BLACK COMMUNITY ATTITUDES TOWARDS THE DISABLED-
EDUCATIONAL IMPLICATIONS

by

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DECLARATION

Student number: 849-871-7

I declare that BLACK COMMUNITY ATTITUDES TOWARDS THE DISABLED - EDUCATIONAL IMPLICATIONS is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

SIGNATURE

(MISS) B H BALOYI

DATE

31 January 1997
ACKNOWLEDGEMENTS

IN ALL THAT YOU DO GIVE THANKS TO THE LORD

"I give thanks to Him (Jesus Christ) who has granted me permission. He has judged and counted me faithful and trustworthy appointing me to do this work" (1 Timothy 1:12).

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SUMMARY

This study, BLACK COMMUNITY ATTITUDES TOWARDS THE DISABLED - EDUCATIONAL IMPLICATIONS, set out to investigate the attitude of the black community towards the disabled.

Literature was consulted to provide a backdrop against which the empirical surveys could be measured. The study used systematic observation interviews for data collection. Appointments were made to conduct the interviews. The study obtained responses from 70 interviewees from four African cultures namely the Venda, Pedi, Tsonga and Ndebele, who were divided into seven groups, ten per group, i.e. parents of the disabled, the disabled themselves, siblings of the disabled, parents of non-disabled, youth, old people and professional workers.

Findings indicated that disabilities such as cerebral palsy, orthopaedic disabilities, blindness and deafness are undesirable and constitute problems in the life of a disabled, their families in general perspective and the community at large. Disabilities constituted different attitudes and were identified as varying from total rejection to acceptance which are brought about by the components of the TRIPARTITE MODEL / A B C MODEL being cognitive, affective and behavioural.

Education of the whole black community concerning the issue of disabled people seems to be the only answer to bring about a change of attitude towards the disabled. Therefore a number of recommendations were included to serve as guidance and counselling so that myth and witchcraft ideologies and negative attitudes can be uprooted.

The researcher hopes that the effort that went into this study will be beneficial in the process of educating the black community about the disabled with the ultimate goal of changing existing negative attitudes towards the disabled into positive attitudes of acceptance and support.

KEY TERMS: Affective, Attitude, Behaviour, Black community, Cognitive, Disabilities/handicaps, Feelings, Neo-natal, Pre-natal, Para/peri-natal, Post-natal, Tripartite Model / A B C Model
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CHAPTER 1

ANALYSIS OF THE PROBLEM, AIM, DELIMITATION, METHOD, ELUCIDATION OF TERMS, AND PLAN OF THE STUDY

1.1 INTRODUCTORY ORIENTATION

Nowadays great stress is put on the rights of all people and on the fact that every person is equal and worthy and is entitled to acceptance. The idea that all people have specific abilities, even if they are disabled, is generally accepted. Unfortunately this attitude towards the disabled person did not exist through the ages. There was a time that the disabled person was rejected, isolated, ridiculed and even destroyed according to the ideas of the community applicable to that specific time (Kapp 1991:4).

It is not only Kapp (1991:4) who reveals the different attitudes of the community towards the disabled in general. Researchers such as Kirk, Gallagher and Anastasiow (1993:40); Lys and Pernice (1994:37); Phares (1992:101) also emphasized that people with disabilities are viewed more positively in modern and Western societies than in traditional ones.

The evidence concerning ethnicity including the black community has clearly demonstrated that attitudes vary across cultures within a country and between countries. But according to history all cultures including the black community destroyed the disabled people, except the Hebrew who did not kill the disabled, because it was against their belief and prohibited by the Bible. Kromberg (1990:4) reveals for example that the Biblical man by the name of Noah was an albino.

Cultures also differed in method of killing the disabled. Concerning the historical attitude of the black community, Marule (1994:20) states that the disabled were killed in a cruel manner, such as pulling out the umbilical cord of the infant. Many other evil and brutal methods were applied in the black community, like drowning of the infant, giving the infant boiled water or pig's oil to drink or driving nails through the infant's fontanel (the cerebral
part of the skull) (Baloyi 1989:115; Marule 1994:20).

Although enormous changes of attitudes existed, the journey has been a slow one. Moving from neglect and mistreatment, to pity and overprotection. The French, American, English, Italian, Australian and German researchers documented the changes (Kirk 1993:42).

These changes constituted development in the society more especially in the black community which shifted from the radical maltreatment of the disabled to acceptance of the disabled. The major exponents of the paradigm shift were the white community who shed a light in this regard. Missionaries constructed the bridge through the introduction of Christianity, education and technology (Luther 1990:15; Mahlangu 1993:6-8; Ysseldyke & Algozzine 1995:8-12).

Today there are multi-professional workers contributing to the life of the disabled, such as doctors, nurses, therapists (i.e. speech and hearing, physio-, and occupational therapists); orthotists, social workers, schools, aftercare centres, and other professionals contributing to the life of the disabled.

This discussion reminds one of the attitude of the black community towards the disabled person. The black community of South Africa is constituted of various people from different ethnic groups. Disabled people are found in all these communities. Normal people can walk, run, work and go about their daily activities without difficulties. Generally, such people do not cause any problems regarding their self-care skills and evoke an attitude of acceptance from other family members, because they do not place stressful demands for support on the other members of the community.

On the other hand disabled people have some kind of physical obstacle which makes them dependent on the members of their community. The abnormal physique differs from the normal physique and psyche. The disabled person may have physical or mental problems manifesting as motor, hearing or visual handicaps. It is difficult for the disabled individual to walk, run, work or go about his/her daily activities. Therefore they cannot
equally compete with the normal person. They are physically unfit due to some weakness within the physique, and are therefore classed as disabled. This physical condition presupposes negative attitudes towards the disabled, because of their need for special care and assistance.

According to the elucidation of the two concepts (normal and abnormal), it is presupposed that it is difficult to be a victim of disabilities, not only to the family but to the community at large. Disability is not something that one desires or appreciates. On the contrary it must be borne in mind that although they are disabled the social and personal needs of exceptional (disabled) people are no different from those of normal people. Mwamwenda (1995:443) states:

"They need love, security and approval just like normal children, whether or not they are crippled, whether they are ugly or beautiful, and whether they are emotionally disturbed or well adjusted. All children need to be liked and treated as people of worth and human dignity."

Although the literature indicates a definite shift in the attitude of people towards the disabled person from a negative to a more positive feeling this shift is not perceived in the black community. The victims of disability conditions experience various attitudes. To validate the above statement, the following quotations (personal interviews 1994) illustrate the feelings of the disabled:

"My mother was tortured by the family because she had a disabled child, and she eventually committed suicide. My father and stepmother totally rejected me. I lived for more than 16 years without knowing them. Today I'm 26 but am still totally rejected."

"I was rushed to the hospital unconscious ... I started tearing away at the non-existing dressing that covered my eye. 'Max!' I knew the voice. 'Mom, I can't see. Mom, I'm blind' ... And a teardrop splashed softly on my arm. When I left the hospital several weeks later I hated the world, I hated myself. Why me, of all the people on this planet, why me?" (Rayneard 1990:iv).
It is not only the disabled people who encounter some difficult attitudes in their life arena. Parents of the disabled, siblings, parents of the non-disabled, youth, old people and professionals also have their own feelings and attitudes towards the disabled. Therefore, some more quotations which illustrate the feelings and attitudes of the above-mentioned groups will be given for a better understanding and perception of the need for this research. The following quotation (personal interviews 1994) will illustrate the feelings and attitudes of the parents of the disabled:

"My husband left me because of our disabled child. I have to work for her and the other siblings."

The above-mentioned quotation is thought-provoking in such a manner that it is an indication of the family belief system that the family "feels they are being punished" (Hansen 1984:5). The same attitudes and feelings towards the disabled, can be detected by siblings and other community members. The following quotation can serve as an illustration of the feelings and attitudes of the siblings in families with disabled people: "One father initially wanted to put the child up for adoption, fearing what the addition of this child would mean to his family or as his brothers put it, "not wanting a monster in the family" (Hansen 1984:6).

Following a quotation (personal interviews 1994) which illustrates attitudes of parents of the non-disabled children:

"Once you have a disabled child, the whole family system is upside down (life-style), crisis, depression and many questions plague all family members."

Quotations (personal interviews 1994) illustrating the feelings and attitudes of the youth: "It is unfair and ridiculous to expect us to school with the disabled at the mainstream school."

"My lecturer in Psychology told me that his friend tried to commit suicide, because of his severely disabled 18 year old child."
The following are quotations (personal interview 1994) illustrating the feelings and attitudes of old people. Most of the old people stated that:

"I don't think I can accept a cripple, there is nothing good in it."

In addition one said:
"It is associated with a sin and also a curse!"

Quotations (personal interviews 1994) illustrating the feelings and attitudes of professional workers in the black community:

"It is difficult to teach a class when there is a child suffering from spina bifida, continuously producing a fluid with a terrible smell, in the class."

"I wish to let the disabled realise that other people care, love and understand their situation."

"Some parents find it all too easy to bring their disabled child to the hospital, BUT too hard to check on the child. They easily stay away for three months or more."

It is also important for this research to give the following two quotations for a clear perception and development of the research.

"She has no arms or legs, and has been insulted more times than she cares to remember. But when a South African Airline refused to allow her to board a flight after personnel caught sight of her, she finally cried; 'Enough!'" (Sunday Times, January 22, 1995:5).

"In France, history records that Francis I had a woman of Aveyron put to death because she had given birth to a deformed or crippled child ... (D)warfs or hunchbacks and feeble-minded persons, were employed as court jesters" (Kanner 1984:6).

The above-mentioned quotations depict the attitude of different people towards the
existence of the disabled in their communities. These quotations attempt to illustrate the ideology that disabilities are not yet accepted either in the white or black communities. From the last two quotations it seems as if the disabled person is also not desirable and fully accepted in the white community. It also seems as if there may be a problem with the attitude of black people towards the disabled person. For example, the new paradigm of attitudes does not fully accept the disabled. They are segregated and ill-treated in the black community. Black community researchers such as Kisanji (1995:113); Khosa (1993:23); Nirje (1992:91); Ntombela (1991:14) indicate that it is difficult for the disabled to be readily accepted more especially the families with disabled are described as having experienced stress, pressure, crisis, grief, loss, and many other feelings.

Ntombela (1991:14) verifies by indicating that "... it is difficult for the handicapped child or person to be readily accepted nowadays". This simply means that disabilities are not easily accepted, these are sophisticated stages which the individual is faced with. In this regard, different attitudes are also experienced by the disabled people and the people faced with the issue of disabilities.

1.2 ANALYSIS OF THE PROBLEM

The problem which forms the basis of this investigation will be analysed and reported under the subheadings awareness of the problem, investigation of the problem and statement of the problem.

1.2.1 AWARENESS OF THE PROBLEM

The experience of the researcher in working among the cerebral palsied, visually, aurally and orthopaedically disabled children in the black community, initiated this study. The researcher intrinsically observed the problem in respect of peoples' feelings and attitudes towards disabled people. From her teaching experience it became clear that black people do not have the necessary empathy for the disabled people in their community. She became aware of a number of aspects and views which may have an influence on the
attitude of black people towards the disabled people. Some of these inappropriate views are about:

- Causes of disability, as believed by black people
- People from the black community lack information about the disabled person and the possible causes of disability
- The existence of myths and taboos about the disabled person
- Parental attitudes, stress, shock, grief and other sophisticated feelings and complaints
- Advantages and disadvantages of living with a disabled person in urban or rural areas
- Attitudes experienced by the disabled from the family and the community at large
- Perception and perspective of the disabled on the attitude of the black community towards them (different groups)
- Religious people i.e. Christians' and non Christians' approach towards the problem of disabilities
- Attitude of the professionals towards the disabled in the black community
- Inadequacy of the multi-disciplinary professional
- Care and treatment of the disabled in the black community
- Educational problems

From the above discussion of the awareness of the problem it is clear that there may be a problem with black people's attitude towards disabled people. Attention will now be given to the investigation of the problem.

### 1.2.2 INVESTIGATION OF THE PROBLEM

At this stage, the problem will be further investigated, as reported in the literature in order to determine the validity of the suspected problem. It is important to indicate some prevailing attitudes and feelings of family members concerning children and adults who are disabled.
There are various members in the family of the black South African communities. According to black African culture, the members who constitute a family are parents, siblings, grandparents and relatives. A family with a disabled member is regarded as a unique family with a unique child.

Expectations and hopes for a healthy, normal child are shattered. Parents and other family members are confronted with a traumatic and unexpected situation which affects emotions or the equilibrium.

There are various types of attitudes in the family towards the disabled family member. According to the experience of the researcher, most cases of rejection are associated with maltreatment of the disabled and only a few parents display unconditional love. Researchers and some authorities highlighted the issue of maltreatment which is associated with their abuse, for example, Giovannoni (1989:10); Giovannoni and Becerra (1979:7); and a paper by the U.S. Advisory Board Report (1990:82-83).

The problem will be investigated and be reported according to findings about the parents, siblings, disabled him-/herself, black community, including non-disabled youth, professionals, parents of the non-disabled and old people.

The National Organization of Disability (The N O D 1993:143) and Kisanji (1995:113) uncovered statistics revealing the general population's mixed attitudes towards people with disabilities but with a large amount of sympathy for people with disabilities. The N O D (1993:143) gives 74 percent as having feelings of pity and unease in the company of the disabled. On the other hand Leary and Verth (1995:83) give 91 percent of people who feel that resources and care of the disabled are inadequate. The above-mentioned three researchers have at least indicated some attitudes towards the disabled in the community.

Researchers such as McKenzie (1994:14) report that even professionals have various attitudes towards the disabled and their families. These attitudes are positive, negative and sometimes mixed feelings are experienced. It is indicated that some of the members
in the community have a lack of concern towards the disabled.

In the black community attitudes differ as it has been indicated. Some people say a disabled person imposes burdens and restrictions upon any family unit, characterised by poverty and deprivation. The poor becomes poorer, in actual fact the disabled is an embarrassment, burden, result of sin, witchcraft, curse, crisis in the family and sometimes not accepted. These attitudes are experienced by Marule (1994:6). Kisanji (1995:114) indicates that disability existed from time immemorial and that it is normal to be different.

In addition Kisanji (1995:114) discussed many proverbs from the black community. It is therefore important to highlight that all black communities of South Africa have educative proverbs related to the acceptance of the disabled. In addition poems are recited by the poets, many of them are criticising the negative attitude of the family and the community at large, more especially when these are presented on parents' days or at meetings. On such a day challenging poems are given (1995 April on Parents' Day at Tzaneen).

On the other hand Ysseldyke, Algozzine and Thurlow (1995:337-338) clearly indicate the different attitudes experienced by the disabled, stating that "...disabled people with negative experience of attitudes see life as temporary, having little structure in their lives, having no sense of their own space and possessions".

On the other hand Ntombela (1991:15) highlights the occurrence of hyperpaedaphilia, which means the "pathological over-attachment to the child", where parents' love for the disabled child develops into a grossly exaggerated devotion and over-protection. This attitude negatively affects the life and needs of the other members of the family.

In the investigation of the problem attention will be given to the parents of the disabled child, the disabled himself, the siblings of the disabled, the attitude of the black community, parents of the non-disabled, youth, old people and professional workers.
1.2.2.1 PARENTS OF THE DISABLED

When parents have a disabled child, their lives are changed forever, and at the time of birth the changes they foresee are somewhat positive. But the point is that once the disabilities of the child are confirmed, acceptance of the changes which have to be made to accommodate its needs, affects the family's life-style. Weiss (1988:18) states that it is not always easy for parents of handicapped children to reconcile their dream of the future with the facts of the disablement. This seems particularly difficult for parents with a professional background. The results of this tension are frequently manifested in anti-social behaviour both within the family and outside it.

Family life with a disabled child is vastly different and the family unit now has to adapt to a new lifestyle. Parents have to meet the challenge of rehabilitating their child. Levitz (1991:88-105) provides guidance to parents to overcome this challenge. The parents, and especially the mother, in most cases, may therefore, experience a variety of emotions which commonly include shock and numbness, followed by denial, anger, guilt, confusion, shame, resentment, isolation, sorrow, self-pity and finally acceptance (Levitz 1991:88-105).

In some cases the mother struggles to accept the disabled. The victims of this situation where there is a disabled child, often need therapy. Many authors contributed to the knowledge concerning the need for family therapy, inter alia Brimblecombe (1988); Derzon (1987); Kennedy and Williamson (1986); McMichael (1971); Owsley (1978); Pass and Perry (1985). More recent authors since 1990 include Binnet, Lingerfelt and Nelson (1990:232); Jansen (1991); Lombard (1992); McClellan (1990); McCormark (1992); Roush (1991); Siebert (1990); Turk (1991); Walton (1993). All these authorities stress the need for support of these families across their life spans. Continued family therapy involving the parents, the afflicted child and his siblings facilitate the various expressions of concern.
1.2.2.2  SIBLINGS OF THE DISABLED

Male and female siblings constitute an integral part of the family of a disabled brother or sister. They have to share life in the same home. According to most black South African communities, siblings should contribute to the care of the disabled brother/sister. Although some of the siblings may totally reject the disabled, the fact remains that help is expected from them. Part of these negative attitudes might stem from possible socio-economic crises, namely that a considerable amount of money has to be spent to rehabilitate and treat the disabilities of the brother/sister. In many cases, the family does not have the necessary money to pay for the services of a nurse, therefore the siblings are often obliged to take care of their brother/sister. This means that they have to carry extra responsibilities. The South African Cerebral Palsy Journal (1988:8) indicates that siblings often have problems in accepting their brother/sister. The Journal also points out that siblings are often teased about their brother/sister and that they often react by rejecting him/her, or by withdrawal from him/her. In general, such problems very frequently remain unsolved.

1.2.2.3  THE DISABLED THEMSELVES

Disabled people are faced with an overwhelmingly difficult situation in their everyday life or Lebenswelt. The major problem stems from their physical inability. The result of the disability causes various attitudes towards them.

For clarification, it is important to name the various disabilities, to understand these attitudes in the black community. Davis (1980:1-5); Meij (1993:16-18); Pohl (1980:5) list the types of disabilities under two categories, namely cerebral palsy and orthopaedic handicaps. Under the type of cerebral palsy they list disabilities such as spasticity, athetosis, ataxia, rigidity, tremor and a mixed type, usually spasticity aggravated by athetosis. Under the type of orthopaedic handicaps which the disabled experience, they distinguish poliomyelitis, dwarfism, tuberculosis of the spine, amputation of a limb or limbs, spina bifida, muscular dystrophy, scoliosis, ostogenesis, rachitis (rickets or osteomalacia) and congenital deformities, such as clubfoot, congenital amputees, extra digits and a
congenital dislocation of the hip. Other types of disabilities that are often mentioned are visual (albino included), aural, speech defects, epilepsy and autism.

The above-mentioned disabilities are the source of various attitudes towards the disabled in the black community. Horsfall (1987:530-541) indicates that the disabled person's life-style is often characterized by poor social and vocational skills, poverty, inadequate accommodation, alienation and an increased emotional and financial dependence. Once again, the amelioration of these problems requires that the family members and the disabled themselves be provided with active support and information.

1.2.2.4 ATTITUDES OF THE BLACK COMMUNITY

The life of the individual person is dictated by cultural norms and values of the specific community to which he/she belongs. These norms and values in turn are influenced by the community's beliefs associated with its myths and taboos, its blessings and its embarrassments.

Black communities, like any other community, have certain attitudes towards different phenomena in their communities. These attitudes in any particular community are predisposed by such a community's cultural heritage and beliefs. Of course individuals in such a community may differ as far as attitudes are concerned, depending on an individual's background and perception of any particular phenomenon. The question of disabilities is no exception, for example, researchers such as Diamond, Le-Furgy and Blass (1993:215-221) measured the attitude of 25 pre-schoolers, combined with the disabled. The non-disabled pre-schoolers showed significant preferences for peers without disabilities. In this regard certain groups of individuals can be distinguished in black communities, such as the parents of non-disabled children, youth, old people and professional workers in the community.
1.2.2.5 PARENTS OF THE NON-DISABLED PEOPLE

Parents of the non-disabled see the problem from their own fortunate point of view. They differ from parents of the disabled (1.2.2.1). In other words, they are not confronted with a problem and are also not directly involved. Some researchers observed that attitudes of this group vary from parent to parent (Westbrook, Legge & Dennay 1993:615-623).

1.2.2.6 YOUTH IN THE COMMUNITY

The youth group is viewed as an important part of the community although not yet grown up. The youth indicates the attitude of the cultural background of their community due to the cultural assimilation process taking place in all black communities. If children are taught from an early age to accept disabled people, they will not feel uncomfortable whenever they see them. For example, Weiserbs and Gottlieb (1992:351) used 522 non-handicapped children (aged 8-19 years) as samples for a research. This report indicated a problem towards disabilities:

"... the senior youth voiced more negative attitudes during confidential interviews ... upper grade seniors expressed the most negative attitudes towards the disabled."

On the other hand Geddie and Range (1992:209) emphasized that
"... the youth should need and seek professional help."

1.2.2.7 OLD PEOPLE

Old people are part of the community. Although they are no longer as active as many other groups in the community, the researcher regards them as "roots" in the South African communities. They are a veritable cultural storehouse of knowledge. Not only do they have cultural knowledge of the historical attitudes towards the disabled but are sometimes the source of myths and taboos.
According to the cultural knowledge of the old people (1.1) disabled were destroyed by piercing the central part of the infants head with a nail. Furthermore Baloyi (1989:115) indicates that sometimes the umbilical cord was pulled out or the disabled baby was given some boiled water or pig's oil to drink. Many other cruel methods were also applied.

Recently a research interviewing 32 grandparents regarding their attitude towards the disabled revealed most grandparents as experiencing feelings of grief (Scherman, Gardner, Brown & Schutler 1995:261-273).

1.2.2.8 PROFESSIONAL WORKERS IN THE COMMUNITY

The problem includes professionals with a sound knowledge in this field like doctors, nurses, physiotherapists, occupational therapists, speech and hearing therapists, orthotists, church ministers, social workers, teachers and inspectors. They also have insight into the attitude of families towards their disabled child. Professional help is the first priority to the parents of the disabled (Hanson 1993:105).

Professional workers are viewed by parents, the disabled and other non-disabled siblings of the family as a solution to their problem. High expectations based on their abilities and professions are placed on them. Kerr (1986:134) states that

"... an integrated, co-ordinated plan between school and therapy departments is the only sound basis for success".

The professional workers can contribute greatly towards such a sound basis. Although professional workers are supposed to view life objectively and compassionately, they are also human beings with different attitudes. They are unable to perform miracles and transform disabilities. Jangira and Srinivasan (1991:25-35) report about the crucial role played by the professionals, it is also emphasized that professionals are "most positive in their attitude".
1.2.3 STATEMENT OF THE PROBLEM

Disabled people are part of the black community. Their existence forces them to share their life circle with various groups, for example, their parents, siblings, parents of the non-disabled, youth, old people and the professional workers. Their existence and the different attitudes constituted by the above-mentioned groups have challenged the researcher to explore and study the problem through intrinsic observation, literature study as well as an empirical research. Therefore, different attitudes were encountered. In the investigation of the problem, it was discovered that disabilities are not conditions to be desired or to be appreciated in general. Many misconceptions about disabilities exist such as disabilities are punishments from God or the forefathers, curses, taboos, witchcraft or manifestations of monsters.

The existence of the disabled in the black community causes different attitudes and feelings such as anger, stress, unrest in the family, depression, embarrassment, self-pity, open rejection, disguised rejection or over-protection. People tend to perceive the disability but do not notice the human being afflicted by the disability and easily resort to abuse of the disabled due to their conviction that the disabled are inferior and regressed members of the society.

At this stage, the question to pose which is related to the problem is, whether the attitude of people in the black community towards the disabled person is according to the universal view as described in literature?

The problem can be stated as follows: There are many disabled people in the black community who have to share their lives with other people. The members of the community do not really accept the disabled person, but experience a negative attitude towards the disabled. This awareness of this negative attitude and the place of the disabled in the community gave rise to the following questions, namely:

(i) whether black people have sufficient knowledge of the phenomenon disabled
person and in what way their knowledge contributes to their attitude, and

(ii) how does the attitude of the black community compare with what is described in research and literature about the attitude of people towards the disabled.

1.3 AIM OF THE STUDY

The first important aim of the study is to do a literature study on the phenomenon disabled people and to determine the generally accepted view on the attitude of people towards the disabled person. Secondly an empirical investigation will be conducted to determine the attitude of the black community towards the disabled person. An answer to the research question will be found by comparing the results from the literature study to those of the empirical investigation.

The main aims of the study can be analysed as follows:

(i) To do a thorough literature study on various disabilities, namely physical, deaf and blind. As researcher it is necessary to know the phenomenon disabled person to be able to determine whether black people have sufficient knowledge about the disabled person.

(ii) To determine from literature what people's attitudes towards the disabled person are like in general. To reach this goal it is necessary to determine from literature exactly what is meant by attitude, and to determine from research findings what factors may have an influence on the attitude of people towards the disabled person. It is also of importance to investigate the living experience of the disabled person to determine whether a negative attitude is experienced by them.

(iii) To do an empirical investigation on the attitude of the black community towards the disabled person. This will be done by means of interviews which will be focussing on the knowledge of the black community on the phenomenon disabled person,
as well as the factors which may contribute to the nature of the attitude towards the disabled person.

(iv) To compare the attitude of the black community as found from the empirical investigation to the expected attitudes of people in general as found from the literature study.

(v) To discuss the educational implications of the research findings in connection with the attitude of the black community towards the disabled person.

1.4 DELIMITATION OF THE STUDY

In order to keep this study within a manageable scope, the following delimitations had to be accepted. Because of their practical accessibility the study involves only four members of the African language and culture groups in South Africa, namely the Venda, Pedi, Tsonga and Ndebele people. It does not directly include other black communities within the broader South African language and culture spectrum such as the Zulu, Xhosa, Pondo and Tswana, except for the general perspective on black people in South Africa. The limitations of the above four communities warrant better quality for the study, albeit at the expense of quantity.

Furthermore, not all the disabled were included, only the blind (including albino), physically disabled and the deaf. The severely disabled were not included because of the nature of their disabilities. The parents and siblings of the disabled as well as the disabled were interviewed. Concerning families of the disabled, if some of the internally scheduled interviewees were unco-operative, alternatives were used where any willing relevant individual could be incorporated.

Although relatives (baloko, sihlobo) are part of the family (kgoro, umndeni) according to the tradition of the black South African communities, they were not included as such in this research.
1.5 METHOD OF THE STUDY

This is a two-pronged or directional study. Although there are various methods to equip any research depending on the field of a study, the following two aspects are the major tools for the study:

(i) a literary study to serve as a theoretical background for the research, and

(ii) an empirical study to obtain relevant information about the black community's attitude towards the disabled person.

The next stage of the study is the elucidation of terms to comprehend the research.

1.6 ELUCIDATION OF TERMS

It makes sense to define certain key concepts which are central to this research. Five key concepts that need classification are: blacks, community, tradition, attitude and disabled which is mostly called handicapped.

1.6.1 BLACKS

The African background is necessary to understand South Africa. The present research takes place in South Africa, situated in the southern part of Africa as indicated on the map.
According to history, black people are found in Africa as a whole. Gwinn, Norton and McHenry (1993:134) indicate that "South Africa is bordered by Namibia (northwest), Botswana and Zimbabwe (north), Mozambique and Swaziland (northeast), the Indian Ocean (southeast and south) and the Atlantic Ocean (southwest). The country entirely surrounds the independent state of Lesotho."

The above-mentioned countries are clearly indicated by the map provided (see Fig. 1.1). Furthermore, it is necessary to indicate that South Africa's administrative capital is Pretoria, its legislative capital is Cape Town and its judicial capital is Bloemfontein. Gwinn et al. (1993:32) give a population figure of 38 842 000 for South Africa for the year 1992, Britannica Book of the Year (1995:716) gives a figure of 41 749 000 for 1994 and a population projection of 47 912 000 by the year 2000. It is clear that South Africa is a big country. The country's ethnolinguistic groups can be divided into black African Nguni (Xhosa, Zulu, Swazi, Ndebele) and Sotho (Pedi, Tswana) Venda and Tsonga, See Gwinn
et al. 1993:32). Furthermore Gwinn et al. (1993:33) state:

"South Africa's social-welfare services include social pensions, family allowances, care for the elderly, handicapped, and children in need, and unemployment compensation. Levels of support vary by race, with whites receiving a much larger share of services (this system is currently changing to equal support for a non-racist, non-sexist society - BHB) ... There is a high incidence of infectious disease and malnutrition among non-whites."

In most cases, children with poor cognitive development are the victims of malnutrition (Mwamwenda 1995:3), which clearly indicate that care of the handicapped and the children in need is insufficient.

The term black people is associated with the term community in this research. Black people constitute a specific community. The term community will be defined and elaborated in the next phase of the study.

1.6.2 COMMUNITY

The term community was defined by various theorists such as Soule (1992:106) who states that a

"... community is also called a Biological Community; in biology, an assemblage of organisms living together in a particular environment, with similarities or brotherhood."

Furthermore, Gwinn et al. (1993:498) improved the above definition by indicating that

"... community is an interacting population of various kinds of individuals (species) in a common location ... The numbers of a particular species' population share such characteristics as age, sex, density and genetic proportions, and rates of reproduction, growth and death."

This term is also clearly elucidated by Engelbrecht, Grobler, Crous, Bergh and Du Plessis
"... functionally related set of people living together at a given time in a specific geographical territory. The group shares a culture, lifestyle and identity manifested in common and collective origins or roots, experiences, memories, interests and activities."

The last explanation is clearer because it indicates experiences, memories, interests and activities which are more related to the theme of the study or research. The researcher defines the community as a group of people living together in a specific environment sharing the same culture, norms and values, for example the Xhosa boys are strictly sent to the mountain for initiation school whereas the Tsonga, Ndebele, Venda and Pedi can have their circumcision at the hospital.

Community is always associated with culture and customs. Culture is an umbrella concept embracing all accepted traditional customs, moral attributes and behaviours practised by a particular cultural group. In general terms, each culture has cultural norms which vary from culture to culture.

Van den Aardweg and Van den Aardweg (1988:56) state that there are three kinds of culture:

(i) **Prefigurative culture**, where children learn from their elders and ancestors;

(ii) **Configurative culture**, where children learn from peers; and

(iii) **Postfigurative culture**, where children teach adults and have a clear model for themselves.

The first two are important for this study because they show how the attitudes of adults affect and influence the attitudes of their children towards disabled people, and secondly, how peers influence each other in this regard.

It is also crucial to explain briefly the term custom, since it is closely associated with term
community as one of its features. Custom is a habitual or common way of acting. It is usually what the social group expects of its members. In other words a community member is expected to behave in a similar manner. Furthermore the term society also relates to the term community. Engelbrecht et al. (1994:52) cite that the concept society refers to people's interrelationships for practical or utilitarian purposes, for example, people who form a trade union for the sake of its effective operation.

The following illustration indicates this hierarchy:

**Fig. 1.2 HIERARCHY OF A COMMUNITY**

![Hierarchy Diagram]

In other words the family is part of a neighbourhood which in turn is part of a community within a society. At this stage it is clearly indicated what the term 'community' is. Therefore, the next phase of the study is to elucidate the term tradition which is closely related to the term community according to this study.

### 1.6.3 TRADITION

Morris (1973:1360) states that

"... tradition is the passing down of elements of a culture from generation to generation, especially by oral communication."

Hurlock (1993:73) also, states that

"... tradition is a collection of beliefs, rules, customs and conventions handed down from
one generation to the next, usually by word of mouth or by practice rather than through a text."

In other words, according to this research, it is a mode of thought or behaviour or a cultural custom followed continuously by people from generation to generation. Thus, a set of such customs and norms is viewed as a coherent body of precedents influencing the present. The word 'present' is important in the study because the old traditional attitude of the black communities towards the disabled affects the black communities and their attitudes.

1.6.4 ATTITUDE

The pronouncements of a number of authorities can throw light on what an attitude is. This research wishes to elucidate the word *attitude* more thoroughly because the crux and theme of the study have to do with the term *attitude*.

Bootzin, Bouwer, Crocker and Hall (1991:627) state that in psychological terms an "... attitude is an evaluative response to a particular object, idea, person or group of people."

According to Breckler (1984:1191-1205) attitudes are considered to have three components:

(i) an attitude or emotional component, (the *feelings* people have about the object);

(ii) a behavioral component, (how people act towards the object); and

(iii) a cognitive component, (people's knowledge, beliefs and thoughts about the object).
Stuart and Walters (1991:36) viewed

"... attitude as one's thoughts and feelings about something; a way of looking at or dealing with."

Gwinn et al. (1994:687) state that

"... attitudes are manifested in conscious experience, verbal reports, gross behaviour and psychological symptoms."

This may tend to generate unnecessary dispute and mere proliferation of language. The last definition is taken from Frisen (1991:8) who refers to and views attitude as "...simply a way of thinking."

The above five definitions were defined by different theorists endeavouring to give a picture on what an attitude is. Surprisingly they are interwoven. These definitions can be integrated as a state of mind or feelings with regard to some matter, people or object. It is an indication of mood or condition.

Furthermore, when reconsidering the above definitions, it has been discovered that the phenomenon attitude as defined, indicates common elements from each theorist. For example the term is associated with feelings, thinking or opinion, which determines value or interest. Secondly, these attitudes are always directed towards situations, people and objects.

Attitudes can be arranged in a hierarchy based on their degree of specific or exclusiveness, referring to value and interests. For example, one's attitude towards a severely or albino disabled could be negative. This definition could be extended in a diagram form:
The severity of disabilities increase the degree of attitudes towards the disabled, object or situation. In Chapter 3 the component of attitudes will be investigated more intensively.

### 1.6.5 HANDICAPPED OR DISABLED

The terms **handicapped** and **disabled** are closely associated for they both refer to persons with an impairment.

According to Silverman (1988:176) handicapped people are defined as "... mentally retarded, hard of hearing, deaf or speech impaired, visually handicapped, seriously or emotionally disturbed, orthopedically impaired, or other health impaired children and children with specific learning disabilities."

The World Book Encyclopaedia (1992:45) states that: "... handicapped is a term used to describe people who have a physical or mental disability that interferes with their leading a happy, productive life. Physical disabilities include blindness, deafness, deformity, muscular and nervous disorders, paralysis, and
loss of limbs."

On the other hand Hawkins and Weiner (1990:22&366) view 
"... handicap as weak, powerless, feeble, helpless, delicate, flimsiness, delicacy, tenderness, infirmity ... things that make progress difficulty or lessen the chance of success; physical or mental disability."

Fowler (1983:238) states that the use of the word handicapped, can be viewed as a "... euphemism, descriptive of children not fully equipped mentally or physically." On the other hand the term handicap has been criticized as an unsuitable metaphor on grounds of the fact that in the ordinary use of the word in sport, the competitor with the greatest handicap will be the one with the greatest natural ability.

The researcher will continue with the definition of the second related term disabled. Thereafter, final comments and definitions will be given.

According to Hawkins and Weiner (1990:366) disabled means "... unable, incapable, incompetent, ineffective, inadequate, incapacitated, inept, not able, cannot, impair, disarmed."

Allen (1986:207) describes disabled as a "... deprivation of an ability, deprivation of or reduction of the power of acting, walking etc. It is a disability or impairment that prevents one's doing something physical: incapacity caused by injury or disease."

In addition Lloyd (1986:92) views "... disable (as) unfit, incapacitate, disqualify, deprive of power or invalidate."

In this regard, people with a similar disability may not be equally handicapped. For example, a history professor may not be greatly handicapped by the loss of a finger. But the same disability would be a terrible handicap to a concert pianist. In interferes with
his/her performance.

Attention must also be paid to The Department of National Health and Population Development's (1989:2) distinctions, based on recommendations made by the World Health Organization, between impairment, disability and handicap with the last two terms as important adoptions of definitions.

Disability points to:
"Any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being."

Handicap means:
"A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal (depending on age, sex, social and cultural factors) for that individual."

The last definition of the two terms is highly recommended and supported by this research since it is given by the World Health Organization and not by an individual or a group of people and furthermore serves as the researcher's definition of disability.

1.7 PLAN OF THE STUDY

Chapter 1 is used to analyse the problem which led to the investigation and to orientate the reader towards the research. In Chapter 2 the literature study on the phenomenon disabled person is reported. Chapter 3 is the description of the findings about attitude of people towards the disabled in general as gained from the literature. Chapter 4 is used for the outlay of the research design. In Chapter 5 the empirical investigation on the attitude of the black community towards the disabled person is reported. A comparison between the literature study and the empirical investigation is made in Chapter 6. Chapter 7 is used for a conclusion on the research and the discussion of the educational implications of the findings of the research.
1.8 CONCLUSION

A background to the investigation is given in Chapter 1. Further, attention is given to the analysis of the problem, the aim, delimitation and method of the study. Some applicable terms are clarified and a program of the study is given.

A thorough knowledge of the phenomenon \textit{disabled person} is required as background to determine whether the black people have sufficient knowledge about the disabled person. Chapter 2 will be used to report on the research about the phenomenon \textit{disabled person}. 
CHAPTER 2

THE PHENOMENON DISABLED PERSON

2.1 INTRODUCTION

Chapter one has indicated some elucidation in relation to the phenomenon disability. This chapter in particular will focus on the phenomenon disability and some other aspects associated with this phenomenon. This chapter maintains its importance for it will constitute a clear perception of what disability is. Therefore, it is necessary to describe the different physical conditions concerned i.e. physical disability, embracing cerebral palsy and orthopaedically disabled; the deaf and the blind (including albinism).

The elucidation of the three phenomena in this chapter, is based on giving definitions, indicating the occurrence and aetiology of the three phenomena including their manifestation, the perception of the disabled in the black community and finally focusing on the disabled and their problems.

The term disabled was differently defined by various authors (see 1.4). In this research the concept disabled person means a person who is unable to do or perform what is expected from him; the individual is affected by disabilities as an obstacle to his performance, such a person experiences difficulties in performing any task faced with.

Physically disabled blind and deaf are traditionally seen as the main common types of disabilities in the black community. The similar ideology is indicated by researchers such as Hattingh, Harvey, Saayman and Van Jaarsveld (1987:16-17) that there are many similarities based on occurrence and causes of the above disabilities. For example a cerebral palsied patient suffer in motor, hearing and visual impairment.

In order to obtain a true perception of the problem, it is necessary to describe and elucidate some crucial details associated with the three phenomena. It is important to
highlight that more details will be given in the section for the physically disabled than in the section for the deaf and the blind. The major reason for this perspective is due to their similarities since it has been indicated above and for the manageable scope of this research. Similarities are based on the occurrence and aetiology of disabilities.

In order to perceive the context of this research, a diagram of the brain is given in Figure 2.1 (Romanes 1991:668).

FIGURE 2.1 THE HUMAN BRAIN

In Figure 2.1 the major areas and their functions in the human brain is indicated. For example the main function of the occipital lobe is for vision, it controls the process of vision. The temporal lobe is for the process of hearing and the cerebellum is for muscle co-ordination. It is therefore necessary to indicate that any problem with or injury to any part of the brain may cause disabilities of either the visual, hearing and or motor areas.
This sketch indicates the motor and sensory areas of the brain without indicating anatomical terms, since they are labeled in Fig. 2.1. An injury to the brain may affect the motor and sensory functions of the individual.

### 2.2 THE PHYSICALLY DISABLED

Physical disability is divided into two sections i.e. the cerebral palsied and the orthopaedically disabled. Initially, according to the literature review, there was no differentiation made before in the classification of disabled suffering from the different forms of orthopaedic handicap (crippleness). They were all classified under the same category. The condition existed unnamed for many years. In the year 1861 W.J. Little (1861:378-380) an English neurologist, defined the difference between cerebral palsy and orthopaedic disabilities.
The outward signs of crippling in the cerebral palsied were the result of brain damage. Orthopaedic crippleness on the other hand, is caused by a defective bone or muscular system. Cerebral palsy is not the result of a defective bone or muscular system, but is the result of damage to certain parts of the brain which causes motor dysfunction (unco-ordinated muscular control)" (Smith, 1993:18).

According to the above, it is clear that, physical disabilities (motor dysfunction) are divided into two sections, namely cerebral palsied (where areas 1 and 2 of the brain, see Fig. 2.2, is affected) and orthopaedic disabilities which will now be discussed.

2.2.1 CEREBRAL PALSY

Phelps (1974:7) carefully puts it in this way: the word cerebral refers to brain and the word palsy depicts a lack of muscular control where as Bleck and Nagel (1984:37) say cerebral means brain and palsy means paralysis. Gwinn et al. 1993:37) state that cerebral palsy is a brain damage causing loss of volitional control over a motor function. Furthermore, some researchers such as Hattingh (1991:2) state that cerebral palsy denotes a fundamental physical disability. This condition is characterized by various degrees of paralysis, inco-ordination, weakness, or any other motor dysfunction or disorder caused by injury to the brain.

2.2.1.1 OCCURRENCE AND CAUSES OF CEREBRAL PALSY

It is vital to understand the occurrence and causes of cerebral palsy. This could help to erase people in the black community's illusions about the disabilities. Causes of neurological origin may occur at any time according to Mwamwenda (1995:31-35); Smith (1993:53-61); Van Rensburg (1993:7-10). It appears that it can take place during the four stages:

- Pre-natal stage (before birth)* Para-natal stage (during birth)
- Neo-natal stage (immediately after birth)
- Post-natal stage (any time after birth)
The occurrence and causes of cerebral palsy are further explained by various researchers such as Louw (1988:70); Mwamwenda (1995:31-35); Smith (1993:53-61); Van Rensburg (1993:7-10) and other researchers. They are elucidated as follows:

2.2.1.1.1 PRE-NATAL STAGE

The pre-natal stage is the first stage in which cerebral damage can take place. This stage is usually divided into three stages according to Louw (1988:70), i.e. the germinal period, the embryonal period and the foetal period. A number of causes/aetiology which may appear during the pre-natal stage will now be discussed:

ANOXIA means a lack of oxygen. It is one of the major causes of brain injury in the pre-natal stage of the foetus. The placenta is very important at this stage. The amount of oxygen the foetus receives depends on the oxygen content of the blood of the mother. Researchers such as Louw (1990:152); Meij (1994:70); Mussen, Conger, Kagan and Huston (1990:79); varified that anoxia causes cerebral palsy. Pohl (1980:14) substantiates that if the placenta is underdeveloped, hemorrhaged, or has any other abnormality, the free flow of blood from the mother can be decreased. This can be caused by the taking of drugs, and also by allergies and shock, according to the researchers. Anoxia is one of the most serious causes of cerebral palsy. Researchers such as Mussen et al. (1990:75); Van Rensburg (1993:7) and older researchers such as Keats, Russ and Soboloff (1958:33); Papalia and Olds (1979:85) have indicated that X-rays therapeutic irradiation of the lower abdominal area of the pregnant female, particularly in the first trimester of pregnancy may produce cerebral damage to the developing foetus. The first three months of pregnancy are the most dangerous stage in cerebral palsy development. Furthermore, it may happen that X-rays are taken of a woman when the doctor or the woman is not aware that she is pregnant. In some cases the pregnant woman is aware and the doctor is not aware. Sometimes X-rays could be taken during the first month of pregnancy, more especially when the mother is not sure of her pregnancy. McDonald and Chance (1984:21) and recent researchers such as Van Rensburg (1993:8) emphasize and warn that over-exposure to X-ray which might occur on examination of the mother to
determine the foetal position may result in damage to its brain tissue and cells.

**VIRUS INFECTION and other ILLNESS DURING PREGNANCY** may cause cerebral palsy during pregnancy. Lightwood, Brimblecombe and Barltrop (1990:447); Van Rensburg (1993:9); Louw (1990:140); Smith (1993:54) indicate that the most dangerous infection is German measles (rubella). When a mother contracts this disease during the first trimester of pregnancy, the foetus is affected in approximately 10% of cases. The disease may affect sight and/or hearing, and cause heart defects, cerebral palsy, liver defects and/or still births. Furthermore, illnesses that do have influences on the unborn child according to Louw (1990:140), are chicken pox, pox, flu, mumps, poliomyelitis, scarlet fever, diphtheria, typhoid, typhus and syphilis. Thirty per cent of such children die while 35% contract blindness, deafness, cerebral palsy and many other mental disabilities.

**PREMATURITY** occurs when a baby is born before its time and weighs less than 2,5 kg at birth. The normal date of delivery is the ninth month of pregnancy. At this stage, the skull of the premature child is very thin and fragile, which is conducive to brain-injury. Thus, a child born prematurely is much more susceptible to any kind of injury. Lightwood et al. (1990:447) state that the blood vessels of the brain are under-developed in a premature child, which may cause rupture and haemorrhage. Van Rensburg (1993:10) indicates that it is caused by the role of smoking, alcohol, drugs and illness during pregnancy. Premature children are very weak and can be affected by any disease which can easily affect the brain. The premature child needs special attention. According to Smith (1993:57) 33,5% of all cerebral palsied children are born prematurely. Moreover, the incidence of cerebral palsy is higher among premature infants than among those carried to a full term of 9 months.

**THE USE OF MEDICINES AND DRUGS,** may influence the development of the baby negatively, especially during the first three months (trimester) of pregnancy, because it could damage the growing foetus. Medicine should be taken according to the prescription of a doctor (Craig 1992:34; Mwamwenda 1995:35).
In the black community there are herbalists. According to the knowledge of the researcher (Baloyi 1989:27) based on research of Khosa 1988:8, 1990:24) there is an incident where a woman was given medicine by her mother-in-law, during the first trimester of her pregnancy, and gave birth to a child without feet. The herbal medicine may damage some developing cells of the foetus (Kisanji 1995:112). In some instances it causes brain damage and results in cerebral palsy. Pain relief medicines should be taken cautiously, because it may not be safe during the first trimester of pregnancy according to Kirk, Gallagher and Anastasiow (1993:463); Papilia and Olds (1986:65); Van Rensburg (1993:9). De Wet and Van Zyl (1980:330) indicate that babies of mothers who took the tranquilliser Thalidomid during the first six weeks of pregnancy, were born with deformed arms and legs or cerebral palsy disabilities. Mussen et al. (1990:73); Van Rensburg (1993:9) list other medication which might have a detrimental effect on the foetus, these include antibiotics, hormones, steroids, anticoagulants, anaesthetics and tranquillisers and many other types of medication which might cause disabilities.

AFRICAN MEDICINE, is the mixture of herbs and leaves used for healing purposes amongst the Africans. It is used by the diviners of magicians, mostly in the black community, according to Bouwer (1987:56) and also Kisanji (1995:112).

HAEMORRHAGE means bursting of blood vessels on the head of the foetus which causes brain damage. Haemorrhage causes cerebral palsy, according to Keats (1972:16); Smith (1993:54). Haemorrhage in the brain can be caused by protracted anoxia which damages the blood-vessels. This can seriously injure the cells of the brain. Haemorrhage of the foetal brain can also be caused by trauma (injury). The brain is divided into various parts and each has a special function.

If haemorrhage/bursting of blood vessels takes place in the motor-area, it results in a motor dysfunction. It does not only cause cerebral palsy, if haemorrhage takes place in the visual area, it results in blindness and if the auditory part haemorrhages, it results in deafness. Haemorrhage is another major cause of cerebral palsy.
MALDEVELOPMENT OF THE BRAIN causes cerebral palsy. Smith (1993:57) observed that, once maldevelopment of the brain occurs, it cannot be cured. It is impossible to correct such damage. The major reason is that the deformed group of cells cannot function properly. Possibly an atrophy of certain braincell-areas may also occur in this situation, and this results in malfunctioning (McDonald & Chance, 1984:20). Maldevelopment of the brain causes microcephaly i.e. a small size of head.

HEREDITARY OR GENETIC FACTORS may also contribute to cerebral palsy. Researchers like Kirk and Gallagher (1990:101,306); Krutetskii (1976:302); Moores and Moores (1980:59-60); Plomin, Defries and McClearn (1980:32); have focused and explored the phenomena of hereditary factors for a long time. According to the literature review, Koch (1993:41) cites Philipp describing a family in which there were six cases of paraplegia; finding that in twenty-six cases of paraplegia, four siblings and one cousin were affected. It was found that in the family of eighty-six patients with cerebral palsy (seventy-two were spastic and fourteen athetoid children), none of 260 siblings had cerebral palsy, but sixteen were mentally defective. Furthermore, five of seven children with paraplegia, and two of sixty-five with quadraplegia had affected siblings or relatives. Johnson (1988:70) in his series of 144 cases of cerebral palsy described twins siblings with cerebral palsy. He also found seven affected siblings or relatives in 204 cases of cerebral palsy. He indicates that Wells and Shy of America described a syndrome of progressive familial athetosis with cutaneous telangiectasia. From the onset of research into disabilities it was found that children with cerebral palsy presented a higher incidence of other congenital malformations such as extra digits and cleft palate than did the control group. The high incidence of prematurity in cerebral palsy would partially explain these observations of hereditary phenomenon.

According to this research, hereditary factors still increase in the black community, for example at a local special school, the researcher has found four cerebral palsied children from one family in April 1994. Recent researchers such as Jolly (1990:109); Jordaan and Jordaan (1991:108); Hallahan and Kauffman (1991:55); Kirk et al. (1992:91); Lightwood et al. (1990:12-17) emphasize and verify that disabilities are caused by hereditary phenomena.
**RH FACTOR** refers to the incompatibility of the blood of the mother with that of the child-in-utero. Previously, it had been estimated that from five to ten percent of cerebral palsy is caused by the incompatibility of the blood. It is sometimes caused by congenital anaemia and anaemia caused by infection. In this regard, if a woman who is Rh negative carries a baby who is Rh positive, it can happen that anti-Rh positive antibodies develop in the mother's blood which have a destructive effect on the blood of the child. Therefore, these children are born with a dangerous condition called erythroblastosis. The child may recover fully, or develop cerebral palsy or be stillborn. (Mwamwenda 1995:34).

**KERNICTERUS** means a condition which is due to the toxic effect of unconjugated bilirubin on the basal ganglia (Jolly 1990:116). In most cases kernicterus is caused by the incompatibility of the blood of the mother and the child. In this case a set of symptoms with poisonous cells occur simultaneously. The areas of the damaged brain are yellow in colour, which is called jaundice. These take up the bile pigment at autopsy (Jolly 1990:116). Kernicterus usually causes the malfunctioning of the cerebellum and the basal ganglia are affected (Smith 1993:56). Therefore, this type of brain injury causes athetosis. In this situation, there is a relationship between the Rh factor and kernicterus (Mussen et al. 1990:76).

**SMOKING DURING PREGNANCY** may cause cerebral palsy. It is not easy for some smokers and non-smokers to accept that smoking during pregnancy can cause cerebral palsy. According to Swann (1981:154) the smoking of cigarettes or tobacco results in a variety of potentially harmful chemicals getting into the serum of the smoker. These include carbon monoxide, thiocyanate and nicotine. In the case of the father, it can affect the sperm and in the case of the mother, the products can cross the placenta and affect the foetus. Smoking may also cause miscarriage (Swann 1981:154). Butler and Goldstein (1988:573); Le Francois (1989:102); Louw (1990:143); Mwamwenda (1995:33) also emphasized that smoking during pregnancy could influence the child's development.
THE FATHER'S HEALTH can play a role. Papilia and Olds (1986:71) point out that research showed that men who had been exposed to e.g. lead poisoning, Marijuana (dagga), large amounts of nicotine and alcohol, as well as radiation, showed abnormalities in their sperm that cause deformities such as dwarfism, deformities of the head causing cerebral palsy, deformities of the limbs and bone structure of the unborn baby. In this regard many men are not aware of these facts.

TEENAGE PARENTS are a high risk factor. Research has shown that mothers younger than 20 years are at greater risk of giving birth to children with psychic or physical defects. Ambron (1978:40); Louw, Gerdes and Meyer (1985:82) point out that too young mothers of approximately 15 years cannot take proper care of themselves, e.g. diet and irregular medical care. The adolescent mother is also in greater danger of toxins in the blood (toxaemia) anaemia, premature births, still birth and problems with the birth process (Van Rensburg 1993:7).

OLDER MOTHERS, older than 35 years, have exceeded what Louw (1988:82) calls their "functioning peak". The older a mother becomes, the bigger are her chances of being subjected to factors like radiation, chemical substances and medication which cause brain damage during the pre-natal stage.

ATTEMPTS AT ABORTION are the major cause of cerebral palsy according to Hattingh, Harvey, Saayman and Van Jaarsveldt (1987:8) indicate that whenever a foetus is disturbed by any forces against its existence the brain of the foetus is easily damaged.

POOR NUTRITION OF THE MOTHER can cause cerebral palsy. A pregnant mother should follow a sufficiently balanced diet. The health of the baby is dependent on the healthy nutrition of the mother. Cerebral palsy, still born, premature births and other deformities, are all possible results of poor nutrition of the mother (Ambron 1978:41; Batshaw & Perret, 1992:546; Louw 1990:137; Mussen et al. 1990:71).
THE MOTHER'S EMOTIONAL STATE OF MIND is very important. Van Rensburg (1993:9) indicates that although there is no direct connection between the central nervous system of the pregnant mother and that of her unborn baby, the latter can be influenced when the mother experiences emotional stress as a result of e.g. fear, anxiety or rage, because certain hormones such as adrenalin are secreted into the blood system. These hormones penetrate the placenta and influence the foetus. According to Ambron (1988:42), this condition may cause abortion, premature births, cerebral palsy, low birth weight and difficulty in labour.

Different researchers have indicated occurrence and causes/aetiologies of cerebral palsy during the Pre-natal stage. The next phase of this research will focus on occurrence and causes of cerebral palsy during the Para-natal stage.

2.2.1.1.2 PARA-NATAL STAGE (DURING BIRTH)

A number of aetiologies which may appear during the para-natal stage will now be discussed. Different researchers such as Louw (1990:152); McDonald and Chance (1984:22); Meij (1994:10); Mussen et al. (1990:79) Pohl (1980:18) verified the following aetiology of cerebral palsy.

ANOXIA may be the cause of cerebral palsy (Meij 1994:70) this is through lack of oxygen being transported between the mother and the child. Anoxia can occur through disturbance of the child's respiratory system i.e. lungs. Furthermore, brain cells are especially sensitive to the movement of oxygen to the brain which is a crucial part in life. Jolly (1990:88); Kirk et al. (1993:462); Lightwood et al. (1990:70); Louw (1990:152); McDonald and Chance (1984:21); Mussen et al. (1990:79) substantiate that during the birth process the veins and sinuses on the surface of the brain are sometimes torn and cells in the cerebral cortex are damaged by the haemorrhaging.
BREECH BIRTH may cause cerebral palsy. The birth process is a hazardous journey, from the mother's womb to this world. At times a normal Vertex delivery (head first) does not occur. These buttocks-first deliveries are known as breech deliveries. Anoxia is fairly common in breech deliveries. The uterus contractions can cause pressure on the tentorium. This causes cerebral palsy. Any part of the brain may be affected (motor, visual, hearing areas) (Jolly 1990:88).

DRUGS administered to the mother when she is in labour can be the cause of cerebral palsy at this stage (para-natal). McDonald and Chance (1984:22) maintain: "... the excessive use of medication to produce maternal anaesthesia or analgesia during labour can conceivably result in suppression of the infant's respiratory centre."

Therefore, drugs are also dangerous during the para-natal stage according to Lightwood et al. (1990:70).

A TOO QUICK DELIVERY may have a harmful effect on the cerebral blood-vessels, according to Smith (1993:59). This means that if the delivery is very quick, there is little time for adaptations between the pressure in the uterus and atmospheric pressure. At this stage blood can escape from cerebral blood vessels which can cause brain injury and result in handicaps. Injuries may occur on different areas of the brain e.g. visual area, hearing area and motor area.

DELAYED BIRTH can cause brain injury. In delayed birth it can happen that uterine contractions continually ram the child's head against the bony pelvis of the mother. This can cause trauma of the brain with the resultant damage to the brain. It occurs when the length of labour exceeds 18 hours in the primaparous mother (mother giving birth to a first child), or 12 hours in the multiparous mother (mother giving birth to a second or further children; Louw (1990:152); Marckwardt, Cassidy, Hayakawa & McMillan 1988:983). Mussen et al. (1990:79); Smith (1993:59) maintain this dangerous stage of life as one of the major causes during the para-natal stage.
CEASAREAN SECTION may also present problems during this stage. The caesarean operation disturbs the circulatory system between the foetus and the mother (Smith 1993:50). Brain damage might take place in any area of the brain (motor, visual and auditory areas).

DELIVERY INSTRUMENTS may cause cerebral palsy. Lightwood et al. (1990:70-72) and Smith (1993:60) state that when birth techniques are not so well developed, injuries sustained at birth are common. Instruments are used to help the failing mothers and it is called forceps delivery.

ASPHYXIA NEONATORUM means proper respiration is bound up with asphyxia (suffocation) at birth. It simply denotes an imperfect breathing or suffocation in new-born infants. Its cause is the suppression of the respiratory centres in the brain - caused by delayed birth, according to Lightwood et al. (1990:70-71). The administration of drugs or an overdose of anaesthetic to the mother leaves the child partially drugged for a period, this causes suppression of the respiratory centres for as much as 36 hours after birth and the child needs to be placed under observation for 48 hours (Smith 1993:60).

A third stage of life is called neo-natal stage. The next stage of the study is in respect of the neo-natal phase.

2.2.1.1.3 NEO-NATAL STAGE (IMMEDIATELY AFTER BIRTH)

Meij (1994:10) indicates that the first two to four weeks after the birth of a baby are called the neo-natal period and the new born baby is called the neo-nate. During this period cerebral palsy can still take place.

McDonald and Chance (1984:23) highlight that the child’s problems do not end with his delivery (para-natal stage). The child has to adjust to the marked differences between intra-uterine and atmospheric pressures. The period immediately following birth also has hazards.
"Anything which interferes with the establishment of the infant's respiratory function is a potential cause of cerebral palsy. Excessive use of medication to produce maternal anaesthesia or analgesia during labour can conceivably result in a suppression of the infant's respiratory centre. If plugs of mucus are present in the infant's respiratory tract, they obstruct the flow of air and prevent the lungs from expanding. If for any reason the child's breathing mechanism cannot provide an adequate supply of oxygen for his body tissues severe damage to brain tissue may occur" (McDonald & Chance, 1984:23).

These conditions denote and illuminate that problems do not end with delivery. Problems continue immediately after birth. Anoxia may be the most ominous danger threatening the new born baby, more especially in the black community where home delivery is common. Lightwood et al. (1990:71); Jolly (1990:88) support the view of the early researchers such as McDonald and Chance (1984:23). It is important to indicate that, problems of disabilities do not end with the neo-natal stage, but also during the post-natal period, which denotes that the disability phenomena is an ongoing process in one's life arena.

2.2.1.4 POST-NATAL STAGE

Post-natal means later after birth. It is crucial to highlight that brain damage can occur later to the child who was born normal, survived the hazards of birth, and the neo-natal period. Thus, anything may happen, accidents and dangerous diseases occur in the life arena of the Lebenswelt. A number of aetiologies which may appear during the post-natal stage will now be discussed:

ACCIDENTS OR TRAUMATIC INJURIES. This is accidental traumatic lesion of the brain due to head wounds and skull fractures. Many people become cerebrally palsied through motor accidents, where brain haemorrhage caused the damage. These injuries can also result from blows to the head, during fights or unrest, the latter more especially in the South African black community where people are fighting for political and witchcraft reasons (Hattingh et al. 1987:18-28). This condition is quite often seen on South African television since 1990.
ENCEPHALITIS AND MENINGITIS denote inflammation of the brain. Cerebral infections are quite common in children (Smith 1993:61). The following occur: encephalitis and meningitis and brain abscesses are frequent causes of cerebral palsy. Encephalitis is inflammation of different parts of the brain and meningitis is inflammation of the meninges i.e. the membranes in the brain that separate its different parts. Furthermore, meningitis causes not only cerebral palsy, but also blindness and deafness.

HIGH-FEVER CONDITIONS can cause cerebral palsy. Many people in the black community are not aware of these conditions but they usually blame witchcraft because of disabilities which suddenly took place (Radebe 1993:20).

TOXIC FACTORS denote any poisonous substance causing a particular disease according to Protector (1992:1124). Smith (1993:61) states that toxic causes are very common. In this condition, any substance digested by, inhaled or injected into the infant which is toxic can cause changes in the brain. These must be included among the causative factors of cerebral palsy.

VASCULAR ACCIDENT according to Protector (1992:1166) simply denotes a problem/fault/blockage in the tubes through which liquids move in the bodies of human beings. These conditions cause cerebral palsy and are seen more frequently in adults than in children. In children the so-called "stroke" may occur in those cases of congenital aneurysm of the brain.

CEREBRAL ANOXIA denotes lack of oxygen. This is caused by insufficient oxygenation of the brain due to carbon monoxide poisoning. It is important to indicate that high altitude anoxia are causes of cerebral palsy in the post-natal period (Meij 1994:70).

BRAIN TUMOURS mean a mass of diseased cells in the body which have divided and increased too quickly, causing swelling and illness (Protector 1992:1140). It is important to indicate that anything can happen in the brain of an adult. At this stage, brain tumours
brain. It is the effect of either the tumour or the operation on the brain. Now, the question is how the effect takes place during operation. If part of the brain is touched during operation, it could cause cerebral palsy. Therefore, the residual sequelae of the surgical interdention and the tumour may produce the syndrome known as cerebral palsy. Operation on the brain tumor might cause serious brain damage.

**GAMES** mean a form of play or sport. Games like rugby, boxing or soccer can cause brain damage and cripple an individual for the rest of his life (Hattingh et al. 1987:18-28).

**SOCIO-ECONOMIC FACTORS** are also causes of cerebral palsy. Children who are starving from hunger may suffer from kwashiorkor where the patient looks weak and dull and will have retarded growth (Batshaw & Perret 1992:546). Socio-economic factors are common in the black community.

**DRUG ABUSE** denotes an excessive use or intake of drugs so as to produce unconsciousness. Excessive intake of drugs may result in cerebral palsy (Van Rensburg 1993:10). This research has fully indicated the occurrences and causes/aetiology of cerebral palsy. Types of cerebral palsy are to be indicated in the next stage.

### 2.2.1.2 TYPES OF CEREBRAL PALSY

Cerebral palsy manifests itself in various ways. The following are different types of cerebral palsy that are often distinguished.

- Spasticity (spastic)
- Athetosis (athetoid)
- Ataxia (ataxic)
- Rigidity
- Tremor
- Atony
- Mixed type (usually spasticity with athetosis)
The above mentioned types of motor disabilities are defined and their manifestation elucidated by various researchers such as Pohl (1980:5); Davis (1980:1-5); Gouws, Louw, Meyer and Plug (1984:287); Koch (1993:73-81); Meij (1994:71-76).

2.2.1.3 MANIFESTATION OF CEREBRAL PALSY

Cerebral palsy manifests itself in different ways. The symptoms range from mild to profound, depending on how bad the injury is. This is why some patients can walk, though they are disabled, while others are wheel-chair bound patients who cannot walk. The different types of cerebral palsy are manifested as follows.

2.2.1.3.1 SPASTICITY (SPASTIC)

This is a common type of cerebral palsy. Spasticity (spastic) is a condition caused by damage to the motor area of the cortex (see Fig. 2.2) which controls voluntary and planned movements. The clinical profile or image is mainly one of stiffness. It usually results in hemiplegia either on the left or right side of the body, depending respectively on whether the right or left hemisphere of the brain has been affected. The weakened muscles function less effectively than the other muscles (Gouws et al. 1984:287). Typical examples of this phenomenon are the wrist that turns inwards towards the body. The person with such disability walks in a typical scissorlike fashion.

Smith (1993:63); Koch (1993:73-81) substantiate that the effect occurs on the opposite side in relation to the damaged part of the brain. Voluntary control, especially control involving fine movement is possible, but patients are clumsy, because the contraction of the muscles blocks any planned movement. When the arms are raised above the head, then, the arm on the affected side is usually found to be shorter than the other normal arm. This method of "arms raising" can be used as a test when diagnosing a mild or severe case of spasticity.

According to Jolly (1990:378) it is diagnosed by an in-muscle tone found only in one direction of joint movement, i.e. clasp-knife. In addition, the affected limbs are usually
much thinner than those of the other unaffected side. The affected limbs can be straightened when pulled. The muscles are very weak (Meij 1994:71); these children can walk, but the affected hand is not dominant in any hand participation. Like a pocket knife, the affected arm can be pulled straight but returns to its original position when released. The teeth have been observed to be large, especially the incisors, with the result that the lips are open. The gums appear swollen. Most of them have visual problems, e.g. strabismus eyes. The eyes are normally big in size. By merely looking, one would suspect or realise that something has gone wrong with a particular child or adult. Smith (1993:62) says that about 60% of all cerebral palsied individuals manifest spastic motor movement.

2.2.1.3.2 ATHETOSIS (ATHETOIDS)

Another manifestation of cerebral palsy is called athetosis. Athetosis is a condition caused by damage to the area of the basal ganglia (see Fig. 2.1) which controls the body. It is clearly elaborated by Hattingh et al (1987:10); Smith (1993:63); that athetosis is a condition characterised by regular and repeated involuntary action. Muscle contraction is not rhythmical and follows no definite pattern. Twisting or contortion of the facial muscles is usual, with involuntary movements of the face. One could conclude that the patient "is crying and laughing at the same time", in other words it causes the face to distort (Meij 1994:73). This is caused by involuntary movement of the face. It is not easy for the patient to control his saliva. Gouws et al. (1980:26) indicate that the tongue and throat can contract, which makes it difficult to eat or drink. This condition usually influences the movement of the whole body, but is sometimes limited to the one side. The actions of sitting and walking become difficult. When the patient walks, he appears intoxicated (drunken) and cannot walk fast. In this condition, whatever he does, is difficult for him, for example, eating, drinking, writing, talking, running, sitting, laughing. He needs to be assisted in drinking and eating, even sitting, otherwise the patient or the chair can fall. According to the observation of the researcher, the patient sometimes eats like an animal with his mouth to the plate and no use of the hands. The patient is unable to direct food straight to the mouth. In drinking, the cup shakes until it falls. In some cases communication becomes impossible. Only with sleep, which induces complete relaxation,
does the movement decrease and usually stop. Furthermore, athetosis varies, in some cases the muscles are very tense. This type of athetosis, which is characterised by tension, is known as tension athetosis. When the tension is severe, the patient is wholly incapable of making any movement. Due to the severity of athetosis, the condition is aggravated during emotional stress. In other words the gravity of the illness increases and a patient cannot control the condition. In some cases there is a hearing loss. It is important to emphasize that athetoids also have hearing loss at higher frequencies (Davis 1980:4-5).

According to Smith (1993:62) 19% of cerebral palsy is classified as athetosis, where as Davis (1980:5) gives 25% and Kirk (1962:355) gives 23,7%.

2.2.1.3.3 ATAXIA (ATAXIC)

Cerebral palsy is also manifested in ataxia, which is caused by damage to the cerebellum part of the brain. Davis (1980:4) claims that ataxia is classified according to the type of motor disability by awkwardness of fine and gross motor movements and a lack of co-ordination i.e. the movement required for balance, posture and orientation in space. Thus, the characteristic picture of a person suffering from ataxia is a disturbance in the equilibrium or balance. Furthermore, it is not possible to diagnose this condition before the child begins to walk. Such a child or person needs to be supported whenever he walks and walking sticks, calipers and crutches are used. According to Cash (1980:3-4), there is difficulty in maintaining posture. Movements may be strong, but jerky and unco-ordinated. Because of the poor muscle co-ordination, it is typical of a person with ataxia to speak with a slur (Gouws et al. 1984:26; Meij 1994:93).

According to Smith (1993:62) in 8% of cerebral palsy ataxia is manifested. Kirk (1962:356) gives 10,8%.

2.2.1.3.4 RIGIDITY

Another manifestation of cerebral palsy is rigidity. Literature highlights that rigidity is a rare type of cerebral palsy, which is characterised by continuous muscle tension and
stiffness, leading to clumsiness. Injuries to the cerebellum are regarded as the cause according to Meij (1994:73).

Sometimes rigid behaviour is considered to be a symptom of mental retardation or neurological impairment. Generally all four limbs are affected, the simultaneous contractions of both the agonist and antagonist muscles prevent patients with rigidity from doing anything but very slow movement. This denotes that the muscles are not elastic. This is a most severe form of disability. As the four limbs are affected, it is very hard for the patient to carry out any action or instruction. For example, it is hard for a patient to walk, write, eat, drink, laugh and stand. The patient always lies on the floor or bed due to the complicated condition. One such case was known to the present researcher. She was severely affected. She could not defend herself from any danger including reptiles. She was found twice with a snake inside her dress on the thighs. In this regard a patient cannot defend him-/herself from any danger. This type of condition has tempted many parents to destroy their disabled children (Radebe 1993:60).

Percentage wise Smith (1993:62); Pohl (1980:13) calculate rigidity as 4% but Kirk (1962:355) gives it at being 12.6%.

2.2.1.3.5 TREMOR

Cerebral palsy disability is manifested in tremor. Cerebral palsy of the tremor type is characterised by involuntary vibrating movement, generally regular and rhythmical. Rhythmical movement is the main feature of this condition. The damage to the brain is in the basal ganglia (as in the case of athetosis).

Tremor differs from athetosis in the sense that the movements are rhythmical whereas with athetosis there is no pattern. This is the main difference between tremor and athetosis. One must clearly differentiate between the two phenomena.

Meij (1994:13); Smith (1993:64); Pohl (1980:12) indicate that emotional excitement aggravates the condition and increases the shaking movement. In this condition, therapy consists mainly of relaxation exercises. There is a regular and rhythmical movement of
the eyes. The speech is rhythmical and staccato too. The patient is like an old person. Tremor interferes with walking, standing, writing, climbing stairs and making use of the hands.

Percentage wise, tremor manifests approximately 2% according to Smith (1993:62); Koch (1993:80), but Kirk (1962:355) maintains it is 1.96%.

2.2.1.3.6 ATONY

The term denotes a reduced muscle tone. It is caused by the injuries of the pre-motor areas of the brain. Cerebrally disabled patients, in particular are characterised by atony or slackness of the muscles. The limbs offer no resistance when they are moved (Meij 1994:73). In other words muscles may be hypotonic, or deficient in tone rather than being overly charged. The patient lies limply, slumps when set up, collapses when stood up - great weakness but no actual paralysis, and no voluntary movements from the patient.

2.2.1.3.7 MIXED TYPE

Although the various categories of manifestation of cerebral palsy have been mentioned and discussed, Gearheart (1980:4); Smith (1993:65) feel that the mixed form of cerebral palsy cannot be considered to be a separate form of cerebral palsy. Generally it is a mixture of athetosis and spasticity. Some researchers indicate that it is a mixture of ataxia with spasticity. Some researchers indicate that approximately 3.4 up to 10% manifests as mixed type. Smith (1993:65) states that mixed type is rare and the number of cases is uncertain.

2.2.1.3.8 THE TYPOGRAPHICAL CLASSIFICATION OF CEREBRAL PALSY MANIFESTATION

A typographical classification denotes the part of the body which has been affected due to brain injury. Cerebral palsy includes the following classification:

Monoplegia: One limb affected. It could be left or right arm or left or right leg.
Hemiplegia: When one side of the body is affected i.e. left side (arm and leg) or right side (arm and leg).

Triplegia: When three limbs are affected, it could be both legs and one arm. It usually takes place in spastic conditions and polio cases.

Paraplegia: Only both legs or both arms affected.

Quadriplegia: When all four limbs are affected. All four limbs are equally affected.

Diplegia: When all four limbs are affected, but the two sides are affected to a different degree.

Bilateral Hemiplegia: The whole being is affected, all four limbs, but the upper limbs are more severely affected than the lower limbs (Smith 1993:66).

More recent sources like Smith (1993:62); Kirk et al.(1993:511); Jolly (1990:378-379) emphasized that hemiplegia is the most common, with monoplegia, triplegia and double hemiplegia being quite uncommon.

Manifestation of cerebral palsy is associated with the following listed aspects which will not be discussed:

- Sensory handicaps - visual, auditory and motor problems
- Laterality - hand dominance
- Speech problems
- Orthopaedic problems
- Epilepsy
- Perceptual disturbances
- Problems concerning formation of concepts, e.g. difficulty to differentiate between the concept "5" and the letter "S"
- Disturbances of the body image
- Emotional and behavioural problems
- Attention disturbances (attention fluctuation, lack of concentration, distractability, etc.)
- Mental retardation
According to Smith (1993:69-71) researchers state that cerebral palsied have visual and hearing impairment e.g. 50% of the cerebral palsied have visual and hearing dysfunctions. The second classification of physical disability is the so-called "orthopaedic disabilities" which will now be discussed.

2.2.2 ORTHOPAEDIC DISABILITY

It has been indicated that the phenomenon orthopaedic is related to physical disabilities, due to its physical appearance (see 2.2). The following definition as stated by Smith (1993:108), is relevant:

"The expression physically handicapped children in Schedule 1 to the Education Services Act, 1967 (Act 42 of 1967), as amended, means children with chronically disturbed function or chronic abnormalities (congenital or acquired) of any part of the body."

This condition (orthopaedic disability) differs from cerebral palsy, in the way that part of the brain is not damaged, for example the visual or auditory brain areas are not damaged. Brain-injury is the main feature in differentiation of the two phenomena. In orthopaedic handicap, there is nothing wrong with the brain but the body is physically deformed.

2.2.2.1 OCCURRENCE AND CAUSES OF ORTHOPAEDIC DISABILITY

There are three stages in which orthopaedic disability takes place. They are as follows:

- Pre-natal stage (before birth)
- Para-natal stage (during birth)
- Post-natal stage (after birth)
2.2.2.1.1 PRE-NATAL STAGE (BEFORE BIRTH)

Some researchers such as Williamson (1990:83); Jolly (1990:88, 109-116), Ligthwood et al. (1990:12-19); Brooks (1992:444); Mwamwenda (1995:31-35); Kirk et al. (1993:462) have verified that the following aspects are the causes/aetiologies of orthopaedic disabilities:

- Virus infections, e.g. rubella (German measles)
- Hereditary factors
- Drugs or medicines
- Position of the child in the uterus
- Rh-factor
- X-rays
- Kernicterus
- Unknown causes

The above etiology were discussed under causes of cerebral palsy (see 2.2.1.1).

2.2.2.1.2 PARA-NATAL STAGE (DURING BIRTH)

At this stage, disability does not take place as it does in cerebral palsy. For example, congenital dislocation of the hip is caused by the difficulties experienced by the mother during the delivery process. It is not difficult for the mother alone, but also difficult for the child to make its way out (Smith 1993:76).

2.2.2.1.3 POST-NATAL STAGE (AFTER BIRTH)

Orthopaedic disabilities can take place during any time of one's life arena, due to one or more of the following factors.

- Virus infection, e.g. poliomyelitis
- Road accidents
Motor cycle accidents
Accidents with firearms
Falling from high places
Severe burning by fire and stove
Anger causing unexpected body damage
Unrest/fighting in the black community
Border war injuries
Occupational injuries e.g. welding, mine injuries, drivers etc.
Sports injuries, e.g. diving accidents causing spinal cord injury. Rugby, boxing, basketball or netball can lead to serious injuries and paralysis.

The above post-natal aetiologies of orthopaedic disabilities do not necessitate any discussion and elucidation of these aspects since they are easily perceived.

2.2.2.2 TYPES OF ORTHOPAEDIC DISABILITY AND THEIR MANIFESTATION

Orthopaedic disability manifests itself in various forms. There are various types of orthopaedic disabilities which are often distinguished. Various types will now be discussed.

2.2.2.2.1 POLIOMYELITIS

Poliomyelitis (infantile paralysis) remains to be endemic (indigenous) among the black people but in a less severe form than among the whites (Smith 1993:84).

Poliomyelitis is a infectious disease caused by a virus that results in a localized or general muscle paralysis due to the destruction of the anterior horn cells in the spinal cord or the corresponding cells in the medulla oblongata of the brain. The paralysis is made worse by injections or exercises in the prodromal phase (phase of approaching disease indicated by premonitory symptoms - Marckwardt et al. 1988:1006), any or all of the limbs and trunk may be affected. The respiratory or swallowing muscle may also be affected and may require urgent treatment to save the patient's life, for example, Huckstep.
(1982:119) says that where the trunk and four limbs were paralysed the limbs may recover while the trunk remains partially or totally paralyzed.

2.2.2.2 TUBERCULOSIS OF THE SPINE

This disability manifests itself in the spine. This disease is the most important cause of pressure on the spinal cord. When any part of the spinal cord is subjected to external pressure, the tissues of the spinal cord and thus the nerves will be destroyed. The nerves and muscles below the point of pressure, will be paralysed. When the pressure point is in the lower part of the spinal cord, the legs will be paralysed (paraplegia). The pressure may cause respiratory (breathing) and heart failure, because of the abnormal heartbeat. If limbs atrophise (waste away) and deteriorate the prognosis (prospect of recovery or improvement) is bad (Jolly 1990:465).

2.2.2.3 AMPUTATION OF A LIMB OR LIMBS

Accidents could lead to limb amputation. Cancer could also lead to amputation in order to save the person's life. Infection could result in loss of a limb if gangrene sets in. Amputation of a limb or limbs is a common condition in the black community due to unrest or fighting among the political parties and witchcraft ideologies (Zabala 1993:18).

2.2.2.4 DWARFISM

Dwarfism means a very small person. The individual in most cases becomes the centre of attraction due to the physical structure of disabilities.

2.2.2.5 SPINA BIFIDA

According to Johnson (1994:82); Wilson (1990:83), spina bifida means an opening in the spinal column. It is a birth defect. It is a chronic condition characterized by defective closure of the bone encasement (spinal column). This defect normally occurs during the
first three months of pregnancy and the split or opening can be situated anywhere along
the spinal column, even along the neck or skull. There are three forms of spina bifida,
namely: Spina bifida occulta (occulta = hidden or concealed); Meningocele and
Meningomyelocele.

(i) **Spina bifida occulta**: Occulta means hidden or concealed. It is a condition with an
opening in the spinal column without any protrusion of the spinal cord or meninges.
The cord may be normal or only slightly abnormal, and it may be duplicated and it
may have an enlarged central channel. In this condition, the skin of the back may
be normal over the opening, or there may be a depression (Jolly 1990:191). A fatty
tumour, or a bunch of hair, or a maldevelopment of a blood vessel may be present,
(Johnson 1994:82).

(ii) **Meningocele**: In this condition a protrusion of the spinal membrane in the form of
a sac or blister is present. The spinal cord lies safely in the column.

(iii) **Meningomyelocele**: This is a most severe form of spina bifida. The protrusion
contains not only the dura and nerve roots but also the whole spinal cord. If the
sac is well-covered with skin and the child has no motor sensory or sphincter (it is
the muscle that closes bowel opening or anus) abnormality, it is diagnosed as a
meningocele. This is a very severe condition. Thus, if the defect is high up in the
lumbar region of the spinal column, the movement of the lower part of the trunk and
legs is expected to be impaired and the sphincter-control will be abnormal. When
the defect is lower down, we probably find both paralysis and loss of sphincter
control (Johnson 1994:82-84). This is the most severe form of spina bifida, where
the patient has no control over excretory functions and has to be nursed for his
whole life. An aggravating aspect is the smell produced (Jolly 1990:191-192).
Such children are always lonely, more especially at the adolescent and adult stage.
Although they produce a terrible or intolerable smell, they are very interested in the
act of love-making (boyfriend and girlfriend).
There are many problems in this nature of disabilities. In some cases, disabled of this nature may not have any feeling in the lower limbs. In this nature of affliction, the individual may suffer severe burns in hot water or fire without feeling any pain. Further, the condition of some of these children is so severe that some doctors feel that nothing should be done to prolong their lives.

2.2.2.6 MUSCULAR DYSTROPHY

This is another form of orthopaedic disability manifesting itself in the muscles. Muscular dystrophy is a progressive illness attacking the voluntary muscles of arms and legs. The muscles may seem healthy to some people without experience in this specialised field. The muscles become weaker and weaker and if they are not exercised, they deteriorate rapidly. This condition leads the patient to become wheel-chair bound.

Generally, under normal circumstances, such children are of normal intelligence. The child seems healthy, but the muscles weaken. The small muscles of the fingers are usually the last to be affected and deterioration happens symmetrically on both sides of the body. It is usually difficult for the patient to breathe and to speak (Johnson 1994:92).

2.2.2.7 SCOLIOSIS

This is another manifested defect. The affected areas of the body look very weak. According to the above information, it has been explained that tuberculosis of the bone may result in a deformed spine (Lightwood et al. 1990:550). In this condition, if there is paralysis of the muscles on the one side of the spine, the normal muscle-tone or tension of the muscles on the other side, results in the spine being pulled sideways (Johnson 1994:88; Jolly 1990:221). It forms an "S" shape. The sitting position is very difficult for the patient. Many scoliosis-disabled are wheel-chair bound.
2.2.2.2.8 OSTEOREGENESIS

The physical structure of a person manifested with osteoregenesis, is more or less similar to that of dwarfism. The patient looks like a dwarf. Osteoregenesis is an inherited condition of imperfect bone formation. In this condition, the bones are abnormally brittle and subject to fracture. Therefore, such disabled persons have a weakly developed structure. They are normally short, the face is thin and long, with big eyes. According to Lightwood et al. (1990:538) these are the main features of the condition, which is characterized by fragile bones/cartilage bones/glass-bones. Concerning mental capabilities, the patient is quite normal.

2.2.2.2.9 RACHITIS

Rachitis (rickets or osteomalacia) is a disease found almost exclusively among underfed children. The first sign of rachitis is usually seen at the age of one or two years when the child should be adept at walking or toddling. During the crawling stage, the disease is not evident. In this condition, the child is seen to have retarded growth, thickened epiphyses, mostly at the wrist, spine and ribs, a deformed head and long bones, with a tendency towards greenstick fractures with the slightest accident (Keats 1972:34).

2.2.2.2.10 CONGENITAL CONDITIONS (BIRTH DEFECTS)

The following are examples of congenital conditions (birth defects): clubfoot; congenital amputees; extra digits and congenital dislocation of the hip.

Clubfoot: The common term used for this type of deformity is talipes. The term talipes is used for all deformities of the feet. The term is used to depict a condition where the foot is turned.

According to Lightwood et al (1990:549-550) the foot may turn inward (talipes varus) or outward (talipes valgus) or it may be in a position in which the disabled walks on his toes (talipes equinus). The disabled walks like a horse, because a horse walks on one toe.
Sometimes the toes may be turned up in such a way that the patient is forced to walk on his heel (talipes calcaneus). Therefore, any combination of these deformities may occur but according to Fishbein (1966:35, 1975:40) and Smith (1993:78), 75% of all clubfeet are turned inward and on the toes (talipes equinovarus).

**Congenital amputees:** This is a mysterious condition. The children are born without one or both arms or legs or with an arm or arms that have developed only as far as the elbow or palms of the hands, or with a leg or legs that developed only as far as the knee or the lower part of the limb, or with a foot, or hand or hands without digits (Johnson 1994:93-94).

**Extra digits:** The child is born with extra fingers and toes. This can easily be rectified by doctors by means of surgery. The removal of the extra digit can be done immediately after birth though it is advisable to wait until the digits are larger in size. According to Johnson (1994:93) the most crucial fact is that surgery must not be delayed unnecessarily.

**Congenital dislocation of the hip:** The main features of this condition are a shortened leg, a tilted pelvis, atrophy, depression of the buttocks and the characteristic limp. The abnormalities can be the result of a developmental defect such as the hip socket being too shallow with the result that the hip dislocates during, or soon after birth. What is the cause then? If the child is wrongly positioned in the uterus, a maldeveloped hip may result, (Lightwood et al. 1990:548-549). It is necessary for this condition to be corrected as soon as possible.

### 2.3 THE DEAF DISABILITY

The second common type of disability is deafness. Concerning this type of disability, it has been indicated in the introductory part of this chapter that the section deaf disability will be briefly discussed due to some similarities related to physical disabilities, such as occurrence and causes.
It is important to indicate that hearing disability is also caused by brain damage on the sensory part of the brain i.e. the hearing part. This part of the brain is called the temporal lobe (see Fig.2.1). In other words, hearing impairment may be described as a condition resulting from the impairment of the sense of hearing as a primary mode, to such an extent that it affects the everyday life of an individual.

2.3.1 OCCURRENCE AND CAUSES OF DEAFNESS

Deafness takes place during the following four stages. (These aspects have been discussed in the section on the physically disabled.)

2.3.1.1 PRE-NATAL STAGE

Auditory disabilities take place due to the following aetiologies/causes: hereditary/genetic factors, German measles rubella, syphilis, alcohol/drugs, medication, anoxia, haemorrhage and maldevelopment of the brain (Louw 1991:121).

2.3.1.2 PARA-NATAL STAGE

During the birth of a child auditory impairment can take place due to the following aetiologies/causes: anoxia, haemorrhage, a too quick delivery, birth forceps and drugs administered to the mother (Kapp 1991:330-332; Kirk & Gallagher 1990:303).

2.3.1.3 NEO-NATAL STAGE

This is the third stage in which hearing disabilities can take place due to the following aetiologies: anoxia, rubella and premature birth.
2.3.1.4 POST-NATAL STAGE

This is the last stage in which auditory disabilities can occur due to the following aetiologies/causes: head injuries, German measles/rubella, mumps, meningitis and encephalitis, high fever causing auditory impairment, certain medications can cause hearing loss and haemorrhage.

Manifestation of deafness will be discussed in the following stage of this research.

2.3.2 MANIFESTATION OF DEAFNESS

Manifestation of deafness affects hearing and speech. These are the major symptoms of deafness. According to Meij (1994:66) there is a connection between language, thought and intelligence. A deaf person struggles to acquire language, and abstract thought is difficult. A person with auditory disability finds it difficult to understand others. Meij (1994:67) states that deaf people reveal a strong tendency towards rigidity, and like to live a routined life. They are more dependent than other people and their emotional lives are superficial. The deaf seldom manifests venturesomeness and tends to stick to the known. This is a result of their inability to communicate, which contributes to inadequate social intercourse. They sometimes behave impulsively, they are emotionally characterised by temper tantrums, aggression and regression. Withdrawal into daydreaming occurs frequently.

Concerning the normative aspect of life, a deaf person finds it difficult to build up an understanding of moral codes of behaviour. Myklebust (1964:118) indicates that generally accepted ethical laws, norms and customs to the community, are not always understood by them. Myklebust (1964:118) further elaborates some more problems in social behaviour by stating that "... the finer nuances of social behaviour and etiquette, in particular are frequently lost on them. Concepts such as attitude and loyalty are difficult for them to understand."
In this regard, the deaf often feel left out, and their life experience is that of "loners in the masses". In their social intercourse they are reminded daily of their defect, because they fail to communicate in the Lebenswelt, and easily feel overwhelmed in company. In the Lebenswelt, it is interesting to note that the proper and normal sounds they produce are the laughter and crying sounds, with tears (Smith 1993:76).

2.4 THE BLIND DISABILITY

The third common type of disability is blindness, which refers to the inability to see or lacking the power of sight or the deprivation of sight. In other words, the individual is lacking in perception or judgement of whatever he/she is confronted with, making it difficult to trace what he/she is confronted with.

This condition has resulted from impairment of the sense of seeing. It is mainly caused by damage to the occipital lobe section of the brain, used for vision, (see fig. 2.1). Injuries that take place directly in the eyes also cause visual impairment.

2.4.1 OCCURRENCE AND CAUSES OF BLINDNESS

Blindism can take place during the four stages of life, which are similar to the physical and deaf disabilities. (These aspects have been discussed in the section on the physically disabled.)

2.4.1.1 PRE-NATAL STAGE

During the pre-natal stage blindness occurs due to the following causes: anoxia, genetic factors, haemorrhage, German measles, syphilis, the use of medicine and drugs during pregnancy and African medicine (Kisanji 1995:112).
2.4.1.2 PARA-NATAL STAGE

**Blindness** can take place due to the following causes: a too quick delivery and birth forceps (Paun 1991:360).

2.4.1.3 NEO-NATAL STAGE

During this stage of life, **blindness** takes place due to the following causes: German measles and malnutrition (Ysseldyke & Algozzine 1995:375-380; Smith 1993:70).

2.4.1.4 POST-NATAL STAGE

This is the last stage in which blindness can take place due to the following causes: German measles, occupational injuries, sports injuries, fighting/unrest, meningitis and encephalitis, old age, smallpox and African medicine (Hattingh et al. 1987:18-28).

2.4.2 MANIFESTATION OF BLINDNESS

Manifestations of blindness differ from one person to another to such a vast degree that a list of general manifestations or characteristics cannot be drawn up, and only certain characteristics will be elucidated. One of the most striking manifestations of a blind person is most certainly blindism. Examples of blindism are automatic, diffuse movements, the rapid to-and-fro movement of the hand in front of the eyes, or the rolling of the eyes in their sockets, or the rocking of the body and head backwards and forwards (Meij 1994:55). Blindism affects the social intercourse of the individual.

Another manifestation of blindism is verbosity. Thus, to compensate for their inability to see, they constantly try to verbalise their experiences. Their language is characterised by the usage of words of which they fail to understand the true meaning. Flights of imagination and withdrawal to a fantasy world occur frequently in blind people (Meij, 1994:55). This is probably the result of a feeling of social inadequacy and limited contact...
with the world or environment.

**Albinism**: is related to a visual disability. Albinism is included in the school for the blind according to the governmental education act. For example, 14 albinos were found in one class at Siloe School for the Blind (Imfama 1990:5).

Gwinn et al. (1994:220) indicate that albinism emanates from the Latin word "albus" meaning "white". Generalized albinism is caused by the absence of melanin, the dark brown pigment normally present in the human skin, hair and eyes. Albinism arises from a genetic defect resulting in the body's inability to synthesize tyrosinase, an enzyme that is necessary for the production of melanin. When the gene for the production of tyrosinase is absent and the gene for no production of the enzyme is present in a double form, albinism will result. Furthermore, Gwinn et al. (1994:220) state that human albinism is transmitted as an autosomal recessive trait. Generalized albinism occurs in all races.

**Albinism** is a hereditary condition in humans and other vertebrates.

**Manifestation of albinism**: In generalized, or total albinism, the affected person has milk-white skin and hair, though the skin may be slightly pinkish in colour owing to underlying blood vessels. Vision abnormalities such as astigmatism, nystagmus (rapid involuntary oscillation of the eyes) and photophobia (extreme sensitivity to light) are common. Albinos burn very easily in the sun and are thus more susceptible to skin cancers, Gwinn et al. (1994:220). Albinos are very different from most of the other members of their population group, especially where that group is normally very dark pigmented.

Disabilities have been discussed in detail. The fact is, the disabled do not exist in their own world or island but share life with other people in different communities, including the black community.
2.5 THE DISABLED PERSON IN THE BLACK COMMUNITY

There is a vast number of disabled people in the black community, which are partly accepted and partly unaccepted. Concerning the existence of the disabled in the black community, there are various myths and ideologies whose beliefs and customs are deeply rooted within the phenomenon of disabilities. A better and clear perception of their myths could be directed to the cause of disabilities.

2.5.1 CAUSES OF DISABILITY ACCORDING TO MEMBERS OF THE BLACK COMMUNITY

The following NINE examples are the most common and prominent beliefs of the causes of disabilities according to the researcher as a member of the black community (i.e. physical, deafness, blindness with albinism, Baloyi 1989:115).

(i) **Uncooked liver**: Marriage between cousins should be purified by eating the liver of a slaughtered cow or goat prepared for the wedding feast. It must be eaten raw to prevent disabilities occurring in their children.

(ii) **Pregnant women were not permitted to look at the disabled**: They believed that they would produce a similar child or even something worse.

(iii) **Laughing at the disabled**: The belief existed amongst the black communities that if one laughs at the disabled or ridicules them, one would be the next victim of disabilities. Male and/or female are not allowed to laugh at the disabled person.

(iv) **Witchcraft**: Many black people even today, believe in the influence of witchcraft. People believe that disabilities are associated with witchcraft.
(v) **Taboos:** Many black people believe in taboos. If one fails to respect any taboo, the child becomes disabled. There are many other beliefs which must, according to them, be adhered to.

(vi) **Many boyfriends:** According to African tradition if a girl has many boyfriends before she is married, and eventually marries, her first-born will be disabled.

(vii) **Divorced man:** If a man has divorced his first wife and remarries, the new wife is not allowed to use the property of the first wife. If they disobey, there is a possibility of producing a disabled child.

(viii) **Albinism:** Kromberg (1990:4) states that Negroes believed that an albino was the product of illicit relations between a woman and a gorilla or baboon. In black communities it is a result of adultery or a punishment for the bad deeds of the parents.

(ix) **Sexual intercourse with parents:** If a girl is molested by her father, there is a strong possibility that her child becomes disabled, according to the black community.

The above nine aetiologies of disabilities, clearly differ from the causes of disabilities as stated by various Western researchers such as Louw (1990); Meij (1994); Pohl (1980); Wamer (1990); Van Rensburg (1993); Gwinn et al (1994); Smith (1993) and many others, (see 2.2, 2.3, 2.4).

Thus, the occurrence and causes of disabilities according to their beliefs in the black community could influence their perception towards the disabled.

### 2.5.2 THE PERCEPTION OF DISABILITY BY THE BLACK COMMUNITY

Historically, the disabled were openly rejected among the black communities. It was a very strong and critical taboo, therefore disabled people were destroyed. This destruction was performed in a most cruel way. In some of the black communities the child was given
boiled water or pig's oil to drink in order to die. Some pulled out the umbilical cord. All types of disabled were destroyed.

The destruction of the disabled was caused by the rejection of the parents, the physical structure or appearance of the individual. The researcher has experienced that the black community sees disabilities first and the human being last. A disabled child is therefore perceived as an embarrassment, taboo, result of sin, a burden, curse, incompetent, has a discouraging future, demanding extra need, problems and many other negative perceptions (Ntombela 1991:15; Kisanji 1995:112; Trent 1993:33). It is usually not associated with blessings, talents or challenges in the community. It is also important to indicate that positive perception is rarely experienced.

In this regard, it is obvious that disabled people in the black community are confronted with a number of problems in their life arena.

2.5.3 THE PROBLEMS OF A DISABLED PERSON IN THE BLACK COMMUNITY

Disabled people experience a vast number of problems, more so than a non-disabled person. Problems are experienced by all types of disabled discussed according to this research. A number of these problems will be discussed.

2.5.3.1 THE BLACK COMMUNITY DESTROYED THE DISABLED IN THE PAST

All types of disabled children were destroyed. They could be blind (including an albino), deaf or physically disabled according to Kisanji (1995:113). This problem could bring various questions about their worth to the disabled when history is related to them. It is possible for them to hate their community or the world. It is also possible to reject themselves.
2.5.3.2 PROBLEM OF POOR SELF-CONCEPT

This is the fundamental problem the disabled are faced with. This is the most difficult condition of the individual's life and environment. The individual is threatened by the condition when inter-acting with community members of any age group. The concept of self-image is more critical during the adolescent stage, when the individual perceives many disadvantages of disabilities in his life (Maluleke 1992:18 Khosa 1993:25). In addition, the future seems dull, the disability becomes a stumbling block e.g. boys are afraid of an albino girl, or a blind with brown eyes, spina bifida or some bad congenital deformities. The condition encourages self-pity, a feeling of difference and the disability becomes a burden causing a feeling of embarrassment (Ntombela 1991:15; Kisanji 1995:113).

2.5.3.3 REJECTION PROBLEM

If a disabled is rejected in his environment, many problems germinate in the life of that disabled. Rejection strongly affects the psychological capability of the disabled person. Some are frustrated and become addicted to drugs. In addition, in Tzaneen, one disabled requested a non-disabled in the queue to buy him some stamps at the Post Office. He was told: "Hey, I have no time for cripples, do the cripple write letters!" This refusal caused the individual to condemn his disability and it increased the burden he carries about his disability. Dr W Rowland (a blind researcher of both white and black communities) states that the most painful memory in the life of the disabled is the feeling of rejection (Rowland 1993:3). They suffer from rejection more than from their disabilities and this often leads to suicide (Rowland 1993:3).

2.5.3.4 SOCIAL PROBLEM

In most cases, the social intercourse of the disabled in the black community becomes a serious problem. The disabling conditions are the major causes of problems in a society. Anti-social conditions prevent the disabled to participate in various areas and activities of
life such as free movement in the street, attending the mainstream schooling, even parties or celebrations of any kind. According to Meij (1994:86) this causes disobedience, unreliability, quarrelsomeness, rebellious aggression and nervous tension in the life of a disabled person. In general perspective this is also common in the black communities (Khosa 1994:30). It is also difficult for the disabled to enter into matrimony, because the disabled are afraid of non-disabled and non-disabled are afraid of the disabled. In other words, in most circumstances, it is not easy for the disabled to make friends or enter into meaningful relationships. This was proved in the research of Diamond, Le-Furgy and Blass (1993:215) when it came to light that a group of four-year-olds showed significant preferences for peers without disabilities as playmates, suggesting that they use a schema of normality or similarity to self in selecting playmates. It can therefore be perceived that the three components of attitude (cognitive, affective and behaviour) start functioning from the early stages of life.

2.5.3.5 MOBILITY PROBLEM

Most disabled people are home-bound, due to a mobility problem, concerning conditions such as insufficient conveyance and poor or non-walking ability. For example, it is not safe for them to move around at night or during the rainy season when the road or ground is muddy and slippery.

Furthermore, in black communities, for example, many blind people receive no mobility training or aid; walking disabled have no wheelchairs, calipers or crutches and the deaf disabled cannot hear the sounds of a vehicle approaching if they are not assisted by a hearing person or some kind of hearing aid. The condition of the disabled hampers the social aspect of their life and it is burdened further by the lack of able-bodied people to assist them, for whatever the reason may be. The National Council for the Blind (1992:12-14; 1994:21) emphasizes the importance of mobility rallies for the disabled in South Africa, including the black community.
2.5.3.6 TRANSPORT PROBLEM

A blind person cannot use public transport unaided, and a deaf person cannot hear the driver and that causes communication problems. A physically disabled person finds it difficult to use public transport with a wheelchair.

Furthermore, in the black community disabled are usually not accepted in public transport because of the delay they cause (Radebe 1993:14). For example, to verify the above statement, on January 4, 1995, when Miss Gerhard (although not a black disabled) was pushed out in her wheelchair at S.A. Express aircraft at Upington airport, she was told she could not occupy a seat due to her disabilities, (Sunday Times, January 22, 1995:5). This is exactly related to the report given by Radebe (1993:14) that many black disabled are left behind by buses and taxis due to their disabilities.

2.5.3.7 RECREATIONAL PROBLEM

Disabled people have a limited social aspect of life due to their disabilities. There are various games in the black community with which most of the disabled cannot entertain themselves, e.g. a blind or physically disabled cannot play tennis, football, do boxing or participate in many other games. The orthopaedic disabled could in some instances participate, depending on the degree of their disability and the requirements of the game. On the other hand most of the recreation centres in South Africa are not accessible to the disabled e.g. no space is provided for wheelchairs and no ramps built next to stairs/steps for access to buildings. According to Engelbrecht (1994:26) recreation is important to promote competition and excellency in the life of the disabled people.

2.5.3.8 SOCIO-ECONOMIC PROBLEM

Many disabled in the black community experience a socio-economic problem (Butler 1993:18). In some families the whole family uses the disability grant fund to support their families. Many of these families at some stage fail to give proper care or treatment to the
disabled. In most cases the treatment is unstable or interrupted.

Most of the disabled come from disadvantaged families. The researcher experienced the phenomenon during her 12 years' teaching experience with the disabled.

2.5.3.9 RESIDENTIAL PROBLEM

Most of the disabled have a residential problem. The current disability grant of R390 can hardly contribute to building a facilitated house, since they share this small amount with the family. This is exploitation of beneficiaries according to Clarke (1993:16). Another problem concerning the residing place is the buildings and surroundings which are not accessible to the disabled.

2.5.3.10 UNEMPLOYMENT PROBLEM

It has been indicated that whenever people see or meet a disabled, many people perceive the disabilities first, focusing on the many disadvantages, and then lastly do they perceive the disabled as a human being. People without disabilities are the first preference for job appointments and managers regard them as so called competent employees. Sacks and Pruett (1992:211) indicate that 80-90% are unemployed. Samuel Rivombo, living at Nkowankowa, obtained a distinction in Computer Science, but was repeatedly told by many employers that he is not competent, due to his disabilities, poliomyelitis and scoliosis. This type of discrimination was also criticized by Ramathlodi, the Premier of the Northern Province during the Provincial Legislature (1994:12):

"This country is notorious for discriminating against the disabled. The fact that most of our disabled can in fact perform certain jobs is, in most cases, ignored. As a result, many of our disabled people have been condemned to a twilight existence, depending on hand-outs. This should not be allowed to continue."
The term *notorious* indicates that the attitude is totally unacceptable. Furthermore this type of attitude condemns the existence of the disabled and the talents they have. Finally, as indicated by Hattingh, Harvey, Saayman and Van Jaarsveldt (1987:20): "Black employers avoid disabled people completely."

### 2.5.3.11 SECURITY PROBLEM

In most cases, disabled people cannot defend themselves. Their lives are in danger, because they cannot run away from danger. For example at Letaba After-care Centre, during summer time, a cerebral palsied woman was found twice with a snake in her dress. Some cases of sexual abuse were often discovered, where the disabled could not defend themselves during the act and later in the court. Female disabled are helpless against rape, especially the blind and the cerebral palsied.

To verify this problem, any reference can be consulted, although the research most probably did not take place in the black community. Pava, Bateman and Glascock (1992:399) give the following table in which six blind women were involved.

### TABLE 2.1 NUMBER OF PARTICIPANTS REPORTING PREVIOUS ATTEMPTED AND SUCCESSFUL ASSAULTS

<table>
<thead>
<tr>
<th>TYPE OF ASSAULT</th>
<th>ATTEMPTED</th>
<th>SUCCESSFUL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual harassment in the workplace</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Rape-sexual assault</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Physical battering</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Incest-child molestation</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Concerning the above table, most responses after a rape are fear and anxiety, depression, disruption of social functioning, problems in sexual functioning, suicide attempts, sleep disturbances, hostility, somatic complaints and obsessive-compulsive symptoms.
It should now be clear that lack of security is a major problem in the life of a disabled person.

2.5.3.12 EDUCATIONAL PROBLEM

Educational problems are commonly found in the black community schools for the disabled. There are many educational problems, but the following problems are found in ALL categories of the disabled (i.e. physical, deaf and blind):

- there are long waiting lists for admission;
- classes are inadequate which delays admission;
- number of remedial teachers is insufficient;
- insufficient mobility facilities, e.g. wheelchairs, many pupils are crawling;
- insufficient number of social workers, physiotherapists, occupational therapists, speech and hearing therapists, orthotists, specialist doctors and many other specialists relevant to this field; and
- poor existence of adult and self-help education amongst the adult disabled.

Some more educational problems are clearly listed by Bouwer (1987:68-73); Olivier (1986:31-63).

2.5.3.13 REHABILITATION PROBLEM

This simply means to restore a handicapped to useful life through education and therapy. This could reinstate their human dignity, with responsibility, in the society. The rehabilitation process is very poor in the black community. Mulholland (1992:151-158); Miller (1992:332) indicated the importance of the rehabilitation process in the life of the disabled people in the community. Professional health workers have a major role to play in this regard.
2.5.3.14 HOME VISITING PROBLEM

It is crucial to indicate that the disabled are lonely. During the experience of the researcher at the school for the disabled it was noted that many white people visited the centre, but the black community's people usually had no time to visit the disabled school and home centres, even the local church had no time to visit them.

2.5.3.15 PROBLEMS OF LACK OF GUIDANCE AND COUNSELLING

Various problems are experienced by the disabled such as rejection by parents, feeling of embarrassment, self-pity, regret of his birth, poor or negative self-concept, and there is a definite need for guidance and counselling in order to uproot and overcome such barricades within the life arena.

2.5.3.16 COMMUNICATION PROBLEM

Disabled people have communication problems, for example, most of them are not recognised in the black community. Most of the people are not prepared to listen to them, neither the government of the day nor other members at a meeting pay much attention to their points of view. Their marches or any action of demonstration that might be taken, are not effective. Mr Naidoo (Minister of Post and Telecommunications in the current South African Government of National Unity) has however recently (September 1995) indicated that the society must respect and accept the disabled people.

The second type of communication breakdown is based on speech problems. For example, a blind cannot see the person or the world he is communicating with; a deaf cannot hear, and most of the cerebral palsied, approximately 60% of them suffer from speech defects (Smith 1993:64).
2.5.3.17 **ABUSE OF THE DISABLED**

The term *abuse* is commonly used in the contemporary South Africa, which simply means to "misuse, treat unjustly or cruelly". In other words, it could be viewed as maltreatment or corrupt practice toward the individual child or adult.

Furthermore, according to this research, the term *abuse* is related to the term *exploit* which means to use a person to satisfy one's own needs or desires which constitutes a violation of that person's rights.

This cruel action is one of the major problems experienced by the disabled. It is experienced in various aspects of their lives, for example, in the family, the workplace and community at large.

Any negative attitude becomes a thorn in the flesh of the disabled. It also indicates the sophistication of the phenomenon *disability* in the life arena of a disabled person and in a society more especially in the black community.

**2.6 CONCLUSION**

In this chapter physically disabled, deaf and blind were defined. Occurrence, causes, manifestation and problems associated with their disabilities were discussed. The discussion brings a better perception on the essence of disabilities.

The following chapter is devoted to the attitudes and feelings towards the disabled person in general perspective.
CHAPTER 3

THE ATTITUDE OF PEOPLE TOWARDS THE DISABLED PERSON
ACCORDING TO LITERATURE

3.1 INTRODUCTION

This chapter deals with the ideology that all types of disabilities are found in ALL races and that ALL races uphold certain attitudes, albeit positive or negative, towards the disabled. The main aim of this chapter is therefore to determine with the help of literature what these attitudes are and the factors which may influence or determine such attitudes. To attain the general perspective of this research, it is therefore necessary to determine from literature exactly what is meant by attitude, and to determine from research findings what factors may have an influence on the attitude of people towards the disabled person. Furthermore, it is also of importance to investigate the lived experience of the disabled person to determine whether a negative attitude is experienced by him/her. In this regard, knowledge about attitude and the factors which may influence the attitude of people supply the background and will enable the researcher to compare the attitude of the black community with the attitude towards the disabled person in general. For example, Pava, Bateman and Glascock (1992:392) in their research found that in America, "... visually impaired women in the Seattle area have been victimized by either rape or attempted rape".

3.2 DISCUSSION OF THE PHENOMENON ATTITUDE

In the discussion of the phenomenon attitude attention will be given to the concept attitude as well as to the concepts related to attitude and the way that an attitude is formed.
3.2.1 THE CONCEPT ATTITUDE

The term attitude is in existence within the human nature. It is one's approach towards a specific situation, which indicates an opinion. According to Gwinn et al. (1994:687), the term attitude, in social psychological context, describes "...a predisposition to classify objects and events and to react to them with some degree of evaluative consistency".

Logically attitudes are hypothetical constructs, in other words they are inferred but not objectively observable. They are manifested in conscious experience, verbal reports, gross behaviour, and physiological symptoms. Furthermore, the quality of one's attitudes, is judged from observable, evaluative responses one tends to make. One might react to everyone of the same ethnic background with expressions of dislike, with derogatory comments, e.g. sometimes a disabled is given a derogatory name like "stupid". On the strength of such negative responses, one is said to have an unfavourable attitude towards a situation, person or object.

Some attitudes can be classed as bipolar, so named because the knowledge component of such attitudes contains information that is both favourable to (supports) and unfavourable to (refutes) the evaluation of an object. This means, regardless of an individual's evaluation of an object his or her knowledge about the object includes both positive and negative information. For example, if a person encounters a disabled, he/she might have a bipolar attitude towards the disabled, because his/her knowledge about the disabled consists of positive as well as negative information.

Another feature of bipolar attitudes is that they contain information that opposes the evaluation of the object, and people sometimes pay very close attention to information that contradicts their belief (Chaiken 1987:1387), this will motivate people to investigate the matter further.
On the other hand attitudes can also be unipolar, because the knowledge component contains only information that supports the evaluation of the object (Deaux, Dane & Wrightman 1994:152). For example if your knowledge about the disabled is limited, primarily to how disgusting they can be, your attitude towards the disabled is probably unipolar.

It is important to consider that attitudes held by others are not directly observable, they must be inferred from behaviour. While one might consult one's inner experiences as evidence of one's own attitude; only one's overt behaviour can receive objective study. Thus, investigators heavily depend on behavioural indexes of attitude, e.g. on what the people say, on how they respond to questionnaires or interviews. Therefore, the responses could determine the specific attitude of the people towards the specific situation or human being e.g. disabled. Apart from the above discussion, some researchers such as Bootzin, Bower, Crocker and Hall (1991:627); Morris (1986:85); Stuart and Walters (1991) viewed
"... attitude as one's thoughts and feeling about something."

The researchers clearly indicate the strong relationship between the two terms which are interwoven, i.e. attitudes and feelings.

The terms attitudes and feelings are closely related, more especially on its usage in the Lebenswelt, for example one's attitude can influence one's feelings and vice versa. Further elucidation of this statement indicates that attitude can also be explained as the internal frame of feelings which is revealed by external behaviour towards a specific phenomenon, where it can be towards a person, object, blindness, deafness, albinism, physical disability or any situation which reinforces attitude. Attitudal response can be positive, negative, or mixed, in other words these attitudes are habits of thought involving an association of values.

The phenomenon, attitude can be concluded by stating that each attitude is made up of a cluster of feelings (likes and dislikes) (Zur 1990:96-119; Deaux et al. 1994:53), and is
furthermore related to concepts like affective, cognitive and behaviour.

3.2.2 CONCEPTS RELATED TO ATTITUDE

There are some concepts deeply related to the phenomenon attitude such as feelings, affective, behavioural and cognitive. Researchers such as Lesko (1991:116); Baron and Byrne (1987:116); Tesser (1995:196); Vallacher and Nowak (1994:199-201) emphasized that attitude is closely related to the three components i.e. affective, behavioural and cognitive. According to the terminology used by the psychologists, it is called the A B C model of Attitudes. This model suggests that an attitude has three components (affect, behaviour and cognition) (Baron & Byrne 1987:116). In this regard, researchers are urged by theorists with the following statement:
"Please don't forget that the three are closely interrelated..." Baron and Byrne (1987:116).

(For more recent reviews on the concept attitude, consult Eagly & Chaiken 1993; Petty, Priester & Wegener 1994).

Although the concept feelings is not emphasized as part of the A B C Model, this research is related to researchers like Gwinn et al. (1994:714) who include the phenomenon feelings as a concept of attitude.

The FOUR concepts will be discussed individually.

3.2.2.1 FEELINGS

The term feelings is a verbal noun denoting the action from the verb to feel, which derives etymologically from the Middle-English verb felen, which means to perceive by touch or by palpation. Gwinn et al. (1994:715) put it clearly that 'feeling' in psychology, is the perception of events within the body, closely related to emotion. It simply means that, feeling goes with emotion. It means, more generally to perceive through those senses that do not refer to any special organ. In other words, it means the perception of events within
the body.

Psychologists disagree on the use of the term feeling. The preceding definition accords with that of the American psychologist, R.S. Woodworth (as referred to in Gwinn et al. 1994:715) who defines the problem of feeling and emotion as that of the individual's "internal state". In other words it is internal, on one's mind and one cannot predict or touch the feeling. It is only the individual who knows the feeling of negativeness or positiveness.

Many psychologists, however, still follow the German philosopher, Immanuel Kant, in equating feeling to states of pleasantness and unpleasantness, known in psychology as affect (Deaux et al. 1994). This is an internal subjective nature of feeling, i.e. internal sensitivity.

Concerning the study of internal sensitivity, the German psychologists, Wilhelm Wundt and Edward Titchener (referred to in Gwinn et al. 1994:715) suggested that the elementary psychological state, that makes up consciousness, such as sensations, images and feelings, can be observed and analyzed by experimentation.

Feelings are associated with emotions as indicated above. Concerning emotions, a milestone in the psychology of feeling was the American psychologist, William James' theory of emotion (Gwinn et al. 1994:715), which held that physiological changes precede emotion. This means that any of a number of extremely complex phenomena are a synthesis of subjective experience, expressive behaviour, and neuro-chemical activity. Emotion goes with bodily responses. Subsequent evidence indicates that the theory is essentially correct in that there is an internal sensory basis of feeling.

In conclusion, concerning the terms attitudes and feelings, it could be stated that they all deal with internal sensitivity, that is, attitudes originate from within and feelings also come from within.
3.2.2.2 AFFECTIVE

The affective (or emotional) component consists of the feelings we attach to a particular attitude, according to Lesko (1991:116). For example, prejudice is an attitude that is usually high in affect. You may have a strong dislike for a certain group of people, sometimes without even knowing why you feel that way, you just don't like them (e.g. dislike of the disabled).

On the other hand, Baron and Byrne (1987:116) state that the affective component refers to positive or negative emotions, in other words, it is our gut-level feelings about something. This is similar to what Lesko (1991); Petty, Gleicher and Baker (1991); Schwarz, Bless and Bohner (1991) indicated.

The concept affect is associated or intergrated with the concept behaviour as components of attitude in social psychology (Deaux et al. 1994:152; Callan, Galois, Noller & Kashima 1993:50).

3.2.2.3 BEHAVIOUR

According to Tesser (1995:196) the concept behaviour means an action. The question to pose now, is whether attitude shapes behaviour?

To clarify the relationship between attitude and behaviour, Tesser indicate that Wicker had challenged social psychology to show that attitudes predict and shape behaviour. Although some social psychologists indicate that attitude does not predict behaviour, strong support for the opposing viewpoint that attitude indeed predicts behaviour, is shared by researchers like Lesko (1991:116); Baron and Byron (1987:140) which state that without behaviour, attitudes become irrelevant whips.

At this stage, the research will look at the factors that determine the strength of the essential link between attitudes and behaviour.
For example attitudes specify that you don't like tea with milk or porridge with mopani worms in which case your behaviour will be to avoid these foods or to speak of it in a derogatory way to people who do like these foods. This can also be applied as a general attitude towards a child with physical disabilities. The general behaviour will be to either avoid children like these or to abuse them physically, mentally or emotionally.

Researchers such as Baron and Byrne (1987:116) indicate that research studies found that measured specific attitude indicate a high correlation with behaviour. Research studies that measured global and general attitude, however, found the correlations to be weak or negligible.

In conclusion, in order to predict overt behaviour from attitudes, it usually seems to be more effective to look at specific, narrow, and precise attitudes instead of general or global ones (Ajzen & Fishbein 1977; Ajzen 1991; Fazio, Sanbanmatsu, Powell & Kardes 1986). On the other hand Lesko (1991:116) finally indicates that the behavioural component suggests that if you had a certain attitude, you will be inclined to act in certain ways. It can be assumed that the behaviour of other people and the context in which it occurs, provide information about the presumed attitudes of people. The person's own behaviour provides information.

The cognitive component of an attitude which is integrated with affective and behaviour will now be discussed.

3.2.2.4 COGNITIVE

The cognitive component of an attitude simply means a belief (Lesko 1991:116; Tesser 1995:196; Callan et al. 1993:50; Deaux et al. 1994:152). It consists of what a person believes to be true. For example, if you believe that smoking does not cause lung cancer you will be partial to smoking. That is a cognitive component of an attitude. Whether or not it is actually true is beside the point.
On the other hand, Baron and Byrne (1987:116) state that the cognition component refers to the thinking and interpreting that go into forming or using an attitude. Theories of Lesko (1991) and Tesser (1995) are related to what Baron and Byrne (1987) postulate, in the sense that the belief that smoking does not cause lung cancer, is how one is thinking about smoking and also interpreting that it does not cause lung cancer. In this regard, the statement indicates that the attitude towards smoking is positive and not negative, because according to their belief, it is harmless. In the same way if someone believes that a disabled person is harmless and interprets the presence of the disabled as docile, the attitude of the person towards the disabled will be positive.

At this stage, the four integrated components of the term attitude have been discussed, i.e. feelings, affective, behaviour and cognitive.

Verplanken, Meijnders and Van den Wege (1994:505) postulate that "...the positive evaluation is based on a process of reasoning, which is cognitive, whereas the negative affective response is based on emotions which occur mainly without reasoning ... and attitudes guide behaviours."

The combination of the three components constitute specific attitudes and is useful to distinguish between favourable and unfavourable feelings (positive or negative feelings) towards the disabled person. The three components are called the STRUCTURE OF AN ATTITUDE (Callan et al. 1993:50). Theorists have illustrated the prejudice between black and white people in an INTRA-ATTITUDINAL STRUCTURE - A TRIPARTITE MODEL, which is used and modified by the researcher to indicate the structure of attitudes towards the disabled.
FIGURE 3.1 MODIFIED INTRA-ATTITUDINAL STRUCTURE - A TRIPARTITE MODEL

COMPONENTS OF ATTITUDE AND PREJUDICE

<table>
<thead>
<tr>
<th>COGNITIVE</th>
<th>BELIEVES DISABLED</th>
<th>NEGATIVE STEREOTYPE (belief)</th>
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<tr>
<td></td>
<td>ARE INFERIOR COMPONENT</td>
<td>TOWARDS DISABLED</td>
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<table>
<thead>
<tr>
<th>AFFECTIVE</th>
<th>DISLIKES DISABLED</th>
<th>NEGATIVE FEELINGS (feelings)</th>
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<td>===========</td>
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<td></td>
<td>COMPONENT</td>
<td>TOWARDS DISABLED</td>
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<table>
<thead>
<tr>
<th>BEHAVIOURAL</th>
<th>DISCRIMINATES AGAINST DISABLED</th>
<th>NEGATIVE ACTION (action)</th>
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<td></td>
<td>COMPONENT</td>
<td>TOWARDS DISABLED</td>
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In this model, prejudice is seen to be a negative attitude to specific outgroups. In this example, there is a strong correspondence between the three components of a prejudiced attitude. This illustration can be useful even when viewing one's attitude towards, any phenomena or situation like homosexuality, abortion, smoking etc.

At this stage, the question to pose is, do attitudes have functions? If the answer is yes, further investigation must be done to determine which functions do attitudes serve. Functions of attitudes will now be discussed. For the development of this research, it is essential to highlight that social psychologists have quite a lot to say about attitudes. Thus to the present information, the study will use the following organizational scheme of attitudes. Firstly on formation of attitudes and later on formation of an attitude by social learning and experience.

3.2.3 FORMING OF AN ATTITUDE

Although the A B C Model (par. 3.2.2) has indicated that attitude has three components, namely affective, behaviour and cognitive, any psychologist would in addition suggest
that babies enter the world with the ability to be influenced by the various aspects of life. Baron and Byrne (1989:117) give examples such as political references, racial hatreds or religious views which are transferred through the parents to their receptive children. According to their theory, such attitudes are acquired over a long period of time. But how, precisely, are they gained? What processes account for their formation and development? This research will now look at some process of attitude formation and development such as social learning.

3.2.3.1 FORMING OF AN ATTITUDE BY SOCIAL LEARNING

Learning of attitudes, is a large part of socialization, which simply means acquiring attitudes from others. In other words it is a two way process. Lesko (1991:116) views socialization as a

"... behaviour pattern, anticipatory set or tendency, predisposition to specific adjustment to designated social situation, or more simply, a continued response to social stimuli."

Other definitions of socialization are:

"The acquisition of the norms, roles and behaviours expected of people in a particular society" (Weiten 1992:653).

"The process by which children acquire the attitudes, values, abilities and behaviours that are considered desirable or appropriate by their family and their culture" (Biehler and Hudson 1986:699).

Le Roux (1993:14) gives a more detailed definition by stating that socialization is the process during which the value, socio-moral norms (rules of life), attitudes, philosophy of life, social skills, knowledge and culture of social groups are transmitted to the individual, and are acquired and upheld by him, with the result that he learns to behave in a socially acceptable manner and to participate effectively in social groups.
According to Lesko (1991:116); Wieten (1992:633); Biehler and Hudson (1986:699); Le Roux (1993:14) the term socialization is associated and interwoven or embedded with the following terms: norms, behaviours, cultures and attitudes. Through these terms, social learning takes place, where for example one learns from his/her culture through social learning, also acquired from friends or peergroup and from the community at large. Furthermore students and theorists who have concerned themselves with an attitude apparently agree that they are acquired out of social experience through learning and provide the individual organism with some degree of preparation to adjust, in a well-defined way, to certain types of social situations if and when these situations arise (Lesko 1991:117).

At this stage, the most important questions to pose are WHERE and HOW children learn social attitudes?

Through social learning, children get their attitude in the Lebenswelt. They get it from all walks of life i.e. parents, teachers, media, friends and acquaintances (Baron & Byrne 1987:117). Ysseldyke and Algozzine (1995:501) however indicate that people hold social values, opinions and beliefs which are extended to their children i.e. the general social climate to national and international.

The question WHERE does social learning take place has been addressed. Now the last question to pose is HOW does social learning take place?

This type of question is answered by psychologists like Baron and Byrne (1987:118); Mwamwenda (1994:203; 1995:185) and others, who have identified and described at least three main processes that play a role in this regard: Classical conditioning, instrumental conditioning and modelling conditioning. The three processes will now be discussed.

CLASSICAL CONDITIONING means learning by association. According to Mwamwenda (1995:184), Ivan Pavlov, a Russian psychologist, is credited with having developed a learning theory known as classical conditioning.
For a better perception of the process, Baron and Byrne (1987:118) give an example of a child's first encounter with wabble. The child doesn't know what wabble is so she asks her mother about it. The mother frowns or acts upset while answering. The odds are that the mother's negative emotions will be noticed by the child, who will then develop a negative association to wabble. As the child grows up, that negative attitude towards wabble may continue.

It is essential for this research to indicate that wabble can be substituted by various phenomena of life that can show whether attitude has a positive or negative association for example, snake, scorpion, ghost, ice cream, meat (beef), blind, deaf, crippled, boycott, strike or certain T.V. programmes.

As stated earlier, parents have the potential power of parental attitudes in shaping children's attitudes by classical conditioning. Parent involvement in this regard is emphasized by Ysseldyke et al. (1992:327 - see Skinner 1938, 1953 who supported the thought of classical conditioning).

Instrumental conditioning will now be discussed.

**INSTRUMENTAL CONDITIONING** is also called operant where an organism is instrumental or solely responsible for generating a reward for its activity or behaviour according to Mwamwenda (1995:190). For example, a father who is a member of either the Inkata Freedom Party (IFP), National Party (NP), African National Congress (ANC) or any political party in South Africa, may praise his son for claiming to be a member and he may punish his son for expressing contrary views. Another relevant example is a family which believes in the Christian Philosophy and its dogmatics, they will praise their child for living a Christian lifestyle, but will frown upon him/her choosing another lifestyle (e.g. devil worshipping).

Techniques such as punishment and rewards are employed by the parents on siblings in order to shape their attitudes on many issues.
The last conditioning is modelling which will now be discussed.

**MODELLING CONDITIONING** refers to learning by observation. According to Baron and Byrne (1987:118); Seifert (1990:164) in this process, parents are sometimes trying to influence their child's attitudes directly, they may be setting examples to the child in order for him/her to imitate the parents. Some psychologists prefer to call this process **modelling** rather than **imitation**.

It could be concluded that parents are not the only group involved in teaching of attitudes. This type of learning takes place in churches, schools, through mass media (e.g. negative attitude towards murder, crime, car hi-jacking in the contemporary South Africa), and from the community in general. According to Lindgren and Suter (1991:76) the social psychologist, Albert Bandura, played a leading role in the study of human behaviour when he addressed the topic of social learning in his writings of 1963 and 1977.

In conclusion, Mwamwenda (1995:204); Seifert (1990:166) give factors or elements facilitating social learning. These are attention, memory, motor skills, reinforcement, identification, the status of a model and a naturant model.

According to this research formation of attitudes through social learning is a very long sophisticated process challenging a number of psychologists by bringing many factors facilitating this social learning process such as definitions, where and how it takes place in order to form attitudes.

It is not only the social learning process which constitutes attitudes. Attitudes are also formed or constituted by experience. Forming attitudes by experience will now be discussed.
3.2.3.2 FORMING OF AN ATTITUDE BY EXPERIENCE

So far, an attempt has been made to indicate how social learning influences the attitude of children or people in general. It is obvious that people also form attitudes as a result of their own experiences. They actively draw conclusions or make generalizations based on what has happened to them. Attitudes are formed by direct experience.

According to Verplanken et al. (1994:508) the level of experience and contact is strongly related to the emotional component of attitude, as well as to knowledge. In other words experience may increase knowledge. For example, through experience, a person may gain more insight into the problems and needs of visually, physically and aurally impaired people.

Attitudes are considered to be heuristic - that means, cognitive strategies for processing information. In this regard information is available (information overload) then it is reduced through attitudes. Cock (1990:10-20) indicates that a given social group can be stereotyped and the sharing of the same characteristics is classed as heuristics.

At this stage, the question to pose is, do attitudes have functions? If the answer is yes, it must also be established which functions do attitudes serve. Functions of attitudes will now be discussed.

3.2.3.3 FUNCTIONS OF ATTITUDES

Callan et al. (1993:51) indicate that there are theorists who believe that people hold and express particular attitudes, because they derive psychological benefits from doing so. Katz (1960:163-204) postulate four functions:

- instrumental,
- ego-defensive,
- value-expressive, and
- knowledge.
This is clearly explained by Callan et al. (1993:52). Attitudes may serve an instrumental (utilitarian, adjustment) function in that a person may adopt a positive attitude towards someone or something, because it helps him achieve a desired goal or meet specific needs. The ego-defensive function helps us to protect ourselves from acknowledging basic truths about ourselves or the harsh realities of the world we live in. The value-expressive function is served when people derive satisfaction from expressing attitudes, appropriate to their personal values and to their self-concept. The knowledge function of attitudes organises our perceptions and beliefs about the world. On the other hand the theorists also highlight the fact that these functions are by no means exhaustive. Moreover, they may change from one attitude to another, so that they should be taken only as a guideline (Callan et al. (1993:52).

On the other hand, Herek (1990:285) identified the following functions:

- experiential-schematic (knowledge),
- social expressive (social support for one's attitude),
- defensive (ego-defensive), and
- value-expressive.

According to Snyder and De Bone (1985:586) the above-mentioned functions of attitudes, may be the force of determining people's choices concerning certain products, or of their individual personal characteristics.

3.2.3.4 MEASUREMENT OF ATTITUDES

Psychologists have developed many methods of measurement, all designed to tap people's underlying attitudes towards various objects and issues in their environment (Deaux et al.1994:146), Ellyson & Halberstadt 1995:72-76). Attitudes can be measured by means of using scales, such as the Likert scale and the semantic differential technique (Wiggins, Wiggins and Van der Zanden 1994; Callan et al. 1993:52; Deaux et al. 1994:146; Louw 1991).
3.3 ATTITUDES AND FEELINGS OF PEOPLE LIVING WITH THE DISABLED

The disabled do not live in an isolated community, but have to share life around them with people who are not physically handicapped.

3.3.1 FAMILY LIFE

A disabled person originated from a family. It is therefore necessary to give a definition of family. According to Gwinn et al. (1993:673), a family is a group of people united by the bond of marriage, blood, or adoption, constituting a single household, and interacting with each other in their respective social positions of husband and wife; mother and father, son and daughter, brother and sister.

Furthermore, a family, in the simplest terms, is the union of a man and a woman, always from different lineages and not related by blood, along with their offspring, usually living in a private and separate dwelling. This type of living arrangement more especially known as the nuclear family, is believed to be the oldest of the various types of families in existence. In the family there are socio-economic aspects. The family performs various valuable functions for its members on the economic side. It provides food, shelter, clothing and physical security for its members. A responsible family understands this role. According to Maslow's hierarchy of needs, these needs are called fundamental or basic needs or physiological needs which are the strongest and the most demanding to satisfy. Maslow's followers like Lamprecht (1990:26) and others emphasize the power of human needs.

Research into the families of the disabled suggests that the advent of a child with disabilities will cause far-reaching effects on the father, mother, siblings and the family's relationship with the outside world. The views of Dunlap (1979) and Featherstone (1980) are involved in this research.
The question is whether the families of disabled people are providing them with these basic and essential needs. This is a difficult or involved situation to evaluate, since literature reveals that the birth and the presence of a disabled child is a stressful event for a family. It creates a crisis for the family. Expectations and hopes for a healthy, normal baby are shattered. Parents and other family members are confronted with a traumatic and unexpected situation which upsets the equilibrium of the family life and causes at least temporary or permanent confusion. Viewers like Eisenberg, Sutkin and Jansen (1984:39); Goldberg (1980:33-40); Kennell and Klaus (1982:24) emphasize the stress experienced by the parents and other family members. Lewis (1986:235) states that the raising of a handicapped child is a source of prolonged stress and sorrow for the family. Siblings of the disabled child are brought up in an environment in which the practical and emotional availability of the parents are decreased.

This is an international phenomenon as revealed by numerous researchers like Baxter, Cummins and Polak (1995); Sloper and Turner (1993); Baxter and Cummins (1992) who reported on family stress caused by disabled children in Australian families. Shulman (1988:125), a researcher at Tel Aviv University, reveals that the presence of a handicapped child in an Israeli family, is often a source of prolonged crisis and stress. Wilker, Watson and Hatfield (1987:63-70) of America contend that chronic sorrow may exist in families with handicapped children. In the United Kingdom researchers came across parents of the disabled who have felt very isolated and unsupported (Steward & Pollack 1991:241).

Lys and Pernice (1995:36) also indicate that the international attitude according to their research shows that a significant proportion of parents reported that children with disabilities made home-life stressful and restricted the recreational activities of families. Stewart and Pollack (1991:243-245) conclude by stating that the presence of the disabled in the family, causes parents to emerge on the attitude of numbness, denial, anger, guilt, sadness and despair, feelings of loss and selfpity, (Burden 1980:111-125; Silverman & Stacy 1989:19).
According to numerous researchers, it is concluded that disabilities are associated with stress, prolonged crisis, sorrow or chronic sorrow. This situation indicates that the on-going demands of raising a disabled child place a heavy burden on parents, increasing feelings of stress and frustration. In other words, disability is something, or a phenomenon which is not nice to appreciate. It is a discomforting state of life, according to this research. Life experienced in this family is not the same as any other family without members with disabilities. These are special families with special children (special family members).

It is crucial to highlight that the role played by the parents is far more important than that of the other members of the family. This leads one to the conclusion that if the parents reject the child, the family members will probably also reject him, and if they accept the child, the whole family will hopefully also fully love, accept, understand and respect the child.

To comprehend the different attitudes of the parents towards their disabled child, Yacoob (1983:50) indicates that "... it is necessary for us to look at these attitudes very carefully and examine as scientifically as possible, how they arise. It is not enough simply to criticise people for holding negative attitudes."

In general everyone experiences stress, but parents of the disabled child will have a unique experience of stressors, e.g. frustration, conflicts, and pressures. Furthermore, according to Coleman, Butcher and Carson (1984:14) there are factors influencing the severity of stress, i.e. the nature of the stressor. This depends on its importance, duration, cumulative effect, multiplicity and imminence. Stressor patterns are unique and change on a continuum from chronic to acute.

It is a dangerous situation if the parents fail to address the effect of the disabilities of their own child on themselves, as parents, because anxiety and stress affect the whole personality of an individual. Personality, according to Burger (1993:3) is regarded as consistent behaviour patterns originating within the individual. It focuses on the
individual's behaviour. In other words anxiety and stress damage all aspects or spheres of one's life experiences. In this regard Walton (1993:107) indicates that it is important that counsellors become aware that one of the greatest services they can render to parents of disabled children is to assist them in developing stress management techniques and coping skills. Many researchers like Beckman and Pokomi(1988:55-56); Breslau and Davis (1986:309-314); Hutinger (1988:36-39) attempt to focus chiefly on stress, experienced by the families with disabled.

3.3.2 ATTITUDES AND FEELINGS OF THE FATHER TOWARDS THE DISABLED

The father is the head of the family, who keeps order in the family. Even in the polygamous family, he has every right to discipline. His responsibilities include the following:

- His major task is to support his family.
- His task is to fix houses or the kraal or any task assigned and faced with.
- Disabilities of his child prevents him from getting any assistance with daily tasks from his child. Moreover care of the disabled is expensive, which may affect home management (Khosa 1988:16). Disabilities could affect the high expectations of the father and his role in the family concerning financial or economic role.

Furthermore, the presence of the disabled in the family does not promote pride in his family and surname. Hadadian (1995:118) in his research of the deaf, indicated that some fathers actively refused to participate in his study in New York. Further analysis revealed a negative attitude towards deafness according to Hadadian (1995:188). Stewart and Pollack (1991:145) in the United Kingdom also indicated that "...we know of a father who will not acknowledge that he has a handicapped child to anyone outside his immediate family."

It is important to indicate that disabilities can influence the attitudes and feelings of the father towards the disabled child. In turn the father's attitudes can also influence that of the family as well.
According to Hutt and Gibby (1975:301-305) there are THREE types of parental attitudes, i.e.

(i) the accepting parent
(ii) the disguising parent
(iii) the denying parent.

Furthermore Spock (1980:41-45) gives a summary of V.S. Sommers of Columbia University who distinguishes FIVE different categories of parental attitudes, namely:

(i) Acceptance of the child and his handicap/disability
(ii) Open rejection of the child
(iii) Disguised rejection of the child
(iv) Ignorance of the handicap/disability
(v) Over-protection.

The above categories of parental attitudes are found in both parents (father and/or mother) of a child with any disabilities.

3.3.3 ATTITUDES AND FEELINGS OF THE MOTHER TOWARDS THE DISABLED

The father is not the only person playing a special role in the family, the mother also has a role to play. Her role differs from the father's role because she is not the head of the family.

Various roles or activities are expected from the mother. If the mother fails to give birth to a normal child, in most cases the father openly rejects such a disabled. South African researchers such as Leary and Verth (1995:83) highlight that a number of authors have commented on the increased incidences of marital disharmony and breakdown. They indicate a 33% incidence in their study.
A disabled girl will be unable to help in the field to clear weeds, more especially the physically and the visually impaired will find it difficult to help the mother. Sometimes a disabled girl might fail to clean the house and cook as is expected from her.

Leary and Verth (1995:85) revealed that 100% of the mothers, felt that domestic management was complicated by the child's handicap and that day-to-day care was extremely time-consuming.

The social aspects of the mother could be affected, she becomes home-bound and looks after her disabled child and fails to fulfil some of her responsibilities. Weisner, Beizer and Stolze (1991:648) state that some of the mothers felt that their child's needs prevented them from seeking outside employment, and also state that social outings of any kind were precluded.

The most important role of the mother if there is a disabled child in the family, will be to take care of her disabled child. She is compelled to wash napkins of a child who does not have control, like a spina bifida case or a severely disabled child or a disabled child who is chronologically old but mentally immature. However there are some indications that perceptions of severely disabled children tend to be more negative than those of children with less severe disabilities (Yuker 1988:220).

Leary and Verth (1995:87) verify constraints and hard labour faced by the mothers of the disabled. According to their research 59% of the mothers are single parents.

It is important to stress that the mother's attitudes and feelings towards her disabled child largely dictate the attitudes and feelings of the rest of the family, if she is positive about the whole situation, it will also positively influence the rest of the family (Helmstetter, Peck & Giagreco 1994:263-276).

Finally, Spock (1980:42) writes:
"... some physicians feel that the mother is usually more able than the father to accept the child and the problems of his disability ... carries daily responsibilities of the child's care
... the father acts impatiently with the mother or the child."

3.3.4 ATTITUDES AND FEELINGS OF SIBLINGS TOWARDS THE DISABLED

Siblings who are still young, need guidance and counselling to accept their disabled sibling, various factors could influence their attitudes and feelings.

Researchers in this field tend to focus on the ways in which disabilities influence the attitudes, behaviours and feelings of their siblings. Thus both negative and positive influences were identified in literature. The relationship between the disabled and siblings is either positive or negative i.e. reciprocal influences.

For a sibling to come to terms with the presence of a disabled brother or sister, is very difficult. Studies have outlined the emotional problems and the difficulties of siblings of the disabled. They find it difficult to establish a self-identity with a disabled sister/brother. It originates in associating with the disabled who permanently lives under the same roof as the sibling. Breslau (1982:85); Gath (1974:188) also indicated the self-identity problem among siblings. This paradigm could be worse during the adolescent stage of the siblings by means of developing continuous questions without answers.

Senapati and Hayes (1988:17) indicated that Kirkman (1984c) reported in his research that many siblings recollected negative experiences such as embarrassment, shame, anxiety and self-doubt. These feelings and attitudes, according to this research, result in a poor self-image.

This study reveals that siblings are also affected by the high degree of dependence of the handicapped child. It means that when there is a disabled child in the family, the sibling's role is altered. Seligman (1983:521-529); Roe (1986, 1988:39) add that siblings may have to assume more responsibility than other children of their age. Therefore they may experience, more anger or guilt than siblings of normal children or may fear that they, too, may become disabled. Increased responsibility placed on siblings of disabled children/people by parents, often leads to a negative attitude. In most cases, however,
the oldest female sibling often experiences the heaviest responsibility as regards caring for the disabled child in the family.

Parents also reported their own experiences with siblings of the disabled. According to Lloyd-Bostock (1976:325) parents experienced and reported that siblings show resentment at the amount of time and effort required in the care of a disabled brother or sister, which manifests as shame, withdrawal, nervousness and poor performance at school. They indicated concern over children's behavioural disorders and their disturbed relationships with peers, as well as with their disabled brother/sister. Kirkman (1984c:22) discovered that forty percent of her sample considered that the presence of a disabled brother/sister adversely affected their interpersonal relationships and academic achievement at school.

As a researcher, it is important to emphasize that siblings need guidance clinics to survive the barrage of problems they experience, because it is possible that behavioural disturbances result in fighting and delinquency. This could distort the future of the siblings (Ambron 1988:210).

It is not always the case that siblings have negative attitudes and feelings towards their disabled brother/sister. A positive influence can evoke a positive attitude.

From the personal experience of the researcher and evidence from a number of studies it was concluded that some siblings display a positive attitude towards their disabled brothers/sisters with well-adjusted behaviour. To mention a few, Senapati and Hayes (1988:35) mention the following researchers as pioneers of this topic: Cleveland and Miller (1977); Kirkman (1984a); Lloyd-Bostock (1976). In addition, the study by Cleveland and Miller (1977) reports that some siblings and disabled children demonstrated flexibility and successful adaptation to situations that arose in relation to living and growing up with a disabled brother/sister (Kirk, Callagher & Anastasiow 1993:31; Warren 1985:227).

There are also views of parents on this positive issue. Parents indicated that siblings of the disabled were rated as more supportive and less aggressive than siblings of the non-disabled. Cleveland and Miller (1977:31-41) investigated the career choice of adult
siblings of the disabled. According to their record the majority of siblings reported that their adult life career choices were not affected by the experience of growing up and living with a disabled sister/brother.

Ambron (1988:212) indicated that researchers classified siblings in large families, into seven types. This classification will help in the perception of the various attitudes and feeling of the siblings.

**Type 1:** The responsible child, usually the first-born, acts as surrogate parent, taking on parental responsibilities and contributing to the child's security, sense of belonging and acceptance.

**Type 2:** The popular and the second one; usually the second-born.

**Type 3:** The social butterfly who tries to gain recognition outside the family - usually the third, fourth and fifth born.

**Type 4:** The serious sort who tries to gain recognition through doing well at school.

**Type 5:** The social or anti-social one who withdraws from competition in the family, spends time away from home and refuses to participate in family activities, but not for the sake of recognition.

**Type 6:** The one who withdraws from the family so as to avoid responsibility.

**Type 7:** The one who is chronically ill, has physical defects and uses his problems to gain favour.

Although there are various types of siblings, the fact is, according to Ellios (1988:20), the needs of the disabled child are for basic psychological stability and intimate relationships. All children need a stable relationship.

This particular situation has serious implications for siblings who often bear the brunt of the stigma in the community. There are many examples of children who suffer teasing and even bullying, because of the handicapped brother or sister, according to Stewart and Pollack (1991:245).
3.3.5 ATTITUDES AND FEELINGS OF THE GRANDPARENTS TOWARDS THE DISABLED

In most communities, the grandfather is regarded as the root who gives wisdom in the family.

The grandmother is also an important family member. In this situation, they are expecting help from their grandchildren. If the child has disabilities, the condition will prohibit and limit him in performing any given task. These limitations discourage the grandparents. Grandparents will be unable to relate old stories to the deaf and dumb grandchild. Grandparents believe that the disabled child embarrasses the family, because that was the custom according to the old approach and old people like to stick to their culture and its history.

Grandparents can be classified as relatives but not as parents of the disabled. According to Weisner et al (1991:648) 64% of mothers received no help at all from relatives outside their immediate family circle.

3.3.6 ATTITUDES AND FEELINGS OF RELATIVES TOWARDS THE DISABLED

After the birth of the child, the relatives are expected to provide moral support to the parents of the disabled or the family as a whole, including the siblings. After the birth of a disabled child the family is confronted with different circumstances to which not only they but also their relatives must adjust. Since the family is shocked, literature reveals that the relatives experience stressful emotions from the parents of the disabled. Bleck and Nagel (1984:216) list the following: anger, grief, feelings of shock, feelings of guilt and feelings of embarrassment, which is a social reaction to what the parents think other people are feeling. These types of feelings affect the social relationship with relatives, and the relationship becomes limited, with some gossip which might reach the parents. According to this report, the disabilities of the child affect the personality of the parent. The personality might be permanently affected. According to Frantz (1960:455)
personality may perhaps be best conceived as the product of an interaction between the person and the situation.

The personality of some of the relatives is also permanently affected by the disabled assuming that it occurs in their families and that it might become a hereditary factor. Some relatives sometimes stop visiting the family, believing that the family is cursed. Some relatives believe that the disabled child is used as nightwitch or used for witchcraft purposes (Khosa 1988:42). Weisner et al. (1991:648) have already indicated that 64% of mothers received no help at all from relatives. This reveals a low self-esteem towards the disabled and their parents.

3.3.7 ATTITUDES AND FEELINGS OF THE COMMUNITY TOWARDS THE DISABLED

The relationship between the disabled and members of the community differs according to individual convictions. Individual convictions complicate the general view of individuals, since not all people view situations the same way.

There are many underlying factors which influence various attitudes and feelings, for example personal contact and experiences, sex, status, poverty, age, culture, environment and Christianity or religion (Kisanji 1995:109-115; Calvez 1993:418-423). According to the experience of the researcher observed over a period of 16 years the conclusion was reached that the disabled are always the centre of attraction in a black community (Baloyi 1989:86). Not only have the disabled been in existence since time immemorial, they are as ever present today and remain a continuous inexplicable occurrence. People still have many unanswered questions about disabilities. People of the community always hope disabilities will not occur in their families and very often steer clear of families with disabled children for fear of being affected.

The community believes that "... the capacity to produce a normal child, a healthy baby is psychologically and culturally important. Consequently, when an abnormal child is born, parents perceive themselves
as inadequate and failures and regard the events as both a personal and cultural tragedy" (Gottlieb 1972:18).

The proposition cultural tragedy conceals the true essence of the meaning of what disabilities are in the family and in the community.

On the other hand Nelson (1988:19) indicates that
"... a community would never voluntary choose to have a large number of people who are poor, disabled or old."

This means that disabilities are usually not accepted in the community. It is not a prestigious or desired condition in the community.

3.3.8 ATTITUDES AND FEELINGS OF THE COMMUNITY TOWARDS THE DISABLED AS INFLUENCED BY RELIGION

It is important to indicate that attitudes towards the disabled people cannot be appreciated or even understood without an understanding of their religious life. People practise religion for several reasons. Furthermore, religions that acknowledge only one true God are monotheistic and a religion that has a number of deities is polytheistic.

The World Book Encyclopaedia Vol 16 (1990:216) states that for many people, religion is an organized system of beliefs, ceremonies, practices, and worship, central to the one Supreme God or the Deity. "For many others, religion involves a number of gods, or deities or human beings related to that which they regard as holy, sacred, spiritual, or devine."

Worship is probably the most basic element of religion. To add to the above statement, The World Book Encyclopaedia Vol 16 (1990:217) indicates the chief characteristics of religion as:

- belief in a deity
- a doctrine
To elaborate on the factors above, Christianity could be used as an example. A Christian might view a disabled person as God’s creature or gift with value and therefore, worthy of living (Kisanji 1995:118). The non-Christian might view God as being unfair, because of the creation of the disabled or that He allowed it to happen. It is sometimes viewed as a curse or punishment to the family. In the light of the above, it is essential to stress that the attitude of the black community towards the disabled cannot be appreciated or even understood, without an explanation of the black community’s religious life.

3.3.8.1 RELIGION IN BLACK COMMUNITIES

Willie (1949:20-72); Mönig (1978:43-339); Junod (1962a; 1962b) researched the different cultures in South Africa and wrote extensively about all aspects of the life of the black people, including their religion.

Among black communities there are two main religions which dominate, namely the first group who call themselves Christians or followers of Christ, and who worship God, called ELOHIM / JAHWEH / EL SHADAI in Hebrew and OEOS / 0EOS in Greek. The second group worships their forefathers (gods) which means that there is more than one person to be worshipped. This group participates in ancestor worship. In general, ancestrolatry among the black South Africans, according to Junod (1962a:373-374); Baloyi (1989:86-90); Maluleke (1990:48); Khosa (1990:16) stem from the idea that every human being becomes a god after death. There are consequently many of these categories. The two great categories of gods are those on the father’s side and those on the mother’s side. According to them, each family has two sets of gods. The dominating ideology in this group is witchcraft. On the other hand, however, there are some people who worship both God as well as the gods (the forefathers). This is a dual relationship.
According to the ancestor worshippers, the ancestors have power over life and death, over poverty and prosperity, over sickness and health, including all handicaps (Khosa 1990:26). On the other hand the Bible indicates God's punishment in the Old Testament and the New Testament. The Lockman foundation (1992:142) gives the following verses indicating God's punishment: Genesis 4:13; Isaiah 10:12; Jeremiah 9:25; Hosea 4:14; Amos 1:3; Matthew 25:46; II Corinthians 2:6; Hebrews 10:29; Jude 1:7 and Revelations 3:18. Furthermore Lane, Mikhail, Reizian and Courtright (1993:246) found in their research that people without disabilities believed blindness or disabilities to be caused by God.

Self-directed questions often take place among all groups of religions (Christians and non-christians alike). Many people, especially in the black communities are asking themselves: "Why did disabilities happen to my family?" They are emotionally affected by the presence of a disabled family member, because

- Disabilities are regarded as a result of sin and also a curse from God or the gods (forefathers).
- Disabilities disturb their fellowship with God or the gods. Some are discouraged in their religion, but on the other hand some are encouraged by the hope that a healing miracle might happen (Baloyi 1989:84-88).

### 3.3.8.2 THE ROLE PLAYED BY WITCHCRAFT IN ATTITUDES AND FEELINGS TOWARDS THE DISABLED

Gwinn et al. (1993:175) define witchcraft as the human exercise of alleged supernatural powers for the anti-social, evil purposes (so-called black magic). Male and female are involved in witchcraft (sorcerer or sorceress).

Witchcraft has long been in existence. In ancient Greece witchcraft is mentioned as early as Homer. Gwinn et al. (1995:715) indicate that the Bible contains a number of references to witchcraft like the notable example of the so-called Witch of Endor consulted
by King Saul (1 Sam. 28). From the late Middle Ages to the early eighteenth century, vehement opposition to witchcraft was demonstrated throughout Europe in public "trials" and executions of sorcerers and sorceresses, conducted on the basis of the Biblical injunction: "You shall not permit a sorceress to live" (Ex. 22:18). Many of those who denounced these measures, pointing to psychological factors at the root of alleged evidence, were themselves burned at the stake (Gwinn et al. 1995:715). Belief in witchcraft was taken to Colonial America by English Settlers and resulted in a prolonged witch trial in 1692 in Salem. In the nineteenth and twentieth centuries the worldwide phenomenon was the subject of extensive anthropological investigation. Evidence of witchcraft is also found in literature of which Shakespear's *Macbeth* can serve as an example.

Various people of various groups believe that disabilities are caused by witchcraft, i.e. parents of the disabled, siblings, parents of non-disabled, youth, old people, the disabled, even some of the professional group believe in witchcraft (Groce 1990:3; Kisanji 1995:117).

In the black community, disabilities are associated with witchcraft. It is believed that the mother has been bewitched or the mother is a witch and that she wants to use the disabled for witchcraft purposes (Eni 1993:64; Khosa 1990:20).

It is important to conclude by indicating that witchcraft is not part of religion, it is the individual or family magic.

### 3.3.9 THE INFLUENCE OF TRADITION ON THE ATTITUDES AND FEELINGS TOWARDS THE DISABLED

Tradition has been defined as a collection of beliefs, rules, customs and convictions handed down from one generation to the next. In general perspective, people in the community shape their destiny or lifestyle through the element of culture as the traditional tool of an ongoing process from generation to generation (Engelbrecht et al. 1994:52-53).
For example, circumcision is very important among the Jews, whereas in the black community it is not a compulsory process, it is optional.

It is important to indicate that, tradition is characterised by aspects such as values, norms, beliefs, rules, customs and conventions, which in turn dictate attitudes and feelings towards the disabled. For example, Lane, Mikhail, Reizian and Courtright (1993:245) indicate that being blind means that one:

"...1. could no longer care for oneself
2. was not productive
3. was a burden on one's family and
4. possibly was better off dead."

The above statement clearly indicates the functioning of values, norms and beliefs known as cognitive components of attitudes.

3.3.10 THE ROLE OF EDUCATION IN THE FORMATION OF ATTITUDES AND FEELINGS TOWARDS THE DISABLED

Education has always been an intentional event which occurs as a result of the specific aim and vocational decisions of the educators.

The World Book Encyclopaedia Vol. 6 (1990:84) indicates that education is the process by which people acquire knowledge, skills, habits, values, or attitudes ... Education should help people become useful members of society.

Gregory and Zangwill (1990:207) state that
"Education has been a matter of concern, not only to the individual child who is to be educated, and to his parents, but to the whole society responsible for its provision."
Furthermore, it should also help them develop an appreciation of their cultural heritage and live more satisfying lives. It is important to indicate that education involves both learning and teaching. People learn on their own. Sometimes they learn with the help of other people such as parents and professional teachers.

Education amongst the black South Africans is encountered in both traditional and modern education (The S.A. Special Education Centres were mainly controlled by the Dutch Reformed Church). This means that they have two types of schools, namely:

- the traditional initiation school and
- the formal school with formally trained teachers.

### 3.3.10.1 ATTITUDES AND FEELINGS TOWARDS THE DISABLED IN THE TRADITIONAL INITIATION SCHOOL

According to custom, the traditional initiation school has certain aims. Baloyi (1989:95) gives some of the aims applied in the initiation school for boys and girls. Its aims are:

- to teach their culture
- to encourage taboos
- to teach respect for the elders or any human being of any age
- to teach co-operation and compassion
- to teach loyalty
- to teach humility and dignity and
- many other aims advantageous to the society.

The ultimate aim of the initiation school is to produce a responsible adult. The traditional initiation school in the black community therefore means a rudimentary exposure where instruction is given according to the traditional principles, to attain knowledge about the culture and customs of the tribe. The initiation rites for boys and girls are always held in mid-winter. The aim is to learn suffering through six main trials according to Junod
(1962a:82), namely blows, cold, thirst, unsavoury food, punishment and death. Rites for boys take place in the bush and girls must go to the nearby river at 5 o’clock in the morning and have a bath with cold water during this period. The condition of the disabled in some cases cannot allow them to participate in this "place of mysteries". None of the members of this school are supposed to reveal all the mysteries they have experienced in the school.

The deaf who cannot hear, the wheelchair-bound and the blind cannot cope with the sufferings. Therefore most of the disabled are not fit to participate in the "place of mysteries". Because of all the physical constraints of the disabled the goals of the initiation schools are not effective which create negative attitudes and feelings towards the disabled.

The initiation school for the black community has been briefly discussed to indicate at least some of their important lifestyles where the disabled should participate, but can't due to their disabilities and taboos (Kisanji 1995:118).

3.3.10.2 ATTITUDES AND FEELINGS TOWARDS THE DISABLED IN THE FORMAL SCHOOL

The formal school with formally trained teachers, is a school pertaining to the essential form or constitution following or adhearing to accepted forms, conventions or regulations. This is called formal education which is effectively taking place amongst the Pedi, Venda, Tsonga and Ndebele people and also in the entire South Africa. Concerning this type of education, many theories give various aims of education. This research has attempted to indicate some of the aims according to Piek and Mahlangu(1991:11); Dekker and Van Schalwyk (1989:11); Steyn, Bisschoff, Behr and Vos (1986:62); Venter and Van Heerden (1992:48); Landman, Van der Merwe, Pitout, Smith and Windell (1990:102). The aims are:

- To know reality, and to take into consideration what the child is and what it is capable of becoming at every stage of its development.
Every goal must take into account and provide for the real needs and interests of the individual as a member of a community ... must assist and promote the realisation of its innate possibilities; and is therefore essential for its self-realisation as a fully grown-up person-in-society.

The aims must be related to the child's present situation; it must link up or be compatible with its life-world as a child. This should constitute a challenge to the child or appeal to it, or should call upon and inspire it to do its best.

Every goal must have a definite plan of action. Its function is to give order and regularity, system, continuity and direction, to educational activities and events.

A goal must be flexible, i.e. easily changeable in order to take into account and to deal with changed situations, problems and individual needs.

To educate the child in totality without ignoring any aspect of its being, since the human being is seen as a creature of God and in the fullness of his relationship to God, his fellowmen and the world.

These aims are more comprehensive, more especially in a contemporary dynamic society like South Africa. They assist an individual person to view life objectively. They are educating and mould the entire child. This is called the principle of totality in educational terminology. It is educationally known as the Gestalt Theory according to Sonnekus (1986:3).

The ultimate aim in this regard, is to produce a totally responsible adult in the society. The formal school is where modern education is taking place either at mainstream schools or at the special schools for the disabled. A disabled person experiences problems in any learning environment (mainstream or special school). For example, at the mainstream school the following constraints could affect the ultimate aim of education:

Teachers are not trained for teaching the disabled especially the deaf and the blind pupils. In other words they are not skilled in sign language for the deaf and the braille techniques for the blind pupils. Inabilities can always create negative attitudes and feelings.
In most cases, the mainstream school is not accessible for the disabled, more especially the mobility factor.

The individual needs of the disabled are not reached e.g. braille.

The principle of totality does not reach its goal since para-medical staff are not available (e.g. doctors, physiotherapists, speech and hearing therapists, social workers and others who form part of the group).

Furthermore, there are still constraints in educating the disabled at the special school. For example, the principle of totality is not effective in this learning environment. There are many modalities which are affected, such as social, aesthetic, economic, political, psychological, physical, spiritual and many other modalities of their life which are not successful (Ysseldyke, Algozzine & Thurlow 1992:35-37).

In addition the aim is not related to the child's present situation, for example guidance and counselling are not taken into serious consideration.

Education for the deaf pupils is inferior and unchallenging according to Howell (1993:8). Whereas the brave theorists state the aim is to constitute challenge. The aims are ineffective to most of the disabled since they are discriminated against at the workplace by people indicating that they are incompetent (Fletcher 1993:3; McCloskey 1990:99; Ysseldyke et al. 1992:25,120).

The above part of the study indicated the aims of education according to the different theorists, whereas a debate is constituted by the other part of theorists who postulate that education for the disabled is not always effective and challenging (Howell 1993:8).
3.3.11 THE INFLUENCE OF RESIDENTIAL AREAS ON ATTITUDES AND FEELINGS TOWARDS THE DISABLED

There are two main areas of living, namely, the urban (normally in and around cities) and the rural (normally in and around villages) areas.

3.3.11.1 URBAN AREAS

Urbanization is not an African concept. It is a Western concept. Exposure to Western culture appears to contribute the most in non-Western cultures. Mwamwenda (1994:78) indicates that what occurs in an urban area partly reflects Western Culture, particularly with regard to technology.

It is important to focus on the position of the disabled in an urban area. Disabled people also form part of the population of urban areas and therefore this study views that the urban environment should at least be suitable for the disabled in terms of facilities for a better life and the rehabilitation process, for example, better health care, mobility process and recreational activities (Fletcher 1993:3).

3.3.11.2 RURAL AREAS

On the other hand it is important to indicate that traditionally black people originated from the rural areas. Their cultures, customs, values and norms emanate from the rural area, through the hierarchy of authority. Therefore it is important to indicate the political structure of the black communities. The highest authority in the political structure of the black communities is the chief-in-council; the central body which rules the tribe as a whole (Junod 1962a:25). There are several wardheads (Indunas)-in-council, subordinate local authorities, each controlling a ward according to this hierarchy where they exercise a measure of decentralised power. The chief does not possess dictatorial powers. Black tribes believe in the following proverb indicated by Ntsanwisi (1980:36), "hosi i hosi hi vanhu vanwani" - the chief is chief through his people. The tasks of the chief according
to Hartman (1991:190) include social, economic, political, religious (churches or forefathers), military and judicial duties, but today some of his duties have been somewhat altered. He operates through the help of advisory bodies.

Chiefs have authority over their tribes, however, the political authority still adheres to the commands and authority of the genealogical seniors. Tribesmen continue to recognise the political authority structure because it has remained a significant and valued fact in the Lebenswelt.

The above section of the study will help to perceive the roots and origin of the black community. Some of the families with disabled family members are found in rural areas. Thus there is a vast difference between the rural and urban area life-style for the disabled.

"... On account of inadequate infrastructures, considerable problems are experienced in rural areas" (Bouwer 1987:196).

3.3.12 ABUSE AS A RESULT OF ATTITUDES AND FEELINGS TOWARDS THE DISABLED

Literature reveals different attitudes in different people towards the disabled. At this stage it is crucial to indicate a global picture on attitude and subsequent treatment of different communities. In the past abuse of the disabled was evident in all communities and it was a result of the attitudes and feelings of the non-disabled towards the disabled. History reveals that the disabled were destroyed. Kapp (1991:5) indicates that Greek: The Spartans destroyed their disabled children in a cruel way. They were left to die in the deep cliffs or in the Taygetus mountains.

Furthermore, Kanner (1984:6) indicated a thought-provoking historical attitude towards the disabled (see p. 7).

"In France, history records that Francis I had a woman of Aveyron put to death because she had given birth to a deformed child."
The above statements indicate the cruel and severe conditions experienced by the parents and their disabled children. The above conditions are still in existence even today, although they are no longer killed, but their abuse is commonly identified by some researchers. Fletcher (1993:20-25) gives a **global picture** on examples of abuse.

1. **SOUTH AMERICA:** In some Latin American countries, blind people are not permitted to vote or stand for election, on the grounds that it is difficult for them to vote responsibly or to preserve the secrecy of their vote.

2. **BELGIUM:** Over 3 000 people with intellectual impairments are still being unjustly kept in institutions for people who have mental health problems.

3. **BOSNIA:** 160 000 people have been wounded. Most have permanent neurological and orthopaedic impairments. These victims are refugees and also not entitled to surgical and rehabilitation services. Thousands of women have been raped and traumatized through forced exile, destruction of their homes and witnessing the killing of their husbands and children.

4. **EL SALVADOR:** On 20 May 1993, security police in San Salvador, El Salvador, opened fire, with automatic rifles on a group of 5 000 disabled people who were demonstrating for rights as regards medical and other problems. On this day, three disabled were killed, ten to fifteen were injured, thirty were arrested including people in wheelchairs. During the arrest the disabled were also dragged along the ground by the police.

5. **GERMANY:** Since 1989, it has been indicated that a vicious campaign of violence and intimidation against disabled people in Germany has gathered force similar to attacks on other minority groups which are taking place, for example:

- disabled people have been fire-bombed;
- disabled people have been chased off the North Sea beaches; and
- disabled children have been banned from school trips or outings.
Furthermore, in Germany wheelchair users have been spat on, beaten up and told: "Under Hitler you would have been gassed."

In the autumn of 1993, a judge in the city of Flensburg awarded a tourist couple a 10% refund on the grounds that their holiday enjoyment was curtailed since they had to eat their meals in a hotel restaurant where a group of disabled people were also dining.

6. **HOLLAND**: In Holland, a judge recently stated that, as a disabled man wasn't equal to the rest of the general public, he could not expect equal treatment.

7. **JAPAN**: 350,000 people with mental health problems are hospitalised, most for more than ten years. Some local states have regulations preventing ex-patients from using public baths and other public buildings.

8. **MALAYSIA**: At the Hope of Glory Hospital, 100 disabled people aged between 15 and 25 are tied to beds which have no mattresses, and are left to wallow in their own filth and are occasionally hosed down with water.

9. **UNITED KINGDOM**: One person in ten is disabled, yet disabled students make up only 0.3% of the entire student population in universities.

10. **UNITED KINGDOM and UNITED STATES**: 65% of disabled people live below the poverty line and are twice as unfortunate as any other group if they are unemployed.

11. **SOUTH AFRICA**: According to Fletcher (1993:25) 52 people die daily in South Africa due to violence. For every death, three people sustain permanent impairments. One in four children has been abused. Disabled women and children are particularly vulnerable. 50% of disabled children have never been to school. 70% of disabled people have never had a job.
Concerning the above information, Fletcher (1993:2) indicated that "... this information kit is produced through the generosity of the Canadian Secretary of State and Commission of the European Communities."

It could be concluded that the above information indicates the global attitudes of societies towards the disabled. The South African National Council for the Disabled (1987:14) recommends that legislation should be considered to eliminate the exploitation of young and elderly disabled people.

It is also strongly indicated in the South African Government Gazette of January 1994:10 Act no. 220, 1993 of section no 11(2) that "No person shall be subject to torture of any kind, whether physical, mental, emotional, nor shall any person be subject to cruel, inhuman or degrading treatment or punishment."

In other words, if any person is abused or exploited in the family, school, work place, community or anywhere, the abuser is acting illegally according to this act. Therefore, any individual acting against this law is at risk of being accused and legal action can be taken against him or her.

The study indicates the global picture on examples of abuse towards the disabled. At this stage, the study desires to determine whether the disabled in the black community are abused or not.

3.3.12.1 ABUSE OF THE DISABLED IN THE BLACK COMMUNITY

In order to perceive the attitudes and feelings towards the disabled person in the black community, it is necessary and important to give a short insight about treatment of the disabled people in the history of the black community. History in the black community clearly indicates their negative attitudes and feelings towards the disabled (Maluleke 1990:5-10).
The disabled were rejected in the black communities. In the experience of black authors such as Maluleke (1990); Khosa (1988, 1990) disabled people were killed or destroyed immediately after birth. Disability was a very strong and critical taboo. This destruction was performed in a most cruel way. According to the Tsonga people (see 1.6.1), the disabled child was given boiled water or pig's oil to drink and in other cases the umbilical cord was pulled out. Amongst the Pedi, the disabled child was always destroyed inside the hut, the term was "mafelela ndoni" which means "something ended in the hut" (Marule 1994:20; Baloyi 1989:115).

The above destruction of the disabled people indicates the bad feelings they had about the existence of disabled people. These feelings constituted a negative attitude approach towards the disabled.

Western civilization contributed much to a change in attitudes and feelings towards the disabled. The disabled were no longer killed, but attitudes and feelings towards them remained very hostile, because they were associated with witchcraft and curses from their forefathers. The disabled were to be hidden away and regarded as a family secret. If anyone knew about them, the family was strongly discriminated against by friends, relatives and neighbours (Maluleke 1990:30-46).

Not only was it a serious problem amongst the Pedi, Venda, Tsonga and Ndebele, but also amongst other black communities like the Zulu and Xhosa. Baloyi (1983:22) indicates that the Zulu, according to Shaka, smashed the disabled children's bodies.

Although Rogers (1969) positively views a man as naturally good, the phenomenon "disabled" blindfolds the black community to produce attitudes and feelings towards the disabled which prevent them perceiving the disabled with positive attitudes and feelings (Ntombela 1991:14-15).

The disabled share life with different types or groups in the black community. Thus, the disabled people experience different attitudes and feelings towards them. The disabled person's lived experience of other people's attitudes on different levels will be discussed.
3.4 THE DISABLED PERSON'S LIVED EXPERIENCE OF OTHER PEOPLE'S ATTITUDES ON DIFFERENT LEVELS

The disabled people are perceived from different levels such as physical, cognitive, affective, social and normative levels. The above levels (physical, cognitive, affective, social and normative) are verified by Cahill and Eggleston (1994:300) who postulate that there are three general types of emotional challenges that wheelchair users face when in public, they are humoring, embarrassment (embarrassing anger) and ingratiating sympathy. These levels are perceived as measuring sticks of different attitudes of the community or people towards the disabled.

3.4.1 Physical level

Physical level (Mwamwenda 1995:68) is based on the shape, appearance, outlook, figure of the different disabilities referring to the blind, deaf, dumb and the physically handicapped, often called crippled people. Their physical appearance differs from the non-disabled person (Kapp 1994:419).

At this stage, it has to be clearly indicated that disabilities are not the same. The degree of disabilities differs from individual to individual, e.g. from mild to severe. In this regard, the physical level of disabilities influences the attitudes of a non-disabled person, and severe disabilities can promote negative attitudes.

Mrs May, who does not have arms at all, was interviewed on the 2nd June 1996 on South African Television. She has indicated that the public discriminate against the disabled and normally think the disability automatically means mental inferiority. This negative attitude constitutes a negative self-image (Piek 1994:3). Questions arise in the mind of the disabled, such as how am I seen by others and what do others say about me? (Smith 1994:430). Thus, physical level of the disabled person is equal to his cognitive level.
3.4.2 COGNITIVE LEVEL

The phenomenon cognitive, is associated with the aspect of thinking and belief. Cognitive level of the disabled person perceives and views his everyday life differently from the view of the family, parents, siblings, peer group and other community members. Some have a sensitive cognitive level. They think people discriminate against them, discredit their human dignity, because of disabilities, and often think they have no value. When the attitude is negative they have a belief that they are not worthy according to their own interpretation and experience (Ysseldyke et al. 1992:227-229).

3.4.3 AFFECTIVE LEVEL

Affective component consists of feelings which are attached to a particular attitude. In other words this component is based on how the disabled feels about his disabilities and the attitude of the people they experience in the everyday life or Lebenswelt (Van Wyk 1994:140).

A negative attitude has a negative effect and a positive attitude has a positive effect towards the disabled person's life. A negative attitude constitutes a negative attitude towards the community and its people in the life of a disabled person (Anderson & Antonak 1992:245; Van Wyk 1994:140-141).

3.4.4 SOCIAL LEVEL

The social stimuli are important. Disabled are expected to socialize with parents, siblings, relatives, professionals, peer group and the rest of the community, but this can be very stressful for the disabled, if the above-mentioned are negatively inclined towards them (Van Wyk 1994:141-142; Zabala 1994:7).
3.4.5 NORMATIVE LEVEL

Normative aspect is associated with a pattern, type, customary behaviour and standard. For example, social stimuli are very important in the acquisition of norms in a particular community. In other words, there is a strong relationship between the social and normative levels (Sonnekus & Ferreira 1986:296; Van Wyk 1994:139). The normative concept is closely associated with values (norm + values = normative values), this combination simply denotes the standard and quality of a person. For example, does a person with disabilities have the equal standard and quality of life compared to a person without disabilities (Callan et al. 1993:60).

Since the normative aspect of life is associated with the pattern, type and standard of life, the disabled person is confronted with many challenging standards and patterns of lifestyle in the community whether they have value or not. This is determined by the cognitive level.

At this stage, it is crucial to indicate that the physical, cognitive, affective, social and normative levels are important in the perception of attitudes by the disabled people themselves.

Although there are different attitudes due to different levels, a modern approach towards handling the disabled is in existence.

3.5 A MODERN APPROACH TOWARDS HANDLING THE DISABLED PERSON

It is important to indicate that in the past centuries, handicapped people were rejected, isolated and even destroyed. In due course the superstition and ignorance of the Middle Ages made way for a more sober-minded and scientific approach. Tremendous progress was made in the fields of physics, neurology and physiology (Kapp 1994:6). It is really obvious that this realization of the value of the individual and the greater measure of scientific knowledge would have influenced the way in which the disabled were cared for.
Western civilization contributed tremendously to a modern approach towards the handling of a disabled person, more especially the development of the disabled person in the white community. In this regard, intervention has been manifested in different spheres in the plight of the disabled. Today, care, treatment, education and rehabilitation is in existence (Baker, Sasso, Rude & Weishahn 1994:34). A modern approach displays more effectiveness than the traditional approach especially in the economic field, family and community environments and in the government.

Needless to say a modern approach costs money therefore it goes hand in hand with the economy. Thus, it is important to include the process of economy as both an obstacle as well as a need in the life of the disabled.

3.5.1 ECONOMY

Economically the process brought light amongst the disabled and the community at large. To understand the impact of this process it is important to highlight the economic constraints that usually go hand in hand with the presence of a disabled in the family/community.

Disabilities create various constraints in the economic life of the black community, according to this research. The following constraints can affect the disabled and their families:

- Unemployment of the disabled.
- Expensive care for the disabled affecting the family economically.
- Severely disabled cannot work and earn a living, and this affects the family, especially if taking a child from doctor to doctor, specialist to specialist and prophet to prophet to find help or a cure (Ntombela 1991:4).
- Most of the disabled cannot plough in the field, drive a car, nurse in a hospital or any other job, more especially the physically and the visually impaired (Green 1991:84-89; Nkabinde 1993:107; Skuy 1990:1449).
Some of the parents or family members are unable to get jobs because they have to take care of their disabled family member, or some have to terminate their jobs due to the presence of the disabled (Steward & Pollack 1991:243).

Although a financial burden related to the disabled's needs are expected, McKenzie (1994:13) as well as Wilkin (1995:157-158) denote that the economy is also affected by the needs of the disabled, for example, the technological equipment for the rehabilitation of the disabled are expensive.

With the new approach towards the handling of the disabled this research found that there are currently 82 occupational fields that the disabled can fill. Training of various skills among the disabled take place, depending on the degree of the disabilities. In this way the disabled could contribute to the development and economic upliftment of a society or community.

3.5.2 FAMILY

Currently the family is also faced with a modern approach towards handling the disabled person (child) as a family member. Caring for their disabled in the family, seems to be easier than the traditional approach.

Multi-professionals are available to strengthen and encourage the family through the attaining of various skills like on the care of their disabled family member (family therapy). Due to the modern approach, the disabled contributes to the family through the disability grant received every month, this in turn reduces family stress.

3.5.3 COMMUNITY

This modern approach also extends to the community. In the white, coloured, asian and black communities, there are community agencies involved in providing human services. The modern approach has encouraged some of the community members to contribute to
the care of the disabled and their rehabilitation process. For example there are organisations, voluntary workers, public education programmes, fund raising programmes, literature about the disabled (books, magazines, articles and journals), research committees, general research, helping families with disabled people, national council bodies for the blind, deaf, dumb and physically disabled, who negotiate some ideas. Many researchers such as Kishi and Meyer (1994:287); Kirk et al. (1993:43-45); Shulman (1988:128), indicate some of the contributions in the community.

On the other hand, the research of Keith (1992:176-175) reports a debate that the public perceive the disabled as passive, helpless and demanding. These attitudes are experienced due to the cognitive, affective and behavioural development and perception of the people towards the disabled people.

Finally, there are many other projects and commitments not mentioned above. As is expected the community can't provide it all, a large responsibility also rests with the government.

### 3.5.4 GOVERNMENT

The government contributes tremendously to the care, development and protection of the disabled as indicated in the South African Government Gazette (1995:10), where the rights of the disabled in the community are stipulated. This is one of the major attempts indicating some positive governmental attitudes towards the disabled.

The most important role of the government is to finance (all areas) for the development of the disabled, for example, schools, training centres, training of multi-professionals, study bursaries, subsidies or any other development necessary for them. According to Howell (1993:5) there are so many issues that governments sometimes fail to supply in all the needs of the disabled.
3.5.5 MODERN APPROACH CHANGES ATTITUDES AND FEELINGS TOWARDS DISABLED PEOPLE'S RIGHTS TO LIFE

This is a very important aspect in the contemporary South Africa. The aim of this part is for the black community to view the disabled from a balanced and civilized perspective.

According to the view of this research every being has a soul or spirit which has the breath of life and complete freedom. Therefore, they have a right to live, irrespective of their disabilities. Further, according to Section 9 of Act 200 of 1993:10 in South Africa, it is stated that:

"...every person shall have the right to live."

In other words, to possess a right is morally to be able to do, claim, demand, enjoy, receive without resorting to charity, favour, or privilege, and where no apology or further justification for what one does or claims or accepts is needed other than in terms of one's possessing that or those rights (McCloskey 1990:99; South African Government Gazette 1993:10).

The disabled people have the right to live. That is why there are strong views against euthanasia (mercy killing), although there are exponents of euthanasia who argue against this ideology, like the statement in the Bible: "Do not kill", and McCloskey (1990:99) that life constitutes a very strong prima facie moral ground against euthanasia.

On the other hand, the issue of rights is a vast subject because nationally and internationally human rights are being fiercely debated. It is obvious that there are many theories about rights. For example, McCloskey (1990:91) indicates that they are regarded as:

CLAIMS: Legitimate claims, claims that ought to be recognized.
POWERS: The power to be recognized, conferred or contributing to the general good of the community.
LIBERTIES:    Moral liberty as a right for any individual in any community.

EXPECTATIONS:  These are based on reasonable expectations. We have positive expectations from the government.

In other words, McCloskey (1990:91) simply indicates that rights are associated with claims, powers, liberties and expectations.

Although disabled people have rights to life, various problems are being experienced by disabled people in the black community. The attitudes and feelings are the major problems of the disabled towards their environment. They are people with dignity, irrespective of their disabilities.

A generous and rational human being recognises others as dignified human beings. This ideology is verified by Section 10, Act no. 200 of 1993 (Government Gazette, 28 January Vol. 343 No. 15466, 1994:10), that states
"...every person shall have the right to respect for and protection of his or her dignity."

Human dignity is related to equality. It is viewed that all souls as being equal whether they are disabled or not, just as death which is inevitable to all human beings of the entire world, including South Africa and the black community.

Furthermore, the new South African Constitution (vide Government Gazette, 28 January 1995:10) continues that
"...no person shall be unfairly discriminated against directly or indirectly, and, without derogating from the generality: race, gender, sex, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture or language."

In addition McCloskey (1990:99) states that in
"...international human rights conventions, the greatest emphasis is placed on dignity, nobility and inviolability of man, and this is extended to his life as a whole."

In other words, this dignity of man must therefore be realised in an attitude of unconditional respect for man, as regards his intellectual, physical, psychological and
social integrity.
Rogers (1986:36), the humanist, states that man is naturally good. The features of human
dignity could constitute a good human being. It is also important to note that even animals
have the right to exist, i.e. Animal Rights, why would humans, and in particular disabled
people that cannot defend themselves, then not be entitled to any rights? (Praeger
1986:140-149).

3.5.5.1 DISABLED PEOPLE AND THE RIGHTS THEY POSSESS

The ideology of the rights possessed by disabled human beings is of great theoretical and
practical importance in the South African community. Although disabled people were
destroyed in the past in black communities, progress has been made in that today they are
allowed to live (Howard 1990:2-4).

It is also necessary and important to highlight that rights for the disabled are debatable
since people hold different views. For example, according to McCloskey (1990:94-95)
there are some people that argue that they see the disabled persons, as possessing fewer
rights than the non-disabled person and the extremely or severely mentally disabled as
possessing no rights at all. Furthermore, he states that others argue not simply that all
disabled human beings possess rights, but that the disabled persons possess special
rights, in addition to those possessed by the non-disabled. This issue has provoked the
disabled to constitute their Rights' Charter (see Appendix).

3.3.5.2 DISABILITY RIGHTS CHARTER DESIGNED BY THE DISABLED

This section is very important in order to perceive and protect the existence of the
disabled. The disabled people of South Africa (DPSA) are concerned about the issue of
rights and attitudes. Therefore, they have organized themselves and constituted their own
disability rights charter, with the assistance and support of Lawyers for Human Rights.
They have valid reasons which reinforced the constitution of this charter. Their Disability
Rights Charter, entails eighteen articles, covering different areas of life.
It stands to reason that any violation of a disabled person's rights would be a thorn in the life arena of the disabled. Therefore, all members of the community should accept and adhere to the Disability Rights Charter, because the disabled are human beings with equal rights. The parents and siblings are to be the first to adhere to such a Charter. Failure to adhere to it would be a violation of the rules. Psychoanalytic theory states that man is bad and basically irrational, indeed man can violate rules prescribed to shape his destiny, thus, violation of rules is a daily experience (Hjelle & Ziegler 1991:51). In general, there's always a possibility of violation of rights.

All the rights entrenched which deal with the fundamental rights of the New Constitution in South Africa are not strictly applied, when it comes to the disabled. Section 33 provides that the rights entrenched in Chapter 3 of the Constitution of South Africa, may be limited by law of general application, provided that such limitation shall be permissible only to the extent that it is

(i) reasonable
(ii) justifiable in an open and democratic society based on freedom and equality.

Finally, concerning the recognition of human rights in this regard, such services must be organised and available for everyone. People should know their rights in order to shape their destiny and live freely to protect their norms and values, to understand themselves and situations, to know and respect each other, to accept that all people are equal and dignified human beings irrespective of colour, creed, sex, culture, status, any disabilities, and so on. Although it is a debatable issue, McCloskey (1990:20) indicates claims by some people that

"... it is useless and a waste of time, claiming and talking about rights not recognized and accorded by society and the state."

The fact is, people cannot simply live without a government and the law. For example, a normal and complete family has a policy to govern their lifestyle.
Disabled people are part of the community and they have rights to live. Their rights need to be protected and violation of their rights due to negative attitudes reflected towards them, should be abolished. They have nowhere to go or live but the same community in which we find ourselves and that is why any attempts to rectify the old traditional approach towards the disabled, should be changed according to the new approach. This also means that attitudes and feelings towards the disabled have started changing and should continue to change, in order for the disabled to be accepted and treated with dignity and respect.

### 3.6 CONCLUSION

In this chapter, the phenomenon **attitude** has been intensively discussed. Therefore, universal and general attitudes of the people towards the disabled were discussed irrespective of colour or creed.

Literature reviews constituted the nucleus of this chapter. The following chapter will focus on the methodology of the study.
CHAPTER 4

RESEARCH DESIGN

4.1 INTRODUCTION

In the light of literature study relevant to the phenomenon of attitude and disabilities, it was considered crucial for this research to find out empirically what the present attitude of the black community is, towards the disabled. This was done as Soma (1986:27) puts it, through "systematic investigation intended to add to available knowledge in a form that is communicable and verifiable".

This knowledge is obtainable in various strategies of "bringing order, structure, and meaning to the mass of collected data. It is a messy, ambiguous creative and fascinating process" (Marshall & Rossman 1990:112).

The above statements or quotations denote aims of any research like this present research. Since it is expecting to obtain various systematic investigation answers from different groups according to the life-style and background of the samples in the black community.

For a successful and systematic research, interpretive and critical paradigms are suggested to serve as a background for the researcher. This is for data accumulation and analysis of the study. The major reason concerning the choice of an interpretive paradigm is that it facilitates the interpretation of an individual or a group according to his or their beliefs, morals, values and norms (the A B C MODEL). People have their own interpretation and usually according to their culture. Once again a critical paradigm can signify belief or false beliefs, values or passions, political dogma or religious faith, style of thought or structures of feeling and ideas or ideals (Gibson 1991:28-29).
There are various aims which envisaged the research of this nature. This chapter will attempt to highlight the aims and research problem of the empirical investigation, research tools, (interviews and observation) discussion of postulates, selection of the sample, research method and analysis of the empirical research.

4.2 THE AIM AND RESEARCH PROBLEM OF THE EMPIRICAL INVESTIGATION

The primary concern of this research is to evaluate the attitude of the black community towards the disabled. Other professional community members such as psychologists or social psychologists, teachers, social workers, physio- and speech-therapists, even doctors have special interest in the concept attitude. That is why the social psychologists hold a continuous debate on the issue of attitudes.

Viewed in this regard, the perception of the attitude of the black community towards the disabled were: - To determine whether the attitude of the black community towards the disabled is either positive or negative in the following variables:

- How the disabled perceive the attitude of their families mainly parents and siblings and the community at large.
- What is the attitude of the parents of the disabled towards their disabled child.
- What is the attitude of the siblings towards the disabled brother or sister.
- What is the attitude of the parents of the non-disabled parents towards the disabled.
- What is the attitude of the youth towards the disabled.
- What is the attitude of the old people towards the disabled.
- What is the attitude of the professional workers towards the disabled themselves.
- To determine to what extent the disabled is cared for, treated or abused by the family, professionals, the church and other bodies in the black community, where the government is also included.
- To do empirical investigation on the attitude of the black community towards the disabled person. This will be done by means of interviews which will be focusing
on the knowledge of the black community on the phenomenon disabled person.

To compare the attitude of the black community as found from the empirical investigation to the expected attitudes of people in general as found from the literature study.

4.3 RESEARCH TOOLS

This is a two pronged research study. The two major research tools are interviews and observation.

4.3.1 INTERVIEWS

Instead of employing other data-gathering techniques, such as questionnaires or psychometric testing, the researcher rather decided to use interviews as one important means of obtaining the required information. Interviews were used as a qualitative tool of research, because the quality of the data obtained carries greater validity. Information on sensitive issues could be obtained, it simplified communication with illiterates, young children, cripples (paraplegics), blind and deaf (if one is familiar with sign language or could use an interpreter).

On the other hand this method/tool has the disadvantages that it is too expensive, demands more time, some interviewees can be short-tempered and the wrong information could be given. To overcome such weaknesses or fallacies, the reliability and validity (Brink 1989:22; Shaughnessy & Zeichmeister 1992:106) of the source of data collection were also important.

Suitable techniques were used to overcome such problems, because attitudes may in fact be fluid, unstable or debatable.

As researchers (Shaughnessy & Zeichmeister 1992:106) we cannot look at the problem without any attempt. Therefore, researchers should remember that it is difficult to select
a data collection technique. Foster and Louw-Potgieter (1991:31) postulate that NO one technique is better than any other, because any method has advantages and disadvantages.

The qualities of an interview tool convinced the researcher to select this tool, but it was combined with another important tool namely observation.

4.3.2 OBSERVATION

Observation as a method of investigation has been used effectively for the success of this research. The researcher had been observing that disabled people experience problems, due to their disabilities.

To perceive the value of this research tool, simply observing can be used as a point of departure. Simply observing is one way of gathering information about what is going on in the Lebenswelt. This approach is the main one used in the field of ethology, the study of animal behaviour in its natural habitat, and anthropology, the study of human culture group differences. Research by observation of ongoing behaviour or attitude is also widely used in the other social sciences (psychology) resulting in the publication of case histories, longitudinal and cross-sectional survey, and correlational studies (Saslow 1992:9).

On the other hand there are various types of observation, for example we have what is called just observing, which is not scientific and not suitable for empirical research. For a research of this nature which is mainly based on attitudes, systematic observation is much more important and suitable for a scientific research. Researchers such as Saslow (1992:10) as well as Shaughnessy and Zechmeister (1992:38) recommend systematic observation as an important tool of the psychologist.
SYSTEMATIC OBSERVATION

Concerning this type of observation, observers must answer some questions before making observations such as:

- what are they looking for
- whom are they going to observe
- when and where is the observation to be done
- how are the observations to be made
- in what form are observations to be recorded (Saslow 1992:10).

In other words this is an example which indicates that the observation has to be done according to a system.

What is to be observed?
The desire of this study is to observe the phenomenon attitude.

Who is to do the observation?
The researcher will do the observation of different attitudes towards the disabled. Saslow (1992:13) indicates that "... survey studies are large scale observational studies done on groups of humans. The instrument of observation is usually a questionnaire or structured interview."

In this regard, it is very exciting according to this research that relevant tools which are interwoven have been selected to conduct this empirical research. Saslow (1992:13) further indicates that: "... the results of surveys are used to summarize the characteristics of different groups of people or to estimate their feelings and attitudes about issues."
This is exactly what this research desires to achieve, since the above quotations give FIVE important phenomena which also suit this research, that is:

- groups of humans
- instrument of observation
- structured interview
- feelings
- attitudes

Observation and interview are the tools which are interwoven or unseparable in order to produce a genuine valid report of this research according to the researcher. Since observation is a good tool for data collection, the researcher, therefore observed access in the families of the disabled, For example whether toilets were clean, the disabled were neat and surrounding were kept clean. Furthermore observation revealed whether their is a positive or negative communication with the disabled and what the attitude of the siblings or other family members towards the disabled is.

Observation was also directed to the organization of the home and the resources available to provide for basic living in rural and urban areas.

Observation enabled the researcher to understand more about the interviewees' background. It provided a particularly advantageous situation for noting how the family members interact with one another. The observation was unobtrusive, so that the subjects did not know they were being observed. Onobtrusiveness was used to prevent a paradigm called Hawthorne effect (refer to 6.4 for clarification of problems observed during interviews).
4.4 DISCUSSION OF POSTULATES

The outcome of this research is determined by the following phenomena, that is: disability, handicaps or abnormalities which are associated with crippleness, blindness, deafness and albinism. It is also predicted that disabilities are associated with problems such as economic, social, physical, cognitive, behavioural, discrimination and other constraints associated with disabilities. Postulates are basically thought patterns which intrinsically motivate this kind of research to be completed.

This study focuses on the attitudes of different groups of people in the black community. Each group is expected to reveal attitudes towards the disabled according to the different patterns of their view. In this regard, different attitudes towards the above phenomena are predicted, either positive or negative as set out in the TRIPARTITE MODEL (Fig. 3.1).

4.4.1 POSTULATE OF PARENTS OF THE DISABLED CHILDREN

The view and the attitude of the parents of the disabled, is not expected to be similar to the attitude of the parents of non-disabled children towards the disabled. From the parents of disabled children, the following parental attitudes are predicted.: stress, shock, grief, embarrassment, guilt feelings and other sophisticated attitudes and complaints. Furthermore, attitudes of open rejection and over-protection are predicted. On the other hand parents of non-disabled children are not faced with these problems. Because literature indicates that the raising of a handicapped child is a source of prolonged stress and sorrow for the family, the FIVE different categories of parental attitudes that Spock (1980:41-45) indicate (3.2.2) are expected from the parents.

4.4.2 POSTULATE OF THE DISABLED

The disabled are the core of this research. They are regarded as a subject faced with the "rainbow" of attitudes in the black community, attitudes such as acceptance, rejection, disguised
rejection and over-protection. His/her personal attitude towards the Lebenswelt such as the parents, siblings, friends, parents of the non-disabled, professionals, the church and the government. Disabled people are confronted with a cluster of obstacles such as residential area, abuse, unemployment, transportation, mobility, rejection, social communication, recreation, security and educational problems (Butler 1993:18; Clarke 1993:16; Diamond et al. 1993:215; Kisanji: 1995:115; Ntombela 1991:15).

The attitude of the disabled towards his/her disabilities is also important in this research. It is predicted that their disabilities are a source of self-pity, embarrassment, grief, anger, denial and self directed questions.

4.4.3 POSTULATE OF THE SIBLINGS OF THE DISABLED

The siblings of the disabled constitute an integral part of the family. The presence of the disabled in their family, reinforces the memory of negative experiences such as embarrassment, shame, anxiety and self-doubt. These feelings result in a poor self-image. Siblings also experience the attitude, reactions and behaviour of relatives, friends, neighbours and community at large towards the disabled brother/sister. Siblings are quite aware of problems associated with disabilities, such as living area and dependency problems. Ambron (1988:212) indicate that there are seven classifications of siblings with different characters. The attitude of the siblings towards the disabled are predicted to be either positive, negative or mixed feelings.

4.4.4 POSTULATE OF THE PARENTS OF THE NON-DISABLED

Parents of the non-disabled children are not faced with the problem of disabilities in their families. Therefore, disabilities are viewed from their own angle. It could be predicted that knowledge on causes and prevention of disabilities in the families was the source of fortune. Since they are part of the community they are familiar with the term abuse which is referred to the disabled at this stage as well as with the attitude of the black community towards the disabled. It is possible that they are quite familiar with the concepts such as
taboos and witchcraft. Some parents of the non-disabled are predicted to be positive or negative.

4.4.5 POSTULATE OF THE YOUTH IN THE BLACK COMMUNITY

The research of Weiserbs and Gottlieb (1992:351) found that senior youth voiced more negative attitudes towards the disabled and the uppergrade seniors expressed the most negative attitudes towards the disabled. The youth are not confronted with the problems of disabilities, unlike the siblings of the disabled who are sharing life with a disabled person in the same house. It could be predicted that attitudes of the youth negative towards the disabled.

4.4.6 POSTULATE OF THE OLD PEOPLE

Old people are part of the black community, who reveal the primitive attitude of the black community towards the disabled and their families in the past. Presumably they find it hard to accept the disabled in the black community due to the cultural background of the black people's history. This group reflect feelings of grief (Scherman et al. 1995:261).

4.4.7 POSTULATE OF THE PROFESSIONAL WORKERS

Professional help is the first priority for parents of the disabled (Hanson 1993:105). Jangira and Srinivasan (1992:25) emphasized that professionals are "most positive in their attitude". In other words the professionals are standing in the gap between the family of the disabled and the disabled themselves. They contribute positively towards the modern approach of the phenomenon disability.

Professional workers are therefore confronted with the problem of disabilities as a multi-professional team or para-medical staff. They have an excellent insight into the causes and prevention of disabilities. They have better perception towards advantages and disadvantages of any area like special and mainstream schools or rural and urban
area life-style for the disabled to live in. Proper care, guidance and counselling of the disabled is expected from this group to stem and/or prevent the abuse of the disabled in the black community.

Thus, **SELECTION OF THE SAMPLE** will now be discussed.

### 4.5 SELECTION OF THE SAMPLE

Selection of the sample addressed the question of **how** and **why** (Halberstadt & Ellyson 1994:5-6; Kothari 1995:69). In other words it is the question of **how** the research will be conducted, how the samples were selected or may be called localization of respondents. How the interviewees were located in various sets of interviews. It can be further clarified that selection of the sample refers to the technique or the procedure the researcher would adapt in selecting items for the sample. The researcher selected a sample design which should be reliable and appropriate for this research study. These are various crucial steps for developing a sampling design according to Kothari (1995:69070) such as **type of universe, sampling unit, size of sample, parameters of interest, budgetary constraint** and **sampling procedure**.

Samples of this research were developed as follows:

#### 4.5.1 GEOGRAPHICAL SAMPLE

The study involves four members of the African language groups in South Africa, namely the Venda, Pedi (Northern Sotho), Tsonga and Ndebele people. It does not directly include other black communities within the broader South African language groups. It is impossible to involve the whole of South Africa, because it is time consuming; it is also financially and physically impossible; and the information gained, would be too much to contain in this research. Therefore, only four black communities were demarcated, because the researcher can speak the four languages involved and the four groups are within reach of the researcher in the **Northern Province of the new South Africa**, recently
known as Region G.

4.5.2 TYPE AND SIZE OF THE SAMPLE

The study indicates that concerning disabilities the respondents in this investigation fall into seven groups, i.e.:

- disabled people
- parents of disabled children
- siblings of the disabled person
- parents of non-disabled children - youth in the community
- old people
- professional workers.

Furthermore, the term **LOCALIZATION** of the respondents will be used.

4.5.2.1 LOCALIZATION OF THE SAMPLES

Since the researcher wished to make this field of study as broad as possible, suitable techniques were used to select the families with disabled children. Twenty families were selected and listed irrespective of ethnic grouping from the four black communities mentioned. The strategy used was to choose every second family from the list in order to conduct the study. The disabled, parents and siblings were included.

The other four groups were chosen taking into account factors such as availability, distance of location and willingness to cooperate. Saslow (1992:86); Mcburney (1993:65) postulate that simple random sampling is the basic technique of probability sampling. The most common definition of a random sample is that every element has an equal chance of being included.
Random sampling refers to the parents of the non-disabled, youth, old people and professional workers.

In order to limit the number of scope, only TEN interviewees were considered per group. They were located as follow:

- 10 disabled people
- 10 parents of the disabled
- 10 siblings of the disabled
- 10 parents of the non-disabled
- 10 youth in the community
- 10 old people
- 10 professional workers

In total they would be 70.

Another elucidation of the sample had to be accepted. Selection of the disabled included the deaf, blind and physically handicapped. Severely disabled were excluded in an interview for their poor perceptual capabilities. Male and female were recommended to participate in and contribute to the research.

4.5.2.2 LOCALIZATION OF THE PARENTS OF DISABLED CHILDREN

The researcher had access to the names and addresses of parents of disabled children. From this list, the researcher made appointments with parents of the disabled, who were willing and available to cooperate (as it appeared a considerable number of parents were willing to participate). This group needed a rational technique of explanation to elucidate why they were being interviewed, as they had little understanding of interview procedures.
4.5.2.3 LOCALIZATION OF THE DISABLED

Use was made of the disabled from ten families. Ten disabled were interviewed where possible, taking into account factors such as availability, distance of location and willingness to cooperate. Where impossible, the second choice was used from additional families.

4.5.2.4 LOCALIZATION OF SIBLINGS OF THE DISABLED

In order to obtain information from siblings of the disabled, the researcher made an appointment with a parent and one sibling in each family with a disabled child/person. Concerning age scale, the researcher preferred the oldest non-disabled sibling in the family to be interviewed (from the age of 14 and upwards). The age scale was suggested to avoid incomprehensibility due to the difficulty of the interviewing process.

4.5.2.5 LOCALIZATION OF THE PARENTS OF NON-DISABLED CHILDREN

It was very easy to gain access to this group. As there was no list of addresses of parents whose children are not disabled, the researcher had to rely on the willingness of people in the community to cooperate as respondents. The researcher, however, tried to reach urban as well as rural areas. The research was positively conducted with this group.

4.5.2.6 LOCALIZATION OF THE YOUTH IN THE COMMUNITY

The further goal of the study was to obtain information or views of the youth in the community. Therefore, this group was available to contribute their ideas. Most of the youth groups were interviewed at the local college, since it is a non-racial institution. Tsonga, Venda, Sotho, Zulu and Ndebele students were available for interviews. In this regard, an interview appointment was arranged to be conducted during free periods, weekends or on any convenient time pre-arranged by the researcher and the interviewees.
4.5.2.7 LOCALIZATION OF THE OLD PEOPLE

Old people of some black South African communities were included in the study. It was possible to gain access to this group since they are not committed to any employment. Pensioners are always available at their respective places of abode. The researcher had to rely on the willingness of them to cooperate as respondents.

4.5.2.8 LOCALIZATION OF THE PROFESSIONAL GROUP

In order to obtain information from professional workers, the researcher decided to involve the team of professionals attached to special schools for disabled children (schools for the deaf, blind and physically disabled). Some professionals not directly attached to the schools were, however, also involved.

4.6 RESEARCH METHOD

This was the most crucial part of the research in order to obtain relevant information. This research started with the study of literature done with a view to support the introduction of the problem as well as to define and elucidate the terms.

CONDUCT OF THE INTERVIEWS

The after-care centres and homes of the disabled were visited. Thus, appointments were made to conduct the study. It was always possible to gain access to this group. As many of the parents of the disabled and non-disabled children do not have telephones at home, it was not possible to make an appointment beforehand, but on the other hand, where it was possible to make an appointment, it was done, otherwise the researcher simply had to approach parents at home. It was not possible to approach them at work. Furthermore, it was possible to interview the siblings of the disabled, youth and old people in the community.
It was easier to contact the professional workers to make appointments by means of the telephone. Time was scheduled to be suitable for both the researcher and the interviewees. Thereafter the appointment had to be honoured.

In order to probe for reasons for different attitudes from the disabled themselves, siblings, parents of the disabled and non-disabled, youth, old people and professionals, an interview which consisted of various questions were constructed/constituted. Each set of interview questions were specific or directed to each particular group. Questions probing attitudes were according to the status of the respondents.

The interviews were done by the researcher. The researcher explained all the details pertaining to the interview to the respective respondents in a friendly and accommodating manner, highlighted the reasons why it was essential for such a survey to be conducted and assured the interviewees that their identity would not in any way be made public. Thereafter, the interview started and the respondents were requested to give their unbiased opinions.

As far as the duration of the interviews is concerned, the interviews with the disabled took a long time, because some of them were very slow to respond and some questions had to be explained in detail. The average time per interview took approximately two to two and a half hours. Interviews with the parents of the disabled took even longer (two and a half to three hours each), depending on their understanding and willingness to cooperate. Duration of the interviews with the other groups, i.e. parents of the non-disabled, siblings, youth and old people also depended on the comprehensibility of the questions, but these did not take as long as the first two groups. The professional groups responded very quickly and easily understood the questions posed. Although some of the questions needed explaining, this was easily grasped.

The changing South Africa, in some ways affected the study. In this regard, because of the attitude of distrust and suspicion among the respondents, the researcher thought it wise not to use a tape recorder. The responses were noted directly onto the interview schedule as the conversation proceeded.
4.7 ANALYSIS

According to Kothari (1995:160); Quirk (1992:140) *analysis* means the computation of certain indices or measures along with searching for patterns of relationship that address that which exist among the data group.

There are various attitudes towards the disabled in the black community. These attitudes were analysed according to the data accumulated from literature and the interview techniques.

As far as it was possible, responses were graded. This was done by giving each response a score of one point. Therefore the response with the highest score amongs the group of interviewees appeared first on the list and the response with the lowest score appeared last.

The types of question posed were formulated to measure attitudes. Responses like *yes, no, totally agree, totally disagree, disagree, agree, partially agree* and *partially disagree* to questions were used as the measuring stick of the study.

4.8 CONCLUSION

Research design is important in an empirical study in order to lead the study. In this chapter, the aim and research problem of the empirical investigation, the research tools, discussion of postulates and selection of samples were discussed.
CHAPTER 5

DISCUSSION OF THE FINDINGS

5.1 INTRODUCTION

In this chapter the responses of the research groups are discussed. Interviews are conducted with various groups, namely parents of the disabled, the disabled him-/herself, siblings of the disabled person, parents of the non-disabled, old people, youth community members and professional people. In the discussion of the results attention is only given to the perception of the different respondents. First of all biographical information is obtained about the respondents, after that, attention is given to the responses of the different interviewees. The questions are provided within the discussion of the responses.

The seven sets of interview schedules have accumulated different answers since the interview schedules entail different questions in each set. The different sets of interview questions cannot be combined since some of the questions were selected and posed according to the perception of the particular group. Thus, the research expected different answers from each set.

Where possible ten persons in a specific group were interviewed. The responses of all the respondents were graded and the response with the highest score amongst the applicable group, appear first, thereafter the second highest and so forth.

5.2 PARENTS OF DISABLED CHILDREN

According to the literature study the raising of a handicapped child is a source of prolonged stress and sorrow for the family. It is reported that the presence of the disabled in the family, cause parents to emerge on the attitude of numbness denial, anger, guilt, sadness and despair and feelings of loss. These feelings are mainly caused by frustration and an incompetence to handle stress (see 3.3.1 and 4.4.1).
In the empirical research ten parents of the disabled in the black community were interviewed because they are confronted with the problem of disabilities that parents with non-disabled children do not have to deal with. Besides the questions on bibliographical detail, questions were set to gain information regarding the effect of residential areas, knowledge about causes and prevention of disability, the attitudes of family members, abuse of the disabled, problems encountered by parents due to the disabilities of their children, the involvement of professional workers, care of the disabled organisations established by the disabled themselves and the acceptance of the disabled. The questions were asked to determine the attitude of parents in the black community towards the disabled and possible causes of the attitude.

5.2.1 BIOGRAPHY: PARENTS OF DISABLED CHILDREN

Biographical detail of the parents of the disabled is given in Table 5.1 and it indicates the gender, age, cultural grouping, church, nature of disabilities, occurrence, cause, disabled's gender, age, siblings and residential area. The biography is given in order to know the background of the interviewees.

Four males and six females were interviewed, five were under the age of fifty and five between fifty and seventy. Not all of them belong to a church. Different kinds of disabilities occur of which five are due to pre-natal and five to post-natal causes. Seven of the disabled are male and three are female and their ages vary between fifteen and sixty. In all the homes are siblings and four of the parents live in urban and six in rural areas.
### TABLE 5.1
**BIOGRAPHY: PARENTS OF DISABLED CHILDREN**

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<th>GENDER</th>
<th>MALE</th>
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<td>BIRTH DEFECT</td>
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<td>T.B. OF THE SPINE</td>
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<td>TOTAL</td>
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</table>
5.2.2 RESIDENTIAL AREAS

According to the literature study, most of the disabled have a residential problem, more especially the building and surroundings (see 2.5.3.9). On the other hand there is an influence of the residential area on attitudes towards the disabled, i.e. urban areas and rural areas (see 3.3.11.1 and 3.3.11.2).

Questions were posed to determine the respondent's viewpoints concerning residential areas. The questions were formulated to gain information about the interviewees views on the advantages and disadvantages about residential areas.

5.2.2.1 QUESTIONS AND RESPONSES

According to your view, what are the advantages for the disabled child living in an urban area?

**Answer:** Living in an urban area is more comfortable. (Highest score)
Access and availability of services make it easier.

According to your view what are the disadvantages for the disabled child living in an urban area?

**Answer:** Living cost.

According to your view what are the advantages for the disabled child living in a rural area?

**Answer:** There are no advantages of living in a rural area for a disabled child.

According to your view what are the disadvantages for the disabled child living in a rural area?

**Answer:** Inconvenience of the rural area in terms of services.
Environment not developed for disabled people.
Tradition plays a more important role in the rural areas.
5.2.2.2 INTERPRETATION OF RESPONSES

According to the responses parents of disabled children feel that living in the urban area is better due to comfort and available services, but they realise that it is more expensive. The problems due to the rural area may contribute to the frustration and stress of parents of disabled children in the rural area.

5.2.3 CAUSES AND PREVENTION OF DISABILITY

According to literature there are a great number of causes for a disability which can be pre-natal, peri-natal or post-natal (see 2.2.1.1, 2.2.2.1, 2.3.1, 2.4.1 and 2.5.1). Knowledge about the causes enables people to prevent disability.

Questions were posed to determine the knowledge of the respondents concerning causes and prevention of disability. Furthermore a few questions were asked to determine the attitude of interviewees on prevention and termination of disability.

5.2.3.1 QUESTIONS AND RESPONSES

According to your view what are the causes of disability?

**Answer:** Health condition of mother.
- Hereditary.
- Witchcraft and taboos.

According to your culture, what are the causes of disability?

**Answer:** Witchcraft, taboos and forefather attacks.
- Causes by traditional believes.

Do you know of any method to prevent the occurrence of disability?

**Answer:** Protect tradition and culture.
- Visits to clinics.
5.2.3.2 INTERPRETATION OF RESPONSES

According to the responses gained, the modern black people are aware of the causes of disability. The health condition of the mother and hereditary factors are mentioned as the most important causes of disability, while some of them mentioned the role of witchcraft and taboos as well. The respondents are all aware of the fact that according to their culture witchcraft, taboos and forefather attacks are mainly the causes of disability. Although the respondents have a modern view on the causes of disability they view the protection of tradition and culture as more important than visits to clinics in the prevention of disability.

5.2.4 ATTITUDES OF THE FAMILY MEMBERS (PARENTS, SIBLINGS, RELATIVES AND FRIENDS)

According to the literature study, the presence of the disabled person in the family, emerges on different attitudes such as open or disguised rejection, acceptance and overprotection by the spouse, siblings, relatives, even friends for moral support. (see 2.5.3.3, 3.3.2, 3.3.3, 3.3.4, 3.3.5 and 3.3.6). The attitudes differ since many people usually admire or appreciate whatever is good in the Lebenswelt.

5.2.4.1 QUESTIONS AND RESPONSES

What was your initial reaction as parents after being told about the disabilities of your child?

**Answer:** Shock and traumatic experience.

They questioned it.

What was the attitude of your spouse towards you and towards the disabled child?

**Answer:** Seven of ten husbands rejected the child and the mother. Three partially accepted the child.
What was the attitude of the siblings towards the disabled child?

**Answer:** All the siblings rejected the disabled brother or sister.

What is the attitude of your friends?

**Answer:** Seven of the ten respondents reported that their friends totally rejected the mother and the child.

Did you share your problems with your friends?

**Answer:** Eight out of ten respondents never shared their problems with their friends, while three reported that their friends gave them moral support.

What was the attitude of your relatives when it became apparent that your child was disabled?

**Answer:** Ten out of ten totally rejected the disabled child.

What was the attitude of the community towards the disabled people in the past?

**Answer:** They were totally rejected in the past.

The reasons for the rejection were:

It was a curse which could easily spread or affect the children in the community.

What is the attitude of the community towards the disabled people today?

**Answer:** Recently disabled people are partially accepted in the community, but they are still disliked by members of the community.

What is the status of the disabled person in your culture?

**Answer:** They are discriminated against.

They are considered as undesirable.

Does your community care/share concern for your disabled child?

**Answer:** Seven of the ten respondents reported that the community see the disabled as a human being not worthy of living.
5.2.4.2 INTERPRETATION OF RESPONSES

According to the responses gained, the parents, siblings, relatives and friends have a problem in acceptance of the phenomenon disabilities. Shock and traumatic attitudes are experienced, furthermore, they also questioned it. The attitude indicates that disabilities are not easily accepted, for example, seven of ten husbands rejected the child and the mother, some family members called a disabled a monster (see 1.1).

5.2.5 ABUSE OF THE DISABLED

Literature revealed different attitudes of different people towards the disabled. Parents experience the attitude of the siblings, relatives, friends and some community members as rejection of the disabled. They are not only rejected, but also abused (see 2.5.3.17). In most cases rejection is usually associated with abuse, but where there is acceptance there is no abuse.

5.2.5.1 QUESTIONS AND RESPONSES

It is important to shed light on the issue of whether the disabled are abused or not in the community. Therefore the following question was asked to probe the exact attitude.

According to your view as parents, are disabled people exploited?

Answer: All parents stated that disabled people are exploited.

They are discriminated against.

The existing belief is that they are incompetent.

5.2.5.2 INTERPRETATION OF RESPONSES

According to the responses of the parents concerning the issue of abuse, they experience that some of the disabled are exploited and discriminated against, due to their disabilities. This is general exploitation, where it is either at home, the work place, school or in the
community. The report sounds valid since all the parents indicated that disabled people are exploited. They are exploited either physically, morally, sexually or socially.

5.2.6 PROBLEMS ENCOUNTERED BY PARENTS DUE TO THE DISABILITIES OF THEIR CHILDREN

Literature indicated various problems experienced by parents due to the disabilities of their child. Parents experience financial problems, which causes rehabilitation to be limited. Social problems occur where parents are isolated and unable to socialize in the community (house-bound). The cognitive perspective is suppressed by the disadvantages of disabilities manifested in the child's psychic and he/she views life to be dull and even unfair (see 3.3.2 and 3.3.3).

5.2.6.1 QUESTIONS AND RESPONSES

Questions were asked to determine whether there are problems encountered by parents of the disabled due to the disabilities of their children.

What experiences did you encounter in your society due to your disabled child?

**Answer:** All the respondents experienced some difficult situations due to the disabilities of their children.

According to your view, what are the disadvantages of having a disabled child?

**Answer:** Nine of the respondents feel that there is no advantage, in other words only disadvantages.

Reasons for the answer: Sacrifices of the family.

Questioning of the circumstances due to the disabled child.

Which problems do you experience because of your disabled child?

**Answer:** Supporting the disabled is a burden.

Restriction on the family to interact with the society.
Inability to forget about the disabled child and the accompanied circumstances. 
The family actions are coloured by the presence of the disabled person.
One cannot overcome it, because it is a whole (permanent) life problem.

Who cares for your disabled child when you are not available?
Answer: All parents have a problem with care for their children when they are not available.

What type of report do you usually get from caretakers?
Answer: Negative report.

5.2.6.2 INTERPRETATION OF RESPONSES

Parents of the disabled indicated a major problem which is based on the care of the disabled child which affected their social aspect of life. On the other hand disabilities are not temporal, it is something which is permanent, if there is no sight, it will become no more, in other words disabilities are usually permanent, which give rise to different attitudes.

5.2.7 THE INVOLVEMENT OF PROFESSIONAL HEALTH WORKERS IN FAMILIES WITH DISABLED CHILDREN

According to literature review, the life of a disabled person needs the devotion and assistance of the professional health workers. The professional health workers play a major role of bringing forth all the relevant techniques of improving the physical and healthy conditions of the disabled. Their attitude and knowledge play a crucial role in the life of the disabled and their families (see 1.2.2.8 and 2.5.3.13).
5.2.7.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether the professional health workers or the paramedical staff are involved in the care and treatment of the disabled, more especially as part of a mutual relationship in their families.

Is early diagnosis of a child's disabilities necessary?

**Answer:** All the parents stated that an early diagnosis of disabilities is necessary. Parents have insufficient knowledge of the criteria applied for the identification of the disabled. After the identification families were very seldom visited by professional workers.

What is the professional health worker's attitude when you bring your child to the clinic for a check-up?

**Answer:** The attitude is positive.

5.2.7.2 INTERPRETATION OF RESPONSES

According to the responses, parents have insufficient knowledge about disabilities and don't possess the techniques or skills to cope with disabilities. It could be determined according to this research that professional health workers are insufficient in number, because assistance is limited, but according to parents of the disabled, their attitude towards the disabled is positive.

5.2.8 THE ROLE OF THE CHURCH (SPIRITUAL GROUPS)

Some Christians or non-christians postulate that disabilities are caused by various elements according to beliefs (one of the components of the A B C MODEL - see 3.3.8 and 3.3.8.1), more especially Christians who approach life from a positive angle. Literature however puts the attitude of the religious people in a dilemma, because it
reveals that their attitude towards the disabled can be positive or negative, whereas one would expect them to have a positive attitude towards the disabled.

5.2.8.1 QUESTIONS AND RESPONSES

The following question was posed to determine the role of the church towards the disabled.

How often do spiritual groups visit you to encourage you concerning the care of your child?

Answer: Never.

5.2.8.2 INTERPRETATION OF RESPONSES

According to the responses attained, parents of the disabled revealed the dilemma with which the religious people are confronted, for example the Christian philosophy is to love one another, but a person with disabilities is partly not accepted, since most of them don't have the time nor the inclination to visit the disabled.

5.2.9 DIFFERENT METHODS OF CARE OF THE DISABLED

Care is a system which indicates a desire to assist the disabled and this constitutes a positive attitude. This care entails the required assistance according to the nature and degree of the disability. Literature indicates that parents of the disabled experience problems concerning the care of their disabled children, due to the lack of finance, skills or programmes suitable to their needs (see 2.5.3.14).

5.2.9.1 QUESTIONS AND RESPONSES

Questions were asked to determine whether methods for caring for the disabled are necessary.
How desirable is it that home programmes should be introduced?

Answer: All respondents agreed to the introduction of home programmes.

Reasons given:
Parents need moral support to gain courage in order to feel accepted and recognised.
Parents are ignorant and need advice.

How desirable is it that disabled people should be institutionalised?

Answer: Eight out of ten were in favour of an institution.

Have you considered forming a parent support group?

Answer: All respondents were in favour of a parent support group.

Reasons given: Moral support.
Share ideas.
To guide and counsel each other.

5.2.9.2 INTERPRETATION OF RESPONSES

There are various types of care of the disabled which are desired by the parents such as a home visiting programme. All parents are positive towards accepting any knowledge based on the care of their disabled, more especially the consideration, protection, equipping, enabling measures and services to provide social security, protection against deterioration and optimal use of their capabilities.

5.2.10 ORGANISATIONS ESTABLISHED BY THE DISABLED THEMSELVES

This is related to the modern approach of human rights (see 3.5.5.2; Act no. 200 of 1993) which changes attitudes towards disabled people. Organisations for the Disabled empowers parents, initiates projects and negotiates. S.A. today is a fertile place for organisations like the above-mentioned to be initiated. The Organisation for the Disabled determines the attitude of the parents, their interest and commitment.
5.2.10.1 QUESTIONS AND RESPONSES

A question based on organisations for the disabled was posed to determine their involvement in the life of their disabled child.

Do you know anything about the movement called Disabled People of South Africa (DPSA)?

**Answer:** Seven of the respondents were unaware of the movement, but all are positive. After explanation, all respondents were positive about similar organisations.

5.2.10.2 INTERPRETATION OF RESPONSES

Parents of the disabled have a desire to learn if motivated. Seemingly the DPSA fails to reach and motivate all the parents in the black community to generate a positive attitude through equipping them with skills and the knowledge of their rights as parents.

5.2.11 ACCEPTANCE OF THE DISABLED

According to literature, it is usually difficult for the parents to accept the disabilities of their children, since it is a discomforting state of life, full of stress and sorrow and they experience various reactions (see 3.3.2 and 3.3.3).

5.2.11.1 QUESTIONS AND RESPONSES

A question to determine whether the disabled are accepted by their parents was posed.

Do you accept the disabilities of your disabled child?

**Answer:** Three parents always accepted the disabilities of their child, three partially accepted it and four never accepted the disabilities of their child.
5.2.11.2 INTERPRETATION OF RESPONSES

The attitude of parents of the disabled derives from many factors. These include cultural and social class attitudes to the disabled in general. But to a major degree, their attitude derives from their ABC MODEL (i.e. cognitive, affective and behavioural components) as explained in the TRIPARTITE MODEL. The attitudes are according to the individual differences and manifests in acceptance, partial acceptance and rejection.

5.2.12 FINAL INTERPRETATION

Final interpretation of attitude of parents towards their disabled children according to this research revealed findings to be the same in the black community as is determined by literature and empirical studies.

It could be finalised that the conclusion of other researchers is quite similar to this research.

It could be emphasized that the attitudes of parents towards their disabled children, vary from one family to the next. That means it is difficult to find a specific pattern, which was also the case during the research (Spock 1980:42; Wright 1983:315).

The three common attitudes were observed and indentified. It appears that the primary reaction of the parents was negative. Some of the various feelings include embarrassment, shock, disbelief, misery and questionability (see 4.4.1).

It is clear then that all the parents interviewed experienced stress about the disability of their children. Most of the fathers rejected the children, whereas the mothers were more tolerant and positive. It also became clear that it was not easy on the parents, siblings, relatives and community at large to cope with a disabled child.
The TRIPARTITE MODEL / A B C MODEL could be identified in the constitutions of the attitudes.

In conclusion it was found that the attitude of all the parents towards their disabled children in the black community, are equal irrespective of them being Tsonga, Sotho, Venda or Ndebele or the type of disability be it cerebral palsy, blindness or deafness.

At this stage is should be emphasized that FIVE different categories of parental attitudes are found (see 3.2.2 and 4.4.1). It is related to the literature and postulate of the parents of the disabled. The only difference is that this empirical study gives a more detailed report of attitudes than that of the literature and postulate.

5.3 DISABLED PEOPLE IN THE BLACK COMMUNITY

According to the literature study/review, the life of a handicapped encounters many challenges in the Lebenswelt. They are perceived from different levels such as physical, cognitive, affective, social and normative levels. There are various groups who share the life of a disabled. It is reported that the handicaps which are found in such a person, create problems, such as discrimination, regret, rejection (see 3.4, 3.4.1 - 3.4.5 and 4.4.2). These attitudes encouraged the initiation of the Disability Rights Charter, to protect their existence in the community. The modern approach contributes tremendously in this regard.

In the empirical research ten disabled people in the black community were interviewed, because they are confronted with the problem of disabilities that other community members are not faced with. Beside the questions on biographical detail questions were set to probe more information regarding the effect of residential areas, knowledge about the causes and prevention of disabilities, attitudes of family members, attitude of the community towards the disabled, abuse of the disabled, severe injustice in the life of the disabled caused by negative attitudes, organisations established by the disabled themselves, attitude influenced by education, attitude of the disabled towards their disabilities, attitude of the church and government. The questions were asked
to determine the attitude of their families and the black community towards the disabled people.

Ten disabled people were interviewed where possible, taking into account factors such as availability and distance, living address and willingness to cope were considered. Where possible, the second choice from additional families was taken. The disableds' statistics are displayed in the biography.

5.3.1 BIOGRAPHY: DISABLED PEOPLE IN THE BLACK COMMUNITY

Biography of the disabled people in the black community (see Table 5.2), is given in order to comprehend this research where the background of the interviewees is given. The interviewees had to give their gender, age, cultural grouping, disabilities, occurrence, aetiology, its nature and a person with whom they live. Six males and four females were interviewed. Six were under the age of fifteen and four between forty one and sixty. They all belong to a church. Different kinds of disabilities occurred of which five are due to pre-natal, one to para-natal and four to post-nasal causes. Ten phenomena which caused disabilities are given. Four of the disabled live in urban and six in rural areas.
<table>
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<th>TABLE 5.2</th>
<th>BIOGRAPHY: DISABLED PEOPLE IN THE BLACK COMMUNITY</th>
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<td></td>
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<td>CULTURAL GROUPING</td>
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5.3.2 RESIDENTIAL AREAS

According to the literature review, most of the disabled have a residential problem. More especially the buildings and surroundings of their Lebenswelt which are not accessible to the disabled (see 2.5.3.9). In addition, attitudes are also influenced according to the area (rural or urban) where the disabled lives (see 3.3.11.1 and 3.3.11.2).

5.3.2.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether disabled people experience more difficulty living in an urban area as opposed to a rural area.

According to your view, what are the advantages for disabled people living in a rural area?

Answer: Disabled are relatively safe from thuggery.
There is less political violence.
They do not have to contend with busy streets.
Poor people are not judged by their attire.

According to your view, what are the disadvantages for disabled people living in rural areas?

Answer: It is difficult for them to engage in lovemaking due to the strong influence of taboos adhered to by rural families and communities.
Facilities are unsuitable or non-existent.
No jobs for the disabled and most are regarded as being incompetent.
The government usually attends to the needs and crises of people in urban areas.
Most of the parents feel embarrassed, their disabled children are hidden away from the public.
They are embarrassed to be seen with their wives, boy-/girlfriend using calipers or wheelchairs in the streets.
They live unchallenging lives and have little experience which leads to
inhibited self-development.
Most disabled people receive pity, but that is not what they need.
They are looking for assistance and acceptance.

According to your view, what are the advantages for disabled people living in an urban area.

**Answer:**
There are fewer obstacles and it is more comfortable because of accessibility for wheelchairs.
Possible medical care, facilities, clinics, recreational opportunities and facilities are easily accessible and situated nearby.
Urban area problems, rather than rural area problems are addressed first by the government.

According to your view, what are the disadvantages for the disabled people living in an urban area.

**Answer:**
They encounter economic problems.
Facilities are for the non-disabled, housing and most recreational facilities are not accessible to the disabled.
Discriminating attitude is prevalent, especially in the work place.
Political violence is more likely to occur than in a rural area.
Disabled people often become the targets of street fights.

**5.3.2.2 INTERPRETATION OF RESPONSES**

According to the report of the empirical study, the disabled feel there are fewer obstacles and more comfortable living in an urban area. Possible medical care and facilities are easily accessible and situated nearby, but they encounter economic problems. On the other hand there are quite a number of disadvantages for disabled people living in rural areas, because most of the areas are usually underdeveloped.
5.3.3 CAUSES AND PREVENTION OF DISABILITY

Literature reveals that there are numerous causes of disabilities occurring during the pre-natal, para-natal, neo-natal and post-natal stages (see 2.2.1.1, 2.2.2.1, 2.3.1, 2.4.1 and 2.5.1). The society desires to attain knowledge about the causes in order to prevent disabilities from occurring in the life of the non-disabled.

5.3.3.1 QUESTIONS AND RESPONSES

Questions were set to determine the knowledge of the respondents concerning causes and prevention of disabilities.

According to your view, what are the causes of disability?

**Answer:** Accidents, political violence, thuggery and unrest.
Drug abuse.

Do you have the desire to promote the prevention of disabilities in society?

**Answer:** Ten out of ten have a very strong desire for the prevention of disabilities in any society.

Reasons for the prevention were:
- to avoid the mushrooming number of disabled people,
- to spare frustrations of the disabled and their families, and
- disability is undesirable and embarrassing.

5.3.3.2 INTERPRETATION OF RESPONSES

According to the responses disabled people have a strong desire for the prevention of disabilities in any society. The problem of disabilities is its undesirability and it is therefore important to prevent and highlight its causes.
5.3.4 THE DISABLED AND ATTITUDES OF THEIR FAMILY MEMBERS (PARENTS, SIBLINGS AND RELATIVES)

According to the literature study, the disabled experience different attitudes from their parents, siblings and relatives (see 3.3.1 - 3.3.5). Their common attitudes are feelings of embarrassment, shock, grief, anger, sadness and despair. Feelings of pity, and loss are common, according to the culture, because their surname is affected, mainly in their production process.

5.3.4.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether the disabled accept their disabilities and whether they are accepted in their families.

To what extent do you accept yourself as you are?

- [ ] Totally accepted
- [ ] Accepted
- [ ] Partly accepted
- [ ] Totally unaccepted
- [ ] Unaccepted
- [ ] Partially unaccepted

**Answer:** Ten out of ten totally do not accept their disabilities.

What is the attitude of the parents towards their disabled children in the past and the present?

- [ ] Totally accepted
- [ ] Accepted
- [ ] Partly accepted
- [ ] Totally unaccepted
- [ ] Unaccepted
- [ ] Partially unaccepted

**Answer:**

- Only one out of ten was totally accepted.
- Two out of ten were accepted.
- Four out of ten were partially accepted.
- Three out of ten were totally unaccepted.

At this stage:

- [ ] Three out of ten totally accept their children.
- [ ] Three out of ten accepted them.
One out of ten partially accept their child.
The last three are totally unacceptable.

Are there unforgettable, frustrating attitudes that you have had with your parents?

**Answer:** Three out of ten experience a minor negative attitude.
Seven out of ten experience unforgettable frustrating attitudes.
(Short stories are given, but only **FOUR** attitudes will be revealed.)

1. "My family openly rejected me for 20 years. They disappeared when I was 6 years old. The social workers worked very hard to find them, but for 20 years all was in vain. They were eventually found and threaten with being arrested if they didn't care for me. I was afraid of them. The social worker took me to them, but when she left, their attitude changed radically. When I visited them in the December holidays, they refused to take me to the toilet (small room), they told me to get help from somebody who is 26 km away to take me to the toilet, or to get help from my mother who is dead (committed suicide because of my disabilities). That is why I stayed away for 4 - 5 years without seeing them ... I'm a heavy burden to them (my father and stepmother). I'm really scared of them, mostly of being poisoned. In the morning they don't greet me; this behaviour and treatment was also done by my real brother." (The interviewee lives in a home for the disabled.)

2. "My parents use the words 'you cripple!' instead of 'a disabled'. They hate me, for example, when I talk they always interrupt me ... 'you cripple, you stupid!' They even use vulgar words which is too bad. I am never respected in the family, but I really deserve it, because I respect them. This attitude makes me feel unhappy! They usually say: 'I have no time for you' ... they have no desire of helping me whenever I need it."

3. "My father failed to pay my school fees, it is an unforgettable and frustrating experience, because they have destroyed my future. It is a cancer in my heart. I feel bad, because he had managed to pay fees for my other brothers. I believe we are all equal, and today my brothers and I have families. I realised that I live a
better life than the type of life they live. I am more highly respected than my normal brother."

4. "I remember when I was in a special school, my parents used to treat me with a feeling of pity. They would refer to me as the government's son. This attitude strongly deprived me of part of my development, and this is unforgettable.

Is there a difference between the attitudes of your father and mother towards you?

☐ Not at all  ☐ Quite a lot  ☐ Not much  ☐ A lot

Answer:

Two out of ten respondents stated that there was no difference at all.

One out of ten not much difference.

Five out of ten stated that the difference was quite substantial.

One out of ten said there was a big difference.

What is the attitude of your siblings towards you?

Answer:

One out of ten feel totally accepted.

Three out of ten feel partially accepted.

Six out of ten feel totally unaccepted.

Reasons of the totally unaccepted were:

☐ His brothers tried to drown him in the water dam in an attempt to kill him.

☐ Her sister will never buy her any new clothes, she is only given very old clothes.

☐ One disabled complained that her sister claims that she (the disabled) is not fit to live with her in the same family.
What is the attitude of your relatives?

**Answer:**

- Two out of ten are partially accepted.
- Eight out of ten are totally unacceptable.

Reasons were:
- Disabilities affect their surname.
- Disabilities promote genetic disabilities.

They are very sarcastic. Some are **NOT** afraid or have **NO** conscience when they say: "I have no spoon to give a cripple in my house!!"

According to your view as a disabled, what is the attitude of the parents with non-disabled children?

**Answer:**

- Two out of ten accept the disabled.
- Three out of ten partially accept them.
- Five out of ten totally reject the disabled.

**5.3.4.2 INTERPRETATION OF RESPONSES**

According to the responses, disabled people are confronted with different attitudes towards them from their parents, siblings and relatives. There is a paradigm of attitudes when comparing the past and the present. There have always been **FOUR** types of attitudes, total acceptance, acceptance, partial acceptance and total rejection.

**5.3.5 ATTITUDE OF THE COMMUNITY TOWARDS THE DISABLED**

Literature indicate that there are many underlying factors which influence various attitudes and feelings, for example personal contact, experiences, sex, status, poverty, age, culture, environment, Christianity and/or religion (see 3.3.7, 3.3.8, 3.3.8.1, 3.3.8.2).
The community would choose able-bodied, industrious, creative men and women and well-behaved, charming children who are good and have the potential to recreate their parents' idealized images of themselves. Progressive and non-disabled people are highly appreciated in the black community. This is validated with the idea of failing the disabled.

5.3.5.1 QUESTION AND RESPONSES

Questions were asked to probe the attitude of the community in the past and the attitude of the community today.

What was the attitude of the community towards the disabled in the past?

Answer:

All ten of the disabled were strongly against the negative attitude of the communities of the past.

The reasons were: Disabled people were regarded as stupid and also as an embarrassment to the community.

Disabled were killed.

What is the attitude of the community today?

Answer:

All ten of the disabled believed that very few community members accept them.

The majority disregard the disabled.

The reasons were:

- Most of the community members are not willing to change their attitudes due to the traditional way of thinking.
- Most are ignorant, yet they don't know what the future holds for them as these are people who cannot cope with changes.
- The community, including the government, were extremely negligent, "they thought we were welfare, pity and charity cases and not people."
- On the other hand, the disabled at least accept the improvements which are
presently taking place, because although few there are schools and centres for the disabled. (This comment is according to some of the disabled interviewed.)

Is the care of the disabled being monitored in the community?

**Answer:**

- Six out of ten disabled stated that it is never monitored.
- Two out of ten experienced regular monitoring.
- Two out of ten experienced erratic monitoring.

### 5.3.5.2 INTERPRETATION OF RESPONSES

According to the response the negative attitude of the black community towards the disabled in the past, was strongly condemned by the disabled. Today most of the community members are ignorant which result in feelings of pity. The community paradigm of progress and positive attitudes are highly appreciated by the disabled. There are some of the community members who contribute tremendously in the field of positive acceptance of the disabled. The respondents have realised that they are accepted by very few people in the black community. The black community is aware of the existence of the disabled, but are unable to accept them due to their attitudes.

### 5.3.6 ABUSE OF THE DISABLED

According to literature, the disabled are exploited or abused due to their disabilities. Abuse is one of the features validating negative attitudes towards this phenomenon. Literature reveal the global picture on the issue of disability abuse (see 3.3.12 and 3.3.12.1).

#### 5.3.6.1 QUESTIONS AND RESPONSES

It is crucial to shed light on whether the disabled are exploited in the present community. Various questions were posed in this regard.
According to your view, are the disabled exploited in your present community as a result of attitude?

**Answer:** All the respondents are of the opinion that disabled are being exploited.

Reasons given:

**Exploited at home**

- They are given menial tasks / inferior jobs, e.g. they become watchmen, must clean the toilets, feed the pigs and chickens.
- They get pensions which are used to support the whole family in some instances.
- Given derogatory names.

**Exploited at the workplace**

- They are given too strenuous work with lower wages.
- They are regarded as cheap labourers, some earn R20-R30 per month.
- In some cases they are not recommended for promotions and merits, and not regarded as people with intelligence or with leadership skills.
- They are rubbish collectors and street sweepers.
- They are given jobs that would prove that they don't deserve the jobs, e.g. to finish before 10 a.m. (measuring stick of time).

**Exploited at school**

- Teachers often refer to them as "you cripple, deaf or blind", which is humiliating.
- Teachers are insufficiently trained, therefore they cannot identify whether a student/child has a learning problem leading to the abuse of the disabled, e.g. "You cannot cope, stupid!"
- Finally, female disabled are sometimes sexually abused.
5.3.6.2 INTERPRETATION OF RESPONSES

The respondents have realised that some of the community members accept them, BUT they are sometimes exploited at home, at the work place as well as at school. The attitudes given really indicate a genuine abuse. These attitudes also indicate that flexibility exists, because a positive person may consequently become negative and abuse the disabled. Attitudes are FLEXIBLE!

5.3.7 SEVERE INJUSTICE IN THE LIFE OF THE DISABLED CAUSED BY NEGATIVE ATTITUDES

Literature indicates some of the severe problems which are experienced by the disabled (see 2.5.3.3, 2.5.3.10 and 2.5.3.11). These problems encourage a poor self-concept in the life of a disabled, such as rejection which often leads to helplessness against physical abuse like rape and suicide.

5.3.7.1 QUESTIONS AND RESPONSES

Questions were asked to determine whether disabilities become a burden due to severe injustices in the life of the disabled.

Will the disabilities become a burden to you if the society, the family and the state fail to meet your needs?

- Not at all
- Not much
- Quite a lot
- A lot

Answer: Ten out of ten disabled stated that if their needs are not satisfied the burden would be increased quite a lot.

Reasons were:

- They feel as if they have a double punishment.
- It shows that they are not human beings.
They blame God for creating them.
Questioning why they were born and what was wrong with their parents.

Does the negative attitude raise psychological, physical and social problems for you as a disabled?
**Answer:** All of the ten disabled have quite severe psychological, physical and social problems, due to the negative attitudes.

Reasons were:
- It raises many questions and recriminations.
- One albino said: "Sometimes I regret and blame myself that God created me in this image, I always feel inferior."

Do you regard your disabilities as a curse and a burden to others?
**Answer:** Ten out of ten disabled never accept that their disabilities are a curse.

Reasons were:
- Their disabilities can only become a burden to others if they are not accepted at home, at school, at church, in the work place, if unemployed and in the society at large and by the government.

**5.3.7.2 INTERPRETATION OF RESPONSES**

According to the response, disabled people feel life to be unfair when they are unjustly treated in the community. Negative attitudes experienced compel the disabled to regard life and disabilities as a burden.
5.3.8 ORGANISATIONS ESTABLISHED BY THE DISABLED THEMSELVES

According to literature a modern approach towards the disabled motivated the disabled to react against the unjust practices of negative attitudes experienced in their community. It stands to reason that any violation of a disabled person's rights would be a thorn in the flesh of the disabled (see 3.3.5.2). They wish to plan together and empower one another. Their common slogan is nothing about us without us.

5.3.8.1 QUESTIONS AND RESPONSES

A question was asked to find out if the disabled are aware of and interested in organisations which are for the disabled only.

Are you aware of the organisation called DPSA?
Answer: Seven out of ten are aware of the DPSA and three are unaware of the DPSA.

5.3.8.2 INTERPRETATION OF RESPONSES

According to the responses gained, it became clear that many disabled people are interested in becoming members of organisations in order to defend themselves to prove their abilities in the black community and to ward off negative attitudes. Their whole desire is to be recognised by the community. Through organisations all issues related to their lives can be empowered and addressed.

5.3.9 ATTITUDE INFLUENCED BY EDUCATION (MAINSTREAM, SPECIAL OR INITIATION SCHOOLS)

This section in the research was included to cater for all the living areas of the disabled in order to reveal some attitudes in the school situation. Most of the disabled and the community are in a dilemma of whether they should attend a school, special or
5.3.9.1 QUESTIONS AND RESPONSES

Disabled people experience different attitudes from the mainstream, special and initiation schools. Questions were set to determine whether the disabled prefer special or mainstream schooling.

Do you wish to be separated from mainstream schooling?

**Answer:** Four out of ten expressed that they did not wish to be separated from mainstream schooling, but six out of ten expressed the wish to be separated from the mainstream.

According to your view, what are the advantages of placing disabled children in a mainstream school?

**Answer:** They desire integration to engender a positive attitude. Disability will not be regarded as a strange ideology amongst the able-bodied. The disabled would be convinced that they are equal to the non-disabled. One of the disabled said: "I don't see any advantage."

According to the disabled, what are the disadvantages of placing disabled children in a mainstream school?

**Answer:** The principal and teachers are not trained to teach the disabled pupils, e.g. blind, deaf and mentally retarded pupils, and this results in a negative attitude. The distance from schools might be an obstacle, including buildings which are not accessible for the disabled. Difficulty to participate in sport, dance or any extra mural activities. Derogatory names might be given. It might be difficult to attend different periods due to the use of a wheelchair.
or having to crawl on rainy or hot days.

According to the disabled, what are the advantages of placing disabled children in a special school?

**Answer:** They would easily cope with the situation. There would be no embarrassment regarding their disabilities. They would be able to participate in any activity. School buildings are accessible for the disabled. Teachers are trained to teach the disabled. Teaching facilities are geared for use by the disabled.

What are the disadvantages of placing disabled children in a special school?

**Answer:** There are special schools but "no special jobs!" and there is no special society and no special profession. It encourages laziness as everything is done for them and they always depend on others. It encourages a stigma being attached to a disability. There is deprivation to human development. The school becomes like a zoo, they are hidden away.

Do you wish to attend initiation school?

**Answer:** Ten out of ten have no desire to attend initiation school, because of the bad conditions experienced.

**5.3.9.2 INTERPRETATION OF RESPONSES**

According to the responses gained, the disabled have indicated a few advantages of placing disabled children in a mainstream school. Although integration could engender positive attitudes more disadvantages were given. On the other hand, advantages and disadvantages of placing a disabled in a special school are almost equal. The reports given indicate an element of choice in order to emancipate them. Finally it is surprising
to pronounce that respondents have no desire to attend initiation school.

5.3.10 ATTITUDE OF THE DISABLED TOWARDS THEIR DISABILITIES

Literature indicates that most of the disabled people have a score of disabilities which could not be easily accepted. They also emerge on attitudes of embarrassment, anger, guilt feelings, inferiority complexes, dependent lifestyles, helplessness and loneliness (see 3.4., 3.4.1 - 3.4.4).

5.3.10.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether the disabled accept themselves with their disabilities.

To what extend do you accept your disabilities?

**Answer:** Nine of the disabled have a negative attitude and fail to accept their disabilities, only one accepted his disabilities.

According to your view, what are the disadvantages of being a disabled?

**Answer:** Nine of the ten disabled people experience disadvantages of being disabled.

Reasons:

- They are unable to participate in some of the extra-mural activities.
- They are unable to manage time, because of disabilities.
- They were sometimes exploited by the able-bodied.
- They were discriminated against when looking for jobs.
- In general they are not totally accepted.
- They are sometimes unable to reach their goals.
- They always have to beg people to help them.
- Resources and infra-structures are not made accessible to address needs of disabled people.
They are regarded as burdens to society by complicating situations, e.g. in the taxi, bus or post office. Possible answers are: “I have no time for you!”

(Examples of the "THORN OF BEING A DISABLED")

1. "I will be unable to drive a car, to be a policeman or doctor for the rest of my life. Furthermore, I attend my Std. 8 in a mainstream school, they sometimes ask me to write on the chalkboard, but I am unable to do so, because of my deformed arms (congential paraplegia), this leads to being laughed at."

2. "It's about my family. My mother was tortured by the family, because of having a disabled child and she eventually committed suicide. I live in an after-care centre. In December 1992 I went home where I was totally rejected by my father, stepmother and siblings. When I said good bye to my stepmother, she said to me: "Please, never come back!" I have accepted, because my father will never take me to the toilet, give me food or wash my clothes. In 1993 I wrote letters, but there was no reply.

I lived for 16 years without knowing who they were, because I was left at Baragawanath Hospital. They were traced in 1971, but disappeared and only traced again in 1986. For 7 years we experienced a very poor relationship, until I was told not to return. In conclusion I have experienced that having a disability is not a good thing, because it drives people away from me" (a wheelchair bound disabled).

3. "I feel too bad and miserable even today, because in 1977 I became pregnant and on the 5th April 1978 the baby was born. My son was hidden, because of my disabilities (paraplegia). I was told that my child had died, they never brought it to me. After 3 days in the hospital ward, I overheard the nurses talking, while they thought I was asleep. One of them said, "...’s child is crying", they mentioned my name, that proved that my child was not dead. The father of my child, who is also a disabled, but who can walk and work, came to see the child, but they refused to let him see the child. What worried us was that the baby was alive and normal. My
parents were informed, but there was no response, then the child had to stay at the hospital for three months, and the baby was eventually adopted. Later I came with my parents to fetch the baby, unfortunately it was too late, and the social worker refused. Since 1978 till now (1995) I am still affected by this (seventeen years). I cannot sleep and experience nightmares. My life is overcome by frustration and this incident which destroyed my life, will never be forgotten till the day I die."

4. "In 1994, I went for an interview, and a test was given to me. I completed everything accordingly. After that I was told that they in fact needed somebody who could do data collecting and office cleaning, which was total intimidation and discrimination. On the other hand I obtained honours on my computer science diploma, but today it seems useless!

Another problem is my family. I do not sleep when I try to think of my background, because life in general is undesirable and there is no pleasure at all. In short I have no peace of mind since I'm unemployed and have a poor background."

5. "Because of my disabilities, I had to endure the following severe problems: Firstly, I lost my job. Secondly, I was openly and severely rejected by my husband. He did not want to see me anymore, although I was very pretty. Therefore I have to live with my parents, where my mother positively accepted me, although it was a problem to nurse both my very sick father and I. Thirdly, I was, and still am, rejected by my younger sister. She really did not like me and my heart was very sore! She said I must go away, and she fought for my admission to the after-care centre for the disabled. She said I must leave, and in 1973 I did leave for the after-care centre, which is +/- 550 km away from my home. In 21 years time I only saw her once. She bought me old blouses and that was Amen!"
What are the advantages of being disabled?

Answer: Their relationship with God is deeper as He accepts them unconditionally.

5.3.10.2 INTERPRETATION OF RESPONSES

According to the responses gained, disabled people fail to accept their disabilities and they are also aware of the fact that they are partially accepted in the community. They have much more to tell. Some examples which verify the dilemma of being a disabled and being undesirable were given.

5.3.11 ATTITUDE OF THE CHURCH

According to literature a church is a source of life which is characterised by a belief, doctrine and code of conduct. Moreover a church or religion is a source of peace, reconciliation and punishment according to the black community (see 3.3.8 and 3.3.8.1). It also came to light that some churches like the Dutch Reformed Church are involved in fundraising campaigns for the development of the disabled.

5.3.11.1 QUESTIONS AND RESPONSES

A question was asked to find out what the attitude and the role of the church in the life of the disabled entails.

What is the attitude of the church or spiritual group towards the disabled?

Answer: Ten out of ten disabled stated that the Church has a partial attitude towards them.

5.3.11.2 INTERPRETATIONS OF RESPONSES

According to the responses, the attitude of the church towards the disabled does not satisfy the disabled, since it is not fully involved. In general the black community people
and the disabled are always expecting all the best from a church.

5.3.12 ATTITUDE OF THE GOVERNMENT

The government contributes to the life of the disabled by supplying schools, training centres, the training of multi-professionals to aid the disabled, study grants and subsidies, working hand in hand with different organisations for the disabled (see 3.5.4). Unfortunately the government fails to produce enough assistance in the black community.

5.3.12.1 QUESTIONS AND RESPONSES

A question was posed to find out whether the government carries out its responsibilities towards the disabled.

What is the attitude and responsibility of the government towards the disabled?

**Answer:** Ten out of ten are not satisfied with the attitude of the government towards them.

Government does not recognise their grievances.

They believe the government should listen and consult with the disabled.

Their slogan is: "Nothing about us is without us!"

5.3.12.2 INTERPRETATION OF RESPONSES

The disabled are not satisfied with the attitude of the government towards them, since it fails to recognise their grievances. This is a dual problem which is also experienced by the non-disabled, where some of their grievances are not recognised.

✓ 5.3.13 FINAL INTERPRETATION

In comparison to literature and the postulate, it could be finalised from the empirical study that different areas of the disabled's Lebenswelt have been covered. The empirical study
verified some of the issues such as the attitude of their families, which does not satisfy the
disabled where the attitude correlates with literature. They are also dissatisfied with their
living areas and the attitude of the community at large. In some cases the community is
associated with the abuse of the disabled. From the literature there is an indication that
the disabled are not totally accepted, where the empirical study also indicates that the
disabled are only partially accepted. It is verified by the problems indicated. Moreover,
the church is expected to be more positive, but the report contradicts the status quo of the
church. Both negative and positive influences were indicated. This report is due to the
TRIPARTITE MODEL / A B C MODEL and the postulates which expected a "rainbow" of
attitudes with a cluster of obstacles (see 4.4.2). Anger, embarrassment, self-pity,
self-denial, even self-directed questions are common in the life of a disabled person. It
is quite similar to literature, postulate and empirical findings. They really do not accept
their disabilities and the "rainbow" of attitudes experienced.

5.4 SIBLINGS OF THE DISABLED

According to the literature study researchers in this field focused on the ways in which
disabilities influence attitudes, behaviours and feelings of the siblings. Thus both negative
and positive influences were identified in the relationship between the disabled and their
siblings. These attitudes were found to be reciprocal. They encounter problems such as
self-pity, embarrassment, shame, anxiety, insecurity, withdrawal, nervousness and poor
performance at school. On the other hand some siblings display a positive attitude
towards their disabled brother/sister according to some of the parents. Siblings are
classified into seven types (see 3.3.4 and 4.4.3).

In the empirical research ten siblings of the disabled in the black community were
interviewed, because they constitute an integral part of the family of the disabled
brother/sister. Besides the question on biographical detail questions were set to probe
more information regarding the effect of their attitudes towards their disabled
brother/sister. Attitude of the family, relatives, friends, neighbours, attitude influenced by
religion, the attitude towards the disabled in general perspective, special place for the
disabled to live, problems associated with the disabled family member and attitude influenced by education were questioned. The questions were asked to determine the attitude of the siblings in the black community towards the disabled and possible causes of attitude.

### 5.4.1 BIOGRAPHY: SIBLINGS OF THE DISABLED

Ten siblings of the disabled were interviewed. Four males and six females were interviewed, seven were under the age of thirty and three between thirty one and forty. They all belong to a church, the nature of disability of the brother/sister is given. Four of the siblings live in urban area and six in rural areas.

In order to put the responses to each of the interviews into perspective, it was necessary to obtain certain biographic data, such as gender, age, cultural grouping, church, nature of disabilities and residential area from the siblings of the disabled. These are displayed in the Table 5.3.

### 5.4.2 THE ATTITUDE OF THE SIBLINGS TOWARDS THE DISABLED BROTHER/SISTER

According to literature disabilities influence both negative and positive attitudes in the life of a sibling. It is difficult to accept but at some stage siblings cope very well with their disabled brother/sister (see 3.3.4).
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<thead>
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<th>TABLE 5.3</th>
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<tr>
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<th>BLIND</th>
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| TOTAL | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 | 10 |
5.4.2.1 QUESTIONS AND RESPONSES

Questions were structured to determine whether the siblings have a negative or positive attitude towards their disabled brother or sister.

What was your initial feeling towards your brother/sister when you became aware of his/her condition?

Answer: Three of the ten siblings partially accepted the condition with pity.
Seven of ten siblings did not accept the disabilities of the brother/sister in the family.

Reason:
• They expected a normal person, and it became a serious problem to them.

What is the feeling towards your disabled brother/sister now?
Answer: Eight of the ten at present partially accept them.

Some reasons for this:
• The age factor influenced their decisions/views.
• A brother is a brother and nothing could change that.
• The realization that the disabled have abilities too. One said: "Some can do things which we are unable to do."

On the other hand two of the ten do not entirely accept their disabled brother/sister.

5.4.2.2 INTERPRETATION OF RESPONSES

According to the responses, siblings of the disabled feel that accepting a disabled as a brother/sister was not possible since they expected a normal brother/sister. They partially accept the disabled sibling, but the disability still causes problems. They are usually affected by the high degree of dependence of the handicapped child at some stages,
which promotes negative attitudes.

5.4.3 ATTITUDE OF THE FAMILY, RELATIVES, FRIENDS AND NEIGHBOURS

The attitude of the family members, relatives, friends and neighbours is characterised by shock since they desired a normal child (see 3.3.4 - 3.3.6).

5.4.3.1 QUESTIONS AND RESPONSES

Questions were asked to determine the types of attitudes experienced by the siblings in their families.

What is the attitude of your parents towards your disabled brother/sister?

**Answer:** Three out of ten siblings reported that parents do not accept the disabled brother/sister.

Seven of ten reported that they are accepted, but not entirely accepted due to the problems they encounter.

Seven of ten stated that disabilities of the brother/sister was the particular cause for the father to run away.

Are you treated equally by your parents?

**Answer:** Four of ten are fairly and equally treated by their parents. Six out of ten are not equally treated.

Reasons for the answer:

- The disabled enjoy more pampering, although their disabilities are not entirely accepted.
- The mother is the one who most often behaves in an unfair manner.
What is the attitude of your grandparents and other relatives towards your disabled brother/sister?  
**Answer:** Ten out of ten indicated that the disabled are not entirely accepted.

What is the attitude of your friends towards your disabled brother/sister?  
**Answer:** Six of ten siblings' friends partially accept the disabled. Four of ten do not accept and are afraid of the disabled. All ten siblings seldom speak about their disabled brother/sister to their friends.

What is the attitude of your neighbours towards your disabled brother/sister?  
**Answer:** All ten siblings indicated that their neighbours partially accept the disabled person.

Reasons were:

- They are unable to communicate with the deaf disabled.
- They believe that the disabled are used for witchcraft.

### 5.4.3.2 INTERPRETATIONS OF RESPONSES

According to the responses, siblings realised that the disabled are not easily accepted. Some of their friends also have a problem in accepting the disabled. Neighbours are also partially accepting the disabled.

### 5.4.4 ATTITUDE INFLUENCED BY RELIGION

Literature indicated the importance of religion in the life of an individual. Religious philosophy is very important in the black community.
5.4.4.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether the religious aspect of life is associated with
disabilities and also to find out whether the church plays a role in the life of the disabled.

Do you think it is witchcraft that caused your brother/sister to become disabled in your
family?

Answer: Four of ten believe it is witchcraft.
Six of ten believe that it is not witchcraft.

Reason:
- God can do everything beyond the influences of the knowledge of witchcraft and
  magic.

Do you think your brother/sister became disabled because your parents have sinned?

Answer: Nine out of ten siblings totally disagree that the brother/sister became
disabled because the parents have sinned.
Only one partially disagreed.

Is the family blessed to have a disabled family member?

Answer: Three out of ten believe it is a blessing. Indicating that it is like death which
takes place to any family at any time.
Seven siblings believe it is not a blessing.

Reasons were:
- It is expensive to care for a disabled person.
- People ask many questions about the disabled person.
- A family with a disabled is a "sick family".

What is the attitude of the church towards your disabled brother/sister?

Answer: All ten siblings reported that their churches had NO time for the disabled and
Do the church people sometimes visit your family to show love towards your disabled brother/sister?

**Answer:** Nine out of ten siblings reported that the church people have no time at all for visiting the disabled.
One indicated that they visit them but not regularly.

5.4.4.2 INTERPRETATION OF RESPONSES

Since all siblings are church members, they are not deeply influenced by witchcraft and revealed that parents did not sin, but that disabilities were not regarded as a blessing either.

Although respondents are church members, it was revealed that the church in the black community is still not devoted to the life of the disabled. The attitude of the church is negative.

5.4.5 THE ATTITUDE TOWARDS THE DISABLED IN GENERAL PERSPECTIVE

Siblings are part of the black community, who indirectly experience the general perspectives towards the disabled, such as the advantages and disadvantages of having a disabled member in the family.

5.4.5.1 QUESTIONS AND RESPONSES

Questions were set to determine the attitude of the siblings towards the disabled in general perspective.

What are the advantages of having a disabled brother/sister?

**Answer:** Nine of ten siblings stated that there are **NO** advantages.
One realised that there were advantages. 

Reasons were:

• Today they have a lawyer in their family (blind sister).
• They are given pension.
• They are jokers.

What are the disadvantages of having a disabled member in the family?

Answer: Nine of ten siblings experienced many disadvantages.

Reasons were:

• They need a lot of attention.
• They always work for them, e.g. cooking, washing and so on.
• Most of them cannot do any difficult work.
• Love is not equally shared by the parents.
• They are over-demanding and most are never satisfied and over-critical in their attitudes.

5.4.5.2 INTERPRETATION OF RESPONSES

According to the responses, siblings mostly believe that there are no advantages of having a disabled brother/sister, because more disadvantages were indicated. They realised the over-demanding lifestyle of the disabled. This does not mean that the disabled are totally rejected by all siblings.

5.4.6 SPECIAL PLACE FOR THE DISABLED TO LIVE

Due to the literature review, reciprocal attitudes of the siblings were reported where their behaviour and feelings are affected by a number of other family members other than a disabled. Where the caring of the disabled is necessary, residential place for the disabled might be necessary at this stage of life (see 2.5.3.9).
5.4.6.1 QUESTIONS AND RESPONSES

Questions were asked to determine a suitable and comfortable place for the disabled to live.

Do the disabled need a special place to live (home centres)?
**Answer:** All ten siblings indicated that it is necessary.

Reasons were:
- The disabled will have peace of mind.
- To initiate their future families.
- To be skilled to earn a living.
- To understand themselves and to be useful community members.
- To be competent in all spheres of life, where possible.

Do you wish your disabled brother/sister could attend a mainstream school?
**Answer:** All ten siblings do not wish the disabled to attend a mainstream school.
Ten out of ten siblings, do not wish to attend with the disabled.
Ten out of ten desire them to attend a special school for the disabled.

Reasons for the answer:
- Communication is possible for the deaf.
- It is possible for the blind to read, write (braille).
- The disabled feel at home without inferiority complex.
- Teachers are specially trained (Diploma in Special Education).
- Facilities for their education are adequate.
- The openly rejected (parentless) are protected.

Is it important that your disabled brother/sister would attend initiation school?
**Answer:** All ten siblings of disabled discouraged the idea, because the conditions are unfavourable.
5.4.6.2 INTERPRETATION OF RESPONSES

According to the responses, special places for the disabled only, are quite necessary. They are convinced that such places would be more convenient in the lifearena of a disabled brother/sister.

According to them, it is also more convenient when the disabled attend their own school or special school since facilities for their education are adequate. Initiation school for boys is discouraged.

5.4.7 PROBLEMS ASSOCIATED WITH THE DISABLED FAMILY MEMBER

Literature reveals that some of the siblings are positive or negative towards their disabled brother/sister (see 3.3.4).

5.4.7.1 QUESTIONS AND RESPONSES

Questions were posed to determine if there were ever any problems associated with the disabled as family member.

How much trouble does it cause to take your brother/sister to a party, church or town?

Answer: All ten siblings stated that it is a serious problem.

Reasons were:

- A deaf disabled struggles to convey the message to the siblings which causes the disabled to feel unhappy and embarrassed and even angry.
- At church no one can interpret for the deaf person.
- No special transport available (wheelchair users). The disabled feel embarrassed to find themselves among the able-bodied.
- They are unable to walk fast.
- It is difficult to carry a disabled person.
Which other problems are associated with the disabled?

**Answer:** All ten siblings indicated some problems experienced.

Reasons were:
- Poor living conditions.
- Lack of food.
- Sometimes no money to consult a doctor.
- Blind and crippled have a mobility problem.

### 5.4.7.2 INTERPRETATION OF RESPONSES

According to the responses, siblings of the disabled experience problems when taking a disabled brother/sister to any occasion even to church. Although some of the siblings are positive, some of the situations became an obstacle to the siblings and therefore constituted a negative attitude.

### 5.4.8 ATTITUDE INFLUENCED BY EDUCATION

According to literature education is always an answer in the individual's life including that of the disabled (see 3.3.10).

### 5.4.8.1 QUESTIONS AND RESPONSES

A question was asked to determine whether education is necessary for disabled people. What is the aim of educating the disabled people?

**Answer:** To help themselves in different aspects of life.

To have a better knowledge of any event which take place.

To be skilled and become independent in the Lebenswelt.
5.4.8.2 INTERPRETATION OF RESPONSES

Education is a very important life perspective, more especially to the disabled who are physically unable to carry out some tasks and mostly depend on others. Education could be a key towards, self-acceptance, independence and other aspects of life.

5.4.9 FINAL INTERPRETATION

According to the literature, particularly referring to the siblings, the attitude was found to be related to the empirical findings and postulate (see 4.4.3). On the other hand, according to the siblings, the attitude of the church is found to be negative towards the disabled in the black community. The siblings partially accept the disabled, because they are not interested in sharing the mainstream schooling. They also wish the disabled to have their own residential areas. The partial acceptance is constituted by the obstacles associated with disabilities. They expected a normal brother/sister. Finally the above information has been accumulated due to the process of the TRIPARTITE MODEL / A B C MODEL, which mainly constitute beliefs, feelings and behaviours. It has to be accepted that this empirical research gave a more detailed and comprehensive report that the postulate of attitudes.

5.5 PARENTS OF THE NON-DISABLED

According to the literature study parents of the non-disabled see the problem from their own fortunate point of view, since they are not confronted with the problem (see 2.2.5 and 4.4.5). They experience no embarrassment, denial, anger, guilt, sadness or despair, for they have a healthy normal child.

In the empirical research ten parents of the non-disabled children were interviewed, because they are NOT confronted with the problem of disabilities. Beside the questions on biographical detail, questions were set to gain more information such as, attitude of the black community towards the disabled, causes and prevention of disability, attitude of the church towards the disabled, attitude towards the disabled and the non-disabled child,
abuse of the disabled, attitude and methods on care of the disabled and attitude influenced by education.

Ten parents of the non-disabled children were interviewed where possible, taking into account factors such as availability and distance. Willingness to co-operate was also considered. It appeared as if they enjoyed the interview process more than the parents of the disabled. Their statistics are displayed in the biography.

5.5.1 BIOGRAPHY: PARENTS OF THE NON-DISABLED

Biography of the parents of the non-disabled children is given in Tabled 5.4 but it does not entail details similar to parents of the disabled, because some of the details are not relevant.

Four males and six females were interviewed, seven were under the age of fifty and three between fifty one and seventy. They all belong to a church. They all have more than three children. Three respondents have relatives who are disabled, five do not have but the last two are not sure. Four live in urban and six in rural areas.

5.5.2 ATTITUDE OF THE BLACK COMMUNITY TOWARDS THE DISABLED

According to the literature study, people of the black community always hope disabilities will not occur in their families, more especially parents of the disabled. In the black community, the capacity to produce a normal child, is psychologically and culturally important (see 3.3.7 and 4.4.4). In the past disabled were destroyed (see 2.5.3.1).
### Table 5.4

**Biography: Parents of the Non-Disabled Children**

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5.5.2.1 QUESTIONS AND RESPONSES

Questions were set to determine the attitude of the black community towards the disabled according to the parents of the non-disabled children.

To your knowledge, what has the attitude of your culture been towards the disabled in the past?

Answer: Ten out of ten reported cruel actions taken against the disabled people in the past.
Different actions were given:
They were killed including the breech birth babies.
The elderly were encouraged to get rid of the disabled by means of poisoning.
They did not care about the disabled, wore dirty clothes, fed like pigs.
They were regarded as a curse from God or forefathers.

In your view what is the present attitude in your community / culture towards the disabled?

Answer: Ten out of ten parents of the non-disabled stated that they are partially accepted in the black community.

What is the role of the community towards the disabled people at present?

Answer: All respondents indicated that at present there are very few people involved.
An estimated 5% were given.
Examples of involvement:
Women for Peace teach the disabled different skills to enable them to earn a living.
Some people donate some clothes and food, but very few.
5.5.2.2  INTERPRETATION OF RESPONSES

Responses of this study reported that there is a paradigm shift of attitudes when comparing the past and the present attitudes towards the disabled. They were destroyed but today the attitude is much more positive than the old traditional attitude of destruction. From this there are very few people contributing to the life of the disabled in the black community.

5.5.3  CAUSES AND PREVENTION OF DISABILITIES

Parents of the non-disabled have no desire for the presence of the disabled in their families. Causes and prevention of disabilities are encouraged to be pronounced to the community members (see 2.2.1.1, 2.2.2.2, 2.3.1, 2.4.1 and 2.5.1).

5.5.3.1  QUESTIONS AND RESPONSES

Questions were posed to determine the knowledge of the respondents concerning causes and prevention of disabilities.

According to your view what are the causes of disability?

Answer: Witchcraft and taboos.
Medical problems during pregnancy.
Violence.
Accidents (car, fire, fall, etc.)

According to your culture, what are the causes of disabilities?

Answer: Taboos and witchcraft.
Forefathers and rituals.

Do you know of any method of preventing disabilities from occurring?

Answer: Protect tradition and culture.
Prevent accidents and wars.
Take the medical instructions.

5.5.3.2 INTERPRETATION OF RESPONSES

According to the parents of the non-disabled there are causes such as witchcraft and taboos or traditional and medical causes. Instruction and knowledge can protect them from traditional or medical causes which result in disabled children.

5.5.4 ATTITUDE OF THE CHURCH TOWARDS THE DISABLED

According to literature, the church is expected to be the doer of the Word, such as loving one another unconditionally. This is emphasized in the Bible and many Christian writings.

5.5.4.1 QUESTIONS AND RESPONSES

A question was asked to determine the role of the church towards the disabled in the black community.

What is the role of the church towards the disabled people at present?

Answer: Eight of ten indicated that their churches are doing nothing.
Two of ten indicated that their churches contribute towards the disabled people.
Role of the church: They organise self-help schemes, e.g. Rhema Church.
They support them by the introduction of feeding schemes.

5.5.4.2 INTERPRETATION OF RESPONSES

All parents of the non-disabled children belong to a church. Some are involved and many are not involved in the caring of the disabled.
5.5.5 ATTITUDE TOWARDS THE DISABLED AND THE NON-DISABLED CHILD

Literature reveals that a disabled child or person and their families encounter problems. These are problems such as communication, abuse, security, socio-economic and mobility.

5.5.5.1 QUESTIONS AND RESPONSES

Questions were set to determine whether there is a difference between the disabled and the non-disabled child.

According to your view, what are the advantages of having a disabled child?

**Answer:** Ten out of ten, indicated a few advantages.

Advantages are: They always stay at home.

The government helps with pension.

Some easily receive sponsored education.

They have easy access to learning skills such as handcraft.

Some can live a better life-style than the non-disabled child.

It teaches one acceptance, understanding, perseverance and patience.

In your view, what are the disadvantages of having a disabled child?

**Answer:** Ten out of ten indicated some disadvantages.

Disadvantages are: They always need special care and are very expensive to care for.

It affects time-management in the family.

Some parents are socially isolated and develop inferiority complexes.

Disabled feel embarrassed due to disabilities.

Some develop very slowly in many areas.

They are unable to do heavy or strenuous work.
According to your view, what is the attitude of the parents of the disabled children towards their disabled children?

- Totally accepted
- Accepted
- Partially accepted
- Totally unaccepted
- Unaccepted
- Partially unaccepted

**Answer:** Four of ten stated the disabled are unaccepted by their parents. Six of ten stated that the disabled are partially accepted by their parents. Some parents of the disabled say that if there is a disabled person in the family, it is a "sick family".

Do you agree with this sentiment?

- Totally agree
- Agree
- Partially agree
- Totally disagree
- Disagree
- Partially disagree

**Answer:** Ten out of ten entirely or totally agree that if there is a disabled person in the family, it is a "sick family".

In your view, which disabled person is the least impaired by his/her disabilities: the deaf, the blind, the albino or the physically disabled?

**Answer:** Seven out of ten believe that albino person is the least impaired by his/her disabilities.

- Two out of ten stated that, the blind are the least impaired.
- Only one believed that they are all equal or the same.

### 5.5.5.2 INTERPRETATION OF RESPONSES

According to the responses parents of the non-disabled realised that the disabled child has few advantages and many disadvantages in the Lebenswelt. It was reported that parents of the non-disabled partially accept the disabled child. Parents of the non-disabled child believe that if there is a disabled person in the family, it is a "sick family". Concerning the least impaired type, albino and blind disabilities were given.
5.5.6 ABUSE OF THE DISABLED

It was revealed from the literature on how much they are abused in their families, workplace and at school (see 2.5.3.17, 3.3.12 and 3.3.12.1).

5.5.6.1 QUESTIONS AND RESPONSES

This is important in order to determine whether the disabled are abused or not, therefore some question based on this problem were posed.

According to your view, are the disabled exploited in your present community?

- [ ] Totally agree - [ ] Agree - [ ] Partially agree
- [ ] Totally disagree - [ ] Disagree - [ ] Partially disagree

**Answer:** Ten our of ten parents of the non-disabled children totally agree.

**Reasons:**

**At home:**
- Many are given inferior jobs at home, e.g. they clean the toilets.
- They work for long hours without meals.
- People have no time to teach them to clean themselves.
- They are left alone, also discriminated against.
- Usually they are given cheap clothes or rejects.

**At the workplace:**
- They are discriminated against when selecting workers by undermining their abilities or talents.
- They are given the same jobs as the able-bodied but with a smaller salary.
- They are intimidated by warnings of not receiving pay if lazy or unable to finish the work at the stipulated time.
- They work overtime without pay e.g. the deaf.
At school:

- They are given derogatory names.

5.5.6.2 INTERPRETATION OF RESPONSES

According to the responses, parents of the non-disabled feel that disabled people are abused at home, at the work place and in the black community at large. This indicates that even parents of the non-disabled are quite aware of what is happening in the life arena of a disabled person.

5.5.7 ATTITUDE AND METHOD ON CARE OF THE DISABLED

People around the disabled are expected to participate in the care of the disabled. There are various areas which need attention such as spiritual, physical, social and mental areas of life. The multi-professional groups are considered to be important according to literature (see 2.5.3.14 and 3.5).

5.5.7.1 QUESTIONS AND RESPONSES

Questions were asked to determine the care of the disabled in the black community.

How desirable is it that home visiting programmes should be introduced?

**Answer:** All respondents agree to the introduction of home programmes.

How necessary is the early identification of the disabled?

**Answer:** All respondents stated that an early diagnosis of disability is necessary.

Many people have insufficient knowledge.

Do you appreciate the care of the disabled in the black community?

**Answer:** All the respondents do not appreciate care of the disabled.
Reasons given:

- Their families cannot manage.
- The government fails to meet their needs.
- Care of the disabled is not an easy task.
- People are not educated on the care of the disabled.

How often do you visit disabled people?

**Answer:** Ten out of ten never visit disabled people.

**5.5.7.2 INTERPRETATION OF RESPONSES**

Parents of the non-disabled feel that home visiting programmes and early identification of the disability are necessary. Care of the disabled in the black community is insufficient. On the other hand they are not interested in visiting the disabled. This attitude reveals ignorance and partial acceptance of disabilities.

**5.5.8 ATTITUDE INFLUENCED BY EDUCATION**

Literature indicate the dynamic role played by education (see 3.3.10.1 and 3.3.10.2).

**5.5.8.1 QUESTIONS AND RESPONSES**

Questions were posed to determine whether the disabled should be placed in the special or mainstream school for their education.

In your opinion, what are the advantages of placing a disabled child in a special school?

**Answer:** The special facilities for learning are available.
- Buildings are accessible.
- They are not isolated.
- Never feel inferior.
- Individualization is given attention.
The paramedical staff is available.

In your opinion, what are the disadvantages of placing a disabled child in a special school?

**Answer:**
- They feel rejected by both parents and the community.
- Their scope of life is narrowed.
- They might develop a negative self-image when mixing with the non-disabled.

In your view, what are the advantages of placing a disabled child in a mainstream school?

**Answer:**
- Can compete with the non-disabled in the same subject.
- The child can think abstractively if educable.
- Self-actualization and self-realization can easily be observed.
- A child comes into contact with the real world.

What, in your opinion, are the disadvantages of placing a disabled child in a mainstream school?

**Answer:**
- All parents of the non-disabled children indicated various disadvantages.

**Reasons for the answer:**
- There is no special care or attention (no individualization principle).
- Teachers are not sufficiently well-trained.
- Inferiority complexes might be a problem.
- The school ground and buildings are not adapted for the disabled.
- It could be difficult to travel from home to school.
- They might not cope with the policy and principles drafted.
- Failure to participate with others in sport or recreational activities.

Should school for the disabled and for the non-disabled be combined?

- [ ] Totally agree  [ ] Agree  [ ] Partially agree
- [ ] Totally disagree  [ ] Disagree  [ ] Partially disagree
Five of ten totally agree with the principle of combining the disabled and the non-disabled pupils. Only five partially agree with the idea of a mainstream school.

5.5.8.2 INTERPRETATION OF RESPONSES

Advantages and disadvantages of placing a disabled in a mainstream or special school are given. Surprisingly more disadvantages were given concerning an opinion that the disabled attend a mainstream school.

5.5.9 FINAL INTERPRETATION

Parents of the non-disabled viewed the problem of disabilities from their own viewpoint, according to literature. Indeed, the disabled are viewed as part of the community, but people are ignorant about and disinterested in the rehabilitation process for the disabled, according to the empirical study. Supportive systems are less regarded. Disability is not something good to appreciate. This attitude results in partial acceptance and rejection of the disabled, because everybody desires a normal child. They feel it is difficult to maintain a disabled which is associated with taboos and witchcraft (see 4.4.4). Finally the TRIPARTITE MODEL / A B C MODEL of attitude constituted this report. It therefore has to be accepted that the report given by literature, postulate and empirical research is similar. The empirical research has given a more detailed report than the first two reports, where the attitudes are mixed, resulting mainly in a partial acceptance.

5.6 YOUTH IN THE BLACK COMMUNITY

According to the literature study, youth indicates the attitude of the cultural background of their community due to the cultural assimilation process taking place in all black communities (see 1.2.2.5, 3.3.4 and 4.4.5). There are many siblings of the disabled who suffer teasing even bullying by the peer group or youths in the black community.

In the empirical research ten youth in the black community were interviewed, because
they are part of the black community, but they are not confronted with the problem of disabilities that siblings of the disabled do have. Beside the questions on biographical detail questions were set to attain more information regarding knowledge about the disabled, attitude on causes of disabilities, personal attitude towards disabled people, attitude and views of the different aspects of life, attitude towards disabilities and witchcraft and attitude influenced by education. The questions were asked to determine the attitude of youth in the black community towards the disabled and possible causes of their attitude.

5.6.1 BIOGRAPHY: YOUTH IN THE BLACK COMMUNITY

Ten youth in the black community were interviewed, factors such as availability and willingness to co-operate were considered. This group had an interest in this research. Their statistics are displayed in the biography. Biographical of the youth in the black community is given in Table 5.5 Their biography is short, since they are not siblings of the disabled.

Six males and four females were interviewed, seven were between fifteen and twenty one, three were between twenty two and twenty seven. They all belong to a church. Four of the youth live in urban and six in rural areas.

5.6.2 KNOWLEDGE ABOUT THE DISABLED

Disabled people are part of the community and the youth often see them in real life or on television, or read about them in some of the magazines such as Bona, Next or Drum.

5.6.2.1 QUESTIONS AND RESPONSES

Questions were set to determine the knowledge of the youth concerning disabled people in the community.
### TABLE 5.5

**BIOGRAPHY: YOUTH IN THE BLACK COMMUNITY**

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Are you quite aware of the existence of the disabled in their different communities?

**Answer:** All ten of the youth are quite aware of the existence of the disabled.

Do you think that a family is blessed to have a disabled child?

- [ ] Totally agree
- [ ] Agree
- [ ] Partially agree
- [ ] Totally disagree
- [ ] Disagree
- [ ] Partially disagree

**Answer:** Six of ten youth agree that a disabled is a blessing.

**Reasons for agreement:**
- A disabled child is God's creation and a gift from Him.
- Some people do not even have a single child.
- A disabled child might be more talented than the able-bodied and can be of advantage to the family and society.

Four out of ten youth totally disagree in regards to a disabled child being a blessing.

**Reasons for disagreement:**
- Some were exposed to drugs and became disabled.
- Some became disabled as a result of motorcar accidents or alcohol abuse.
- Disabilities are generally not accepted.

Do you think a family is cursed to have a disabled child?

**Answer:** Four of ten totally agree that disabilities is a curse.

Six of ten disagree that disabilities is a curse.

Do you have a relative suffering from disabilities?

**Answer:** Seven of ten youth have a relative suffering from disabilities, but three are unsure of the statistics.
5.6.2.2 INTERPRETATION OF RESPONSES

There is a mushrooming number of disabled in the black community today who are visible to everybody. Most of the youth do not regard disabilities as a blessing and therefore they generally do not accept the disabled, feeling that it might be a curse. Disabilities are common and most of the youth have a relative suffering from disabilities.

5.6.3 ATTITUDE ON CAUSES OF DISABILITIES

According to literature there are a great number of causes of disabilities (see 2.2.1.1, 2.2.2.1, 2.3.1, 2.4.1 and 2.5.1).

5.6.3.1 QUESTIONS AND RESPONSES

Questions were posed to determine the knowledge of the youth concerning causes of disabilities.

Do you wish to know the causes of disabilities?

Answer: Ten out of ten respondents wish to know the causes of disabilities.

Reason:
• Disabilities are not desired.

Are you aware that drugs might cause disabilities?

Answer: All ten were not aware that drugs cause disabilities.

According to your views, what are the causes of disabilities?

Answer: Witchcraft and taboos.

Accidents and violence.
5.6.3.2 INTERPRETATION OF RESPONSES

The youth in the black community feel disabilities are not desired therefore it is necessary to know the real causes other than witchcraft and taboos.

5.6.4 PERSONAL ATTITUDE TOWARDS DISABLED PEOPLE

The disabled and the youth are all part of the community (they form an integral part), the only difference is the disabilities where attitudes are simply constituted (see 3.2.2.4).

5.6.4.1 QUESTIONS AND RESPONSES

The most important questions based on their attitude towards the disabled were asked, these questions would indicate whether the disabled are accepted by the youth or not.

What is your attitude towards the disabled?

- I openly reject them
- I reject them
- I partially reject them
- I openly accept them
- I accept them
- I partially accept them

Answer: Six out of ten youth partially accept the disabled.
Four reluctantly accept them.

Reasons for acceptance:

- The disabled are part of the community.
- Can be useful in the future.
- It's important to accept them because no one knows what the future holds for him/her as far as disability is concerned.

Do you sometimes play or socialize with the disabled?

- Never
- Often
- Seldom
- Always

Answer: Two of ten seldom socialize with the disabled, but eight often socialize with them.
Do you love, understand and accept the disabled?

**Answer:** They are accepted, but it is not always easy to accept them.

How would you feel if you had a disabled brother/sister in your family?

- Openly reject  
- Reject  
- Partially reject  
- Fully accept  
- Accept  
- Partially accept

**Answer:** I would wish disabilities not to happen to their families, because people do not like disabled people.

To what extent would it worry you if you had a disabled sibling (brother/sister) in your family?

**Answer:** Six would be concerned about the disabilities, but four would not be concerned about the disabilities.

According to your attitude, do you think there are advantages of having a disabled person in your family?

**Answer:** To understand and persevere in spite of the difficult situation.  
To learn artistic work from them.  
Helps with pension funds.  
A disabled might be a breadwinner.

According to you attitude, what are the disadvantages of having a disabled person in your family?

**Answer:** Many people often do not accept them, hence they may feel uncomfortable.  
They are usually helpless.  
Parents and family members are limited to the social aspect.  
Most have to be carried to various places, e.g. toilet, bathroom, taxi rank and so on.
5.6.4.2 INTERPRETATIONS OF RESPONSES

The youth in the black community do have accepting attitudes, but they need motivation, guidance and counselling towards development of a positive attitude to the disabled. As part of the community this could lead towards congruence (the unconditional positive regard of the Rogerian theory).

5.6.5 ATTITUDES AND VIEWS OF THE DIFFERENT ASPECTS OF LIFE

Various aspects of life towards the disabled could probe the true reflection of attitudes. According to literature study some cannot share life with the disabled, for example wheelchair users have been spat on (see 3.3.12).

5.6.5.1 QUESTIONS AND RESPONSES

Questions based on different aspects of life were posed to determine to what extent the disabled are accepted or rejected by the black community.

How often do you generally talk about the disabled people in your community?

☑️ Never  ☐ Often  ☐ Seldom  ☐ Always

**Answer:** Five out of ten seldom talk about the disabled people.

Five of them often talk about them.

How often would you be prepared to eat with a disabled person?

☐ Never  ☐ Often  ☐ Seldom  ☐ Always

**Answer:** Ten out of ten youth are seldom prepared to eat with a disabled person, no one felt they could regularly eat with them.

How willing would you share a room with a disabled person?

☐ Never  ☐ Often  ☐ Seldom  ☐ Always
Answer: Six of ten youth would seldom share a room.
Four of them would never share with them.

Can you make friends with a disabled person?

Never  Often  Seldom  Always

Answer: Six of ten youth would always be able to make friends with a disabled.
Four would be able to do so fairly often.

How much would you enjoy watching a television programme about people with disabilities?

Not at all  Not much  Quite a lot  A lot

Answer: Seven of ten youth can quite readily enjoy, but three could not enjoy it at all.

Do you laugh when you see a disabled person?

Not at all  Not much  Quite a lot  A lot

Answer: Ten out of ten youth in the black community never laugh when they see a disabled person.

Are you afraid of the disabled?

Not at all  Not much  Quite a lot  A lot

Answer: Ten out of ten youth are not afraid of the disabled.

Do you have a feeling of pity towards the disabled?

Answer: Ten out of ten have a feeling of sincere pity.

Do you ever mock your friend by comparing him/her to a disabled person you know?

Never  Often  Seldom  Always

Answer: Six out of ten youth never mock their friends by comparing him/her to a disabled person they know.
Four of ten youth often mock them.
5.6.5.2 **INTERPRETATION OF RESPONSES**

According to the responses most of the youth in the black community have a positive feeling towards the disabled but they are not encouraged. Disabilities have become a phenomenon which cannot be appreciated by the youth in the black community.

5.6.6 **ATTITUDE TOWARDS DISABILITIES AND WITCHCRAFT**

According to the literature study, most of the people in the black community believe in the existence of witchcraft and its power (see 3.3.8.2).

5.6.6.1 **QUESTIONS AND RESPONSES**

Questions on attitude towards disabilities and witchcraft were asked to determine whether disabilities are associated with witchcraft, since many of the youth in the black community are involved in burning houses and people as promoted by witchcraft ideologies.

Do you think the disabled are bewitched?

**Answer:** Six out of ten think that the disabled are bewitched. 
Three believe it is a natural cause. 
One believes that this is a fallacy and that there are reasons which are beyond control.

Are the parents of the disabled children bewitched?

**Answer:** Five of ten youth believe that parents have been bewitched. 
Five disagree because according to them there is no proof.

Are the parents witches?

**Answer:** Eight out of ten believe that they are not witches. Two disagree, because there is no proof.
Do you think disabilities are a punishment or curse?

**Answer:** Six of ten believe/think disabilities are a punishment from God or forefathers.
Four are against such an ideology.

### 5.6.6.2 INTERPRETATIONS OF RESPONSES

According to the responses, most of the youth in the black community associated disabilities with witchcraft and sometimes as a punishment from God. Some of them however view disabilities from a positive angle.

### 5.6.7 ATTITUDE INFLUENCED BY EDUCATION

According to literature, the government introduced special schools where only the disabled are admitted (see 3.5.4). Today, integration has been promoted (in the contemporary South Africa) where it is possible to integrate the disabled and the non-disabled in the construction of positive attitudes.

#### 5.6.7.1 QUESTIONS AND RESPONSES

Questions were posed to determine the attitude of the youth towards the disabled in the same school.

How prepared would you be to share a desk with a disabled?

**Answer:** Five of ten are prepared.
Five of ten are not prepared.

What are the possible disadvantages of attending school with the disabled?

**Answer:** It promotes a feeling of sympathy regarding their problems of struggling to move and being late for class.
They might feel uneasy and develop an inferiority complex.
Teachers are not trained for them and possibly cultivate negative attitudes
towards them.
It would not be easy to communicate with a deaf or blind.
No special attention for the disabled.

What are the possible advantages of attending school with the disabled?

**Answer:** It makes them feel part of the community.
They could come to the realization that they can do better than the able-bodied.

### 5.6.7.2 INTERPRETATIONS OF RESPONSES

Youth in the black community feel it would not be easy to integrate the disabled and the non-disabled in the same school, because of the disadvantages they have listed.

### 5.6.8 FINAL INTERPRETATION

Various questions were posed, in order to probe the attitude of the youth towards the disabled in the black community. From the literature and the empirical study, it can be concluded that disabilities mainly create a feeling of sincere pity. In the literature witchcraft and taboos were not emphasized, but the empirical part of the study emphasized taboos, witchcraft and punishment from God. These attitudes originated from their culture, according to this research. There are some of the areas of life where the attitude is positive and sometimes negative. Sometimes disabled are partially accepted. This indicated that the attitudes of the youth were flexible. It could be finalised that disabilities are not desired, they are partially accepted by the youth in the black community. It has to be highlighted that the **TRIPARTITE MODEL / A B C MODEL** of attitude contributed in this regard. According to the postulate (see 4.4.5) it was expected to be totally negative, which differs from the empirical research. Their attitudes are mixed according to this report.
5.7 OLD PEOPLE IN THE BLACK COMMUNITY

According to the literature study, old people are a veritable cultural storehouse of knowledge. Disabled people were destroyed according to the history related by the old people. Old people approached disabilities from their own experience and their historical attitude of the black community. Therefore, a negative attitude is probably expected from this groups (see 1.2.2.7 and 4.4.6).

Ten old people in the black community were interviewed. This group was involved for documenting the historical attitude of the black community towards the disabled. Beside the questions on biographical detail, more questions were set to gain information regarding knowledge about the disabled, attitude on causes and prevention of disabilities, the attitude of his or her community towards disabled people, attitude of families with disabled children, their personal attitude and residential areas. Their statistics are displayed in the biography.

5.7.1 BIOGRAPHY: OLD PEOPLE IN THE BLACK COMMUNITY

The biography of ten old people in the black community is given in Table 5.6. Four males and six females were interviewed, three were between fifty six and sixty five and seven between sixty six and eighty. They all belong to a church. Five of the old people live in urban and five in rural areas.

5.7.2 KNOWLEDGE ABOUT THE DISABLED

According to the literature study, disabled have been in existence from as early as before Christ (B.C.). some disabilities took place due to genetic factors (see 2.2.1.1).
### TABLE 5.6

**BIOGRAPHY: OLD PEOPLE IN THE BLACK COMMUNITY**

<table>
<thead>
<tr>
<th>GENDER</th>
<th>MALE</th>
<th>FEMALE</th>
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<td>TSONGA</td>
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<td>NORTHERN</td>
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<td>SOTHO</td>
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<td>1</td>
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<td>NDEELE</td>
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<td>4</td>
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<tr>
<td>VENDA</td>
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<td>3</td>
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<td>RCH</td>
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<tr>
<td>APOSTOLIC FAITH MISSION</td>
<td>1</td>
<td>1</td>
<td>2</td>
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<tr>
<td>DUTCH REFORMED</td>
<td>2</td>
<td>2</td>
<td>4</td>
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<tr>
<td>EVANGELICAL PRESBITARIAN</td>
<td>2</td>
<td>2</td>
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<tr>
<td>METHODIST</td>
<td>2</td>
<td>2</td>
<td>4</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>SWEDISH</td>
<td>2</td>
<td>2</td>
<td>4</td>
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<td>IDENTITY AREA</td>
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<td>RURAL</td>
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<td>6</td>
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</tr>
</tbody>
</table>
5.7.2.1 QUESTIONS AND RESPONSES

Questions on knowledge about the disabled were posed to determined whether there were as many disabled in the past as there is today in the black community.

Do you have a disabled child?
Answer: Nine out of ten do not have a disabled child.
One out of ten do have a disabled child.

Do you have a disabled relative?
Answer: Ten out of ten of the group have a disabled relative.
One of them indicated that almost her entire family consists of disabled people; her mother, sister, her own child, and grandchild are disabled and many other relatives (hereditary factor).

How often did one come across the disabled in the past?
☐ Not at all ☐ Not much ☐ Quite a lot ☐ A lot
Answer: Ten out of ten stated that in the past one not often encountered the disabled, because they were strictly hidden away or killed.

5.7.2.2 INTERPRETATIONS OF RESPONSES

According to the responses gained, the old people have knowledge about the disabled since it was in existence as early as before Christ. Their existence makes it possible that the old people in the black community have relatives who are disabled, due to hereditary factors. There were not as many as there are in the black community of today.

5.7.3 ATTITUDE ON CAUSES AND PREVENTION OF DISABILITIES

Literature indicates a great number of causes for a disability by the modern researchers, which usually differ from the traditional causes according to the old people and the black
community at large, such as uncooked liver, witchcraft, taboos, many boy friends and other causes (see 2.5.1).

5.7.3.1 QUESTIONS AND RESPONSES

Questions were set to determine the knowledge and history on the causes and prevention of disabilities in the past.

According to your view, what are the causes of disabilities?

**Answer:** Various taboos were put forward.

- The use of ruined houses or to sleep in ruins.
- Marriage without eating the uncooked liver between the relatives.
- Incest or sexual relations between a brother and a sister.
- It is commonly caused by the junior wife using the principals wife's bed linen or sleeping mat in a polygamous marriage.
- Witchcraft.
- Lack of care during pregnancy and unsuitable food eaten.
- Hereditary factors.

According to the old people, it is also important to indicate that, a barren woman was permitted in the past to have sexual intercourse with the father in order to have a baby. It was kept secret in the family. (They believed this did not cause disabilities). They were trying to follow the story of Loth and his daughters in the Bible.

According to your knowledge, what was the method of preventing disabilities before?

**Answer:** Twins, albino, blind, deaf or any form of physical disabilities were destroyed as the best method of prevention.

- Prevention through the maintainance of taboos.
- Laughing at the disabled was strictly prohibited and monitored.
- Observing the advice of the elderly in relation to disabilities.
- Pregnant women were not allowed to see corpses or ugly animals like
baboons.
When a disabled was born, it was to be destroyed with a black goat to prevent such a birth occurring again.
Couples with the same surname had to eat the uncooked liver.
Unmarried pregnant girls were killed in the past.
They tried to avoid knowledge of bearing disabled children, according to the primitive beliefs.
Rituals were prepared after the disabled had been killed.

5.7.3.2 INTERPRETATIONS OF RESPONSES

According to the old people, the principal cause of disabilities were witchcraft and taboos. Major preventions were maintaining of taboos.

5.7.4 THE ATTITUDE OF HIS/HER COMMUNITY TOWARDS DISABLED PEOPLE

Literature reveals the negative attitude of the black community in the past by the total rejection of the disabled. They strictly stuck to their cultural norms and values (see 1.2.2.7 and 3.3.7).

5.7.4.1 QUESTIONS AND RESPONSES

Questions were asked to determine the historical attitude of the black community in the past in order to compare it with the attitude advocated by the modern approach.

According to your knowledge, what has the attitude of your community been in the past?
Answer: Ten out of ten, indicated that they were entirely rejected.
Some cultures in later periods did not kill them, but they were hidden.
Zulu culture continually killed them; they believed it could be a stigma.
Disabled animals were also killed.
Disabilities were associated with rituals.
Is there any difference between the past and the present attitude of your community towards the disabled people?

**Answer:** Western civilizations’ influence has played a crucial role in the acceptance of the disabled in different communities.

People are more tolerant.

Although not killed, only partially accepted.

According to your knowledge, how were the disabled treated in the past, when they were not destroyed?

**Answer:** Disabled were hidden away.

Were ill-treated and left alone at home.

Were regarded as fools.

Were given inferior jobs.

They were left alone to die.

They were kept dirty and became the targets of jokes.

One said: "We used to call them baboons or gorillas meaning 'disabled'."

Fed like pigs

Do you know of disabled infants who were destroyed in the past?

**Answer:** Four out of ten were reported, but six out of ten old people witnessed the killing, such undesirable acts took place in 1937, 1946, 1957, 1960, 1962 and 1970.

One of them had a strong suspicion that an act of murder took place in 1991 when a disabled was murdered in a particular family in a village.

Which method was used to destroy the disabled in the past?

**Answer:** They were given boiled water, boiled pigs’ oil or boiled goats’ milk.

The umbilical cord was pulled out.

A child was burned while still alive.

Pins, needles or nails were inserted into the fragile central part of the head.

The child was suffocated by means of a string.
It died from exposure, immediately after birth.
Without the mothers' knowledge they took a black goat to the forest, and the baby was destroyed at the same time as the goat.

Which specific group in the community used to destroy the disabled?

**Answer:** Very old women and relatives were responsible for the task.
Black community midwives and very old people (relatives) were responsible for destroying the disabled.

What was the attitude of the family, namely the father and the mother towards the elimination (killing) of their disabled child?

**Answer:** The parents accepted the killing of their disabled child, if ever disabilities were discovered. If the disabilities were discovered on the day of birth, the mother was not allowed to see it before the killing process.

In your view, was it good or bad to destroy the disabled?

**Answer:** Six out of ten old people indicated that it was wicked to destroy the disabled, but there was no alternative according to them.
Four of ten indicated that disabilities are unacceptable, because it is a thorny issue and makes it impossible for one to experience perfect peace of mind during life.

**5.7.4.2 INTERPRETATIONS OF RESPONSES**

According to the responses, the primitive attitudes of the black community were characterised by witchcraft and taboos. Disabled were hidden away or killed. This was due to their cultural perspectives such as taboos. Disabled were unfairly treated. To indicate that the disabled were rejected, the methods used to destroy the disabled were sadistic and are totally unacceptable in the black community today.
5.7.5 ATTITUDE OF THE FAMILIES WITH DISABLED CHILDREN

Attitudes of the families with disabled children differ from one family to another. Some parents accepted, others rejected and some partially accepted their children (see 3.3.2 - 3.3.6).

5.7.5.1 QUESTIONS AND RESPONSES

Old people accumulated knowledge of the past, therefore questions were posed based on the attitude of the families since they have a "storeroom" of taboos and proverbs.

According to your knowledge, where were the disabled kept in the family.
Answer: All ten experienced that the disabled were either kept outside, away from the family, or indoors with the purpose of hiding them. They could only go out at night.

What was the attitude of the family towards the disabled in the past?

- Totally accepted
- Accepted
- Partially accepted
- Totally rejected
- Rejected
- Partially rejected

Answer: All ten old people reported that the disabled were totally rejected by the families.

Reasons for their rejection:
- Parents were always isolated by the relatives.
- The grandparents were very rude to the parents of the disabled.
- It was, for the parents, the most traumatic and difficult period of their lives.

Are you aware of any rituals performed after the birth of a disabled child in the family?

- Yes
- No

Answer: Ten out of ten old people are aware of rituals performed after the birth in the family of a disabled child.
To what extent were forefathers associated with disabilities in the family?

Answer: In all cases, the forefathers were associated with disabilities in the family.

5.7.5.2 INTERPRETATIONS OF RESPONSES

Old people believe that the disabled were totally rejected and the ritual of the forefathers were performed.

5.7.6 PERSONAL ATTITUDE OF THE OLD PEOPLE TOWARDS THE DISABLED

According to literature, acceptance of disabilities was not easy, since they were influenced by the historical culture of the black community.

5.7.6.1 QUESTIONS AND RESPONSES

Questions were set to give relevant answers since they have experienced a paradigm of the old and the new approaches towards the disabled.

What has been your attitude towards the disabled in the past?

Answer: It was abnormal and frightening in the past, some were moving on the ground.

Some were very distressed when their parents sent them as children, on an errand to a family with a disabled person.

Albino's were the worst to accept.

They considered disabled people to be a fate, as bad or equal to death in the past.

They were not tolerated due to their appearance and lack of hygiene.

One said: "We were apprehensive".
What feeling do you have now towards the disabled?

**Answer:** Tolerance.

Partially accept the disabled.
They pray that this should never happen to their families.

If you had a disabled grandchild, how would you feel?

**Answer:** Six out of ten couldn't accept a disabled grandchild.
Four of ten would partially accept a disabled grandchild.

Reasons were:

- It is difficult to care for a disabled child.
- There is no pride in it, also regarded as an embarrassment.
- No peace in the family.
- It raises many questions.

### 5.7.6.2 INTERPRETATIONS OF RESPONSES

According to the responses, old people are negative towards the disabled, their beliefs indicate that they stick to their culture. Disabled are viewed as something to tolerate according to their attitude.

### 5.7.7 RESIDENTIAL AREAS

According to literature study there are two areas of living, the urban and rural areas. Better life and rehabilitation processes are possible in the urban areas as opposed to the rural areas (see 3.3.11.1 and 3.3.11.2).

### 5.7.7.1 QUESTIONS AND RESPONSES

A question on residential areas for the disabled to be placed in, was posed to determine whether the disabled were accepted or not.
Should the disabled stay in a special place, home or institution?

-  Totally agree  -  Agree  -  Partially agree
-  Totally disagree  -  Disagree  -  Partially disagree

Answer: Nine out of ten respondents entirely (totally) agree that the disabled should stay in a special place, home or institution. Only one partially disagrees, because it is not always necessary; depending on the degree of disabilities.

5.7.7.2 INTERPRETATIONS OF RESPONSES

According to the respondents disabled should have special places to stay. This group revealed that they are just tolerating the disabled.

5.7.8 FINAL INTERPRETATION

In the literature study, little information about the attitude of old people towards the disabled was given as was indicated in the postulate of the old people (see 4.4.6). The empirical report gives all the evil feelings and actions contributed by the old people towards the disabled. Old people partially accept the disabled by tolerating these conditions. Tolerating the disabled is similar to the postulate (4.4.6) that it is hard for the old people to accept the disabled.

5.8 PROFESSIONALS IN THE BLACK COMMUNITY

According to the literature study, the rehabilitation of a handicapped child is a source of congruence and unconditional positive regard. Professional workers are viewed by parents, the disabled and other non-disabled siblings of the family as a solution to their problems (see 1.2.2.8 and 4.4.7).

In the empirical research ten professional workers in the black community were interviewed because they are confronted with the problem of disabilities since they are the
multi-professional team. Beside the questions on biographical detail, questions were set to gain information regarding the effect of attitude on causes and prevention of disability, attitude influence by residential areas; attitudes towards the disabled, attitudes influenced by abuse of the disabled and attitude influence by education. The questions were asked to determine the attitude of the professional workers.

5.8.1 BIOGRAPHY: PROFESSIONAL IN THE BLACK COMMUNITY

Ten professionals were interviewed. It was an exciting opportunity to attain information from them. Professionals usually view issues from different angles and are not emotionally involved. Their view are usually critical and debatable. Their statistics are displayed in the biography.

Five males and five females were interviewed, seven were between twenty and fifty, and three were between fifty one and seventy. They all belong to a church. They are all professional high indeed of the highest qualifications.

Biography of the professionals is given in Table 5.7 and display not only gender, age, cultural grouping and church but also their profession and qualifications.

5.8.2 ATTITUDES ON CAUSES AND PREVENTION OF DISABILITY

According to the literature reviewed, professionals, such as doctors, nurses, physiotherapists, occupational therapists, speech and hearing therapists, orthotists, social workers and teachers are positive towards the causes of disabilities according to the modern approaches as opposed to traditional causes of disabilities such as taboos (see 2.2.11). Professionals have a modern viewpoint.
<table>
<thead>
<tr>
<th>TABLE 5.7</th>
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<tbody>
<tr>
<td>BIOGRAPHY: PROFESSIONALS IN THE BLACK COMMUNITY</td>
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<table>
<thead>
<tr>
<th>Gender</th>
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<th>Cultural Group</th>
<th>Religion</th>
<th>Profession</th>
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<tr>
<td>Male</td>
<td>20 - 30</td>
<td>Tsonga</td>
<td>Apostolic Faith Mission</td>
<td>Teacher</td>
<td>B.A.</td>
</tr>
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<td></td>
<td>31 - 40</td>
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<td>Rhema</td>
<td>Nurse</td>
<td>B.A.</td>
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<td>Doctor</td>
<td>B.A.</td>
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<td></td>
<td>Social Worker</td>
<td>B.A. Hons.</td>
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<td>61 - 70</td>
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<td></td>
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<td>Diploma</td>
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<td></td>
<td>Pastor</td>
<td>Diploma</td>
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<table>
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<td>5</td>
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<tr>
<td>Female</td>
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<td>Total</td>
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</tbody>
</table>
5.8.2.1 QUESTIONS AND RESPONSES

Questions were set to determine their knowledge towards the causes and prevention of disabilities according to the modern approach.

According to your culture, what are the causes of disabilities?

**Answer:** Disabilities are ascribed to witchcraft, witch doctors and incest. Traditional taboos such as marriage between relatives. A curse or punishment from God.

According to your view, what are the causes of disabilities?


5.8.2.2 INTERPRETATIONS OF RESPONSES

Causes of disabilities according to the other groups (non-professionals) differ greatly from the traditional causes on the prevention of disabilities. Professionals have a modern view on the causes of disabilities.
5.8.3. ATTITUDES INFLUENCED BY RESIDENTIAL AREAS

Literature study indicate the difference between the rural and the urban areas of living, where the urban area is an uncomfortable situation. The questions were formulated to gain information concerning the residential areas.

5.8.3.1 QUESTIONS AND RESPONSES

Questions concerning the influence of the residential areas for the disabled were asked, in order to compare the view of the other groups with theirs.

What are the advantages for disabled people living in rural areas.

**Answer:** They remain in contact with their culture.

Where possible, a disabled person can own a land/plot since it is easy to acquire a plot in rural areas.

It was also reported by the group that there are very limited advantages in a rural area.

What are the disadvantages for the disabled people living in rural areas?

**Answer:** Inadequate number of schools for the disabled.

Uneven roads and ground.

They are often abused in their families and by the community.

They are often neglected by parents and community.

Inadequate jobs after qualifications.

Recreations centres are conspicuous by their absence.

Social facilities are situated too far away, e.g. not easy to get newspapers, use telephones and transport.

They live far away from learning institutions.

It is difficult to find a peer group.

They are not easily reached and not easily identified.

Parents may not get sufficient counselling or instructing on care of their
disabled children.
Lack of knowledge based on the disabled.

What are the advantages for disabled people living in urban areas?

Answer: They are easily reached, identified, and assisted.
They often have access to building structures, as adapted to accommodate wheelchairs.
There is freedom of movement from wheelchairs.
There are many health and educational challenges.
Sufficient open labour market.

What are the disadvantages for disabled people living in urban areas?

Answer: The high cost of living might affect the disabled people.
Heavy traffic places the disabled's life in danger.
Most people lose their culture.
They feel isolated, because many people are able to live a normal life-style.

How desirable is it that the disabled people have a special place for them to live in?

Answer: Five out of ten professionals totally agreed that the disabled should have a special place to live.
Five partially agreed with the idea.

Reasons for partial agreement:
• Some parents neglect their children in special places for the disabled.
• Disabled are human beings, they thus need to be within the community.
• They need to develop self-acceptance in the community.
• Isolation may lead to psychological problems.
5.8.3.2 INTERPRETATIONS OF RESPONSES

According to the responses, professionals reported many disadvantages which affect the life of a disabled living in a rural area, the area is uncomfortable. Life is more comfortable for the disabled in an urban area. More advantages are also given when a disabled is integrated into the community.

5.8.4 ATTITUDES TOWARDS THE DISABLED

Professional workers are human beings. Although they are supposed to view life objectively and compassionately, they are also human beings with different attitudes (see 1.2.2.8). They are being accepted by the parents of the disabled.

5.8.4.1 QUESTIONS AND RESPONSES

Questions were posed to determine whether the professional workers accept the disabled and to determine from them how the other community members react towards the disabled.

What is your attitude towards the disabled people in your society?

**Answer:** Five of ten professionals accept the disabled.
- One totally accepts them.
- Four partially accept them.

According to your experience, what are the attitudes of parents of disabled children towards their children?

- [ ] Totally accepted
- [ ] Accepted
- [ ] Partially accepted
- [ ] Totally unaccepted
- [ ] Unaccepted
- [ ] Partially unaccepted

**Answer:** Two out of ten stated that parents accepted their children.
- Eight of ten reported that parents are partially accepting their children.
Reasons were:

- Any child with disabilities is not accepted as a gift from God; a gift from God is always good, not bad.
- There is often lack of love, understanding and acceptance.
- Some parents feel embarrassed.
- They do not usually like people to know that they have a disabled child.
- They lack knowledge about how to cope with their disabled child.
- Most of the parents claim to have accepted their disabled child, but generally and practically disprove their statement.

What is the attitude of your community towards the disabled?

**Answer:** All ten professional workers stated that the disabled people in their community were partially accepted.

Reasons were:

- People see disabilities first and a human being after that.
- They think that they lack skills.
- Able-bodied people feel they are of more worth or have better qualities than the disabled.
- They have **NO** time for the disabled as they remain segregated.
- They find it difficult to visit the disabled (at home or at care-centres).
- There are no projects on the care of the disabled.
- The task of rehabilitating the disabled is non-existent.
- The community lacks concern and disregards the disabled people (indication of its indifference).

**5.8.4.2 INTERPRETATIONS OF RESPONSES**

According to the responses disabled are not totally accepted by all the professionals. According to the view of the professionals, most of the parents and the community members partially accept the disabled.
5.8.5 ATTITUDES INFLUENCED BY THE ABUSE OF THE DISABLED

According to the literature review professional workers are the witnesses of abuse of many forms such as physical, mental, emotional and sexual abuse (see 3.3).

5.8.5.1 QUESTIONS AND RESPONSES

Questions on abuse of the disabled were asked, because they attain knowledge of such actions and attitudes from the media.

According to your view, are the disabled exploited in your present community?

Answer: Three out of ten professionals feel that the disabled are to some extent exploited in their communities.

Seven out of ten feel they are grossly exploited in their families and in the workplace.

Forms of family abuse:
Lack of parental care and security.
Misuse of disability grants (pension).
Not recognized (disregarded).
They are given inferior routines.
They are unequally treated as opposed to the able children, i.e. siblings.

Forms of workplace abuse:
They are discriminated against before they are tested for any job.
They are not involved in the decision-making in the workplace.
They are given difficult or strenuous work with low wages.
They are discriminated against in higher posts.
Endure sexual abuse for the sake of a job.
Exploitation takes place in the form of threats and this causes insecurity.
5.8.5.2 INTERPRETATIONS OF RESPONSES

According to the professional workers, some of the disabled are grossly exploited in the black communities, more especially in the family, work place and at school. This attitude of partial acceptance is associated with abuse.

5.8.6 ATTITUDE INFLUENCED BY EDUCATION

According to the literature study, the attitude influenced by education is to educate the child in totality without ignoring any aspect of its being, since the human being is seen as a creature of God and in the fullness of his relationship to God, his fellowmen and the world (see 3.3.10.2).

5.8.6.1 QUESTIONS AND RESPONSES

Questions on the influence of education were directed towards the professionals, because of the knowledge and virtues of education they have attained.

According to your view, what are the aims of educating the disabled?

Answer: Teaching them requires skills for communication, i.e. motor, perceptual, sensory, visual, speech/language development.
To be employed and earn a living.
To introduce special skills to support and manage their disabilities.
To develop themselves in many areas of life.
To manage their own affairs, not to be a burden to their parents and others.
To be responsible citizens and challenge the community.
To enable them equal economical shares and to be self-sufficient.
To realize their own potential.
To overcome their disabilities with the abilities they possess.
To work independently.
According to professional workers, what are the advantages of special school education?

**Answer:** Special care and treatment of their disabilities can take place here. They are easily accessible to the specialist group, i.e. the paramedical staff, which include doctors, nurses, physio-, occupational, speech- and hearing therapists, and social workers. Specially trained teachers are available who employ special methods. Accessible buildings and resources are available. Individual attention in the classroom situation is always possible. It is usually equipped with suitable teaching materials. Its nature makes it possible for specialized and thorough education. The disabled develop to their fullest potential.

What are the disadvantages of special school education?

**Answer:** The inmates in such institutions are separated from the rest of the community. The disabled may not find employment at the completion of their careers. Centres are usually not within reach of the disabled. They are removed from their own family.

What are the advantages of mainstream education towards the disabled?

**Answer:** They gain an opportunity of being competent. They develop a sense of belonging in the larger group. This will encourage acceptance by community members. Provides multitudes of job opportunities.

What are the disadvantages of mainstream education towards the disabled?

**Answer:** They are not provided with special facilities. As such it is not easy for them to learn. They encounter unskilled teachers. Usually, there is no individual attention. They are not protected in the true sense.
Buildings are not adapted to meet the needs of the disabled. Free movement is thus not possible. Special skills with regard to communication skills are not catered for. The disabled may feel like animals in a zoo, offended and humiliated.

What is the attitude of the government towards the education of the disabled?  
**Answer:** Ten out of ten indicated that it is not effectively involved.  

Reasons:  
- Education for the deaf pupils is still inferior.  
- Educational facilities are insufficient.  
- Schools for the disabled are inadequate.  
- It fails to meet the needs of the disabled.  

What is the attitude of professional workers towards education of the disabled?  
**Answer:** Ten out of ten indicated that they are not effectively involved.  

Reasons given:  
- They are not interested in their education.  
- They have no time for the disabled.  
- Unable to fight for their rights as human beings.  
- Poor literature about disabled people in the black community.  
- Poor research, professionals are not interested.  

5.8.6.2 **INTERPRETATIONS OF RESPONSES**  
According to the responses, professional workers approach a human being as a totality. The other areas of life are not ignored. They are also given attention where possible.
5.8.7 FINAL INTERPRETATION

According to the responses, professionals seem to have more insight and understanding of disabilities in the black community. For example their aim of education is similar to the aims from literature. Advantages and disadvantages of the special education are rationally given. This is related to the postulate of the professionals (see 4.4.7). The unfortunate vision towards the professionals, is that they are not actively involved in the life arena of a disabled according to the empirical findings. Interest in working with the disabled can continually encourage the professional workers towards acceptance of the disabled. It should be accepted that professional workers really view the disabled from a better angle. Their attitude has a better acceptance or understanding of a disabled.

5.9 CONCLUSION

In this chapter the responses of seven groups of interviewees were given, i.e. parents of the disabled, the disabled, siblings of the disabled, parents of the non-disabled, youth, old people and the professional workers. Major findings, conclusions emanating from these responses are given in the next chapter.
CHAPTER 6

FINDINGS, PROBLEMS AND CONCLUSIONS FROM THE RESEARCH

6.1 INTRODUCTION

This chapter will highlight the findings from literature, the findings from the results of the empirical research, as reported in chapter 5, as well as the conclusions drawn from the research.

6.2 FINDINGS FROM LITERATURE

There is a lack of literature about the disabled in South Africa, especially in the black communities. Disability has been widely researched in various developed countries, like the United States of America, Europe and Australia. Relevant literature was effectively used from chapter 1, 2 and 3 of this research, but the findings will be drawn from chapters 2 and 3 only.

Literature reveals that disabilities can take place during four stages:

- Pre-natal stage (before birth) (see 2.2.1.1.1)
- Para-/peri-natal stage (during birth) (see 2.2.1.1.2)
- Neo-natal stage (immediately after birth) (see 2.2.1.1.3)
- Post-natal (any time after birth) (see 2.2.1.1.4)

whereas many black people believe in myths, taboos and witchcraft ideologies (see Kisanji 1995).

Concerning aetiologies of disabilities, literature dynamically describes the types of disabilities in detail, whereas the black community cannot identify details. Literature reveals that disabilities are caused by various phenomena (see 2.2.1). Causes are excellently explained in significant detail, but Kisanji (1995) postulates that the black community believes the major aetiologies are ascribed to taboos and witchcraft.
The findings of the phenomenon attitude, according to literature is indicated as a sophisticated phenomenon which is influenced by any condition or situation in the Lebenswelt either positive, negative or mixed attitudes (partial). Its sophistication is revealed by debate amongst the social psychologists today, since it is associated with the tripartite model and its measurements (See Fig. 3.1).

Historical data reveal a negative attitude of rejection where the disabled were destroyed in a satanic manner in the past. This attitude correlates with the historical attitude of the black community (see 2.5.3.1). Literature indicates that communities are dynamic and today there is a modern approach on attitudes towards the disabled.

Different attitudes of different groups were empirically accumulated and evaluated. Literature also reveals many similarities of attitude compared with the attitude of the black community towards the disabled (see 3.3.2).

Attitudes of the parents towards their disabled child are similar with their attitude according to empirical research which stresses the issue that it is not easy for the parents to care for and accept the disabled child. It is emphasized as a stressful event for a family, because it causes embarrassment, anger, grief, shock, guilt, trauma as well as social and financial stress (see 3.3.1).

Attitudes of the siblings display feelings of embarrassment, shame, pity and anxiety. Attitudes of other community members, such as the youth, old people, parents of the non-disabled reveal different attitudes (open rejection, disguised rejection to partial acceptance). On the other hand professional workers require patience for positive attitudes (see 3.3.4).

The attitudes of the disabled towards their disabilities, revealed to be difficult for the disabled to accept as indicated from the empirical and literature findings. The disabled also experience different attitudes from their families and communities. In most cases they are openly or partially rejected (see 3.4).
Different attitudes constitute different problems in the life of a disabled such as a poor self-image, rejection, social, mobility, socio-economic, residential, security, educational, rehabilitation, unemployment, guidance and counselling, abuse of the disabled and many other problems not listed (2.5.3).

All in all, according to literature, different classes of attitudes were revealed, dependent on one's perception, beliefs and situations.

6.3 FINDINGS FROM THE RESULTS OF THE EMPIRICAL RESEARCH

From the results of the empirical research, as reported in chapter 5, the findings of this investigation can be summarized as follows.

6.3.1 FINDINGS PERTAINING TO THE PARENTS OF THE DISABLED IN PARTICULAR

According to the responses of the parents of disabled people (see 5.2), it appears that:

- Parents of the disabled listed more disadvantages of living in a rural area.
- Parents are knowledgeable about the causes and prevention of disabilities according to their culture.
- One solution listed is the termination of pregnancy if the doctor has confirmed that the child is disabled. This idea is not accepted by all the parents.
- Initial reaction of the parents after being told about the disabilities of the child is, they question it, shock and trauma are experienced.
- The attitude between the husband and a wife towards their disabled child(ren) differs.
- Most of their friends have rejected their disabled children.
- Most of the parents never share problems with friends.
- When it became apparent that the child was disabled, the relatives' attitude became one of rejection.
Parents are shocked about the manner in which the past communities treated or eliminated the disabled.

Parents stated that disabled are partially accepted in the community today. However the majority disliked the disabled.

According to their experience as parents, the status of a disabled person is disregarded and undesirable in the community.

Parents feel that many people see disabilities first, but not a human being as worthy of the respect they enjoy.

They state that disabled are exploited, and severe penalties should be imposed on the abusers.

They encounter problems due to the disabilities of their children.

They experience many disadvantages due to having a disabled child. Advantages are very few.

Many parents are not Christians and some are discouraged, because of the disabilities of their children. Some become alcoholics.

More parents need a special place for the disabled to live (home centres).

Many parents have serious problems in the acceptance of the disabled child and are reluctant to talk about them.

Parents are in favour of placing a disabled in a special school.

Parents blame various people or forces, including God, the ancestors, witchcraft, maternity clinics, white people and contravention of taboos for their having disabled children. It has to be indicated that some of the findings were not found from literature, more especially the last part of the report, but most of the findings are similar to the literature where most of the above details are not given (see 5.2).

6.3.2 FINDINGS PERTAINING TO DISABLED PEOPLE

The responses of the disabled people (see 5.3) revealed that:

None of the disabled people totally accepted his/her disabilities, some felt embarrassed about their self-image or self-perception.

All the disabled are Christians who have been converted to Christianity and belong
to different Churches.

- There is a difference in the attitude of their respective parents.
- It is difficult for their siblings to accept them.
- Relatives have problems in accepting the disabled.
- Disabled people are strongly against the negative attitude of past communities.
- They believe that very few community members accept them. The majority have no room for the disabled.
- Most of the disabled postulate that they are being exploited in the communities, e.g. by the family, at the work place and at school.
- Care of the disabled as well as rehabilitation processes are not monitored in the community.
- Disabilities become a burden to the disabled if the community, the family or the state fail to meet their needs.
- Negative attitudes towards the disabled cause problems to evolve psychologically, physically and socially.
- There are fewer advantages and more disadvantages of placing disabled children in a mainstream school.
- According to the disabled, there are more advantages and fewer disadvantages of placing them in a special school.
- Their feeling is that there are more disadvantages in being a disabled person.
- The disabled related the extreme frustration they have experienced to reveal some negative attitudes.
- Many disabled are unknowledgeable of the causes and prevention of disabilities.

In conclusion, literature has indicated that disabled people experience different attitudes revealing that disabilities are not desired and usually associated with a cluster of problems. The final report of the study gives more detailed attitudes than in the literature, although some are similar (see 5.3).
6.3.3 FINDINGS PERTAINING TO THE SIBLINGS OF THE DISABLED

Siblings of the disabled (see 5.4) reported the following facts:

☐ Siblings reported that their churches do little or nothing to help the disabled and their families, most of them are not prepared to visit the disabled.

☐ Siblings have problems in accepting the disabled brother/sister.

☐ Most of the siblings in their families are not equally treated; they are not happy about the treatment.

☐ Most of their relatives and neighbours partially accept the disabled.

☐ Nine of ten siblings believe that there are NO advantages of having a disabled member in the family.

☐ All respondents (siblings) stated that disabled people should have a special place to live (home centres).

☐ They have problems when taking a disabled person to different places.

☐ All the siblings do not wish the disabled to attend a mainstream school.

☐ They believe, there is a need for educating the disabled to accept themselves.

☐ All siblings have a desire that a special day for the disabled be introduced.

In comparison with the literature, there are various categories of attitudes towards their disabled brother/sister (see 5.4). This report indicates that disabled are partially accepted due to the problems encountered. Thus, disabilities are not appreciated.

6.3.4 FINDINGS PERTAINING TO THE PARENTS OF THE NON-DISABLED CHILDREN

The responses of the parents of the non-disabled children (see 5.5) are as follows:

☐ Many advantages of having a physically healthy child were given.

☐ Many disadvantages of having a disabled child were given for e.g. it causes divorce and discontent in the family.

☐ Most of the group believe that the albino person is the least impaired by his/her disabilities.
There are many pressing needs of disabled person in the family.

They totally agree that if there is a disabled person in the family, it is a "sick family".

They are all aware that the disabled are abused in society.

Most of them totally disagree with the idea of termination of pregnancy if the doctor has confirmed disabilities of a foetus.

Many disadvantages were given, and more advantages were given as to why the disabled should attend a special school for the disabled.

In comparison with the literature review (see 5.5) parents of the non-disabled would find it difficult to accept a child with disabilities. This is similar to this report, since more disadvantages associated with a disabled child were given. Thus, disabled are not totally accepted.

6.3.5 FINDINGS PERTAINING TO THE YOUTH IN THE COMMUNITY

From the responses of the youth in the community (see 5.6), the following aspects were highlighted:

- All the youth are quite aware of the existence of the disabled in their different communities.
- Some believe a family with a disabled child is blessed or cursed/unfortunate.
- Most of them believe disabilities are a punishment from God or the forefathers.
- All the youth are anxious to know the causes of disabilities.
- It is difficult for the youth to accept the disabled person, although they do partially accept them.
- Many disadvantages of having a disabled in the family were given.
- The youth indicated that they need special encouragement and guidance on the acceptance of the disabled in the community.
- Most of the youth think that the disabled are bewitched.
- They indicated many problems in mixing with the disabled in a learning environment.
- The youth totally agree that the youth and the community should be educated about the causes, prevention, understanding, acceptance and ways of assisting the
Literature review (see 5.6) has indicated that the youth group has a negative attitude towards the disabled. This report indicates enormous problems associated with a disabled. Disabled are only partially accepted by the youth.

6.3.6 FINDINGS PERTAINING TO THE OLD PEOPLE

All the old people have a disabled relative. Their responses were as follows (see 5.7):

- According to their knowledge there were very few disabled people in the distant past, because the majority of the disabled were killed at birth.
- According to most of them, taboos and witchcraft are almost the major causes of disabilities.
- Traditional methods of preventing disabilities in the past were indicated.
- Western civilization has introduced acceptance of the disabled people, in the past they were destroyed in a cruel manner.
- Most of the old people interviewed, were eyewitnesses to the murders, but some were only informed by the people involved.
- Various satanic methods of destroying them were used.
- The old people are quite aware of rituals performed after the birth of a disabled child in the family.
- The present feeling of the old people is tolerance.
- Most of them desire the disabled to stay in a special place (home centres).

In conclusion literature has indicated that it is still difficult for the old people to accept the disabled (see 5.7). The attitude is similar according to this report, because even today they reveal a tolerating attitude towards the disabled.

6.3.7 FINDINGS PERTAINING TO THE PROFESSIONAL WORKERS
From their responses concerning the disabled, it appears that the professional workers view the problem in a different light (see 5.8):

- They wish to help in the community.
- They have a better knowledge of the causes of disabilities according to their culture and their personal views.
- They are aware of the many disadvantages for the disabled living in rural areas as opposed to those living in an urban area.
- They revealed that parents of the disabled partly accept the disabilities of their children.
- All the professionals indicated that the disabled in society are partly accepted. Many reasons were given.
- They feel disabled people have special needs at home and in the community at large and should be treated with a lot of patience.
- Many professionals support the idea of special centre/homes for the disabled.
- Many feel that the disabled are abused by their families and in their work place.
- Abusers should receive severe punishments.
- They indicated more advantages of a special school and fewer disadvantages. More disadvantages and fewer advantages of a mainstream school for the disabled were indicated.
- Many professionals are not involved in the development of the disabled.
- All the respondents would like to make contributions in the fields of the disabled if motivated in some manner.
- It is important to educate the disabled in their self-acceptance to avoid suicidal cases.
- Guidance and counselling is essential.
- The disabled need special care in general and in the school situation.

Literature reveals that professionals have a better insight and a more positive attitude towards the disabled (see 5.8). Most of the professionals are more positive towards the disabled than the other groups in the black community.

All in all, it is not easy to work with the disabled and people involved with the disabled,
therefore the researcher encountered various problems during interviews.

6.4 PROBLEMS

It stands to reason that problems were encountered during interview sessions. Shipman (1981:3) maintains:

"Questions about sensitive areas of human experience are difficult to word neutrally. Even if this is accomplished, the results are probably invalid within a short period as the words summing up these results will have changed."

During the interviews some problems that arose were general, whereas others pertained to certain groups.

6.4.1 GENERAL PROBLEMS

According to this study, it was difficult to interview the less educated people (illiterates). For them an interview is a mysterious project. This was more so in the current research, because it was about such a contentious area of visual, aural and physically disabled people. The information obtained in the end, however, appeared to be reliable and valid.

- In some situations, when the researcher posed a question to the interviewees, they countered with "why" questions such as "Why do you ask me this?" Being interviewed was obviously a strange experience.
- Some interviewees could not easily comprehend the questions posed. Repetition was time-consuming.
- The study was expensive, since the researcher had to make arrangements for interviews, some of which did not take place and, invariably, new arrangements had to be made. The researcher had to use her own transport to reach venues for interviews.
- Many people did not have a telephone, to contact them for an appointment.
- Some respondents complained that the questions were difficult.

All in all, the goal was to find answers to those difficult questions.
Some interviews were disturbed by children making a noise by crying or running up and down and unexpected visitors.

Some respondents did not have enough time since they had other commitments. People live in a fast-moving dynamic society today.

The research took place during the transitional period in South Africa. Therefore, they suspected the researcher of being a private investigator. Thus, the researcher had to discontinue the particular interview, and instead locate other willing respondents.

Some of the respondents were unable to motivate their answers.

In some families not all the members were free to be interviewed. For example, parents were free but some siblings openly and strongly resented the interview.

### 6.4.2 SPECIFIC PROBLEMS ENCOUNTERED WITH PARENTS OF THE DISABLED

Some parents were not honest by creating jokes and giving irrelevant answers. They were devious with their answers and consequently substitutes had to be located.

Some parents were not responsible enough to keep the appointment and a new arrangement had to be made.

The researcher was a threat to some of the parents. This was revealed when they started cleaning or sweeping their unlockable yards/homes after her arrival. In some cases, when the researcher arrived the yards were extremely dirty, but when she returned they were clean.

It was not always easy to establish whether the information given by the parents was the truth, because the researcher sometimes experienced doubts.

Some of the parents were intoxicated, therefore it was impossible to conduct an interview.

Parents often wished to relate the crisis period and history of the child, which were not relevant to the interview.

All parents urgently needed the government to support their children. They are failing to support ONE disabled child which is amazing. Their child becomes the government's child.
They always complained about poverty.

6.4.3 SPECIFIC PROBLEMS ENCOUNTERED WITH DISABLED PEOPLE

- Some of the interviewees used more time than expected to respond to the questions posed.
- This group had a lot to say since they are confronted with the attitude of the other six groups.
- Most of the disabled have a very poor background. This affected the study, because most of the information given/related was based on their hardships in the life circle.
- Most of the disabled misunderstood the questions by sometimes giving irrelevant information.
- Some of them were shy, especially about questions based on the attitude of their families, although some of them were brave enough to reveal that their families openly reject them even today.
- They spent a lot of time relating on how much they suffer due to their disabilities.
- The major problem is the strong existing ideology that they are discriminated against by the non-disabled people in the society.

6.4.4 SPECIFIC PROBLEMS ENCOUNTERED WITH THE SIBLINGS OF THE DISABLED

- Most of the siblings were shy to give information and would never look at the researcher.
- Some of them refused to be interviewed. Where impossible, the second choice was used from the list of additional families.
- Most of them harassed the researcher as they were in a hurry, because being youthful they can't sit still for a long time. They kept on asking "Are you not yet through ... are you not yet through?"
- Most of them were unable to substantiate their statements and simply said: "I don't know!"
6.4.5 SPECIFIC PROBLEMS ENCOUNTERED WITH PARENTS OF THE 
NON-DISABLED

It was difficult to locate this group, because they were excluded from the list of chosen 
families. The researcher had considerable trouble in locating parents who were willing 
to contribute their views.

☐ Some said: "This is trouble." Others said: "Don't come again, because you are 
tempting fate unto us with your disabled people. You are digging out our secrets."

☐ Some would say that they didn't wish to have a cripple (instead of a disabled 
person) in their family, so they had no interest in the study.

☐ Some people could not appreciate the nature of an interview project. They wanted 
to be paid. The researcher was asked: "How much are you going to pay me?"

☐ It was sometimes suggested that the researcher was wrong to interview this group 
as the relevant group were the parents of the disabled.

☐ The researcher realized that they are proud of the normal children they have.

6.4.6 SPECIFIC PROBLEMS ENCOUNTERED WITH THE YOUTH IN THE 
COMMUNITY

☐ The youth was always in a hurry to complete the interview since they are always 
on the move.

☐ They complained that some of the questions were difficult.

☐ They were not familiar with the interview project and they knew nothing about 
interview procedures.

☐ They were sometimes unable to substantiate their answers.
6.4.7 SPECIFIC PROBLEMS ENCOUNTERED WITH THE OLD PEOPLE IN THE COMMUNITY

- The old people could not easily comprehend the questions posed. Repetition was time-consuming.
- Some of the old people were unable to substantiate their answers.
- They frustrated the researcher by relating irrelevant issues.
- Old people are not familiar with interview procedures. The researcher had to cajole them to co-operate.

6.4.8 SPECIFIC PROBLEMS ENCOUNTERED WITH THE PROFESSIONAL WORKERS

- It was not always easy to interview the professionals. They directly told the researcher that "we have no time for an interview".
- This is a group which provided many excuses as to why they should not be interviewed. These proved to be irrational, extra-ordinary excuses.
- Many of the professional workers are overworked and failed to keep appointments. Therefore the researcher had to be patient.
- One professional negatively commented that the researcher wanted to succeed in her project through the use of their knowledge.
- Some professionals totally refused and stated: "I am not interested in an interview. They are time-consuming."

6.4.9 ADDITIONAL PROBLEMS ENCOUNTERED DURING INTERVIEWS

- Families with disabled children were very inhibited when interviewed by the researcher, even though she tried to put them at ease.
- Some of the disabled and their families were very dirty and unkept.
- Some disabled were clean, but their home was extremely dirty.
- Disabled people's toilet routine suffers significantly, more especially in the rural areas. The toilets are dirty and unhygienic. Ablution areas are inaccessible to
people in wheelchairs.

6.5 CONCLUSIONS FROM THE RESEARCH

Generalizing the findings from the above-mentioned seven groups of interviewees concerning their attitudes towards disabled people, the following major conclusions transpired:

HISTORICAL/TRADITIONAL ATTITUDE
- Disabled children/people were destroyed in the past.
- Interviewees are against the negative philosophy of destroying the disabled.
- The early identification of disabilities is essential in the society.

ATTITUDE TOWARDS PHYSICAL APPEARANCE
- Everybody desires and expects a normal child or person. Disabilities are unacceptable and are usually associated with general problems and frustrations.
- Many people have a relative who is a disabled.

FEELINGS TOWARDS DISABILITIES
- People are reluctant to talk about disabled people in the black community; they are regarded as an embarrassment.
- It causes a crisis in the family.
- There are severe frustrations experienced by all the disabled, their parents and siblings.

DISABILITIES ARE ASSOCIATED WITH PROBLEMS
- Parents do not treat their disabled children equally as they do with their non-disabled children.
- Many unanswered questions arose as regards the parents, siblings and the disabled themselves.
ATTITUDE TOWARDS CAUSES AND PREVENTION OF DISABILITIES

- Many people are unenlighted as to its prevention and desire the prevention of disabilities.
- There is still ignorance about aetiology and prevention of disabilities during the pre-natal, para-natal, neo-natal and post-natal stages of a victim.

ATTITUDE TOWARDS TRADITIONS AND DISABILITIES

- Disabilities are in some cases ascribed to witchcraft, witch-doctors and incest.
- Witchcraft and taboos constitute negative attitudes towards the disabled.
- Traditional taboos are in some cases associated with disabilities.
- It is generally regarded as a curse or punishment from God.

DISADVANTAGES TOWARDS DISABILITIES

- Disabilities lead to many disadvantages in the life arena of the disabled which constitute negative attitudes.
- It is difficult for the non-disabled to cope with the disabled in all respective areas of life.
- The disabled should be educated in the area of self-acceptance.

DISABLED AND THEIR PROBLEMS

- A disabled individual needs special care for the rest of his life, which is expensive.
- There are crucial needs in the life of the disabled, e.g. housing, transport, recreation, and acceptance and understanding of them in the society.
- Home centres are needed as opposed to living in an ordinary home.

ATTITUDES TOWARDS MAINSTREAM AND SPECIAL SCHOOLS

- The educable disabled need special education to cope with disabilities.
- A special school is better than a mainstream school. All the respondents indicated more advantages of a disabled schooling in a special school and indicated very few disadvantages.
- Many disadvantages of a disabled schooling in a mainstream school were given
and a few advantages were also indicated.

ATTITUDE TOWARDS URBAN AND RURAL AREAS

- All the respondents indicated more advantages of a disabled living in an urban area and indicated very few disadvantages.
- Rural areas are usually not advanced enough for the disabled to live in, as a result it makes life more difficult for them.
- People display a feeling of pity and shame (embarrassment) towards the disabled which indicates that the disabled person is not always fully accepted.

ABUSE OF THE DISABLED

- The general feeling is that the disabled are not equally treated as opposed to the non-disabled in any society.
- Disabled experience negative situations (unforgettable stories).
- All the respondents are of the opinion that disabled people are being exploited both morally and sexually.
- Many of the disabled are exploited in communities revealing negative attitudes.
- The disabled are partly accepted in the society. In general the majority reject them, in most cases rejection is associated with abuse.

ATTITUDE TOWARDS THE ROLE OF THE GOVERNMENT AND THE CHURCH

- Government, schools and churches provide poor contributions towards the disabled and their families in the black community.
- The Church has a crucial role to play in the acceptance and care of the disabled in all societies, in order to display positive attitudes, because at the moment it displays a very poor attitude towards the disabled.
- The attitude displayed by the government indicates a need towards the treatment and care of the disabled in the black community.
PROMOTING POSITIVE ATTITUDES TOWARDS THE DISABLED

- The disabled individuals wish and expect the community to constitute positive attitudes towards them.
- The community needs to be educated in this specific area (educational implications).
- A home visiting programme to families with disabled is to be introduced to encourage positive attitudes.

DISABILITIES ARE USUALLY UNACCEPTED

- There are very few people prepared to become involved in the life of the disabled in society.
- All groups experience difficulties in accepting the disabled in the black community, whereas professionals view the problem in a different light.
- In the black community attitudes towards the disabled are the same as was previously experienced in other communities.

6.6 CONCLUSION

The findings of this research are summarized in this chapter, including conclusions from the research. The following chapter will give recommendations emanating from the research.
CHAPTER 7

RECOMMENDATIONS EMANATING FROM THE RESEARCH

7.1 INTRODUCTION

In the light of the findings stated in chapters 5 and 6, the question which arises is the following: What can be done, not only to CHANGE the attitude and destiny of the disabled but also the attitudes of the community towards the disabled?

In this regard, this research strongly believes in the aspect of changeability. Feelings and attitudes are not always the same, they are not static, but dynamic. To support the notion of this research, Hjelle and Ziegler (1981:55) say that, according to Rogers (1969) in the concept changeability, the personologists see a commitment towards continuous personal growth. People are described as forever growing: unfolding their potentialities and thus changing in the process. According to Hjelle and Ziegler (1991:55) it is not only Rogers who believes in changeability, but also Maslow, who holds the same view as Rogers and other such as Gillham (1994:9-34), Hearn (1991:11) and Trauer (1990:69).

Personality changes necessarily take place. Thus, the recommendations of the researcher could contribute towards improving the attitudes of the black community towards the disabled. Changes can take place through Education. Specific and general recommendations will be given.

7.2 EDUCATIONAL IMPLICATION

Negative attitudes should be changed to positive attitudes and the only way of achieving this is through education. Educating the people is recommended to be a major factor for the changeability process and without educating the community, the study is convinced that there will be no changes.
7.2.1 RECOMMENDATIONS PERTAINING TO THE PARENTS OF THE DISABLED

Parents of the disabled are directly faced with a problem of bone of their bones, such as attitudes of shock, numbness, denial, anger, guilt, resentment, isolation, sorrow, self-pity, disbelief, misery and sometimes partial acceptance. They also need guidance and counselling in order to educate them.

The following aspects are, for example, crucial to discuss with the parents of the disabled in order to educate them:

- that a disabled child is also a human being, good and worthy of living;
- that it is not a punishment, curse, sin or embarrassment;
- that they must love, respect, understand and accept their child;
- that they should encourage their child to accept him-/herself;
- that they must provide their child with a feeling of physical and emotional security;
- that they must encourage their child to be self-dependent and accept what responsibility he/she is able to assume;
- that they must be consistent in all areas of development such as discipline and feeding;
- that they must try to prevent the development of fears, frustrations and other emotional attitudes;
- that they must refrain from pushing their child beyond his/her physical and mental capabilities;
- that they must under all circumstances not abuse their child;
- that they must recognise that their child's wishes, opinions and ideas are symbols and evidence of growth;
- that they should show a genuine interest in their child's accomplishments;
- that they must try to always be happy and to learn to overcome their problems.

All the above aspects encourage a positive attitude towards the disabled child. Some of the most important recommendations are indicated, in order to reinforce a positive
Parents are to be encouraged to attend seminars for the parents of the disabled, to face the challenge of any negative attitude in the community and gain knowledge on the phenomenon.

Parents should know their legal rights and be brave enough to take necessary action against anybody abusing their child.

They should also fight for the rights of their disabled children, such as proper housing, accessible public buildings and other necessary issues.

They should improve their residential areas (making it more accessible) either in rural or urban living. The fact is they cannot all move to the urban area.

Formation of parents’ groups is highly recommended, to support each other and to suppress negative attitudes.

All parents should honour a special day for the disabled by attending its proceedings and also involve themselves in its preparation.

Educational programmes aimed at the acceptance of the disabled which specially focus on families with the disabled should be observed by the parents.

A Christian approach towards their situation is recommended. If a Christian tool is used, there would be no negative attitude or rejection of their own child.

Timeous guidance and counselling is needed to promote a positive attitude.

Witchcraft and taboos should be totally discouraged.

Parents should have knowledge on the care and treatment of the abused disabled (either sexually, physically or mentally).

Parents need opportunities to discuss their problems with experts.

Parents should shape their child’s behaviour - a punishment with a desire to shape his destiny.

Parents should equip their children with self-care skills. Be flexible, if one method does not succeed, try something else. Self-care skills could encourage a positive attitude towards the disabled. This is also a better way of reducing a child’s frustration and it reinforces a positive behaviour, which could help them to cope with life.

A balanced diet should be given and unhealthy food should be avoided. Eliminate
the use of poor, dirty and unhealthy clothing.

- Equal love unto all their children is important, equal treatment with respect is important.
- Parents should construct a good foundation to the siblings for their positive attitude. They should monitor their relationship with the disabled brother/sister.
- Parents should remember that they have a "special child" in the family and they are also "special parents".

7.2.2 RECOMMENDATIONS PERTAINING TO THE DISABLED

Disabled people always think about their handicaps, more especially the individuals who are experiencing open rejection and disguised rejection. In this regard, the disabled need to be educated on self-acceptance. Professional workers and the parents of the disabled should talk to them after the realization of handicapped body-image. The following aspects are crucial issues which need to be discussed in order to educate them:

- that every life has its purpose, God created them with a purpose;
- that no one is to blame for their being disabled;
- that they have to learn to live with their disabilities;
- that they must make the best of their condition and situation and always try to improve themselves;
- that they must focus on the positive in life and never concentrate on negative situations;
- that they are human beings, good and worthy of living;
- that they should try to avoid the many internal why's in their minds;
- that being a disabled is not an embarrassment, curse or punishment, but rather that they are physically challenged;
- that they have certain abilities to compensate for their disabilities, i.e. abilities that they have which able-bodied people do not have.

All the above-mentioned aspects will help them to suppress the negative attitudes towards their self-image.
Christian philosophy should be used as one of the best keys for a better approach to address problems in the future.

Witchcraft and taboos are to be discouraged.

They need to be encouraged to join in group activities and talk about their disabilities to overcome self-condemnation.

More specifically it is recommended that professional workers who could be regarded as "engines", "principal monitors" or "keyholders" in the life arena of the disabled, should encourage and educate them about the following aspects:

**Rights:** They need to be educated that they have rights to live. They have to be critical against any person violating their rights or human dignity. Kapp (1991:4) states that today the human dignity of every person is generally accepted, regardless of race, colour, appearance or abilities.

**KNOW YOUR RIGHTS CAMPAIGNE** should be initiated by the Lawyer for Human Rights Units. They should expect equal treatment alongside the able-bodied. The Disability Rights Charter of South Africa is available to protect the lives of disabled people (see appendix A).

**Female sexual abuse:** Prevention of abuse such as sexual abuse be addressed by training the **self-defense mechanism** for visually and aurally handicapped girls and women.

**Self-discipline:** Disabled people should be encouraged to reach high standards of self-discipline to prevent negative attitudes. Many people desire self-discipline in a normal life and society. In other words increasing the sense of self-control should be encouraged to prevent expression of frustration without damaging their relationships with others.

**Self-care skills:** They should be taught to master their self-care skills to discourage negative attitudes towards their lives, places such as home, school, work place or any place e.g. toilet training, feeding, dressing, personal appearance, specimen lessons in
self-care.

**Self-confidence:** Disabled usually feel inferior and self-conscious on account of their disabilities. More especially with the adolescent stage group where they start criticising themselves due to their disabilities and this causes them to develop negative attitudes. A self-confident attitude helps the individual to overcome a self-conscious behaviour.

**Positive response:** They are recommended to have a positive approach and response towards any attitude they are faced with. They should accept any punishment with a positive attitude.

**Integration into society/community:** Disabled people are part of all communities. Therefore parents and professional workers should encourage them to learn to live with others in order to develop normal personalities. According to Vygotskii (1978:15), Le Roux (1993:14), Weiten (1992:653), Suran and Rizzo (1983:5) the intellectual development or cognitive learning takes place through integration in the community. Different forms of entertainment are crucial, otherwise he/she might yield to self-pity. In this regard they are saved from the handicapping effects of fear, regret, self-consciousness, anxiety, elective mutism, delinquency, misconduct, boredom and complaining. They are human beings who should maintain respect, love, understanding and dignity.

**Perseverance:** This research recommends that the disabled should be taught and encouraged to persevere in life, in order to achieve success and overcome negative attitudes experienced.

**Self-dependence:** They have to be taught to depend on themselves and excel to the degree of responsibility he/she is able to assume. Motivation, acceptance, understanding, respect and love are some of the aspects which should be encouraged in the life arena of the disabled.

**Punishment:** Disabled should learn to accept a punishment either at home, school or at work, with a positive attitude and a knowledge of shaping their destiny and total being.
7.2.3 RECOMMENDATIONS PERTAINING TO THE SIBLINGS OF THE DISABLED

Siblings of the disabled have to share a living with a disabled brother or sister. Therefore, they are also important to teach about the acceptance of their disabled family members. The following aspects are crucial:

- that the disabled is their family member, nothing is going to change;
- that they have to accept it, live with it and have to improve it;
- that they have to educate the disabled family member to accept his/her disabilities;
- that they have to show them respect first;
- that they should try to exercise patience with a positive attitude towards them whenever help is needed.
- Siblings need guidance and counselling to cope with the disabilities of the brother/sister.
- Siblings should be taught causes and prevention of disabilities.
- They need to be discouraged as far as witchcraft and taboos are concerned.
- They should be taught and discouraged from feeling embarrassed about a disabled brother or sister, whenever in the street.
- They should develop a positive approach and have words of encouragement, instead of scolding, embarrassing, ignoring, rejecting, undermining, disregarding, being harsh or sarcastic towards them or displaying any other kind of humiliating attitude.
- All siblings desire for the disabled to have a special place to live (home centres), but during holidays when they are at home, they should try to show love, respect and understanding to them.
- They should participate in the rehabilitation of their disabled brother/sister and should also wish to be a member of rehabilitation organisations or assist whenever there are seminars, functions (national days), workshops and special days for the disabled.
- Concerning schooling and learning, siblings should try by all means to help since the syllabus is similar to the one used at the mainstream school and they should assist in tracing the talent of the disabled brother/sister.
Finally they should try by all means to avoid exploitation of their family member for it is evil. Furthermore, they should also monitor the care of their disabled brother/sister and have to be brave and challenge the abusers about their unfair treatment. This warning should be directed to any abuser, such as parents, grand-parents, peer groups, professionals, i.e. the paramedical staff and others.

7.2.4 RECOMMENDATIONS PERTAINING TO THE PARENTS OF THE NON-DISABLED CHILDREN

Parents of the non-disabled are also part of the black community. They also need to be educated on various aspects of life. Parents of the non-disabled should:

- read articles on disabled people and their families, to encourage an attitude of acceptance;
- attend seminars on disablement;
- socialize with the disabled and their parents to experience their feelings;
- be encouraged on the philosophy of giving, with the ideology that what so ever you give that you will receive;
- be taught the causes and prevention of disabilities;
- accept that the disabled are also human beings, good and worthy of living.

The above recommendations could help to attain sufficient knowledge on disabilities.

ABUSE:

- They should avoid giving a disabled person a job for long hours without meals.
- They should not give them inferior jobs such as cleaning the toilets.
- They should not discriminate against them by giving them unhealthy food.
- They should know that the disabled are human beings who need security against sexual abuse (although common today).
- They should not discriminate against them when selecting workers by undermining their abilities and talents.
7.2.5 RECOMMENDATIONS PERTAINING TO THE YOUTH

The attitude of the youth play a crucial role in the life arena of disabled people. Various aspects are to be educated:

- The youth in the black community should be educated that disabilities are not a curse or an embarrassment, punishment or curse, they are part of the community.
- The youth should be educated to know the causes of disabilities, e.g. drugs or alcohol, age factor, German measles, Rh factor, radiation could be the cause of a disability. Prevention of disabilities should be heeded.
- They should be encouraged to socialize with the disabled in order to cope with them and their disabilities.
- They should be encouraged to appreciate their views or input whenever there are meetings or social gatherings.
- The youth should be discouraged to laugh at the disabled, or even disregard, scold, embarrass or humiliate them. Instead they should respect them and treat them as dignified human beings.

7.2.6 RECOMMENDATIONS PERTAINING TO THE OLD PEOPLE

Old people are part of the community. They need to be educated in order to uproot the negative attitudes which mainly dominated their lives. Although most of the old people cannot accept a disabled grandchild, only a few are tolerant of the disabled. In this regard, it is still important to encourage the acceptance of the disabled.

Old people should be taught that a disabled have rights for living.

7.2.7 RECOMMENDATIONS PERTAINING TO THE PROFESSIONAL WORKERS

This group should enlighten the community and change negative attitudes into positive attitudes.

- Professional workers should participate in educating the disabled on self-acceptance, self-rehabilitation and self-realization.
self-acceptance, self-rehabilitation and self-realization.

- Professionals should be initiators of projects, programmes, guidance and counselling facilities in the field of the disabled.
- Professional workers are to be interested in any literature about the disabled for better orientation in the field of disability.
- They are encouraged to exercise patience, for example in learning situations, if the child cannot meet some demands of the teacher, he fears reproof and non-acceptance, especially if the teacher reacts unsympathetically towards his failure. Such a child often feels disappointed, dissatisfied and even inferior, and becomes tense and frustrated.
- Involvement of the professional health workers in families with disabled people will display a positive attitude.
- The professionals who are disabled, should participate in the development of their fellow disabled.
- Research work: It is crucial that the researcher's projects are initiated by the professionals since they have a better perception concerning the research work. This is possible by focussing on areas where there are needs. For example, causes of disabilities, rehabilitation of the disabled, disabled self-acceptance and so on.
- Invitations: Professionals should honour invitations, extended by the parents of the disabled, disabled, siblings, teachers for the disabled, schools for the disabled or any individual or group in need of knowledge from any professional. For example, a psychologist can give therapy to the parents or disabled who wishes to commit suicide, because of his/her inability to cope with handicaps etc.
- Various approaches to initiate positive attitudes: Professionals should at least have acquired basic knowledge on various approaches employed by different psychologists, eg. Skinnerian, Rogerian and Freudian approaches. These various approaches could bring changes, i.e. negative attitudes into positive.
- Concerning this group, it could be highlighted that more recommendations were stated in 7.2.1

7.3 RECOMMENDATIONS PERTAINING TO THE CHURCH

Although the church is not really involved in the lives of the disabled and their families
according to the report, it can participate and display a positive attitude towards the disabled.

The following recommendations could display a positive attitude towards the disabled and their families even to the community at large:
- It should organise self-help, introduce feeding schemes, more especially to the needy families.
- It should visit after-care centres to extend the love of God and display a positive attitude.
- Fundraising should be organised to assist the families in need.
- It should initiate projects for the rehabilitation and habilitation of the disabled.
- The paramedical staff from various churches should form groups and initiate projects related to the field.

7.4 RECOMMENDATIONS PERTAINING TO THE GOVERNMENT

South Africa has been declared a democratic state with a Government of National Unity, it should therefore, recognise and have room for the existence of the disabled in the community.

The role of the government should be to set/stipulate:
- Preconditions for equal participation through
- awareness raising
- medical care
- rehabilitation
- support services
- target areas for equal participation
- environmental accessibility
- education and training
- employment
- income maintenance and social security
- sport and recreation
There is an urgent need to improve different attitudes and the care structure of disabled people in the black community.

More institutions should be established in the black community for the daily care, training and education of the disabled. This could relieve the long waiting list presently experienced.

These institutions can also serve as resource centres to educate the disabled, parents, siblings and other community members, more especially concerning care, causes and prevention of disabilities.

Introduction of guidance and counselling for educational implications. This should be done by specially trained counsellors within a specially designed and concerted community guidance and counselling programme. It should preferably be conducted at the envisaged schools and institutions for the disabled, churches or community centres.

Guidance and counselling should best be introduced as group training, it seems to be more effective than individual training, because parents and other participants can provide each other with companionship, support, encouragement in
programming efforts and useful information.

According to the view of this research, they should maintain the well-known Rogerian qualities, viz. congruence; empathy and unconditional positive regard. Theorists such as Belkin (1990:109-110); Ruse and Katz (1991:132) Stefflare and Steward (1980:8-9) are exponents of the three Rogerian qualities. This applies especially to the professional workers, but parents and siblings should also strive towards these qualities.

Apart from institutions and guidance and counselling, what else can be done to motivate a positive attitude towards the disabled in the black community? Development of a positive attitude i.e. loving, understanding, accepting and respecting the disabled could be promoted through the following media:

- **Newspapers and periodicals** can be used to educate the black community, especially those who are literate, but who are still indoctrinated with wrong ideologies of witchcraft and taboos.

- **Radio and television** can be most effective in reaching illiterate community members, who are unable to read or write. Radio and television could help in
  - discouraging superstitions and any other myths;
  - revealing the causes and prevention of disabilities; and
  - how to overcome negative attitudes towards the disabled.

- **The church** by means of spiritual encouragement can also uproot preconceived ideologies of negative attitudes towards the disabled.

- **Introduction of the home visiting programme**: The aim is to identify problems experienced by the disabled. It is therefore suggested that this programme should play a prominent role towards instilling positive attitudes towards the disabled. This will promote a feeling of better care, acceptance and understanding. This strategy should challenge the negative attitudes of some family members and the community as a whole. Health and professional workers, teachers and church groups are
suitable for this task.

7.6 CONCLUSION

This research wishes to conclude this study with the Beatitudes for the Disabled.

Beatitudes for the Disabled

Blessed are those who realise that I am human and don't expect me to be saintly, just because I'm disabled.
Blessed are those who pick up ... and lift and pass ... and deliver ... cheerfully and sometimes without even being asked...
Blessed are those who understand that sometimes I am weak and not just lazy ...
Blessed are those who forget the deformity of my body and see the shape of my soul.
Blessed are those who see me as a whole person, unique and complete, and not as a 'half' or one of God's mistakes" ...
Blessed are those who love me - just as I am - without wondering what I might have been like...
Blessed are my friends on whom I depend - for they are the substance and joy of my life.

Anon
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APPENDIX
Disability Rights Charter of South Africa

Distributed by the Disability Rights Unit of Lawyers for Human Rights, PO Box 5156, Johannesburg, 2000.
We the disabled people of South Africa

Having consulted broadly among ourselves throughout the country and having put forward demands on which this charter is based,

Realising that disabled people in South Africa are among the worst victims of the apartheid system and that they suffer further discrimination as a result of negative social attitudes and unequal treatment based on gender and class,

Reaffirming the duty of the state to protect our rights and for policy makers to ensure that opportunities equal to those of the whole population are created for all disabled people in South Africa and that they receive an equal share in the benefits of social and economic development in our country,

Recalling the fundamental principles of human rights entrenched by the United Nations in the Universal Declaration of Human Rights, Declaration on the Rights of Disabled Persons, the World Programme of Action Concerning Disabled Persons, the conventions and recommendations of the International Labour Organisation on Vocational Rehabilitation and Employment and all other documents with similar emphasis,

Therefore demand that;

Article 1. Non-discrimination
There shall be no discrimination against disabled people and they shall enjoy equal opportunities in all spheres of life and they shall be protected against exploitation and all treatment of an abusive or degrading nature.

Article 2. Self-representation
Disabled people shall be entitled to represent themselves on all matters affecting them and resources shall be made available to enable them to fulfil this role.

Article 3. Health and Rehabilitation
Health and rehabilitation services and facilities shall be effective, accessible and affordable to all disabled people in South Africa.

Article 4. Education
a) Disabled people shall have the right to mainstream education with personal assistance where necessary, appropriate assistive technology and specialised teaching.
b) Parents of disabled children shall have the right to participate in the planning and provision of their children's education.
Article 5. Employment

a) All disabled people shall have the right to employment in the open labour market and appropriate measures, such as quota systems and training programmes, shall be implemented by government and employers to ensure that opportunities are created in the workplace which allow for the full enjoyment of this right.
b) The state shall provide incentives to employers, such as tax concessions, to encourage them to employ disabled people.
c) State assistance shall be provided to disabled people to enable them to engage in income generation through workshops and self-help projects.

Article 6. Sport and Recreation

Disabled people shall have the right to engage in sport and recreational activities and resources, such as sports facilities and financial assistance, as well as opportunities for participation, shall be made available to support their initiatives in this regard.

Article 7. Social Security

The state shall provide social security to disabled people who are without adequate income and all measures used to determine the adequacy of such income shall take into account additional costs incurred by them as a result of their disability.

Article 8. Housing

The state shall embark on a programme aimed at ensuring adequate, accessible and affordable housing for all disabled people.

Article 9. Transport

Affordable and accessible transport shall be made available to disabled people.

Article 10. Built Environ

All new built environs shall be accessible and safe to disabled people and all reasonable steps shall be taken to make existing built environs accessible and safe.

Article 11. Disabled Children

a) Disabled children shall have the right to be treated with respect and dignity and shall be provided with equal opportunities to enable them to reach their full potential in life.
b) The state shall ensure that all disabled children are properly cared for with adequate support.
c) All forms of abuse of disabled children shall be prohibited and severe penalties imposed for such abuse.
Article 5. Employment

a) All disabled people shall have the right to employment in the open labour market and appropriate measures, such as quota systems and training programmes, shall be implemented by government and employers to ensure that opportunities are created in the workplace which allow for the full enjoyment of this right.

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