep subjects' personal information confidential by not revealing it to other people.   The researcher who reveals subjects' personal information will be acting unethically because subjects are promised that information discussed will remain private and confidential. Violation of subjects' privacy is often marked when other institutions, professional organizations are given access to the data collected. Such requests can create serious ethical problems concerning privacy and must be carefully accounted for beforehand and documented with formal contracting. There are instances whereby the researcher may be compelled to breach confidences, for example, in cases where the subject intends to commit suicide, the researcher can reveal those

intentions to either the family members or other health professionals with the aim of saving the person's life.

Strydom (1998:28) holds that the privacy of subjects can be affected by using hidden apparatus such as video cameras, one-way mirror and microphones. Subjects will be interviewed individually and ensure that they remain anonymous by not writing out their names. The researcher will not disclose subjects' information discussed to other people, as that is unethical.

12.5 *Actions and competence of researcher*

Researchers are ethically obliged to ensure that they are competent and skilled to undertake the investigation they have in mind (Strydom, 1998:30). They have to clarify reasons for the study and that will help them to produce valid results. They have to be aware of their ethical responsibilities in all procedures followed, for example, sampling procedure, methodology utilized, data processing and research writing. As the researcher will be using qualitative research, she has to make appropriate referrals in case therapy is required. The researcher as a professional has to respect other people's cultures, values and norms. She must not impose her own values on subjects even if they conflict with those of the researcher. The principle of non-judgmental attitude must be adhered to at all times. The researcher will not blame people with paraplegia and quadriplegia about the causes of their disability, especially those due to injury or accident.

12.6 *Release or publication of the findings*

After the study has been investigated, the researcher will have to compile a research report, which will be published. The respondents will be informed about the findings. It should be clearly written and

contain all the information necessary for readers to understand what has been written down. The researcher should avoid plagiarism because it is unethical to utilize authors' sources without acknowledging them. All sources that the researcher will have used such as books journals, research reports will be acknowledged.

Babbie (2001:527) holds that one should refer to any source, which one has consulted, either directly (through a quote) or indirectly and which has made a significant contribution to one's own work.

Hysamen (in De Vos 1998:33) maintain that it is desirable to present the findings to subjects as a form of recognition and to maintain good relationships with the community concerned in future.

12.7 *Restoration of subjects or respondents*

After the completion of the study, the researcher may conduct debriefing sessions with subjects if appropriate so that they will have the opportunity to work through their experience and its aftermath. This is another way in which the researcher can minimize harm to subjects.

In this study, subjects may have been treated badly by able-bodied people and feel uncomfortable to reveal their experiences, thus debriefing sessions may be necessary after the study. Some of the respondents may experience difficulty in disengaging with the researcher; she will then need to be sensitive and involve them in informal discussions or refer to other professionals for therapeutic help.

According to McBurney (1994:379) debriefing is a process of informing subjects after the session of experiment's true purpose in

order to increase their understanding and to remove possible harmful effects of deception.

13. DEFINITIONS OF KEY CONCEPTS

13.1 *Disability*

Rioux and Bach (1994:32) defined disability as social restrictions confronted by people with disabilities living in a society that is not organised to take account of their needs.

Hattingh, Harvey, Saayman and Jaarsveldt (1987:2) defined disability as any restriction or lack (resulting from an impairment) of ability to perform an activity which would be regarded as within the range of a normal person. Disability also refers to the state in which people with handicaps are unable to use their body properly in their day-to-day life due to impairment or missing of other parts of their bodies.

13.2 *Impairment*

Harrison (1987:6) defined impairment as loss of function. Hattingh, et al. (1987:2) refers to impairment as any loss or abnormality of physiological, psychological or anatomical structure or functioning.

Impairment can also be defined as some limitation in the functioning of an individual's body or mental capacity due to congenital, injury or illness.

13.3 *Physical disability*

According to Hattingh, et al. (1987:5) a physically disabled person is an individual who is born with a physical impairment or who has a physical limitation such as anatomical loss of major extremities, paralysis, physiological disorders or any other condition affecting

important body systems, due to illness, injury, accident or age. Therefore, there is limited mobility as well as limitation of one or more of major life activities.

This physical condition is irreversible and will probably continue indefinitely. The New Dictionary of Social Work (1995:45) defined physical disability as a physical impairment either by injury or illness, acquired or congenital, that impedes a person's mobility in varying degrees. Physical disability is a condition whereby a person is unable to use either his/her arms, legs, or their backs do not work the way they should due to injury, accident or illness.

13.4 *Discrimination*

Heller, et al. (1992:246) defined discrimination as making a difference, showing a difference or judging that one thing is different from something else. Bendix (1996:593) indicated that discrimination occurs only when one party is intentionally disadvantaged. This concept refers to unequal treatment that people with physical disabilities get from the society due to their physical impaired status.

13.5 *Rehabilitation*

Frazer (1982:11) defined rehabilitation as the combined and coordinated use of medical, social, educational and vocational measures for training and re-training the individual to the highest possible level of functioning ability. Barker (1991:198) gives the following definition of rehabilitation, as restoring to a healthy condition or useful capacity to the extent possible. Rehabilitation also refers to a process of helping people who have been impaired through injury or disease to utilize their remaining parts of their bodies to the maximum possible in order to be independent.

13.6 *Habilitation*

Habilitation is defined as acquisition of new skills by a person to promote his/her social functioning, especially applicable to the care of the disabled (New Dictionary of Social Work, 1995:30). Barker (1991:99) defined habilitation as a practice orientation that views the client as the social worker's competent and coequal problem solver who is empowered through education, new coping skills and resources.

14. CONTENTS OF RESEARCH REPORT

DEFINITION

A research report is a written document that can take the form of a thesis or dissertation produced as a result of procedures undertaken to reveal information.

14.1 *Chapter 1*

- It will consist of an introduction, whereby the topic for study will be briefly explained
- Motivation of the study
- Problem formulation
- Aim (goal and objectives of the study)
- Research procedure and strategy
- Pilot study
- Description of the research population and sampling procedures
- Definition of key concepts

14.2 *Chapter 2*

It will consists of the following:

- Literature study regarding the phenomenon of physical disability.

14.3 *Chapter 3*

Empirical study and a discussion thereof.

14.4 *Chapter 4*

It consist of the following:

- Summary
- Recommendation
- Conclusion

15. **REFERENCES**

The researcher will compile a bibliography at the end of the study, acknowledging all different sources she utilizes in her study.

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 accommo-dation 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 transforma-tion 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 disa-bilities 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 been 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 illusionary.

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.

CHAPTER 3

EMPIRICAL FINDINGS ON THE FEELINGS OF PEOPLE WITH PHYSICAL DISABILITIES REGARDING DISCRIMINATION

3.1 INTRODUCTION

In this chapter, the research study sought to answer the research question: what are the feelings of people with physical disabilities regarding discrimination in Tembisa? The findings are presented according to the respective themes i.e. section A to F of the interview schedule and some graphic presentations.

3.2 RESEARCH METHODOLOGY

The type of research used is applied research. According to Fouché (2002:108) applied research is the scientific planning of induced change in a troublesome situation. Fouché & Delport (2002:79) view qualitative research approach as aiming to understand social life and the meaning that people attach to everyday life. The researcher conducted this study in order to obtain more information and knowledge regarding the feelings of people with physical disabilities towards discrimination. The research designs used are both the exploratory and descriptive designs. The researcher explored and gave an in-depth description of the feelings that people with physical disabilities experience regarding discrimination in Tembisa.

A sample of ten people with paraplegia and quadriplegia, both males and females, were selected following purposive sampling. This sampling method means that the researcher used a disability register available at the organisation, Association for Physical Disabled (APD), for selecting respondents. An interview schedule was formulated and the researcher asked the respondents questions individually and recorded their responses. The responses are recorded in themes and sub-themes.

3.3 **RESEARCH FINDINGS**

Demographic details:

3.3.1 *Gender*

The respondents consist of both males and females. Although there are more males than females, it can be deduced that physical disability affects both sexes.

3.3.2 *Distribution of age*

The age groups of respondents are categorised as early mid and late adulthood. Paraplegia and quadriplegia are not confined to a specific age group but affects various age groups. Although the sample is small, it would seem that the particular condition affects mostly people in the category of early and late adulthood.

3.3.3 *Marital status*

From the research findings, the respondents are categorised as married, single and divorced. Though the majority of respondents are single, a theme of difficulties in relationships may be deduced from the fact that only few respondents are married.

3.3.4 *Nationality*

All respondents are categorised as South African citizens.

3.3.5 *Language*

The following African languages are spoken by the respondents:

- North Sotho
- Zulu
- Xhosa
- South Sotho

Although not all ethnic groups are included, it can be interpreted that physical disability is evident in almost all ethnic groups and not confined to a specific group.

3.3.6 *Disability*

Some of the respondents are diagnosed with paraplegia while others are individuals with quadriplegia. The previous description of disability is an indication that all respondents are knowledgeable about their conditions because they clearly explained their diagnosis.

3.3.7 *Level of education and employment condition*

Generally, the respondents are literate. If they have attended high school, then they are literate, except one respondent who never attended school. Some respondents acquired certificates of skills training such as electrician, upholstery, computer literacy, wheelchair repairs, bookkeeping and office administration. Most of the respondents are unemployed and one is employed as a bookkeeper. The remaining respondents are involved in a self-help project of wheelchair repairs. The findings reveal that generally, there is a high level of unemployment and lack of skills development. Themes relating to unemployment, lack of formal education and skills training can be linked to the sub-themes exclusion and stigmatisation. It can be interpreted that people with physical disabilities were mainly excluded from the mainstream institutions and sent to specialised schools due to their disabilities.

3.4 PERSONAL VIEWS

3.4.1 *Discrimination*

Many of the respondents stated that discrimination against people with physical disabilities still exists in Tembisa. They share the same views with Heller, et al. (1992:247) that there remains enormous discrimination against people with disabilities in this society, the community of Tembisa not being an exception.

3.4.2 *Equal opportunities*

In the main, respondents indicated that people with disabilities do not enjoy equal opportunities as able-bodied counterparts. Views were expressed that people with disabilities enjoy equal opportunities, while an individual stated that some people with disabilities do enjoy equal opportunities as able-bodied people in their community. Some respondents were unable to respond to this question. Generally, the views concur with the White Paper on an Integrated Disability Strategy (1997:30), which emphasised that there are a number of barriers in the environment, which prevented people with disabilities from enjoying equal opportunities with non-disabled.

3.4.3 *Respondents' feelings towards being pitied*

Many respondents expressed unpleasant feelings when other people feel pity for them. From the findings, themes identified were unpleasantness, hatred and irritation. Sub-themes related to this could reflect a degree of uncomfortable feelings towards being pitied.

3.4.4 *Preference for marriage partners*

Preferences expressed for marriage partners are a partner with a physical disability, in addition to respondents preferring the ones without a disability. However, the remaining respondents prefer any partner that is with or without a disability. Of those who prefer non-disabled partners, they indicated that their partners would be able to assist them in day-to-day activities such as reaching out for objects that are difficult to access. The reason provided by those preferring a partner with a disability was that the particular person would be understanding and accept their condition. The other respondents do not discriminate, therefore will choose any marriage partner as long as they love each other and can relate well. Some respondents never responded to a question on preference for

marriage partners because they are already married. As mentioned in the literature review, Oliver and Sapey (1999:99) indicated that sex may or may not be a problem in long-term relationships where one or both of the partners are disabled. From the findings, a theme of uncertainty in discussion for choosing a marriage partner may reflect lack of self-confidence in developing heterosexual relationships with able-bodied partners and fear of rejection. One can conclude that in general, some people with physical disabilities have difficulty in forming heterosexual relationships with able-bodied counterparts, suggesting stigmatisation as the main reason.

3.4.5 *Meeting Ministers of Health and Social Development*

From the question on what would respondents say to both Ministers of Health and Social Development about the problem of discrimination against people with disabilities if they are allocated a minute to talk to them, two major problems were raised. Most respondents stated that they would complain to both Ministers about inaccessibility of public transport especially the taxis in their area. They mentioned that taxi drivers are reluctant to carry them, more especially when seeing a wheelchair and having to wait for a long time before one (taxi) can stop. The above complaint is supported by Silver and Koopman (2000:156) who indicated that the existing South African public transport system (taxis) is not easily accessible to people who use wheelchairs. Furthermore, the authors stated that taxi operators normally charge double the usual fare to load a wheelchair.

Respondents stated that they would complain about lack of housing for people with physical disabilities, while one respondent did not know what to say to both Ministers. Theme of non-responsiveness from other respondents can be linked to ignorance and lack of involvement about the general problems affecting people with physical disabilities. The finding shows that people with physical

disabilities are dissatisfied with public transportation and housing facilities, which are inaccessible.

3.4.6 *Respondents' attitude towards able-bodied people*

Generally, respondents possess a positive attitude towards able-bodied people. There was a mixed response in terms of attitude, they mentioned that they had nothing against able-bodied people, while others possess a negative attitude towards able-bodied people. Their negative attitude was that they (able-bodied) have a tendency of feeling pity for them and undermining them. However, some respondents did not respond to this question. The researcher observed a non-verbal theme that indicated reluctance from the particular respondents to talk about this attitude towards able-bodied people.

3.5 SOCIETAL ATTITUDE

3.5.1 *Attitude of able-bodied towards people with disabilities*

All the respondents stated that able-bodied people have negative attitudes towards them. Some of the reasons given were that able-bodied people treat them poorly and have a tendency for feeling pity towards them. From the literature review, Kilbury, et al. (1996:59) supported the notion that negative attitudes and perceptions about people with physical disabilities are held tenaciously and are therefore extremely difficult to change. Gething et al. (1994:66) share the same opinion that the community have negative attitudes towards people with physical disabilities and effect their quality of life and opportunities. The findings clearly prove that able-bodied people have a negative attitude towards people with physical disabilities.

3.5.2 *Perceptions from other people*

Various perceptions were raised. These include that people in the community perceive people with disabilities as those in need of help

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at all times and who cannot do things for themselves. Furthermore, there is an indication that some community members even go to the extent of offering help (to push a wheelchair) voluntarily was raised. Other perceptions were:

- some community members perceive them as normal people
- they perceive him/her as a normal person to the extent of forgetting about his/her disability
- people with mental retardation
- perceived as being friendly and educated
- respected person

From the literature review, Heller, et al. (1992:250) stated that the social perceptions of disabilities are viewed as dependence, mental incapacity, evoking embarrassing compassion and being strikingly different. The identified themes of mental incapacity, helplessness and dependence may suggest a sub-theme of labelling.

3.5.3 *Special treatment for people with physical disabilities*

From the question on whether people with physical disabilities should receive special treatment in the community, there was a mixed response of agreement and disagreement.

Of those who agreed with the idea that people with physical disabilities be given special treatment, the respondents gave the following reasons:

− They have special needs, which are different from able-bodied people, as a result, they need special treatment and should be given first preference.

− They are different from able-bodied people and have different needs, and therefore need to be assisted at all times.

A respondent failed to motivate for agreeing to special treatment for people with physical disabilities.

The theme relating to special treatment indicates a degree of dependency. Respondents who disagreed with special treatment for people with physical disabilities, gave the following reasons:

- Special treatment would make them dependent.

- They are the same as able-bodied people, as a result they both deserve the same treatment.

- People with physical disabilities should only be assisted when necessary, rather than being treated specially.

From the findings, the theme relating to same treatment for every-one reflect a degree of independence and self-reliance.

3.5.4 *Acceptance from community members*

Many of the participants gain acceptance from the community members, while others are being partly accepted by some community members. However, only one respondent thinks that the community members do not accept them. Those who indicated that the community members accept them, stated the following reasons:

- They receive invitations for social outings such as going to the stadium to watch soccer and to the parties.

- Since the onset of disability no funny remarks were ever passed.

- They socialise with able-bodied friends.

- One respondent never experienced any negative responses from able-bodied people.

- Able-bodied people usually offer assistance whenever on the road.

A minority of respondents who stated that some community members accept them mentioned the following reasons:

- Taxi commuters once hesitated to sit next to him/her while travelling to Kempton Park.

- Some community members, who accepted him, knew him from prior to his disability.
- Only neighbours and church members usually pay a visit, as an indication of acceptance.

A respondent who thinks that community members do not accept them, motivated that they (community members) usually do not involve them in community activities such as participation in funerals in the neighbourhood.

The findings generally confirm that respondents feel that community members in Tembisa are accepting people with physical disabilities.

3.6 EXPERIENCE AND KNOWLEDGE

3.6.1 *Experience of discriminatory remarks*

Respondents have experienced discriminatory remarks against their physical disabilities from able-bodied counterparts. These remarks included that they were told not to have relationships with able-bodied partners, some able-bodied people hesitated to sit next to one of them in a taxi, while other taxi commuters alight from the taxi immediately when seeing a wheelchair. Few respondents have never experienced any discriminatory remarks against their physical disabilities.

It is the researcher's opinion that passing of discriminatory remarks to people with physical disabilities negatively affects their self-confidence. The identified themes of reluctance to sit next to a disabled person, not to have relationships with able-bodied partners, alighting when seeing a person on an wheelchair also reflect a degree of isolation, exclusion and stigmatisation by able-bodied people.

3.6.2 *Respondents' feelings of being physically disabled*

Respondents stated that they feel unhappy about the change in their lives by being physically disabled. The view was that the sad feeling is experienced more when seeing his/her able-bodied friends and when there is a need for transport to run errands. The researcher observed a non-verbal theme of sorrow from one respondent who stated that lack of sufficient income and marital disputes started after the onset of disability. One respondent indicated that her disability is congenital, as a result she accepted and adapted well to her disability.

From the researcher's observation during the interviews, most of the respondents expressed deep feelings of sorrow and depression when exploring their feelings of being physically disabled.

3.6.3 *Equal rights as stated by the Constitution*

According to the respondents, people with disabilities do not enjoy equal rights as stated by the Constitution of the RSA, while some respondents agreed that there are equal rights for all. Of those who said that there are no equal rights for both able-bodied and people with disabilities, the following reasons were provided:

- The government does not keep its promises, an example given was that of housing subsidy, which was not given to people with disabilities.

- Human rights are just stated in the statutes but not being practised.

- People with disabilities are not employed in the open labour market due to their disability. The above concurs with what Quinn, et al. (1993:10) who pointed out that the principle of equality and non-discrimination in the open labour market must be implemented 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.

The Employment Equity Act (1998:18) requires employers to make reasonable accommodation for people from designated groups (black people, women, people with disabilities) in order to ensure that they enjoy equal opportunities and is equitably represented in the workshop of a designated employer. The minority of respondents who stated that there are equal rights for all, motivated that the government does not discriminate.

From the findings, it can be concluded that people with disabilities do not enjoy equal rights as stated in the Constitution of the Republic of South Africa.

3.6.4 *Dependency and helplessness*

Few respondents agreed with the notion that people with disabilities are dependent and helpless, while the majority disagreed with the same notion. Of those who agreed that people with disabilities are dependent and helpless, the following reasons were given:

− They (people with disabilities) need help on day-to-day basis for home-based care and other activities.
− They are excluded in most social activities.

Of those who disagreed that people with disabilities are dependent and helpless, they stated the following reasons:

− They can work and earn some income as able-bodied people.
− Most of them are involved in self-help projects and gave examples of car washing and wheelchair repairs' projects.
− Some of them can do their laundry, bathing, ironing and do other things without guidance from others.

From the literature review, it is clearly noted that disability is associated with dependencies (Heller, et al. 1992:247). The White Paper on Integrated Disability Strategy (1997:2) asserts that social attitudes have perpetuated stereotypes of disabled people as

dependent and in need of care is one factor which promotes exclusion of people with disabilities from the mainstream of society.

3.6.5 *Respondents' reactions after experiencing disability*

From the question on the respondents' reactions after learning that they are no longer going to walk independently, the following reactions were provided:

- Some reacted badly with sadness to the extent that one respondent did not want to use a wheelchair.
- A wish for death rather than being disabled. This concurs with Rogers (1986:27) that 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.
- Shock and disbelief.

Only one respondent was not affected by this question because of congenital disability. Feelings that are identified as bad, sadness, wish for death than disability, shock and disbelief – themes could relate to feelings of denial and lack of acceptance of physical disability. Respondents were generally shocked after learning about their disability, except for a respondent with congenital disability.

3.6.6 *Respondents' views on government's responses to their basic needs*

Many respondents view the South African government as generally not responding positively towards the basic needs of people with disabilities. A further mixed response was obtained. These are:

- a respondent was not sure about the government's responses towards the basic needs of people with disabilities
- another respondent viewed the government as responding positively towards their basic needs
- a respondent sees the government as partly responding positively towards their basic needs

Of those who view government as not responding to their basic needs, some indicated that the government neglect people with disabilities' needs for employment and accessible public transportation. This concurs with Lonsdale (1992:98) that people with disabilities are seriously disadvantaged in the labour market because they are less likely to have paid work and tend to work in lower status and lower paid jobs. Research findings (CASE, 1998:29) supports this further by noting that the largest concentrations of people with disabilities are in the lowest income-earning households with the lowest educational levels. Some respondents indicated that there are no sports facilities available for people with disabilities such as tennis courts in their community, the streets are not tarred, as a result are not wheelchair friendly. Some other respondents stated that the government did not keep its promise for housing subsidy for people with disabilities. A respondent who views government as partly responding to their basic needs mentioned that their disability grants are always reviewed and increased. The respondents who gave an uncertain answer stated that she was not sure whether a memorandum was sent to the government stating their basic needs. The one respondent mentioned that the government is responding positively towards their needs, although the process is slow.

The findings confirm that majority of the respondents view the South African government as not responding positively to meet people with disabilities' basic needs. In spite of the Constitution and legislation such as the Employment Equity Act (1998), which affirms the rights of people with disabilities, those rights have not been implemented in various sections of society.

3.7 **REHABILITATION AND ADAPTATION**

3.7.1 *Adaptation to physical disability*

Respondents in the main have fully adapted to their physical disabilities, while one respondent has partly adapted. The fact that most of the respondents have fully adapted to their condition indicates the effectiveness of health care service delivery with regard to rehabilitation. The findings reveal that the rehabilitation process was effectively implemented.

3.7.2 *Assistance in the adaptation process*

Most respondents including the one who is partly adapted have been assisted by professional intervention to adapt successfully to their disabilities. They identified social workers and nurses as professionals who assisted them throughout the adaptation process. Some respondents have been assisted by persons with similar disabilities to adapt to their conditions, while others obtained assistance through the help and support of family and friends. According to Hlongwane (2002:289) many rehabilitation professionals use former patients with great success to discuss and share their experiences with new patients.

From the findings, it can be deduced that teamwork between social workers and nurses in the rehabilitation process proved highly beneficial to newly disabled people for adapting to their disabilities. Furthermore, other categories also played a significant role such as family, friends and people with similar disabilities.

3.7.3 *Time-frame for adaptation process*

Respondents in the main estimated that they took about a year to adapt to their physical disabilities, while one of the respondents is still in the process of full adaptation. One of the respondents was not sure how long the adaptation process lasted, and another

respondent was not affected by the adaptation process because of a congenital condition.

The fact that most respondents took about a year to adapt to their disabilities indicates some degree of denial to accept their diagnosis. However, the time frame indicated above can be categorised as falling within the reasonable limit of adaptation process.

3.8 COMMUNITY RESOURCES AND PARTICIPATION

3.8.1 *Disability forum, social or interest groups*

Most of the respondents do not belong to any disability forum, social or interest groups, while few respondents belong to forums from the community. Of the few respondents who belong to a local forum, some belong to Tembisa District Rehabilitation forum and others to Ithuseng Protective Workshop. The theme relating to participation indicates the sub-theme of passiveness and lack involvement as far as disability issues are concerned. The fact that the majority of respondents do not participate in community forums confirms the degree of dependency, lack of motivation as well as lack of knowledge about issues affecting people with disabilities.

3.8.2 *Accessible health services*

From the question on whether health services in the community are accessible, all the respondents indicated that health services are accessible in their community. In view of the above information, health care services in Tembisa can be categorised as efficient and effectively meeting the necessary needs of community members. The findings also indicate that people with physical disabilities do not experience difficulty in accessing health services in the community.

3.8.3 *Transport used*

Respondents often use public transport (taxis), or private transport. Of those using private transport, the following sub-categories were identified – transport from Association for Physically Disabled, family car, friends' cars as well as own car.

Recently in Gauteng the Metro busses have been introduced to transport people with disabilities, though on a small scale because they are only operating in the city of Johannesburg, not in the townships.

It is the researcher's opinion that avoidance of using transport can be linked to the fact that public transport in that community is inaccessible for people with physical disabilities.

3.8.4 *Attitudes of other commuters*

Respondents who use taxis as a means of transport described the following attitudes of other commuters towards people with physical disabilities:

− Negative attitudes from other commuters because wheelchairs will make them dirty.

− Reluctance to sit next to them and stare at them as if they have never seen a person with physical disability before.

Interestingly a respondent using a taxi experienced a positive attitude from other commuters because they usually offer help to fold and load a wheelchair. Some of the respondents were not affected by this question because they utilise different private transport. The theme of negative attitude of commuters is linked to the sub-themes of isolation, exclusion and stigmatisation of people with physical disabilities.

3.8.5 *Attitudes of drivers*

The respondents were asked to describe the attitude of taxi drivers towards them. The following attitudes of taxi drivers were mentioned:

- Impatient attitude accompanied by poor service, especially having to load a wheelchair
- Negative attitude
- Charging double fare for wheelchairs
- Positive attitude

From the findings it is evident that taxi drivers provide poor service for people with physical disabilities, although very few respondents are being properly served. The above information is supported by Silver and Koopman (2000:156) who stated 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.

3.8.6 *Participation in awareness campaign*

All the respondents indicated that they would participate actively if a disability awareness campaign could be organised in the community. However, some respondents clarified that they will participate actively but will not prefer to be at the forefront. The findings shows that people with disabilities see a dire need for participating in activities that concern disability issues. The theme relating to participation clearly reflects the degree of responsibility and community involvement.

3.8.7 *Accessibility of public buildings*

From the question on whether public buildings in Tembisa are accessible, a mixed response was obtained of some public buildings are accessible while a minority viewed them as inaccessible. The findings reveal that not all public buildings in Tembisa are accessible for people with disabilities.

3.8.8 **_Accessible and inaccessible public buildings_**

Respondents were asked to identify public buildings that are accessible as well as those inaccessible. Different respondents identified many different public buildings, as there was no indication of a number required. As a consequence, the following were identified as accessible:

- Civic Centre
- Rabasotho Hall
- Multipurpose Centre
- Standard Bank
- Lethabong Hall
- Tembi Shopping Centre
- Tembisa Hospital
- Roman Catholic Church in Kopanong Section
- ZCC Church

Furthermore, there was no agreement among respondents as some consider Rabasotho and Lathabong Halls as inaccessible because the areas around the premises are not tarred or paved, hence not wheelchair friendly. The following buildings were viewed as inaccessible:

- Jan Lubbe and Mehlareng Stadiums
- Ekhayalothando Hall
- Shops
- Churches
- Tembisa police station
- Some doctors' consulting rooms

The findings show that some of the respondents are not well orientated to their community.

3.8.9 ***What to do if the venue for the meeting is inaccessible?***

To respond to this question, a range of responses were obtained such as they would

- ask assistance from other people to carry them up to the meeting if the building is inaccessible for wheelchair users

- will not attend the meeting, not agree to be lifted up and will therefore communicate the problem to the organisers of the particular meeting

- will ask organisers of the meeting for assistance

- will not attend that meeting but send a representative to attend on his behalf.

The findings reveal that many of respondents would not do anything to resolve the problem of inaccessibility of public buildings. Only a few respondents would try to eliminate the problem by seeking assistance from the very organisers of the meeting. From the researcher's observation, some people with physical disabilities feel embarrassed when lifted up to access the buildings.

3.8.10 ***Elimination of discrimination***

Respondents were asked to formulate strategies on elimination of discrimination against people with physical disabilities. The following were formulated:

- Awareness campaigns and workshops should be organised to educate people about disability issues.

- A mediator to be appointed to advocate for people with physical disabilities' rights.

- Those discriminating against people with physical disabilities should be reported to the authorities.

- The government should intervene by abolishing discrimination.

- Strict measures and discipline to be applied to those discriminating against people with physical disabilities.

- A march should be organised by all people with disabilities and send a memorandum to the government stating problems of discrimination against people with disabilities.

The findings reveal that all the respondents will take part in trying to eliminate discrimination against people with disabilities. From the perspective of the researcher, there appears to be a strong partnership among the respondents in the fight against discrimination.

3.9 **SUMMARY**

This chapter dealt with research methodology and research findings, which were analysed and interpreted according to themes and categories in the interview schedule.

Data was collected from ten respondents who are paraplegias and quadriplegias, both whom are males and females residing in Tembisa. Analyses and interpretation of data was done by integrating it with relevant literature.

The findings reveal that people with physical disabilities are still being discriminated against, particularly by their able-bodied counterparts in their community. The feelings of people with physical disabilities were explored and the findings highlighted that they feel unpleasant, irritated and hate to be pitied by other people because of their disabled conditions. A strong wish for "being dead" rather than live with disability were also expressed during interviews. However, negative attitudes, stigma and lack of acceptance by able-bodied people are still marked in the particular community. People with physical disabilities are being perceived as mentally retarded, helpless, though a minority of disabled people are being perceived as normal people.

The findings further revealed that inaccessibility of some public buildings is Tembisa is a problem faced by people with physical disabilities. Attitudes

of taxi drivers and some taxi commuters are unbearable to people with physical disabilities, to the extent that some respondents resorted to utilising various private transport. As a result, public transport (taxis) is not wheelchair friendly.   However, it can be concluded that people with physical disabilities feel isolated, rejected, marginalized and stigmatised in the particular community.

CHAPTER 4

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

4.1 INTRODUCTION

In this chapter, a summary overview of the previous chapters will be presented particularly addressing how the aim and objectives of this study were achieved. Finally, recommendations will be made with regard to the empirical study on the feelings that people with physical disabilities experience regarding discrimination.

4.2 SUMMARY

The aim of this research study was to investigate the feelings of people with physical disabilities regarding discrimination in Tembisa. In Chapter one, the following aspects were dealt with: aim of the study, objectives, research question, research approach, type of research, research design, research procedure and strategy, pilot study, description of research population, delimitation of sample and sampling method, ethical issues, definition of key concepts and contents of research report.

Chapter two focussed on reviewing literature about the phenomenon of physical disability. Though there was no literature available about the feelings of people with physical disabilities regarding discrimination, however, some related and relevant literature was used. The particular chapter highlighted history and nature of discrimination, advantages and benefits of employing people with disabilities, causes of disability, societal attitude towards disability and discrimination, attitudinal barriers and quality of life for people with disabilities.

The empirical study was done in Chapter three and the findings generally revealed that people with physical disabilities feel unpleasant about discrimination due to their physical conditions in Tembisa. People with disabilities in Tembisa felt that they were discriminated against in terms

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of attitude from residents and taxi drivers, access to public buildings and equal opportunities in comparison to their able-bodied counterparts.

The aim of the study was achieved in that the feelings of people with physical disabilities were explored in terms of their experiences regarding discrimination in Tembisa and through general research, which focused on the reviewing of literature on disability and the empirical study.

The following objectives were achieved:

OBJECTIVE ONE

To build a theoretical knowledge base through literature study about the phenomenon of physical disability.

Chapter two gives and in-depth understanding from the literature of the phenomenon physical disability, causes and barriers of disability.

OBJECTIVE TWO

To conduct an empirical investigation into the feelings of people with physical disabilities in Tembisa regarding discrimination.

The empirical study in Chapter three revealed the following findings:

- People with physical disabilities feel uncomfortable, irritated, rejected by the way the community members treat them.
- They dislike to be pitied and prefer to be treated the same as the majority of people in the mainstream.
- Discrimination against people with physical disabilities still exists in Tembisa.
- The many people with physical disabilities do not enjoy equal opportunities as able-bodied people.
- Some people with physical disabilities prefer to have a partner with a disability while others prefer ones without a disability. Another

category do not discriminate, as a result, any partner would be suitable.

- Most people with physical disabilities feel discriminated against at the public places due to inaccessibility of some public buildings such as community stadiums, Ekhayalothando hall, etc.

- Public transport, especially the taxi system is also not accessible because some drivers are reluctant to carry wheelchair users.

- The many people with physical disabilities possess a positive attitude towards able-bodied people, while most people with physical disabilities view able-bodied people as possessing a negative attitude towards them.

- Some community members perceive people with physical disabilities as mentally retarded, helpless and dependent.

- Some of the respondents felt that special treatment from the community would make them more dependent, while others felt that they have different needs as a result special treatment should apply.

- Surprisingly, the community members are viewed as accepting of the majority of people with physical disabilities.

- People with physical disabilities still experience discriminatory remarks from their fellow counterparts in the same community.

- The many people with physical disabilities feel unpleasant about the change in their lives of being paraplegias and quadriplegias.

- People with physical disabilities do not enjoy equal rights as stated by the Constitution of the RSA.

- Many respondents disagreed with the notion that they are dependent and helpless because they are involved in self-help projects of car wash, wheelchair repairs and motor mechanic.

- Respondents reacted differently after learning that they are no longer going to walk independently – others had a wish for death than to live with disability; shock and denial was also experienced by others.

- Generally respondents have fully adapted to their physical disability with the help of rehabilitation by social workers and nurses.

- It took about a year for most respondents to adapt to their physical disabilities.

- Some taxi drivers and commuters have a negative attitude towards people with disabilities, especially wheelchair users.

- To eliminate the problem of discrimination against people with physical disabilities, workshops and awareness campaigns should be organised to raise awareness on disability issues.

- People with physical disabilities view the government as non-responsive towards their basic needs.

OBJECTIVE 3

To make recommendation to help social workers develop intervention programs for people with physical disabilities. This objective is achieved and will be outlined at the general recommendations based on the empirical findings.

4.3   **CONCLUSIONS**

- Self-help projects may be a source of financial support for people with physical disabilities, rather than depending on their state grants.

- Stigmatisation of people with physical disabilities remains a challenge for contemporary society impacting on their functioning and quality of life.

- A number of alternatives were raised as being necessary to contribute towards elimination of discrimination against people with physical disabilities – these included imposing strict disciplinary measures towards those still discriminating against people with disabilities, a march to be organised by all people with disabilities, and a memorandum stating their grievances to be sent to the government, awareness campaigns and workshops on disability issues to be organised and a mediator to advocate for their rights be appointed.

- Participation in community forums, social and interest groups focussing on disability issues will help to conscientise the

community about the needs of people with disabilities as well as issues affecting them.

4.4 LIMITATION OF THE STUDY

The following limitation to the study is relevant:

- A small sample was used during this study, particularly in Tembisa. However, the findings thereof, may not be generalised to other communities.

4.5 RECOMMENDATIONS

On the basis of the findings that have been observed by the researcher, the following recommendations are made:

- The mindset and perceptions of some able-bodied people need to be changed with regard to the way they view disability and issues affecting people with disabilities.
- Awareness campaigns and rehabilitation programs should be implemented by social workers in order to educate the public about disability issues.
- Social workers should facilitate life skills programs in order to empower people with physical disabilities to be independent and self-reliant.
- Programs that involve ongoing discussions with newly disabled clients should be developed, emphasis being on sharing of their experiences about disability, the importance of accepting and adapting to their conditions and how to boost their self-esteem.
- Social workers should set themselves as examples by supporting self-help projects of people with physical disabilities with regard to car washing in order to promote efficient support from the community at large.
- Social workers should form partnership with the Department of Public Safety in order to educate and involve the community on prevention of road accidents as another main cause of physical disability.

- If the attitudes and perceptions of community members about people with physical disabilities can improve, inclusion in the mainstream of society would be an easy process.

- Social workers should encourage people with disabilities to participate in community forums in order to be part of the decision-making process regarding disability issues affecting them.

- All public buildings in Tembisa must be accessible for wheelchair users.

4.6 CONCLUDING REMARK

In accordance with the evaluation of the present situation in Tembisa, with regard to people with physical disabilities, it has been confirmed that the Constitution and Employment Equity Act afforded equality to everyone, but it is not yet implemented and practiced in some areas.

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ASSOCIATION FOR THE PHYSICALLY DISABLED - GREATER JOHANNESBURG

NON-PROFIT ORGANISATION NO. 000-865 / 2706

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ANNEXURE A

13 January 2003

Mrs W Leshilo
Social Worker
TEMBISA

CC: SOCIAL WORK MANAGER

Dear Wilhemina

Further to your letter which I received today and our subsequent conversations regarding your proposed research in Tembisa as part of your MA social work degree course.

I am satisfied that you have all necessary consent forms and confidentiality security in place to protect APD clients who may at their own free will, agree to participate in your study.

We have agreed that this study will not infringe on your hours of employment, nor will it have any negative effect on your service delivery to our clients.

Therefore, I have pleasure in confirming approval of the study project "The Perceptions of People with Disabilities regarding discrimination in the Tembisa area".

As you suggest, a copy of the outcomes of your research may indeed be very useful to the Association for future planning when assessing the needs of the Tembisa residents. Therefore, it would be appreciated if you would supply your Manager with a copy of your conclusions in due course.

Wishing you every success with your studies.

Yours faithfully

SHEILA COOPER
DIRECTOR

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SERVICES:
HOPE SCHOOL - WORKSHOPS - COUNSELLING - EMPLOYMENT PLACEMENT - AFTER CARE NURSING - ATTENDANT CARE AND
TRAINING - INDEPENDENT LIVING CENTRE - EQUIPMENT HIRE AND MAINTENANCE - VOLUNTEER SUPPORT

ANNEXURE B

CONSENT FORM FOR RESEARCH PROJECT

Participant's Name_____ Date _____

Principal Investigator <u>Welhemina Leshilo</u> (University of Pretoria)

INFORMED CONSENT

1. <u>TITLE OF STUDY:</u> The feelings of people with physical disabilities regarding discrimination in Tembisa.

2. <u>PURPOSE OF STUDY:</u> To conduct an empirical investigation into the feelings of people with physical disabilities in Tembisa regarding discrimination.

3. <u>PROCEDURES:</u> I will be asked questions to describe my feelings regarding discrimination in the community where I live (Tembisa). The researcher will write down answers I gave.

4. <u>RISKS AND DISCOMFORTS:</u> There are no known medical risks or discomforts associated with this project.

5. <u>BENEFITS:</u> I understand there are no medical benefits to me for participating in this study. However, the results of the study may help researchers and the organization (Association for Physically Disabled) to understand how we feel about discrimination and may also help in improving service delivery.

6. <u>PARTICIPANT'S RIGHTS:</u> I may withdraw from participating in the study at any time.

7. <u>FINANCIAL COMPENSATION:</u> There will not be any reimbursement for participating in this project.

8. <u>CONFIDENTIALITY:</u> I understand that the results of this study may be published in professional journals or presented at professional conferences, but my identity will not be revealed unless required by law.

9. If I have any questions or concerns, I can call Welhemina Leshilo at 082 471 4015 at any time during business hours.

I understand my rights as a research subject, and I voluntarily consent to participation in this study. I understand what the study is about and how and why it is being done. I will receive a signed copy of this consent form.

_____   _____
Subject's Signature   Date

_____
Signature of Investigator

ANNEXURE C

INTERVIEW SCHEDULE

TOPIC: THE FEELINGS OF PEOPLE WITH PHYSICAL DISABILITIES
REGARDING DISCRIMINATION IN TEMBISA

PURPOSE: TO CONDUCT AN EMPIRICAL INVESTIGATION INTO THE
FEELINGS OF PEOPLE WITH PHYSICAL DISABILITIES AND
TO MAKE RECOMMENDATIONS TO HELP SOCIAL
WORKERS DEVELOP INTERVENTION PROGRAMS FOR
PEOPLE WITH PHYSICAL DISABILITIES

INSTRUCTIONS:

1. ALL INFORMATION THAT YOU WILL PROVIDE IN THIS INTERVIEW
SCHEDULE WILL BE CONFIDENTIAL.

2. YOUR NAME IS NOT REQUIRED TO ENSURE ANONIMITY AND TO GET
RESPONSES THAT ARE AS HONEST AS POSSIBLE.

3. THERE IS NO CORRECT OR WRONG ANSWER; THEREFORE THE
RESPONDENTS ARE REQUESTED TO ANSWER ALL QUESTIONS.

4. THE QUESTIONS ARE DIVIDED INTO SIX CATEGORIES, NAMELY:

A. DEMOGRAPHIC DETAILS.

B. PERSONAL VIEWS.

C. SOCIETAL ATTITUDE.

D. EXPERIENCE AND KNOWLEDGE OF DISCRIMINATION.

E. COMMUNITY RESOURCES AND PARTICIPATION.

F. REHABILITATION AND ADAPTATION.

INTERVIEW SCHEDULE.

A. DEMOGRAPHIC DETAILS

AGE ....

SEX ....

MARITAL STATUS ....

NATIONALITY ....

LANGUAGE ....

DISABILITY ....

LEVEL OF EDUCATION ....

B. PERSONAL VIEWS

1. According to your views, does discrimination against people with disabilities still exist in Tembisa?

2. Do people with disabilities enjoy equal opportunities as able-bodied counterparts in your community?

3. Suppose you are the only person on a wheelchair at a social gathering, and other people attending the particular gathering feel pity for you. How would you feel?

4. If you were to marry, would you choose a partner with a physical disability?

5. If yes, motivate your answer in question 4.

6. Suppose each of you had one minute to talk to the Ministers of Health and Welfare about the problem of discrimination against people with disabilities. What would you say?

7. Describe your own attitude towards able bodied people.

C. SOCIETAL ATTITUDE

8. What is the attitude of able-bodied people towards people with disabilities?

9. Describe how other people in the community perceive you.

10. Do you agree with the idea that people with physical disabilities should receive special treatment in the community?

11. Motivate your answer in question 10.

12. Do you think the community members accept you?.

13. If so, motivate your answer in question 12.

D. EXPERIENCE AND KNOWLEDGE

14. Have you ever experience any discriminatory remarks against your physical disability from able bodied counterparts.

15. What are your feelings about the change in your life by being physically disabled?

16. According to your experience, do people with disabilities enjoy equal rights as stated by the Constitution of the Republic of South Africa?

17. Motivate your answer in question 16.

18. Do you agree with the notion that people with disabilities are dependent and helpless?

19. Motivate your answer in question 18.

20. What was your reaction after learning that you are no longer going to walk independently?

21. In your own views, is the South African Government generally responding positively towards the basic needs of people with disabilities in your community?

22. Motivate your answer in question 21.

E. REHABILITATION AND ADAPTATION

23. Are you fully adapted to your physical disability?

24. Who assisted you to adapt successfully to your disability? Choose the following:

-Professional intervention (nurses, doctors, social workers or occupational therapists)

-Own resourcefulness with the help and support of family or friends.

-Through peer counseling with emotional support and guidance.

-From another person with a similar disability.

25. How long did the adaptation process (to your disability) last?

F. COMMUNITY RESOURCES AND PARTICIPATION

26. Do you belong to any disability forum, social or interest group focusing on disability issues?

27. If yes, mention the name/s of that forum or organization.

28. Are health services in your community accessible to you?

29. Which means of transport do you often utilize?

30. If using public transport, describe the treatment you get from other fellow commuters using the same public transportation.

31. If using public transport, describe the attitude of drivers towards you.

32. If a disability awareness campaign can be organized in the community, would you participate actively by being at the forefront?

33. Do you consider public buildings in Tembisa accessible for people with physical disabilities?

34. Mention those that are accessible as well as inaccessible.

35. Suppose you are invited to a community meeting and the building is inaccessible for wheelchair users. What would you do?

36. What do you think can be done to eliminate the problem of discrimination against people with physical disabilities.

_____

LESHILO W. M.
(SOCIAL WORKER)

THANKING YOU FOR YOUR PARTICIPATION.