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DISABILITY AND THE CULTURAL PERSPECTIVES OF FAMILY MEMBERS, NEIGHBOURS AND RELIGIOUS LEADERS AND ITS EFFECTS TOWARDS THE EDUCATION AND REHABILITATION OF CHILDREN WITH DISABILITIES

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ABSTRACT

Botswana is a multicultural nation located in southern Africa. Culture is one of the factors that impacts the services offered to children with disabilities.The aim of this study is to discuss disability and the cultural perspectives of family members, neighbours and the religious leaders and its effects towards the education and rehabilitation of children with disabilities. This study comprises of 45 participants who are residents of Francistown, Botswana. Face to face interview was used as a data collection technique. Purposive sampling and snowball were used to select the participants.The study found out that disability in Botswana is mostly associated with sociocultural factors such as witchcraft, ancestors and God's will or test. Language and Religion were found to have both positive and negative effects on the education and rehabilitation of children with disabilities. The severity of the child's disability influences the attitudes of the respondents towards children with disabilities. It can be concluded that culture influences people's perceptions about disability in Botswana. Therefore, there is need for the services to adopt a culturally sensitive approach.

Keywords: Disability, culture, perspective, children with disabilities, education and rehabilitation.

Tezin Adı: Engellilik ve aile üyelerinin, komşuların ve dini liderlerin kültürel perspektifleri ve engelli olan çocukların eğitimine ve rehabilitasyonuna yönelik etkileri.

HAZIRLAYAN: Galegatwe MOSIIWA

ÖZET

Botsvana, güney Afrika'da bulunan çok kültürlü bir ulus. Kültür, engelli çocuklara sunulan hizmetleri etkileyen faktörlerden biridir. Bu çalışmanın amacı, engelli çocukların eğitimine ve rehabilitasyonuna yönelik, engelliliğin etkilerinin ve aile üyelerin, komşuların ve dini liderlerin kültürel perspektiflerinin hakkında tartışmaktır.Bu çalışmanı çalışma grubunu Botswana'nin Francistown oturan kırk beş katılımcı oluşturmaktadır. Veriler yarı yapılandırılımış görüşme yötemi ile toplanılmıştır. Katımcılar amaç ve kartopu örnekleme yöntemiyle seçilmiştir.Bu çalışmanın sonucunda, Botsvana'da engellilik nedenleri, büyücülük, atalar ve tanrının takdiri veya testi gibi faktörlerle ilişkilendirildiği tespit edilmiştir. Dil ve Din'in engelli çocukların eğitimi ve rehabilitasyonu üzerinde hem olumlu hem de olumsuz etkileri olduğu bulundu. Ayrıca, katılımcıların tutumlarını çocuğun engelliliğin derecesi ile ilişkili bulunmuştur. Sonuç olarak Botsvana'daki insanların engellilik hakkında düşenceleri kültürden etkilenmektedir. Bu nedenle, engellilere verilen hizmetlerin ailelerin geldikleri kültür göz önüne alınarak planlanması önemlidir.

Anahtar Kelimeler: Engelli, Kültür, perspektif, engelli çocuklar, eğitim ve rehabilitasyon.

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ACRONYM

WHO- World Health Organization

UNICEF- United Nations Children's Emerge

CHAPTER 1. INTRODUCTION

This chapter will include the background information of disability and cultural perspectives, statement of the problem, objectives, significance of the study, scope, inclusion and exclusion criteria and definition of terms.

1.1. Background information

1.1.1. Definitions of disability

Disability is one of those phenomenons that are difficult to define, as such there has been changes in the definitions of disability. The WHO International classification of functioning disability and health (ICF) in 1980 defined disability as a set of limitations, here the emphasis was more on the diagnosis. Later, WHO, (2001) changed the definition to emphases the inability to function over the diagnosis. The current definition sees disability as a broader term covering impairment, activity limitation and participation restrictions, impairment are problems that have to do with the body structure and its functions while activity impairment is difficulty in performing certain activities like speaking (WHO & World Bank, 2011). Participation restrictions are the social disadvantage that results from the impairment like discrimination (Matsumoto, 2004).

1.1.2. Classification of disability

The WHO & World Bank, (2011) grouped disabilities into four groups, namely: sensory, physical, mental and intellectual. Crow, (2008) on the other side categorised disabilities into four main groups which are; hearing impairments, visual impairments, motor impairments and cognitive impairments. Categorising

all people who have impairments as people living with disabilities is a new phenomenon originating from western societies (Coleridge, 2000).

1.1.3. Models of disability

Disability is mainly influenced by two models, namely medical and social model (Schalock, Luckasson & Shogren, 2006).The medical model views disability as an illness that can be treated through medical interventions, this model has largely influenced the special education field (Kaplan, 1999).Social model is of the view that the society is the one that creates problems for people with disabilities through its expectations which in the long run creates barriers for people with disabilities, as such it asserts that if all barriers are broken then people with disabilities can function well within a particular society, this model has influenced the field of disability studies (Matsumoto, 2004).

1.1.4. Education of people with disabilities

In the past people with disabilities were usually placed in hospitals and institutions that offered no or little education (Dray, 2009). Around the 19th centuries special education was introduced as governments built special centres for people with disabilities (Dorn et al, 1996). Later on the parents and advocates for people with disabilities demanded the inclusion of people with disabilities, this gave birth to inclusive education (Dray, 2009). The education of people with disabilities was guided by the 1975 education for all handicapped children act (EHA) which was amended in 1977 and became Individuals with disabilities education act (IDEA) (Dorn et al. 1996). The field of disability studies was a result of the disability rights movement that was started by people with disabilities (Matsumo, 2004).

1.1.5. Disability and culture

The disability that a particular person has can be influenced by the cultural and social environments they live in, since the cultural meanings attributed to the persons with disabilities are learnt through socialization as people interact with one another (Burcu, 2011). Usually people will understand a certain phenomenon such as disability and develop ideas towards it given their cultural background and the way they understand disability will differ from one culture to another depending on their beliefs (Burr, 1995). The meanings of disability differs from one culture to another, usually the physical appearance of a person is not an obstacle but the meaning given to that particular disability (Burcu, 2011).

Throughout history there has been scarce information on cultural perspectives and disability, most of the literature tend to give more insight on how they were treated in the past (Gaad, 2004). Certain beliefs that are held by particular societies may delay early diagnosis of the disability and the rehabilitation process (Masasa, Irwin-Carruthers & Faure, 2005). Around the 15th and 16th century disability was largely influenced by the religious and traditional beliefs (Metzler, 2013). In Syria around the 16th -18th centuries people with hearing impairments were being accepted and treated well (Scalenghe, 2004). Between the 18th -19th centuries in Britain the way people understood disability started to change for example they no longer linked mental disability with possession of demons but rather to the inability to reason (Davidson, Woodwill & Bredberg, 1994). In the olden Egypt, Sparta and Greece there were people who were assigned to inspect new born babies and if they had any disability they were usually thrown down from a cliff to death (Gaad, 2004). Most of the Chinese health beliefs regarding mental disability are linked to the Chinese culture (Lam, Et al. 2010). Some communities in Benin believe that children with disabilities are a gift from God and as such they are usually accepted as they are believed to bring along good luck (Wright, 1960).

Currently the construction of disability is more based on the limitations of people with disability to perform daily chores in a particular society (Schalock, Lucksson & Shogren, 2007).

1.1.6. Disability in Botswana

Botswana is a landlocked country located in southern Africa, its neighbours are South Africa, Namibia, Zambia and Zimbabwe (Morton & Ramsay, 1987). Botswana has a total population of 2.1 million (Statistics Botswana, 2011). In Botswana the term *"bogole"* is used to refer to disability and a person with disability is referred to as "*monalebegole"* (Livingstone, 2006). Attitudes towards people with disabilities have been changing in Botswana, this is shown by the inclusion of people with disabilities in to the society (Dart, 2007). The most common forms of disability in Botswana include sight impairment, hearing impairment, speech impairment, intellectual impairment, mental health disabilities and mobility impairments (Hlalele et al, 2014).

Disability in Botswana is coordinated by four ministries namely Ministry of education and skills development, ministry of local government and rural development, ministry of health and ministry of labour and home affairs (Hlalele et al, 2014). Hlalele et al, continued to explain that the ministry of education and skills development offers special education and inclusive education services, the ministry of health provide rehabilitation services, the ministry of labour and home affairs ensure social security while the ministry of local government and rural development provide social welfare services and also ensure that the policies designed for persons with disabilities are implemented (pg. 159). The national policy on the care of people with disabilities was formulated in 1996 and was later reviewed in 2010, this policy is the foundation of all activities and laws that are designed for people with disabilities in Botswana (Deen, 2014).

The education of children with disabilities in Botswana started in 1969 when the missionaries from the Dutch Reformed Church opened a school for children with sight impairments (Mukhopadhay, Johnson –Nenty & Abosi, 2012). The education policy of Botswana was revised in 1992 to cater for the education and of children with special needs by introducing the special education division (Government of Botswana, 1994). In 2011 Botswana introduced inclusive education policy, which has not been that beneficial to children with disabilities because of the issues of discrimination and exclusion as such children with disabilities in Botswana usually enrol more in special education facilities (Deen, 2014).

1.2. Statement of the problem

The lives of people with disabilities are influenced by certain factors, such as religion, ethnic and their first language, yet there is few studies that have been conducted to show how these factors influence each other (Stienstra, 2002). Internationally there are policies that have been designed to promote inclusion and integration of people with disabilities into the mainstream society (Yazbeck, Villy & Parmenter, 2014).The general public's responses to people with disabilities has an impact on the likely success or failure of policies aimed at increasing their social inclusion and rehabilitation (Scior,2011). Most of the time culture act as a barrier to the education, rehabilitation and recovery of children with disabilities (Fallot,2001).It has been proved that culture contribute to the exclusion and labelling of children with disabilities (Gaad,2004). A study conducted by UNICEF, (2009) has stated that among the children with disabilities, less than 5% of them are attending school.

These labelling and exclusions make it difficult for children with disabilities to utilize the educational and rehabilitation services designed for them (Okasha, 2003).Children with disabilities are usually the ones who experience more stigma and exclusion because of the inadequate knowledge about disability and negative attitudes from their communities and families (WHO, 2012). Abosi, (1999) stated that it is not easy to come up with educational services for children with intellectual disabilities or all disabilities in general, it is important to first understand the way a particular society conceptualize disability and their attitudes towards people living with disabilities.

The World health organization and the World Bank (2011) has estimated that over a billion people in the world live with disabilities. In Botswana 4.4 percent of the population comprise of people with disabilities, physical disabilities being the highest (Botswana welfare core indicators survey, 2013). The number of children with disabilities in Botswana is not known, 8264 children

with disabilities in Botswana are still in school, 748 students were said to have dropped out of school while 2285 children were reported to have never attended school (Hlalele, et al, 2014). It has been observed that even though the government of Botswana has introduced rehabilitation centres, inclusive education and special education centres there is still a gap in the rehabilitation and learning of children with disabilities (Mukhopadhyay, Johnson Nenty & Abosi, 2012). This is due to the attitudes, beliefs, ideas, meanings and values held by the Botswana community. In Botswana people believe that disability results as punishment from God, bad luck and witchcraft (Modie, 1993). The cultural perspectives in general has been linked to delayed education and rehabilitation of children with disability, hence there is need for this study to find out the cultural perspectives of family members, neighbours and religious leaders on disability and its effects towards the education and rehabilitation of children with disabilities.

This problem does not only exist in Botswana, this is shown by studies done in other countries. Every culture has some explanations on why some children are born with disability and the roles family and community members are expected to play (Lamorey, 2002). Daley, (2002) has argued that it is not appropriate to assume that the treatment interventions developed for different disabilities in the west can be generalised to other societies in the world, hence there is need to understand how a particular society view disability before trying to implement the available intervention strategies. African countries usually associate disability with witchcraft, bad luck, punishment and evil spirits, available literature from a study conducted in Kenya by (Good, 1987) has also proved that majority of the people believe that disability is caused by witchcraft and evil spirits. As disability is seen as a curse or punishment from God the Masai tribe of Kenya usually kill children with disabilities (Barton & Armstrong, 2008). Some cultures associate disability with guilt, shame and fear, such cultures tends to hide children with disabilities, this in return deprive children living with disabilities their right to education and good health (Gaad,2004). People with

disability are often subjected to discrimination and exclusion leading to limitation of their choices and rights (Horner et.al, 2002).

The study will also raise certain issues that have not been observed in other studies for example the role of culture towards the education and rehabilitation of children with disabilities, disability in Botswana's culture and how to integrate culture into the educational and rehabilitation of children with disabilities. There is little literature on disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disability. Yet according to Govender, (2002) cultural perspectives are important in the formulation of services for children with disabilities.

1.3. Objectives

The general objective of this study is to discuss disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. The general objective will be answered by the following questions:

- How is disability constructed in Botswana?
- Do language influence the attitudes of family members, neighbours and religious leaders towards children with disabilities?
- How do the religions found in Botswana view disability?
- What are the effects of religion on the education and rehabilitation of children with disabilities?
- Do the attitudes and beliefs of family members, neighbours and religious leaders differ according to the severity of the disability?

- Do the family members, neighbours and religious leaders' perspectives regarding the education and rehabilitation of children with disabilities differ according to the child's gender?

- How did a child with disability impact the family members and the neighbour's perceptions about disability?

- What are the family member's perceptions about the child's disability?

1.4. Significance of the study

The literature on cultural perspectives of family members, neighbours and religious leaders on disability and its effects towards the education and rehabilitation of children with disabilities is fewer especially in Asia and Africa (Horner, et al, 2002).Therefore, this creates a need to carry out this study. Children with disabilities in general have been directly or indirectly affected by culture as it influences the way people understand disability and their attitudes towards children with disabilities (Ashman & Selway, 1998). Groce, (1999) has discussed that the lives of people with disabilities is usually limited by the social, cultural and economic factors as compared to the physical, intellectual and sensory impairments.

Studies that have been conducted in different countries have indeed proved that this topic is of greater importance in the field of disability studies. In Zimbabwe disability is associated with the spirits cast on the individual by his or her enemies and punishment from God for the sins committed by the parents (Mpofu, 2002). The cultural and religious beliefs have also been displayed by some of the parents , as they link disability to supernatural powers , bad luck magical or punishment by God, this is due to the fact that people acquire their knowledge through socialization (Danseco, 1997). In order to understand disability from a different context, consulting family members will help to

provide new perceptions, understanding and reactions to people with disabilities in a particular society (Aldersey, 2012).

This study is relevant in Botswana and other countries including Turkey because it might help practitioners like special education teachers, speech therapists, clinical social workers, psychologists and psychiatrists to understand the disability and cultural perspective of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. The findings and recommendations of this study may help the practitioners to come up with ways on how they can integrate culture into rehabilitation and educational services. It can also be used to advocate for the education and rights of children with disabilities. At the same time it can help policy makers in drafting policies that accommodate children with disabilities.

The research findings may add to the existing body of knowledge in many professional areas in respect to disability and the cultural perspectives of family members, religious leaders and its effects towards the education and rehabilitation of children with disabilities.

1.5. Scope

- The study used face to face interview.
- The research was conducted at a town level in Francistown, Botswana, the participants included family members, neighbours and religious leaders.
- The research was done between June 2016 and June 2017

1.6. Inclusion and exclusion criteria

The information related to disability and the cultural perspectives in this study is only limited to the data collected from family members of children with disabilities, their neighbours and religious leaders.

1.7. Definition of terms

1.7.1. Disability

It is an impairment in the body function or structure, limitation in activities such as the inability to read or move around and a restriction in participation such as exclusion from school (WHO, 2012:7).

1.7.2. Children with disabilities

Children with disabilities include those children with an impairment, they include those with health conditions such as cerebral palsy, spina bifida, muscular dystrophy, down syndrome and children with hearing, visual, physical, communication and intellectual impairments (WHO, 2012: 7).

1.7.3. Culture

It is the socially transmitted knowledge, language, believes, attitudes, behaviours, ideas, values and customs shared by a group of people (Bailey & Peoples, 1998).

It can also be defined as beliefs, values, meanings and actions that influence the way a group of people think, act and live their daily lives, these beliefs and values are normally socially constructed (Hammell, 2006).

1.7.4. Perspective

It is the process which involves one’s memory, attitudes, knowledge and awareness which influences how that individual will interpret or view a certain phenomenon (Prinz & Bridgeman, 1995).

CHAPTER 2. LITERATURE REVIEW AND THEORETICAL FRAMEWORK

The second chapter of this study include the literature review related to the topic and the theoretical framework.

2.1 Literature review

There is little literature about the prevalence of disability amongst different cultures and how cultures interpret disability (Stienstra, 2002). The literature on religious and cultural perspectives towards the education and rehabilitation of people with mental disability is fewer especially in Asia and Africa (Horner, et al, 2002). Culture and religion has positively and negatively affected people living with disabilities as it influences the way people understand disability and the attitudes that they display towards people with disability (Ashman & Selway, 1998). Since the issue of disability and cultural perspectives is not only restricted to Botswana, this section will review studies done in different geographical locations to show evidence of, disability and cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. Some countries like Botswana do not have recent studies regarding this topic as such old sources would be used.

2.2. Studies related to the topic

A study by Stone MacDonald, (2014) entitled cultural beliefs and attitudes about disability in East Africa, has discussed that each country in east Africa has its unique definition of disability as such it is hard to adopt one common definition. This study has discussed that in East Africa majority of the people construct disability based on their beliefs and traditions. Furthermore this study

discussed that people with disability are deprived of their rights to study and to work due to the discriminations and exclusions linked with disability.

A study in United States on the effects of culture on special education services, evil eyes, prayer meetings and IEPs have discussed that each culture has a specific explanations why children are born with disabilities, this study has discussed that disability is mostly linked with God, it discussed that it is believed that God causes the disability to test the parents' patience, (Lamorey, 2002). Lamorey continued to explain that the parents' beliefs about disability have an influence on the parent's participation on his or her child's education and rehabilitation. The study also discussed that it is important to first understand the family members' perspectives about disability because their perspectives outline their goals and aim for their children with disabilities, understanding their point of view will help practitioners to find ways on how to engage them in the education and treatment of their children.

A descriptive study conducted in Nicaragua by Matt, (2014) on the perceptions of disability among caregivers of children with disabilities in Nicaragua: Implications for future opportunities and health access, found out that culture has an effect on the education of children with disabilities. The study revealed that majority of the children were hidden in their homes due to the stigma and discrimination displayed by the community. Matt continued to explain that the beliefs about disability influences the will to seek professional help by caregivers, an in most time it negatively influences it.

Maloni et al, (2010) conducted a descriptive qualitative research on the perceptions of disability among mothers of children with disability in Bangladesh: Implications for rehabilitation service delivery. Their study found out that majority of the respondents defined disability as a limitation to take part in certain activities or to carry out daily tasks. The participants preferred both the medical and traditional treatment because in most cases they had hopes that their children

will recover because to them disability is just temporary as such they usually explore all possible treatments.

A cross sectional study carried out in South Africa by Masasa et al, (2010) on the knowledge ,beliefs and attitudes about disability implications for health professionals, concluded that culture plays a major role in the lives of children with disabilities especially when it comes to the services offered to them. They continued to explain that culture in most cases may delay the early diagnosis and interventions in children with disabilities.

Koreans and Korean Americans's perceptions and experience regarding developmental disabilities were compared and the study found out that 63 % of the Korean Americans associated the disability to spiritual factors like God's will while 80% of the Koreans linked disability with the mistakes they have committed and their parenting approaches (Cho, Singer & Brenner, 2000).

A study done in Turkey on the Turkish mothers' interpretations of the disability of their children with mental retardation by Diken, (2006), has discussed that even though majority of the Turkish people prefer the medical or biomedical treatment there are still those who prefer the traditional treatment especially the religious intervention. The research discussed that the preference of traditional treatment can be linked to the traditional beliefs that are associated with the causes of disability. The traditional beliefs have also been connected to the help seeking attitudes of the parents.

Another, study by Diken (2006) entitled an overview of the parental perceptions in cross cultural groups on disability, the study has discussed that some parents were in denial that their children had some disability even though there were some signs. It continued to explain that certain cultures perceive disability as a punishment or gift from Allah for the sins committed. Some of the respondents believed that a child can be born with disabilities if he or she was conceived during holy days, some believed that if the pregnant mother does not

pray before leaving the house for protection then there are likely chances that the child will be born with disabilities. This study concluded that there was a relationship between perceptions regarding the causation and perceptions concerning the intervention of the disability.

Ryan & Smith (1989) conducted a study to find out the perspectives of the Chinese – Americans parents on disability, the study showed that one-third of the participants attributed disability to supernatural and metaphysical causes. The supernatural and metaphysical causes that were discussed include; test or punishment from God and evil spirits, the study also found out that there was a correlation between the causes and the preferred treatment as majority of the respondents preferred the traditional treatment which includes; prayer, rituals and sacrifices.

2.3 The social construction of disability

The social construction of disability would include literature from different societies and their perspectives or beliefs regarding the factors associated with disability or the causes of disability. Social construction of disability denotes to the shared history and settings that permit and restrict individuals from achieving their full potential (Shogan, 1998). Shogan continued to explain that disability is considered a social construct because it is always changing based on the people's culture, time and history. Witchcraft and evil spirits, punishment or curse from God, Taboos and gift from God are some of the factors that will be discussed by this study, as they are influential in the construction of disability in different cultures.

2.3.1. Witchcraft and Evil spirits

Disability in Africa is associated with the supernatural powers like evil spirits, witches and wizards and as such in the olden days children with disabilities were tormented and some even left to die (Zulu, 2016). A study

conducted in Kenya by (Good, 1987) has also proved that majority of the people believe that mental disabilities is caused by witchcraft and evil spirit. Padmavati et al (2005) carried out a qualitative study in India and found out that most of the participants believe that mental disabilities is caused by evil spirits which is associated with other relatives or neighbours. In Sudan it is believed that disability was caused by evil spirits and usually the child with disability was left to die as it was believed that the child was possessed by the devil and their bodies were normally burned (Ashman & Selway, 1998). A study conducted in Nigeria found out that majority of the respondents associated disability to evil spirits that have been casted on the family by some jealousy people (Olasoji, et al. 2007).

A cross sectional study which was carried out by Audu et al (2011) in Nigeria , reported that the widely held cause of disability in Nigeria was evil spirits. Chinese people are deeply influenced by their folk believes and as such they believe that all illness including disabilities are supernatural in nature (Lam et al., 2010). A study conducted in Turkey found out that it is believed that for a child to develop a disability there has to be someone who has cast an evil spell with the aim of breaking the family apart (Diken, 2006). Furthermore, Diken explained that it is believed that if one leaves a house without praying, especially expecting mothers then the evil spirits is likely to be cast to their child. Modie (1993) explained that in Botswana mental disabilities are related to witchcraft and evil spirits which is linked with ancestors. Modie continued to discuss that it is believed that one would likely to be bewitched by those members of the community who are jealous.

Around 1949 Zimbabweans associated cerebral palsy and blindness to witchcraft and evil spirits (Mallory et al, 1993). Similarly, Mpofu, (2002) has discussed that Zimbabweans belief that disability is divine in origin, they have categorised the causes into two categories, namely malevolent and benevolent spirits. The researcher continued to state that malevolent spirit is one that was given by the enemy while benevolent spirit is that cast by the ancestors. Setume, (2016) has discussed that in some cases it is believed that a jealousy woman who

wants the husband of an expectant woman may bewitch the family and the woman would give birth to a child with disability.

2.3.2. Punishment or curse from God

Disability is seen as a curse or punishment from God therefore the Masai tribe of Kenya used to kill children with disabilities (Barton & Armstrong, 2008). In east Africa beliefs about the causes of disability are mostly influenced by the traditional and religious beliefs, majority of the east Africans believe that disabilities are punishments from God for wrong doings (Harknett, 1996). As disability is usually linked to God's punishment or curse for one's sins , it is therefore regarded as a tragedy, disgrace, shameful and this normally lead to people with disabilities to be viewed as objects of misfortune that yield guilty feelings to their families (Westbrook, Legge & Pennay,1993). Furthermore, Zulu, (2016) have articulated that the Nsenga tribe believe everything happens for a reason and the cases of one experiencing disability can only be justified as a sin or punishment for doing something bad.

The Asian cultures are of the view that disability is a result of punishment from God and in most cases this belief gives birth to the stigma that is attached to people living with disabilities (Abdullah & Brown, 2011). Kenyan and Zimbabwean communities attributed disability to curse which usually affect certain families and the child with disability was perceived as shame to the family, as such children with disabilities were usually rejected by their families (Franzen, 1990). Furthermore, a study done in Nigerian by Olasoji et al, (2007) has also found out that certain participants associated disability to curse from enemies and punishment from ancestors or god for wrong doings done by the child's family. Indians associates' disability to the parents' sins that they committed in the past or when the child was conceived (Dhar, 2009). Similarly, a study by Groce & Zola, (1993) have pointed out that in India it is believed that if a child is born with disability it will be a punishment for the sins committed by the child or his or her parents in the previous life.

In Guinea- Bissau, 80% of the respondents were of the view that disability is a result of punishment for one's sins (Otte, et al, 2013). Moreover, in Turkey it was found out that there is higher probability for the child to be born with disability if the mother became pregnant during holy days especially Friday for Muslims, that person will be punished by God for not obeying the holy day (Diken, 2006). The perception that disability results as a punishment from God has an impact on how the community view people with disabilities or how people with disabilities view themselves (Waliaula, 2009).

2.3.3. Taboos and Myths

It is believed that there are certain taboos that when not followed they are believed to cause disability, for example the Nandi tribe of Kenya believe that when an animal is killed for no good reason there are high possibilities that the child will be born with a disability (Ogechi & Ruto,2002). Ogechi & Ruto continued to explain that laughing at someone who has a disability by parents who are expecting can led to birth of a child with disabilities. Furthermore, they continued to explain that bad deeds by the family can also be linked to disability. Similarly, Olasoji et al, (2007) has also asserted that Nigerians also are of the view that if a pregnant woman laughs at a child who has disability there are higher chances that she will give birth to a child with disability.

In Turkey it is believed that if a pregnant woman sympathises with children with disability then she is likely to give birth to a child with disability and the some also believe that kissing a child on the mouth may lead to speech disorder (Diken, 2006). Teferra, (1993) found out that a father to the child with disability accused his wife for the child's disability since the wife once said that she saw a person with disability in their community, it is believed that if a pregnant woman seen someone with disability and they get emotional, scared or feel sorry for that person there are likely chances that her child will also be born with disabilities.

Zimbabweans linked cerebral palsy to violating a taboo (Mallory et al, 1993).Some believe that having sexual intercourse during pregnancy can also be linked to disability of a new born baby (Hartley & Maclean Jr, 2005).A Songye tribe in Congo believe that a child can be born with disability if one of the ancestors was not pleased with the way he or she buried, as such a child with disabilities is considered to be a child who was reincarnated (Ingstad and Whyte, 1995). The Mexican and Mexican Americans are of the view that if someone criticizes a person with disability that person will also develop a certain disability (Glover & Blankenship, 2007). If someone gives birth to twins of the same sex the other one has to be killed, if both twins are allowed to live then disability will strike the family (Setume, 2016).They are those who believe that new born baby must wear a red ribbon to shield the baby from harm such as disability, the ribbons are usually provided by the religious leaders who usually perform some rituals on those ribbons (Lamorey, 2002).

2.3.4. Gift from God

Ismail et al, (2005) found out that majority of Muslim participants believed that epilepsy was given by Allah, because in Islam it is believed that everything comes from above, as such if one was born with disability then it means that the person was specifically chosen by God and given that gift of being special and different from others. A study entitled perceptions of the cause of childhood disability among Pakistanı families living in the United Kingdom found out that disability is perceived as a gift from God, it is believed the child with disability comes with blessings from God (Croot et al, 2008). This study continued to explain that the blessing may result from taking care of a person with disability and it also gives hope that one will be rewarded in heaven. Furthermore, the Navajo tribe views a child with disability as a gift that came in their lives in a form of a teacher to fulfil a special task as such the family members and the community usually feel that treatments may hinder the child to perform the task he or she was sent to perform (Medina et al. 1998).

2.4. Cultural perspectives towards people with disability

Someone's disability and culture are essential to determine the status or position of that person in their community, and if the person is more conforming to the community's set values and standards then acceptance becomes easy (Eskay, et al, 2012). Certain cultures that associate disability with shame and guilty usually hid, abuse and exclude children with disabilities, this in the end hinder the creativity of children with disabilities as they cannot take part in activities that can enhance their creativity like playing (United Nations Children's fund,2007). Similarly, a study conducted by McCallion, et al. (1997) discussed that some cultures tends to hid children with disabilities to an extend that no one will know if there are people with disabilities in that community, this is so because disability in some communities comes with shame.

In Nigeria people with disabilities are viewed as victims of punishment from God or curse, this perspective have led to the mistreatment of people with disabilities as some of them are killed , raped and children with disabilities are employed for alms giving (Etieyibo & Omiegbe, 2016). Lam et al., (2010) conducted a study in China and they concluded that since Chinese believe that disability results from supernatural powers, people tend to seek help from spiritual and traditional healers to heal the disability. The Zimbabwean culture perceive disability as an obstacle that prevent one from performing the social roles this obstacle come as a result of sensory, physical or emotional impairments (Mpofu,2002).

The Romans did allow some form of protection to children with mental disabilities, rather children with severe mental disability would be allowed to die of exposure as infants rather than permitted to grow up (Harris 2006). Individuals with mental disability were sold to entertain the privileged class with their behaviours and attitudes or the child will be thrown away to die because they were considered as bad luck (Gaad, 2004). In Nigeria a Yoruba woman would

normally isolates herself with a child with disability, this is associated with not visiting the child to school which in their culture it is believed to help in the mother to the child with disability from giving birth to another child with disability (Abosi, 1999). People with disabilities were normally rejected in certain cultures and treated as outcasts while in some they were seen as source of income as their families used them to seek for alms giving (Munyi, 2012).

In Egypt due to the cultural and religious beliefs children with disability were only kept in their homes since they were rejected by the community and inclusion education was not an option for them because they were not allowed to mix with other children (Gaad, 2004). People in Pakistan have displayed the following attitudes towards people with mental disability; mocking, playing tricks, rejection and alms-giving as a religious duty or compassion (Miles, 1992). People with mental disability were persecuted and others found their place as court comedians or as companions for noblemen for they were believed to possess special skills as oracles (Ashman & Selway, 1998). Similarly, in Nigeria it was found out that the community displayed more negative attitudes towards people with disabilities as they were believed to be unclean and some of them were killed for ritual practices (Omiegbe, 2001).

The Nicaragua believe that disability has three meanings, which are; a person with disabilities is incapable, depends on others for daily living and is someone with physically or mentally deficiencies (Matt, 2014). In India disability is still perceived as a tragedy, where by one is better dead than to be alive, the reason being that it is difficult for people with disabilities to live their lives happily (Gupta & Singhal, 2004). Similarly, in India a family that has a child with disability is usually undermined by the community because of the cultural influences, stigma and other prejudice factors, the family is usually seen as unlucky or as a sinful family that requires divine intervention (Dhar, 2009). On a different note, in Benin children born with disabilities were easily accepted as they were believed to be protected by spiritual forces and to bring about goodluck,

this led to the inclusion of children with disabilities in the community (Wright, 1960).

2.5. Disability and language

Language is not only an instrument for communicating ideas but also plays a significant role in determining ideas by guiding the understanding of those who use it (Eskay et al, 2012). Waliaula, (2009) has argued that language was constructed by people without disability and hence it is incapable to give a clear meaning of what disability is and it is also not able to define a person with disability. Most of the traditional societies do not have a specific word for disability in their own language as such they tend to derive the word disability from the English words like impairments, handicap and disability (Coleridge, 2000). The languages in East Africa do not have a word that combines all disabilities into one category (Ogechi & Ruto, 2002). The Japanese language use the word *shoguisha* when referring to disability, "*sho*" refers to harm, hindrance or sickness, "*gui"* refers to loss, disaster and "*sha*" means a human being, therefore, in Japanese language a person with disability is someone who is a hindrance, sick ,suffers harm and experience defeat (Iwakuma,1988). In Turkey, they use the word "*engelli"* which has the following meanings, pity, worthless, lacking, struggling and marginalized (Burcu, 2011).

Furthermore, the Zimbabwean languages use the words "*lema*" or "*rema*" to refer to a person with disability, these two words implies that a person with disabilities is one who is incompetent to perform some of the roles (Mpofu, 2002). Mpofu has also continued to explain that Zimbabweans view a person with disabilities to be someone who is at the marginal point of being a human being or an animal. Moreover, a study conducted by Mashiri in Zimbabwe (2000) also discussed that the language that the Zimbabwean community use when addressing children with disabilities reveals the negative attitudes towards children with disabilities because in most cases children with disabilities are perceived as

unskilled, such kind of language may demoralize the children to meet their full potential.

Some people in certain communities call children names that are related to their disability, this is a sign of labelling and discrimination, sometimes this might be due to the negative perceptions that some people display towards children with disabilities (Mashiri, 2000). Gaad, (2004) has proposed that it is important to call children with disabilities by their names as opposed to using their conditions as this may help to boost their self-esteem and confidence because they will also feel that they belong in their communities.

Certain cultures uses proverbs that usually influence the negative and positive attitudes towards people with disabilities, at the same time they can show that a particular society is tolerant, polite and cares for people living with disabilities (Kisanji, 1995). The Nsenga communities of Zambia and Mozambique their views about disability is usually uttered in the form of songs, proverbs, folktales and idioms and often times people misinterpret and misconstrue what is really seen as a disability (Zulu, 2016). Proverbs act as a foundation on which each and every language is built, it also helps to emphasizes meanings and give strength and power to a language (Devlieger, 1999). Gersten & Woodward, (1994) have also discussed that the use of foreign languages can lead to false diagnosis of learning and speech disability, this also leads to over referral to special education classes. Ndlovu, (2016) has also explained that certain proverbs and expressions encourage the respectful and empathically treatment of people with disability, sayings like do not laugh at a person with disability because if you laugh at them you will also develop some disability in future.

2.6. Disability and the cultural perspectives of family members

Family plays an important role when it comes to the lives of people with disabilities they influence the way people living with disabilities are perceived and the roles assigned to them (Rao, 2006). It is vital to understand the

way family members of children with disability interpret disability in their own culture because in most cases their understanding impacts their participation in the intervention process as well as the type of treatment they usually prefer to be used by their children (Hoffenberg et al, 1993). They continued to explain that understanding the family members' perspective about disability will make it easy for the child with disability to be included in the services designed for children with disabilities because the parents will feel comfortable and they will be willing to partner with the professionals in the treatment process of their child. Similarly, Myers & Neera, (2011) discussed that the family members' beliefs regarding the causes of disability impact their decisions concerning which treatment to use and its likely outcomes.

Cultural perspectives on disability influence the attitudes of parents of children with disabilities, especially their children's education (Gaad, 2004). Similarly, Lamorey, (2002) explained that the children with disabilites can only be able to achieve optimal outcomes of the educational and rehabilitation services if their family members' perception of disability is understood by professionals who offer services to children with disabilities. In agreement, McCallion et al. (1997) discussed that how one perceives disability can have an impact on the services needed by people with disabilities like education and health. Furthermore, Myers & Neerja, (2011) argued that professionals who work with children with disabilities should first assess the family members understanding on disability and should also respect their understanding as this can help then to reach an agreement on which treatment to use. Some parents associate disability to socio-cultural causes which tends to have an impact on the treatment and rehabilitation of their children with disabilities (Danseco, 1997).

Croot et al (2008) conducted a study on disability perceptions of Pakistan parents of children with disabilities living in United Kingdom, the study found out that all the respondents associated disability with traditional beliefs. Their study also, stated that some parents viewed a child with disability as a test from God to examine their ability to love and provide for the child. Asian British

families also believed that disability is spiritual in nature (O'Hara, 2003). Mexican Americans and African Americans believe that God is the one who usually determine the disability and they also believe that a child born with disabilities is a gift granted to a particular family by God (Kalyanpur, 1999).

A study conducted in Tanzania found out that some of the parents abandon or hid their children with disabilities, because their culture characterises disability as bad luck for the family (Aldersey, 2012). In Bangladesh most of the parents of children with disabilities view the disability of their children as limitation to their daily lives and they also linked disability to traditional causes, this was found to have a great impact on the way parents seek services for their children with disabilities (Maloni et al., 2010).Moreover, a study done in Nigeria found out that the, Yoruba families perceive a child with disability as shame to the family, since in their culture it is believed that a child determine the status of the family in the community (Olasoji, et al. 2007). This study also discussed that the Hausa or Fulani group showed signs of acceptance towards children with disabilities as they believed that disability was god given and as such their work is to love their special gift from God. Similarly, in Nigerian it was found out that there are parents who use their children with disabilities to beg in the streets for alms giving, most of them they are forced to do indulge their children in such activities due to their economic challenges (Etieyibo & Omiegbe, 2016).

A study conducted in Ethiopia found out that the father to the child with disabilities blamed the wife for the disability because she once saw someone with disabilities during the pregnancy (Stone-MacDonald, 2014).A study conducted by Govender, (2002) in South Africa, found out that the parents of a child with mental disabilities believed that for their child to be cured they have to sacrifice an animal to the ancestors as a way of pleasing them and asking for forgiveness. A study that explored the parental beliefs concerning the cause of disability in children with cerebral palsy in Cambodia, found out that majority of the participants were clueless about the cause of disabilities while few of them

linked it to traditional causes like karma and spiritual factors (Morgan & Tan, 2011). Mothers who usually believe that children with disabilities are often viewed as valueless and discriminated against in the community, may feel embarrassed, guilty and depressed from time to time (Green, 2003).

Similarly, it was found out that Pakistani communities have negative attitudes towards families of people with disabilities and they were usually excluded from the holy and social activities because they were judged in relation to the cultural cause of disability (Croot et al. 2008).Most of the time the parents or the family's attitudes towards disability changes after their child is diagnosed with a certain disability, for example a study by Green, (2003) explained that those mothers who had stigmatizing attitudes towards children with disabilities before, changed their attitudes after having a child with disability because of their parenting experiences and expectations.

2.6.1 Reaction of the family towards the child's disability

The family react to disability in different ways, there are those who show positive emotional response while others show negative emotional response. There are those who are concerned about the child's future.

2.6.1.1. Positive Emotional Response

A study conducted in Bangladesh has shown that some parents during the early stage of diagnosis, always have hope that their children will function well, if they can engage them in numerous treatments (Maloni et al, 2010). Similarly, a study conducted by Heiman, (2002) has shown that some family members reacted in a positive way, these was shown when they assured the parents that everything will be alright, some offered them support and others were more empathetic. Gupta & Singhal, (2004) have discussed that positive emotional response that is being shown by certain families towards their child's disability

has helped them to cope well and at the same time it has influenced their ability to accept the child's disability.

2.6.1.2. Negative Emotional Response

A study conducted in Nicaragua found out that majority of the caregivers of children with disabilities said that they felt bad or sad after learning that the child had developed some disabilities (Matt, 2014). In India, some parents of children with disabilities show feelings of shame, anger, denial, doubt, self-blame, rejection, helplessness, shock and depression after learning about their child's disability (Gupta & Singhal, 2004). Bywaters, et al. (2003) found out that Pakistanı and Bangladeshi parents expressed feelings of shame due to the negative attitudes displayed by the community and this affected the child' social inclusion. A study conducted by Diken, (2006) on Turkish mother's interpretation of the disability of their children with mental retardation, found out that for certain mothers it was difficult to believe that their children were living with a disability while others were of the view that it was just a temporary condition and with time the child will be like any other child.

The mother, grandmothers or women are the ones who usually take care of the children with disabilities and in most cases they are faced with issues of burn out as they rarely take time off the duties they perform daily (Mashiri, 2000). Certain parents have discussed that they were always blamed for the child's disability by other family members and this at the end gave rise to their guilty feelings, distress and eventually depression (Green, 2003). Heiman, (2002) found out that most of the time after the child was diagnosed with disability the family members expressed feelings of shock, grief and they also worried about how the child with disability will impact the lives of other siblings without disability.

Heiman also discussed that some parents were angry, frustrated and also felt pained. Hornby, (1992) has explained that majority of the fathers expressed feelings of emotional downfall, burnout, denial after the child was diagnosed with the disability, later on they slowly adopt to the fact that the child has disability, even though it sometimes take many years. A study conducted in America by Murphy, et al. (2007) revealed that majority of the caregivers of children with disabilities were stressed since they felt that they could not control their day to day life events as they focus more on the child with disability.

2.6.1.3. Concerned about the future of the child

A study done in India found out that majority of the parents are more concerned about their children's future, they tend to ask themselves what will happen to their children when they are dead and what will the future of their children be like (Dhar, 2009). In addition, some parents after learning that their child had disability or developmental delays, they usually worry about what will happen to the child in future when they are not there to take care of the child (Green, 2003). Similarly, the Pakistanı and Bangladeshi families which stay in the United Kingdom also displayed concerns about their children with disabilities' future, majority believed that the child's disability would influence their personal life in future (Bywaters, 2003). Furthermore, the study done by Heiman, (2002) found out that 55% of the respondents were worried about their children's future, amongst the discussed issues was; if the child would be integrated into the community, would the child be able to go to school like other children and also if the child would be employed after graduation. The stress builds up as parents or caregivers worry about how the future of their children with disabilities will be like, majority of the caregivers expressed concerns about what will happen to their children when they are gone (Murphy, et al. 2007).

2.7. Disability and the cultural perspectives of neighbours

Studies have shown that neighbours and neighbourhood influence an individual's social and health and emotional wellbeing (Walker & Hiller, 2007). People with disabilities who live in good neighbourhood were able to develop good social interaction skills (Van Alphen, et al. 2009). They also explained that understanding factors that influence neighbouring will help to understand the social interaction of people with intellectual disability in their neighbourhood. People with disabilities may be viewed as missing some important aspects of daily live like communication skills and this may lead neighbours to perceive them as abnormal and disturbing, therefore causing strain in the neighbourhood (Dijker & Koomen, 2007).

Some of the neighbours are very friendly towards children with disabilities because they accept those children the way they are and as a result they offer support to the parents (Matt, 2014). The friendly part can also be shown by the day to day interactions between people with disabilities and their neighbours, this include greeting the neighbours and having small talks (Van Alphen, et al, 2010).

A study by Van Alphen et al. (2009) found out that majority of the respondents hardly knew their neighbours with disability while some of the respondents only knew those who were staying far from them. However the study reported that some of the respondents greet their neighbours when they meet them in the streets because they believe that as long as someone is polite then they can be good neighbours.

2.7.1. Attitudes of neighbours towards children with disability

Neighbours also display certain attitudes to those with disabilities, this study will discuss the positive and negative attitudes displayed by neighbours.

2.7.1.1 Positive attitudes

Few respondents have stated that they have received some help from their neighbours with disabilities when they were away like looking after the house and watering trees, in emergencies like donating cloths, toys and returning the ball kicked over their , therefore they choose to be open and understanding towards people with disabilities (Van Alphen, et al.2009). Most respondents stated that they feel propelled to exchange favours with their neighbours who have intellectual disability, as it is important to count on your neighbour when you are in need (Van Alphen, et al., 2010). A comparative study between Bali and Tokyo found out that Balinese have positive attitudes towards people with disabilities as they do not discriminate them, this is also due to the reason that the public respect and treat people with disabilities well (Kurihara et al, 2000).

2.8.1.2. Negative attitudes

In some instances neighbours tend to display attitudes that are bad towards people with intellectual disability like being aggressive, name calling, this is so because they believe sometimes people with mental disability are annoying, for example when they play loud music and scream as they cannot express themselves verbally (Van Alphen, et al. 2009).

A certain number of participants stated that sometimes their neighbours with intellectual disabilities can disturb them in their homes as such they prefer to keep a distance by ignoring the neighbours with intellectual disabilities (Van Alphen, et al, 2010). Dijker & Koomen, (2007) discussed that few participants felt that it is not possible to ask for help from neighbours with disability in any way since they felt that they were insufficient due to the disability they possess.

2.8. Disability and the perspectives of different religions

Beliefs of each and every religion infuse through the cultures of many communities they are based in and they become the basis on which people formulate their ideas, knowledge and attitudes (Blanks & Smith, 2009). Blanks & Smith continued to argue that overlooking the religious beliefs about disability may hinder us to understand the experiences of those living with disability and how they can be helped. Underwood (2000) stated that negative attitudes towards people with disability can be associated with lack of religious understanding or religious experience. This can be explained by the fact that all religious leaders; Jesus, Buddha, Confucius and Mohammed they advocated for good treatment of people with disabilities (Stratford & Gunn, 1996). Every religion has a way it perceives disability. This study will discuss the perspectives of Buddhism, Hinduism and Sikhism, Judaism, Christianity, Islam and African traditional religion on disability.

2.8.1 Buddhism, Sikhism and Hinduism

These three religions have the same believe system. Buddhist, Sikh and Hinduism respondents explained that disability is associated with karma or the unlucky events that are usually linked to the person's past deeds (Yamey & Greenwood, 2004). In Hinduism and Sikhism teachings about disability is usually associated to punishment for one's sins that was done in the past life, since the two religions believe that if someone dies then they will be reborn again in another form this explains why disability of a new born baby is linked to the child's past life (Ismail, et al, 2005). A study conducted by Matsumoto, (2004) has discussed that historically religion had an impact on the discrimination and isolation of people with disabilities because of its beliefs that disability was punishment for the bad things done in the past. Matsumoto continued to state that in Buddhism people with disabilities were denied access to the temple as such they never got the chance to be educated about their religion.

Sharma, (1999) have discussed that in Hinduism people with disabilities are usually portrayed negatively because of the belief in the karma, which implies that people are being punished for their sins. Sharma continued to argue that people do not understand the concept of karma because in most cases they misinterpret it, the karma's main aim is to reduce the problems that people are faced with, but when it comes to disability people tends to do the opposite since they increase the problems for people with disabilities rather than reducing them. Grupta, (2011) has explained that even though the concept of karma is usually associated with mistreatment of people with disabilities, it also have the positive effect in the lives of people with disabilities as it helps them to accept their conditions with calmness. Grupta has also pointed out that submission to God's will helps Hindus with disabilities to cope.

In Buddhism disability is viewed as suffering, despite it being considered as such, their beliefs do not emphasize healing people with disabilities rather it emphasizes the need to change how people think as this will help to reduce the negative thoughts and attitudes about disability (Bejoian, 2006).

2.8.2. Judaism

The Jews believe that everything that happens is God's plan and disability is perceived as God given or as punishment from God for wrong doings (Yamey & Greenwood, 2004). The Jewish law used to view people with hearing impairments as the same as mental disability, this meant that they could never be held responsible for their actions and on the other hand the religious leaders perceived them as children as such they were excluded from performing religious duties (Merrick, et al. 2001). In Judaısm it is believed that blind people can still participate in the religious ceremonies for example they usually thank God for the moon and sun during the Passover, the point is to show that even though they have a physical impairment their other senses are still functioning well and they are able to perform certain duties (Lifshitz & Glaubman, 2002). Similarly, Marx,

(2014) has explained that Judaism is against the mistreatment of people with disabilities, this is also shown in some of their teachings for example, Leviticus 19: 13-14 which states that do not curse a blind person and do not put a stumbling block before a blind person.

A study that was conducted in Australia has explained that even though there are many rules pertaining to disability in Judaism, people with disabilities have been excluded and in some instances the Jews communities have ignored the inclusion for people with disabilities (Jones, 2004). Jones continued to explain that Judaism has a teaching that entrust the community with the responsibility of making sure that the obstacles that prevent people with disabilities from participation are being removed by those who do not have disabilities.

Dorff, (2017) explained that Judaism has a tradition of treating people with disability with love and compassion. The Jews are encouraged to refrain from insulting, disrespecting and mistreating people with disabilities as disability is seen as a situation that can happen to anyone anything, as such Judaism have assigned the month of February as disability awareness month to bring about positive attitudes towards disability (Waterstone, 2013).

2.8.3. Christianity

Kebaneilwe, (2016) have argued that the biblical ideas about disability are uncertain and also that the negative notions about disability in the bible are the ones that are troublesome since bible is an influential manuscript in the lives of Christians. The Old Testament views disability as a disease that is brought about by God as punishment for disobeying the word of God or as a curse (Nkomazana, 2016). Around the middle age era, Christianity viewed disability as a curse from the devil (Shapiro, 1993).The New Testament which focuses on the teaching of Jesus has brought about a shift in the conceptualization of disability, this is proven when Jesus allowed people with disabilities in the temple so that they may be healed of their disabilities (Schuelka, 2013). Similarly, Koosed &

Schumm, (2005) explained that in the books of Matthew, Mark and Luke, Jesus was healing people with disabilities based on their faith but in the book of John he performed miracles to heal people with disabilities. The healing of people with disabilities that was performed by Jesus Christ indeed showed that disability was viewed as a sin or punishment from God in Christianity (Schuelka, 2013).

Certain disabilities have been mentioned in the bible for example physical and mental disabilities, in the bible disability was discussed as a holy reality, even though it was seen as holy, the people with disabilities were not allowed to approach the holy of holies in the church (Stiker, 2002). Otieno, (2009) has discussed that in the bible disability is displayed as a curse and as an outcome of rebellion, unbelief and ignorance. Otieno continued to explain that in the past Christianity used to view disability as a tragedy that happened to someone and also as a curse from God.

There are three theological themes in Christianity that are the major hindrances for people with disabilities, the first one is the one that associates disability with sin, it is believed that disability results as a punishment for doing something that is forbidden (Eiesland, 1994). Eiesland continued to explain that the second theme is that which perceives disability as sorrow and the third one views people as an incident of charity who need help because they cannot do anything for themselves. People with disabilities deserve to be loved and treated fairly just like any other person, this is justified when Jesus grouped people with disabilities under the same group with the poor and the captives by doing so he proved that disability is a life challenge that can befall everyone (Kebaneilwe, 2016).

Currently the Christian leaders and Christians are faced with a challenge of interpreting the biblical scriptures about disability, its causes and treatment, especially the Pentecostal churches which emphasizes the importance of unity, love and togetherness as a way of healing and including others (Nkomazana, 2016).

2.8.4. Islam

Islam is one of the recent Abrahamic beliefs and it encourages the inclusion of persons with disabilities since in Islam it is believed that each and every individual is born in the body that Allah intended them to be born in (Blanks & Smith, 2009). In Islam an injury or illness is seen as a way of testing someone's faith and is believed to be appointed by Allah (Yamey & Greenwood, 2004). Within the Quran disability has been positively discussed for example the Al-Nour 24:61 which states that "no blame attaches to the blind, nor does blame attach to the lame nor does blame attach to the sick" (Ahmed, 2007). In Islam the human rights is included in the Quran, these rights covers the rights of those people with disabilities and also emphasize the need to offer assistance to those with disabilities. (Morad, Nasri & Merrick, 2001). They continued to explain that, taking care of people with disabilities is a duty that all Muslims should perform

Furthermore, Watters, (2010) has discussed that Prophet Muhammad displayed positive attitudes to people with disabilities, this is proven by the story of Abdullah Ibnumm- Maktum, a man who was blind and was given responsibility to govern medina. This indeed shows that Islam supported the participation of people with disabilities in the society (Schuelka, 2013). Islam is of the view that everyone should be respected and people should avoid underestimating others since all people are made according to Allah's plan (Al-Aoufi et al, 2012). Prophet Muhammed also outlined the importance of supporting child welfare, security and education as a way of showing compassion in the Islamic beliefs (Morad, Nasri & Merrick, 2001). Among the Islamic countries Egypt was the first one to recognize the need to offer the education to children with disabilities as a way of fulfilling the Islam compassion (Nader, 1995).

A study conducted by Miles (1995) on disability in eastern religions context has discussed that in Islam Prophet Mohammed studied the blind people this made it easy for Him to display positive attitudes towards people with

disabilities because of the knowledge he gained when studying the blind. The Quran uphold the concept of perfection which applies to everyone including the people with disabilities, it also discusses that people with disabilities should be treated equally just like those without disabilities (Bazna & Hatab, 2005). Bazna & Hatab continued to explain that Islam promotes the inclusion of people with disabilities and aims at removing the stigma and discrimination associated with disability. In Islam the community is encouraged to be kind and assist those people with mental disabilities and also they should be given the opportunity to live the life they want just like everyone else (Morad, Nasri, & Merrick, 2001).

Islam tradition is of the view that the best therapy that can be offered to someone to help reveal the illness is the one that will improve the spiritual, psychology and the physical health of someone, it also encourage that the surroundings of someone who is not well like the person with disabilities should be occupied by music and people that one loves (Morad, Nasri & Merrick). Similarly Ghaly, (2008) have pointed out that in Islam disability was perceived to be curable, the two treatments that were mainly recommended included the spiritual and physical treatment.

2.8.5. African traditional religion

Magesa, (1997) has described African traditional religion as a religion that forms the basis of the day to day lives of African people, even though there are those Africans who are Christians and Muslims but still they continue to uphold their African beliefs and incorporate them in all facets of life. Awolalu, (1976) has defined African traditional religion as the indigenous beliefs that are written in the hearts of Africans. Magesa also explained that African traditional religion comprise of knowledge, ethics, ideas, norms, rituals and taboos. Ndlovu, (2016) has explained that certain African beliefs encourage the stigmatisation, discrimination and marginalisation of people with disabilities as they are usually perceived as victims of bad luck and punishment. However, Ndlovu also

discussed that the African traditional religion also promote the protection and empowerment of people with disabilities through the use of certain proverbs and ethics, these proverbs and ethics shows pity towards people with disabilities and where there is pity there is always the will to help and empower so that those people may also live a well pleasing life.

In Africa the beliefs in curses, sins and supernatural spirits as the causes of illness have existed for centuries and sacrifices or rituals were considered to be the solutions to the illnesses including disability (Ndlovu, 2016). Stone-MacDonald, (2014) discussed that in Africa disability is usually linked to witchcraft, evil spirits, taboos and punishment by ancestors, due to these perceptions it is believed that only the traditional healers can help the person with disability from the sufferings as they can connect with the ancestral spirits.

2.8.6. The positive effects of religion towards the education and rehabilitation of children with disabilities.

Culture and spirituality plays an important role in the lives of children with disabilities. Some of the positive roles include improve coping skills, social support and improve rehabilitation and treatment.

2.8.6.1. Improve Coping Skills

Religious beliefs helps with coping skills as it provides a sense of belonging, answers to why the disability has happened, this brings about hope to an individual with disabilities (Manion & Bersani, 1987). They found out that 12 out of 17 of their respondents were coping well because they believed that they were not alone in the battle of disability and they also believed that it was God's plan for them to have been born with the disability. Religion has led to positive coping in many people with disabilities and it is believed to improve their health

condition as it helps to reduce stress and gives meaning to one's life (Bahere, et al., 2013). Underwood (2000) explained that spiritual and religious aspects can be a crucial factor in the process of coping skills. Religious teachings and beliefs may help to moderate and mediate the relationship between the disability and other life stressors (Miller & Thoresen, 2003). Furthermore, a study by Treloar, (2002) discussed that religion helps parents of children with disabilities to cope as it provide meaning on why disability exists.

2.8.6.2. Social support

In most cases parents who are shocked by their child's disability tend to seek help from their religion as this protects them from stigma because there will be different people to offer them support from their religious organisations , this usually help children with disabilities to use rehabilitation and education sevices (Al- Aoufi, et al. 2012). Being a member of a certain religious group can help one to adhere to his or her treatment because there will be support system which will help to reduce stress, sorrow and shame as one will develop a sense of belonging (Moreira-Almeida, et al. 2006). They also explained that religions can offers support by improving acceptance, promoting the development of self-confidence, positive self-esteem and establishing a purpose in life.

Similarly, religious beliefs have helped individuals with disabilities to feel proud about themselves, as they only thought about positive things they could contribute to the world, majority of the respondents had high spiritual growth (Manion & Bersani, 1987). Furthermore, it has been found out that Asians use places of worship as their social support systems, this is so because they are able to find an explanation on why they have disabilities in their specific places of worship (Pollard, et al., 2003).A study by Green (2003) has explained that acceptance by the church has led to the increase of the integration of some children with disabilities.

2.8.6.3. Improve the rehabilitation and treatment process

Professionals that offer the rehabilitation services for people with disabilities need to be competent in terms of culture and religion, as it helps one to understand and work effectively with individuals from different cultural and religious background (Turner, et al, 1995). A study conducted by Fallot (2001) in America found out that many people with disabilities turn to religious sources for help as they believe that religion helps them to recovery through its coping mechanisms. Similarly, Olasoji et al. (2007) also discussed that culture usually determine the treatment that will be used to heal or to minimize the disability. Olasoji et al. continued to explain that some of the treatment that is offered by traditional healers include; spiritual cleansing, sacrifices to please the ancestors, herbals and prayer. In Bangladesh the traditional treatments that are usually used include; massaging oils to ones' body, wearing special cultural accessories and restrictions on what a person with disability eats (Maloni, et al. 2010).

Indians perform some rituals which are believed to help people with disabilities to heal, this has been shown by a study which was done by Padmavati et al (2005). A study conducted in Ethiopia by Mulatu (1999) has proved that Ethiopians use traditional medicines for people with disability because they believe that it is the most appropriate way of treating disability. One of the studies in South Africa revealed that South African prefers to use traditional medicines because traditional healers help them understand their illness with the explanations they give (Kale, 1995). Similarly in Nigeria people consult traditional doctors to help them solve supernatural causes linked to disability, to look for explanations regarding the causes of the disability and to collect medications that will help to minimize some of the symptoms (Olasoji et al. 2007).

A study conducted in United Arab, Jordan and Israel found out that there is a high rate of reliance on religious doctrines regarding solutions to the symptoms

of mental disability (Okasha, 2003). In Cambodia the traditional interventions include using herbs and making sacrifices at the Buddhist temple (Morgan & Tan, 2011). A study done by Ismail et al, (2005) explained that certain individuals use traditional South Asian therapies due to being desperate and hoping that they might be cured. In Kenya, some of the traditional practices that were performed to children with epilepsy include burning the child' head as it was believed that there is a vein which disturbs blood flow and in some instances they poured water to the person's body as it was believed to reduce temperature and in most cases the interventions helped to reveal the symptoms (El Sharkawy, et al. 2006).

Rehabilitation of mentally disabled people in Zimbabwe is a combination of traditional and modern system, culture and religion is included in the rehabilitation process in Zimbabwe because it is believed to serve as a mediator between God and the person with disability (Mpofu, 2002). Mpofu also explained that Zimbabwe has school of traditional medicine which started operating in 1999, this school has collaborated with University of Zimbabwe's faculty of medicine and this was done as a way of integrating culture in to the rehabilitation of disability. Furthermore, In Turkey it was found out that some families preferred the traditional treatment particularly the religious treatment, the holy men normally pray for the children with disabilities with a believe that it will help the child to recover (Diken, 2006).

A study conducted in Cambodia found out that most the respondents resorted to traditional interventions after the child was diagnosis with a disability, they did so because of the society or the relatives' influence and believes (Morgan & Tan, 2011). The Cambodia study discussed that some respondents were of the view that traditional interventions are very effective, for example the study stated that a mother of a 9 years old boy who was diagnosed with cerebral palsy explained that her son started to walk after some sacrifices were performed.

Sidandi et al (1999) explained that Batswana use traditional medicines which involve some rituals like sacrifices. The authors explained that this was the case as Batswana associated disability with witchcraft and evil spirits. In agreement with Sidandi et al, Seloilwe et al (2007) discussed that Batswana believes in the use of traditional medicines, as such traditional doctors were seen as the ones who can help someone with mental disability to deal with the deficits. Indians usually perform rituals to help an individual with mental disability to be able to acquire skills needed for daily life (Madhavan et.al, 1990)

2.8.7. Negative effects of religions towards the education and rehabilitation of children with disabilities

It is believed that most of the negative attitudes displayed towards people with disability results due to misunderstandings about disabilities, these misunderstandings results from the traditional and religious philosophies (Gaad, 2004). The negative effects of the cultural perspectives include barrier to recovery or rehabilitation, barrier to seeking help and exclusion.

2.8.7.1. Barrier to recovery / rehabilitation

The cultural beliefs that are being held by each and every individual in different societies towards people living with disabilities, can results in the development of stigma which in turn hinders the rehabilitation and recovery of people with disabilities (Lam et al., 2010). Mbah-Ndam (1998) discussed that since disability is linked to bad luck and witchcraft children with disabilities are usually faced with challenges of abandonment and isolation, when children are abandoned by their families due to the stigma the family experience from the community members the child with disability will not be able to access the services which may help in the rehabilitation process. The cultural perspectives have led to segregations between people living with disabilities and those without disabilities, in Egypt this has led to children with disabilities to be only kept in

their homes because they were mostly rejected by members of the society without disabilities and as such they cannot benefit from inclusive education (Gaad, 2004).

In Nıcaragua, around 2008 most of the families with children living with disabilities were hiding their children because of the names that they were being given, this deprived the children from receiving medical treatment and educational services (Matt, 2014). A study conducted in Italia has discussed that stigma is one of the major challenges faced by people with disabilities and it usually act as a hindrance to their rehabilitation because of fear of being labelled and harassed by the community members (Vezzoli, et al, 2001). The stigma experienced by parents may hinder the recovery and inclusion of children with disabilities as stigma gives birth to the parents' depression, this will eventually make the parents not to take part in the education and rehabilitation of their children as they may hide the children with disabilities (Crnic et al, 1983).

Furthermore, it has been discussed that Arabic people tend to underutilize the rehabilitation services because they are afraid of the stigma attached to having a child with disability as such they ask for help from family members and religious leaders and ignore the services offered by the professionals (Aloud, 2004). Aloud continued to explain asking for help from family members and religious leaders may delay early intervention and even if the child's impairment was not that severe it can end up becoming more severe because intervention was delayed. Discrimination experienced by children with disabilities and family members can lead to poor use educational and rehabilitation services designed for children with disabilities, as the children with disabilities may have low self-confidence and esteem which will limit their participation in school and also cases of neglect by family members due to discrimination may also hinder their rehabilitation process because they may fear to take their children outside the comfort of their homes (United Nations Children's Fund, 2007).

2.8.7.2. Barrier to seeking help

The cultural beliefs plays an important role in the help seeking behaviour of family members and children with disabilities (Myers & Neerja, 2011). A study conducted in Puerto Rico has discussed that the mothers to the children with disabilities are blamed for the child's disability especially if the child has severe disability, this was found to encourage mothers of children with disability to hide the children and not to seek professional help (Rogers- Adkinson, et al., 2003). One study conducted in Pakistan found out that the Pakistanis believe that disability is a result of Allah and their responsibility is to take care of the child so that they can be rewarded in heaven, therefore they become reluctant to seek help from professionals because they believe that there is nothing they can do about the child's disability (Mirza, et al, 2009). Discrimination has been found to be the leading factor that hinders people with disabilities and their families not to seek professional help because they fear to be ill-treated by community members as proven by a study conducted in Finland by Aromaa (2011).

A study done in America by Whitaker (2005) found out that even though there is more awareness of mental disability in America, people with mental disability are still stigmatized and discriminated against which normally leads to exclusion and mistreatment of people with disabilities. Further findings of this study revealed that six million respondents do not recognize people living with mental disability which lead to the parents or care takers of people with mental disability to be reluctant to seek professional help. A similar study by Audu et al (2011) found out that in Nigeria discrimination against the people with disabilities is high. They discussed that discrimination is shown by high number of respondents who do not respect the people with disability and by having a poor relation with them, as such families of children with disabilities fear to seek professional help due to discrimination from the community.

Dinos et al (2004) carried out a qualitative study in London and explained that people with disabilities and their families become reluctant to seek help because of the stigma they experience. They also discussed that this stigma lead to poor adherence, stress and non-acceptance by the person with disability, hence the person will not find it easy to seek professional help. Most of the children with intellectual disability are given names to label them such as idiots or mongols because of the lack of ability to perform certain tasks, due to these labels some of the parents feel ashamed to disclose that their children is living with a certain disability and this makes it hard for them to seek help for the child (Vash, 2001). A study conducted by Wahl (2012) found out that if someone had mental disability they are usually seen as invaluable and not worthy, their opinions, abilities and decisions are not taken into consideration as they are viewed as incompetent, this in the process prevent the child with disability and his or her family from seeking help.

2.8.7.3. Exclusion

Religion and culture have been found to instil certain attitudes and beliefs about disability that often times leads to the discrimination of people with disabilities (Etieyibo & Omiegbe, 2016). Culture is one of the factors that influence the services offered to children with disabilities, certain cultures promote the education of children with special needs while other cultures perceive the services offered to children with disabilities as waste of money, because children with disabilities are considered worthless (Myers & Neeraja, 2011). Granerud (2008) who carried out a qualitative study in Sweden found out that community members fear people with mental disability. The researcher continues to explain that the fear was shown when the respondents revealed that they fear to be in contact with someone who has mental disability as some of them are possessed by evil spirits, the fear leads to social rejection of people with disabilities. This study cohere with that of Mossakowski et al (2011) who concluded that Americans still perceive people with mental disability to be

dangerous and as such they fear them as they are aggressive, this in most cases is the reason why people with disabilities are not included in their communities.

The Italian study conducted by Vezzoli et al, (2001) discussed that people with mental disability were considered to be dangerous by the respondents who never talked or met with them as they have some believes and myths about mental disability. In Botswana discrimination is one of the negative attitudes displayed by Batswana, as the families of people living with mental disabilities are excluded and also the community have some negative feelings associated with people living with mental disabilities (Seloilwe et al, 2007).

The Nandi and Abaguisi societies in Kenya have explained that the stigma is usually attached to people with disabilities when they cannot perform the roles expected from them by the society, this lead to some of the challenges that are faced by people with disability like unemployment and poor rehabilitation services (Ogechi & Ruto, 2002). Furthermore, a study on changing the attitudes to learning disabilities by Scior, (2015) found out that people with mental disabilities are still faced with challenges of exclusion from the main life activities and opportunities like education due to discrimination. Scior continued to explain that misconceptions about mental disability are the reasons why the people living with mental disabilities are usually discriminated against. A study done in Zimbabwe has found out that children with disabilities are usually excluded from the educational services due to the negative attitudes held by members of the society, like discrimination (Mashiri, 2000). Thornicroft (2006) has discussed that guardians to the children with disabilities usually discourage the children from taking part in certain things like education and employment because they fear that the institutions that offer the educational and employment services may contribute to the low confidence and esteem of the children especially if they are perceived as incompetent.

People with disabilities are often subjected to discrimination which is associated with exclusion leading to limitation of their choices and rights for example the right to good health and education (Horner et.al, 2002).A study done in China found out that discrimination is one of the many negative attitudes community members display towards people with disability, as they are denied chances to work and study (Chiu et al, 2007). Their study also discussed that the discrimination is shown by excluding people with disabilities and their families from the community, community members usually do not want to have any relations with people with disabilities as such they tend to ignore them and their families. In line with the above scholars, a study done in Germany found out that 62% of the respondents are of the view that people with mental disability are discriminated against as in most cases they are not employed and do not go to school (Angermeyer et al, 2005). A study conducted in Kenya by Otieno, (2009) has explained that in Kenya religion is the number one root cause of the discrimination against people with disabilities because majority of the people have misinterpreted the bible where it discusses about disability, this has led to mistreatment and oppression of people with disabilities.

The Nigerian study by Eskay et al. (2012) has shown that indeed religion leads to the exclusion of children with disabilities, they discussed that before the colonial era children with disabilities used to be taught in the same class with those that do not have disability because in Nigeria the word disability was just a terminology. They continued to explain that after the arrival of the missionary the children with disabilities were separated from other children because it was believed that the children with disabilities were bad luck and a curse as such they were separated and some never got the chance to learn what they were learning before (pg 476).

2.8.7.3.1. Exclusion due to discrimination based on gender and the severity of the disability.

The discrimination may also vary, there are some children with disabilities who experience the discrimination more than others due to certain factors like age, gender, severity of the disability and social status (United Nations Children' Fund, 2007). In agreement, Westbrook, Legge & Pennay, (1993) explained that if the person with disability is a female or a girl the discrimination is even worse because it is believed that they do not have any value in the society. The discrimination is also associated with the nature or the severity of the disability, as it influences the way people think about disability and their attitudes in general (Coleridge, 2000). In Australia it was found out that people with mental disabilities tends to be more stigmatised than those with physical disabilities (Scior, 2011).

A qualitative study that explored the attitudes and perceptions towards disability and sexuality, found out that having a relationship with someone who has a disability is determined by how severe the disability is (Esmail et al., 2010). A study conducted in Hong-Kong found out that majority of the respondents discriminated people living with intellectual disabilities more as compared to other disabilities, they stated that it is better for people with intellectual disability to live in rehabilitation hostels away from the community (Lau & Cheung, 1999). The study also discussed that majority of the respondents did not want to be neighbours or work mates with people living with intellectual disability because they were considered to be trouble making, disturbing and sometimes annoying.

Groce & Zola, (1993) have discussed that in some communities children born with severe disabilities are expected to only live for a short period of time as such they are only assigned limited resources, which implies that those who are born with mild disabilities will have a problem when it comes to access to services suitable for their own special needs. The Hindus are among those who

exclude people with disabilities based on their gender, it has been found out that men with disabilities are considered to be strong, powerful and capable of performing the duties that they are required to perform as men, whilst women are in the Hindu traditions are seen as incapable and weak (Sharma, 1999).

The discrimination based on the types of the disability was also found to be present within Judaism, those people who had hearing and speech impairments were not recognised as competent people because it was believed that they do not understand what is happening around them (Dorff, 2017). Dorff continued to explain that those with sight and mobility impairments were recognised as competent people and in most cases they were given some duties to perform. In Ghana it was found out that men who had disabilities were not allowed to be chiefs and if it happens that one as a chiefs develops certain disability they were usually dethroned because it was believed that a leader with disability is associated with a weak community (Sarpong, 1974).

2.9. Theoretical framework

Theoretical framework consists of a set of interrelated concepts such as a theory, that guide a research study, as well as making assumptions about the likely outcome of the study (Anfara & Mertz, 2006).The theoretical framework would cover the major proponents of the theory, its overview and the application of the theory to the research topic. This study would use Ecological systems theory.

2.9.1. Ecological systems theory

This study proposes to employ ecological systems theory which was developed in 1989 by Urie Bronfenbrenner (Robbins et al. 2010). Urie Bronfenbrenner was a psychologist born in 1917 and died in 2005 (Harkonen, 2001).

2.9.1.1 Overview of Ecological Systems Theory

Ecological theory explain the development of a child in relations to the environment in which the child lives in, Bronfenbrenner has structured the environment into five systems (Robbins et al, 2010). The five systems are microsystem, mesosystem, exosystem, macrosystem and chronosystem (Bronfenbrenner, 1992). Microsystem include those people who interact directly with the child, such as family, friend, neighbours, teachers and classmates (Harkonen, 2001). Harkonen also discussed that in this system the relationship impacts the child in two ways; both away from the child and towards the child. The mesosystem includes the relationship between the microsystem, for example the relationship between the child's parents and the neighbours (Rothery, 2001).

Exosystem involves other places and people that a child may not directly interact with, but still has an impact on the child's life, for example the parent's workplace and extended family (Robbins et al, 2010). Macrosystem comprises of the customs, cultural values and law of a particular society (Bronfenbrenner, 1992). The last system is chronosystem which includes the transitions in one's life like divorce and death (Rothery, 2001).

2.9.1.3 Application to the study

This theory discusses that the child's development is impacted by his or her interaction with the environment he or she lives in. Given this theory, under the microsystem it was found out that the child with a disability may impact his or her parents' attitudes, beliefs and behaviour and also at the same time the parents may also impact the child's life through their beliefs and attitudes about disability which may have an influence on the child's participation and interaction in the community as well as what that child will accomplish as an adult. The study

also found out that the belief of the family members is associated with their willingness to seek help from professionals for their children.

Considering the mesosystem, we can take the relationship between the parent and the neighbour as an example, the neighbour can play an active role by encouraging the parent of a child who is showing some developmental delay to seek help from the professionals. The results of the study have revealed that indeed the relationship between the parent of a child with disability and their neighbour is very important as most of the times neighbours are the source of support and also offers help like babysitting the child with disability. This will have an impact on the child's rehabilitation and education since the two elements will be working together, and it may also help the child to receive therapy at an early stage.

A parent's work is one of the examples that we find in the exosystem that usually have an impact on the child's life, if a parent of the child with disability is always busy with work, he or she might miss important appointments with the child's special education teacher or the therapists and this may have a negative impact on the child's education and rehabilitation. The macrosystem is about customs, cultural values and laws, this study has revealed that in Botswana disability is influenced more by culture which include beliefs, customs, and cultural values, this culture have made people to believe that disability is caused by sociocultural factors like witchcraft and that it can be cured hence when the child is diagnosed with disability majority of the family members they approach traditional healers and pastors or priest. Such beliefs delays early intervention and also give birth to discrimination, stigma and exclusion.

2.9.2. Social constructionism

This theory can be linked with the work of William Isaac Thomas and the Chicago sociologists (Corey, 2009). This theory is of the view that a particular

culture or society usually creates its own version of reality between its self and denies the notion that knowledge is a direct insight of reality (Burr, 2015).

2.9.2.1 Overview of the theory

This theory is made up of four assumptions. This assumptions are; a critical stance towards taken for granted knowledge, historical and cultural specificity, knowledge is sustained by social process and lastly, knowledge and social action go together. The first assumption states that, social constructionism questions the knowledge that has guided our knowledge on how we understand and interpret the world throughout history and also how the world looks (Corey, 2009). Historical and cultural specificity discusses that the lens in which we understand the world around us can be categorized as historically and culturally specific (Burr, 1995). Furthermore, this assumption states that all our understanding about a certain phenomenon are usually linked to specific history and culture and they also depend on the values, language, concepts and beliefs of that particular culture (Corey, 2009).

The third assumption emphasise that knowledge is obtained through the social processes, this social processes include social interactions (Corey, 2009). Burr, (1995) has discussed that people gain knowledge as they interact on daily basis, it is the interactions that help people to come up with a meaning to whatever is happening around them.The last assumption talks about how certain practices has an impact on social life (Burr, 2015). Here it is believed that communication patterns are responsible for the social construction of reality (Corey, 2009).

2.9.2.2 Application to the study

Social constructionism is of the view that knowledge is socially constructed, from time memorial knowledge in Botswana have been gained through the process of socialisation, as people interact they share ideas and

thoughts which later become knowledge in that particular society or community. Given this theory's notion of a critical stance towards taken for granted knowledge it can be discussed that such interactions are the ones which influenced people to view the world in the form of non-disabled and people living with disability as well as what is expected from people living with disabilities. Such observations usually lead to divisions in the community that usually give birth to discrimination and exclusions. This study found out that children with disability are usually discriminated against and excluded, this can be linked to the way respondents view children with disabilities based on their beliefs, values and customs.

Under the historical and cultural specificity the theory states that how a certain community or society understand certain phenomenon is linked to its history and culture, this was also relevant in this study because majority of the respondents their knowledge about disability is built on their traditional beliefs .The respondents in this study understand disability as inability to do something or not being fit either mentally or physical. How they view disability is linked with their history and culture because in the past before the colonisation era Botswana traditional religion was the only religion which was present in Botswana as such it is not surprising that the respondents view disability in terms of supernatural powers because their historical beliefs is more about ancestors and supernatural powers.

Disability in Botswana was found to be constructed by people within themselves from long time ago. Language was also found to play a vital part in the construction of disability in Botswana, when people communicate on daily basis about a certain topic for example disability, their conversations turn into a reality. The study found out that the Tswana language has positively influenced the attitudes of the respondents towards children with disability. The Tswana proverbs, expressions and doctrines play was found to play a major role in the way the respondents perceive children with disabilities.

2.9.3. Multicultural perspective

The multicultural perspective offers a chance of understanding the daily social interactions, attitudes, perceptions and behaviours of a particular community by taking into consideration race, sexual orientation, thoughts, beliefs, age, socioeconomic status and gender (Rogers, 1996). Multicultural perspective is based on four common elements, the first element acknowledges that culture is one of the important elements that form part of human existence, the second element is based on the concept of pluralism, the third element embraces the existence of diverse cultures and lastly, the forth one accept that within a multicultural society there are issues of domination, oppression and power imbalance (Gilson & Depoy, 2000: pg, 210). This perspective argues that culture gives a certain community an identity and a sense of belongingness (Eldering, 1996). Language is one of the most important component of culture as it influences people's behaviours, decisions and attitudes (Rogers, 1996).

2.9.3.1. APPLICATION TO THE STUDY

This study has found out that culture has an impact on the lives of children with disabilities since the understanding, attitudes, decisions and behaviours of the respondents towards children with disabilitiws is influenced by culture especially their belief systems. The respondents' perspectives of disability reflects their culture, religions and traditions. How respondents view disability has been changing based on their experiences and beliefs. The study have shown that children with disabilities are usually discriminated against in their different communities.

CHAPTER 3. RESEARCH METHODOLOGY

Research methodology of the study includes the research design, research methods, sampling, data analysis plan, ethical considerations and limitations of the study

3.1. Research design

The research design involves the planning of a scientific inquiry, designing means of finding out information about an incident (Babbie and Rubin, 2001). The study would adopt descriptive approach. The purpose of descriptive research design is to describe a phenomenon (York, 1998). According to Bickman & Rog (1998) a descriptive research design is appropriate when the researcher is responding to questions of "what" and "how". This design is relevant to this study because the study addressed what and how questions, which include; what role can culture play in the education and rehabilitation of children with disabilities? What are some of the cultural issues that affect the education and rehabilitation of children with disabilities? The research is cross sectional because collection of data was done at a specific point in time from the participants.

3.2. Research method

This study would use qualitative research method. It is a method for the collection, analysis and interpretation of data on phenomena which generates narrative data, which means that the data is described in words instead of numbers (Monsen &Van-Horn, 2008). Qualitative research can uncover salient issues that can later be studied using more structured methods (Tracy, 2012).This method has been chosen because it provides the richness of data not possible with quantitative data since it allows the researcher to get more information on the topic being researched (Babbie, 2013). This method is suitable because it helped the researcher to collect more detailed information regarding disability and cultural perspectives of family members, neighbours and religious leaders and its

effects on the education of children with disabilities. The open ended questions used in the qualitative method helped the researcher to probe for clarity.

3.3. Data collection technique

3.3.1. Face to face Interview

The data collection technique that was used in this study is face to face interview. Interview helps the participant to understand questions as the interviewer would be available to elaborate more (Babbie, 2013). The interviewer can be guided by body language and reaction of the interviewee, this will help to clarify or paraphrase the question (Babbie & Rubin, 2001).The interviews took place at the respondent's homes for family members and neighbours and for religious leaders it took place at their places of worship. The researcher was guided by the interview guide .A voice recorder was used to record the answers and those respondents who did not feel comfortable with the voice recorder their responses were written on paper. There were three different interview guides for family members, neighbours and religious leaders. The interview guides were written in English and Tswana which are the two main languages used in Botswana. The interviews were conducted at Francistown Botswana after a permit was obtained from the Ministry of local government and rural development in Botswana. (See appendix 1, for the interview guides).

3.3.2. Pilot Study

Five people were selected to test if the interview questions are coherent, the selected people comprised of 2 family member, 2 neighbours and a religious leader. The pilot study revealed some problems in the drafted interview guides and later these problems were restructured before the commencement of the study.

3.4. Sampling

3.4.1 Purposive and Snow ball Sampling

A sample is a subset of the study population which participate in the study (Ranjit, 2011).This study used non - probability sampling which is purposive and snowball sampling. Purposive sampling is where by the researcher selects the sample or participants based on their appropriateness for the study (Guarte & Barrios, 2006). It is most effective when one needs to study a certain cultural aspect with people who are knowledgeable on that partıcular aspect (Tongco, 2007).To select the participants of the study, snowball sampling was used as a subcategory of purposive sampling. Snowball sampling is where by the researcher first identifies a suitable respondent for the study and later that respondent will recommend other people they know (Babbie, 2013).

The sample size of the study was 45, the number of participants was only known during data collection period. The researcher started by identifying one family which has a child with disability as the first respondent, that family's neighbours was also selected as the respondent. After interviewing the family the researcher asked them if they can recommend any family they know which has a child with disability. The recommended families and their neighbours were interviewed in their homes, this became the process of finding the participants who took part in this study until a desired number was reached. The religious leaders were also be selected using snowball, one religious leader was identified and later on he or she recommended other leaders in that community.

3.5. Participants

The research participants comprised of family members and neighbours of children with disabilities and also religious leaders who are 21 years old and upwards. The reason for choosing family members is that they are the ones who play a significant role in the lives of children with disabilities. Neighbours of

children with disabilities also participated in this study because neighbours' views can influence the actions of the families with children with disabilities. Religious leaders were also interviewed since in most cases they are the first ones families turn to for help. The information related to the participants is shown in tables below.

Table 1: Distributions of participants by gender

Gender	Respondents			Frequency	Percentage (%)
	Family Members	Neighbours	Religious leaders		
Female	7	8	5	20	44.4
Male	8	7	10	25	55.6
Total				45	100

Table one above shows that majority of the respondents were male at 55.6% while female only comprised of 44.4 % of the respondents. Among the religious leaders male respondents recorded the highest number while female respondents recorded the least number, this was also the case with family members' respondents. The neighbours had more female respondents as compared to male.

Table 2: Distributions of participants by age

Age group	Respondents			Frequency	Percentage
	Family members	Neighbours	Religious Leaders		
20-29	3	2	1	6	13.3
30-39	5	6	5	16	35.6
40-49	4	4	6	14	31.1
50-59	3	2	2	7	15.6
60+		1	1	2	4.4
Total	15	15	15	45	100

The table above shows that the age of the respondents who participated in this study. 30-39 was the highest age group that was interviewed, it comprised of 35.5 %, neighbours being the highest among this age group. It was followed by the age group between 40-49 at 31.1%, then 50-59 at 15.6%. The age group of 60+ was the least interviewed age group at 4.4%.

Table 3: Distribution of participants by marital status

Marital Status	Respondents			Frequency	Percentage %
	Family members	Neighbours	Religious leaders		
Single	5	11	6	22	48.9
Married	9	4	9	22	48.9
Widowed	1	-	-	1	2.2
Total	15	15	15	45	100

Table 3 above shows that the number of respondents who are married and single was equal at 48.9 % each. Among the married respondents family members and religious leaders had a tie. Majority of the single respondents comprised of neighbours. There was only one respondent who was widowed.

Table 4 displays the educational level of the respondents who participated in this study. It shows that majority of the respondents have high school and tertiary education qualifications. Junior school graduates are the second highest at 24.4% while primary school graduates had the smallest number.

Table 4: Distributions of participants by educational level

Education Level	Respondents			Frequency	Percentage (%)
	Family members	Neighbours	Religious Leaders		
Primary	2	-	-	2	4.4
Junior	2	6	3	11	24.4
High School	5	5	6	16	35.6
Tertiary	6	4	6	16	35.6
Total	15	15	15	45	100

Table 5: Distribution of participants by occupation

Occupation	Respondents			Frequency	Percentage (%)
	Family Members	Neighbours	Religious Leaders		
Unemployed	7	2		9	20
Employed	8	12	15	35	77.8
Retired		1		1	2.2
Total	15	15	15	45	100

Table 5 shows that majority of the respondents are employed. Among the unemployed respondents majority of them are family members. 20% of the respondents are unemployed. Those who have retired were the least interviewed at 2.2%.

Table 6: Distribution of participants by religious affiliation

Religions	RESPONDENTS			Frequency	Percentage (%)
	Family Members	Neighbours	Religious Leaders		
Christianity	15	15	11	41	91.1
Botswana Traditional Religion			4	4	8.9
Total				45	100

The table 6 displays the religious affiliations of the respondents. Majority of the respondents who took part in this study are Christians while few of them identifies themselves with Botswana traditional religion. Traditional religious leaders are the ones who identifies with Botswana traditional religion in this study.

Table 7: Distribution of participants by relations with the child

Relationship	Frequency	Percentage
Mother	3	20
Father	4	26.7
Uncle	2	13.2
Sister	3	20
Brother	1	6.7
Grandmother	1	6.7
Cousin	1	6.7

Most of the interviewed family members were fathers to the children with disability, followed by mothers and sisters. Brother, cousin and grandmother were the least interviewed family members in this study.

Table 8: Distributions of children related table by gender and the disability.

Type of Disability	Girls		Boys		Frequency	
	Number	Age	Number	Age		(%)
Intellectual Disability			1	20	1	6.67
Cerebral Palsy	1	19	2	18 &5	3	20
Developmntal disability	1	3			1	6.67
Down Syndrome			1	3	1	6.67
Speech Impairment			1	14	1	6.67
Hearing Impairment			1	15	1	6.67
Sight Impairment	1	17			1	6.67
Learning Impairment	1	6			1	6.67
Autism			2	7&8	2	13.4
Mental disability	2	2& 15	1	15	3	20
Total		6		9	15	100

Table 8 above shows that majority of the family members that were interviewed their children had cerebral palsy and mental disability. They were followed by family members of children with autism as the second largest interviewed group. Family members of children with developmental disability,

down syndrome, speech impairment, hearing impairment, sight impairment and learning disability were the least interviewed

3.6. Data analysis plan

The study used Miles and Huberman's method to analyse the data. This method consists of three stages, namely; data reduction, data display and drawing and verifying conclusions. Data reduction is where by the researcher decides which data to include and which one to exclude (Miles, Huberman & Saldana, 2014). Data display is organised compressed assembly of information that allows conclusion drawing and action (Miles & Huberman, 2002). The last stage is concerned with conclusion drawing and verification, this is where by the researcher is able to make interpretations of the findings (Miles, Huberman & Saldana, 2014). Audio taped interviews were fully transcribed into written texts. The researcher started by writing all answers for every question and for each respondent from the tape recorder. The next step included selecting information that is relevant to the questions, taking into considerations the aim and objectives of the study. The responses were grouped into common themes and other unique themes, which helped the researcher to write the findings and later interpret the findings, make recommendations and draw conclusions.

3.7. Ethical considerations

Ethical research promotes respect for health, wellbeing and rights of voluntary participants and its conduct, foreseeable risk should be removed and dignity maintained (Leathard & Mc Larn, 2007).

3.7.1. Permission

Permission to conduct the study was obtained from the Ministry of Local Government and Rural Development in Botswana, Gaborone.

3.7.2. Voluntary participation

This is where by an individual participate in research from his or her freewill (Miller & Brewer, 2003). All participants who took part in this study were not forced to do so, they did it out of their willingness.

3.7.3. No harm to participants

Research should not cause harm either physical or mental to the participants (Babbie, 2013).There was no harm caused to participants because everyone who took part in this study volunteered and were willing to answer the questions. They were alerted about the purpose of the study before they took part and that at any time if they feel that they cannot continue answering the questions they are free to do so. The participants were be given the consent form (See appendix 2, for the consent form).

3.7.4. Anonymity and confidentiality

Anonymity in research means that no one should know the identities of the respondents including the researcher (Alder & Clark, 2011). Confidentiality implies that no third party should know the identities of the respondents (Alder& Clark, 2011).Anonymity was achieved in this research as the respondents did not identify themselves when answering the interview questions, this at the same time promoted the doctrine of confidentiality.

3.7.5. Analysis and reporting

The researcher should produce and report accurate results (Alder & Clark, 2011).As a researcher it is my responsibility to make known to the reader the limitations and failures of the study when analysing and reporting the findings. The recorded response from the interviews were analysed using Miles and Huberman method.

3.8. Limitations of the study

The study has its own limitations in terms of research method and sampling technique. The study used the qualitative research method which its results cannot be generalized to the larger population due to the small sample size and the results can also be bias since the respondents can take different ways when answering the questions as compared to quantitative research (Babbie, 2013). Findings can be more difficult and time consuming to characterize in a visual way (Tracy, 2012). Purposive sampling has its own limitations which include inability to generalize research findings (Guarte & Barrios, 2006). In Snowball sampling the subjects that the researcher can obtain rely mainly on the previous subjects that were observed and also the researcher has no idea of the true distribution of the population and of the sample (Babbie, 2013).

CHAPTER 4. RESEARCH FINDINGS

This section provides the major findings of the study which were obtained through face to face interview. Miles and Huberman method was used to analyse the data. Throughout this chapter verbatim quotes were used to capture the real responses of the respondents. The findings were categorized into different themes based on the study objectives.

4.1. Findings related to the construction of disability in Botswana

In order to understand the construction of disability in Botswana the questions that were asked under this objective covered definition of disability ,causes, type of treatment, possibility of person with disability being rehabilitated, disclosure of the child's disability and help seeking behaviour.

4.1.1. Findings related to the definition of disability

The findings from the respondents have proved that the word disability is defined in different ways. A number of common definitions that arose among the respondents include the following; (i) in ability to perform certain task due to the body structure or impairment. The definition was common among majority of the respondents. For example a Mother to a 3 years old girl who has developmental disabilities stated that:

"*Disability means not being able to use one's body parts to perform the tasks that those parts should perform"*

Similarly a 50 years old neighbour to a family which has a child who has Down syndrome defined disability as, "*a condition where by one cannot use his or her body parts to carry out certain duties"*.

(ii) The second definition that emerged was, disability means not being fit either physically or mentally. This theme was common among family members who have children living with mental disability and cerebral palsy. Few neighbours used this definition. When it comes to the religious leader's majority of them defined used this definition to describe disability as compared to neighbours and family members. Some of the responses that were recorded are as follows:

A Botswana traditional religious leader aged 49 described disability as "a *condition where by one is not fit either mentally or physically to take part in everyday life"*

A 63 years old man who is a Christian leader described disability as "not *being able to make independent decisions or not being able to have the privacy to do certain things due to being unfit either mentally or physically"*

A cousin to an 18 years old boy with cerebral palsy also defined disability "*as physically and mentally unfit "*

(iii) The third definition that emerged was that disability is a punishment. This definition was common among the religion leaders. Some of the responses from the religious leaders include the following;

A 55 years old traditional leader defined disability "*as a punishment from the ancestors or evil spirits for unacceptable behaviours"* Similarly a 38 years old Christian leader defined disability "*as punishment from God for sins committed by the child's parents in the past"*

(iv). Disability is a test from God was the fourth definition that arouse from this study. This definition was present from all the three groups of the

respondents. The respondents asserted that disability is a test from God to see if the community can accept those who have different qualities and structures.

4.1.2. Findings related to the causes of disability

Respondents were asked to provide their understanding or perception on the factors associated with the causes of disability. The causes of disability varied from one respondent to another. Table 9 below shows that the themes that arouse include; God's will / test, witchcraft, difficulty during delivery, genetic, accidents, and substance and drug abuse. Even though majority of the respondents associated disability with socio-cultural factors, there were few of them who associated it with the biomedical factors.

Table 9: Findings related to the causes of disability

CAUSES	FREQUENCY	PERCENTAGE (%)
God's will/ test	22	48.8
Witchcraft	10	22.2
Difficulty during delivery	3	6
Accidents	2	4
Genetics	6	13
Substance Abuse	2	4
Total	45	100

4.1.2.1 God's will/ test

Majority of the respondents (48.8%) stated that there is no specific cause of disability according to their culture but rather one can be born with a disability because of God's will or test. The respondents discussed that since disability is one of those unpredictable phenomenon it is hard to link it to certain factors hence only God can be the answer to the disability. For example;

A father to a 5 years old boy who has cerebral palsy said that his child was born with disability because it was God's will. He said " *My son could not walk*

or even use his hands to touch certain objects since he was born, I believe his disability was the will of God as God wanted to test me by giving me this child"

There was consensus under this finding, one of the respondent who is a mother to a 14 years old boy with autism also added "I *am of the view that my child is autistic because that's how God desired or wished him to be the rest of his life*"

This theme was also common among neighbours, a 40 years old man who is a neighbour to a family of a 3 years old girl who has developmental disability stated that

"Certain disability we cannot know their specific causes but rather we can associate them with the will of God or a test from God to see if that family will be able to take care of the child with special traits".

Amongst religious leader's especially Christian leaders, this was also a leading factor associated with disability. A 50 years old Pastor stated that *"Human beings are created in the image of God and only God may wish to form someone with certain special traits*"

Another 40 years old Priest also said that "*Disability occurs because God want to test us if we can love people who are different from us unconditionally despite the differences"*

4.1.2.2 Witchcraft

This was the second major theme at 22.2% under the causes of disability. The respondents believed that disability was a result of evil spells cast unto an unborn baby or to a baby after delivery by jealousy people.

One sister to a 15 years old girl with mental disability stated that "*I believe my sister's disability can be linked to witchcraft because she was born normal until 2 years back when she started behaving strangely"*

Similarly a 55 years old traditional doctor stated that, *"Most of the time disabilities occur due to jealousy people who cast evil spells or evil spirits unto unborn or born babies or even to old people*"

The study also found out that majority of the religious leaders believed that the spells associated with disability has to be broken or it will continue to be present in the future generations.

4.1.2.3. Difficulty during delivery

Besides God's will/ test and witchcraft which are socio-cultural causes, there are some respondents who identified difficulty during delivery as one of the cause of disability which is a biomedical cause. Difficulty during delivery was also linked with the mother's age. 6% of the respondents were of the view that if the mother can experience some complications during labour or delivery then the child is likely to be born with some disability. Most of the respondents who linked disability with difficulty during delivery were family members. Some of the responses that were captured are as follows;

A sister to a boy with intellectual disability stated that "My *mother gave birth to him when she was old and I heard she also had complicated delivery which might explain why this boy has this disability*"

An uncle to an 18 years old boy with cerebral palsy was of the view that "*Since this child's mother does not use drugs and alcohol, may be something went wrong during delivery and the child was born with cerebral palsy"*

4.1.2.4. Accidents

Few of the respondents (4%) outlined accidents as possible cause of disability especially traffic accidents. A 60 years old man who is a neighbour to a family of a 15 years old girl with learning disability stated: "*that some children are born normally and later develop some disabilities due to traffic accidents which can make one to be have some physical or mental impairment"*.

Similarly a 53 years old neighbour to a family of a 12 years old girl with mental disability also linked disability that occur after birth to accidents, she discussed that:

"Some children are born without disabilities but later in life they can be exposed to certain accidents that can make them not to function well as some may be physically injured and that injury may not be treated, sometimes the accidents affect them in the brain which may lead to mental disabilities".

4.1.2.4. Genetics

Genetics was the other biomedical cause that were identified as a possible cause of disability among the respondents, 13% of the respondents linked disability to genetics. This theme was only common among the family members and neighbours. Amongst the respondents who identified this factor as a cause, majority of them were neighbours at 4 out of 6. The remaining two were family members.

4.1.2.5. Substance and drug abuse

Lastly substance and drug abuse were mentioned as a cause of disability by 4 % of the respondents. The respondents who linked disability with substance and

drug abuse stated that if a pregnant woman uses certain substances and drugs that are harmful in a greater dosage then there is a higher chances that the baby will be born with some disabilities. Some of the respondents stated that the people who usually used to be substance and drug addicts in their communities ended up developing some mental disability.

4.1.3. Findings related to the treatment and rehabilitation of children with disabilities

All of the 45 respondents that were interviewed have stated that based on the possible socio-cultural and biomedical cause of disability it is better to combine the traditional and modern treatment. Some of the respondents discussed that it is difficult to separate the spiritual aspect from a human being's life as such it is always better to include the traditional treatment so as to complement the modern treatment. The study found out that the respondents stated that children with disability maybe rehabilitated based on the severity of the disability, it was mentioned that those with mild disability are more likely to recover.

One of the interesting response under this theme arose from a 63 years old religious leader, it is as follows " *in Botswana for us to understand a certain phenomenon, first of all we use the knowledge from our culture which include our believes, customs and values and later on, that is when we can involve the scientific reasoning, for example if one happens to have a child with disability they might consult with those who provide traditional treatments like priests or traditional healers before involving the trained specialists. Therefore I believe that it is high time the professionals and religious leaders start to work together"*

4.1.4. Findings related to the disclosure of the child's disability

The question relating to the disclosure of the child's disability was present among the interview questions of family members and their neighbours. The

study found out that family members do not view disability as a hidden issue, all of the interviewed family members stated that after the children were diagnosed with disability the first persons they told were family members and later neighbours and friends. The neighbours also confirmed that the child's disability was not hidden as they learnt about the child's disability immediately after the diagnosis or after they moved into the neighbourhood. The findings of this study revealed that disclosing the child's disability makes it easy to seek help from those you disclose to in time of need.

A mother to a child with learning disability discussed that "we *live in the time were disability is no longer a hidden issue in Botswana like in the olden days, therefore it is important to disclose the child's disability to those people who have a close relationship with us like our family, friends and neighbours so that they can be our pillar of support in hard times".*

4.2. Findings related to the influence of language on the attitudes of family members, neighbours and religious leaders towards children with disabilities.

The main aim of this objective was to find out how language influence the attitudes of the respondents towards children with disabilities. This objective started by exploring the word used to refer to disability and to people with disability in Botswana. The study found out that the word used to refer to disability in Botswana is "*bogole*". The findings of the study confirmed that there has been a change of terminology used to refer to people with disabilities in Botswana, before they were called "*digole"* meaning disabled, currently they are referred to as "*banalebogole*" meaning people with disabilities, while children with disabilities are referred to as "*bana ba banalebogole*". It was found out that in Tswana language there is a doctrine of "*botho"* which translates to humanness in English, the respondents stated that this doctrine encourage them to be kind and

generous to strangers and those who are not fortunate enough such as people with disabilities. They discussed that this doctrine helps them to be willing to help and improve the lives of children with disabilities by offering help where they can.

All of the respondents stated that language has an influence on how they perceive children with disability. It was found out that language influence their attitudes towards children with disabilities. The study found out that language encourages the respondents to; respect and love, support and care for children with disabilities. The study also found out that all of the interviewed respondents confirmed that their language can also influence the development of negative attitudes towards children with disability.

4.2.1. Findings related to the positive influence of language on the respondents' attitudes

Table 10: Findings related to the positive influence of language

Themes	F	%
Respect and love	25	55.6
Support and care	20	44.4
Total	45	100

Table 10 above have shown that respondents are of the view that their language influence them to respect and love and also to support and care for children with disabilities

4.2.1.1 Respect and Love

Majority of the respondents (55.6 %) stated that their language which is "*tswana*" encourage them to love and respect children with disabilities. Most of the respondents were of the view that some part of speech show respect and love when addressing people despite their status.

One of the Christian leader aged 40 stated that; "Our *language usually uses words which shows pity towards people with disabilities in general as such it influences me to be loving and caring towards children with disabilities*"

Similarly, a 45 years old father to a child with autism was of the view that certain proverbs encourages him to respect and love children with disabilitiies unconditionally. He explained that there is one proverb that help him to heal and accept his child's disability, the prover states that "***phiri o rile ga bo se gangwe"*** *meaning the sun does not rise once*, the respondent explained that *"I might have been depressed, traumatised when my child was diagnosed with autism, but I remembered that even if I am in such situation today, tomorrow might be a different story, so I have learnt to love my son unconditionally"*

4.2.1.2. Support and Care

Some respondents (44.4%) stated that language encourage them to support and care for children with disabilities. There are some respondents who explained that they show support and care to children with disability by helping them in their everyday life, some neighbours mentioned that they often baby sit some of their neighbour's children with disabilities. All of the interviewed neighbours explained that proverbs like "***mabogo dinku a thusana****"* which means people should help each other in times of need, encourage them to be supportive and caring towards children with disability.

A grandmother to a child with down syndrome stated that "c*ertain Tswana expressions encourages us to be supportive and caring, there is one expression which says that "****Bana ke baeteledi pele ba ka moso****" meaning children are the leaders of tomorrow, therefore we are charged with responsibilities as adults to support the education of our children including those with disabilities so that we can be led by educated leaders tomorrow"*

Similarly , another neighbour to a child with hearing impairment stated that there is a saying that " ***O se tshege yo o oleng mareledi a sa le pele****, this implies that you should not make fun of someone who is in a difficult situation because tomorrow it can be you , as such I choose to be supportive and caring towards children with disabilities".*

A 60 years old man who is a neighbour to the child with disability stated that certain proverbs encourage him to support and care for children with disability, the respondent articulated one Tswana proverb which states that "**e *re o ntima, o mphele ngwana***" in English this translate as "*you might stint me but be generous to my child*" this means that if you refuse to give something to someone but giving it to their child instead it is like you have given it to them. The man continued to explain that "*this proverb encourages me to take part in the lives of children with disability, considering the fact that in the past some of those people with disability never had the chance to study, now I feel like it is our turn to support the education of children with disabilities because we failed to give it to those who are older now, as such we should give it to the young ones*"

4.2.3. Findings related to the negative influence of language on the respondents' attitudes

The study found out that all of the respondents were of the view that some times language has negative influence towards their attitudes and the way they refer to children with disabilities. The findings of the study have shown that majority of the respondents associated language with labelling children with disabilities because certain disabilities do not have specific Tswana words therefore people end up using the characteristics of the disability to discribe the child with that disability. It was also found out that some people call children with disabilities names that are discriminatory names like "*segol*e" which translate as disabled, mongol, downs, crazy and mad, this was pointed out by 7

family members who stated that they end up not allowing their children to play with other children in the community to avoid name callings.

For example a father to a child with hearing imapirment discussed that " *some people in the community do not usualy call children with disabilities with their names but rather prefer to call them using the names of the disabilities that they have, which is not a good thing at all, I usually get angry when I hear people calling my son such names*"

A sister to the child with intellectual disability explained that " *some people call my brother mongol, retard which is not a plesant thing at all, this makes the child to be stressed and withdrawn at time"*

4.3. Findings related to the religions in Botswana and their view about disability

In Botswana there are two religions that are practised namely; Christianity and Botswana traditional religion. The study found out that Botswana traditional religion view disability based on the word of mouth as they do not have holy books. The traditional leaders discussed that disability in their religion is considered to be caused by evil spells, witchcraft and punishment from ancestors . The traditional leaders who participated in this study stated that they are guided by the ethics, norms, values, rituals and social traditions when it comes to helping people with disabilities. The traditional leaders explained that certain disabilities can be cured through the use of spiritual interventions. Botswana traditional religion view disability as a pitiful situation and perceives people with disability as victims of punishment or witchcraft. The knowledge about disability in Botswana traditional religion is passed through from one generation to another through the process of socialisation. The Botswana traditional religion leaders explained that their religion believe that if the ancestors are responsible for the disability then there is need to do some rituals or sacrifices to please the ancestors.

The traditional leaders explained that there are certain children who used to have disability that were completely healed.

For example one traditional religious leader explained that *" some of the disabilities like mental disabilities are divine in nature because some of those children might see things that are not visible to everyone as such it takes someone like me who can connect with the spiritual realm to help such children*"

All the Christian respondents who participated in this study explained that in christianity disability is viewed as a sacred matter because during biblical times there were people with different types of disabilities. The religious leaders explained that in the old testament disability was perceived as a bad thing and people with disabilities were not allowed to approach the holy places while in the new testament people with disabilities were allowed to enter holy places and their healing also started in this testament. The study found out that in christianity there are many teachings about disability. Some of the teachings show how people with disability were treated by the community and how religious leaders treated them. The results show that christians are taught to love everyone regardless of their differences because love is the first commandment.

A neighbour to a child with sight impairment explained that "*the role played by religions leaders in the lives of people with disability help to shift the way people viewed disability, people with disability in the bible they used to be seen as sinners, untidy by other people in the community but this changed when religious leaders started to address disability issues, myself ı love them unconditionally because the scripture says love your neighbour as you love yourself*".

A 38 years old Christian leader stated that "*in the bible Jesus healed a group of people with disabilities like the dumb, blind and epileptic, this shows that in Christianity disability can be cured Mark 7:31-37 healing of the deaf and the dumb man, the healing brought a positive impacts to people with disability as*

their societies started to accept them, disability started to be seen as a condition that can be treated".

The study also found out that the Christian organizations have a role to play in the lives of children with disabilities in Botswana. The organizations usually give donations to the education and rehabilitation centres of children with disabilities. Besides donations there are some who spend time with the children, playing with them or cleaning their centres. One of the responses from the interviews is as follows;

A 43 years old pastor stated that "*our church sometimes visits centres for children with disability and we play with them which help in their rehabilitation because play is one of the things that improve the motor skills and creativity of children, sometimes we clean their centres to ensure that they do not get infections from dirty surroundings which may affect their health"*.

4.4. Findings related to the effects of religion on the education and rehabilitation of children wıth disabilities

This study found out that religion has both positive and negative effects on the education and rehabilitation of children with disabilities.

4.4.1.Positive Effects related findings

Some of the positive effects that were identified by respondents include, bring about hope , help in the recovery process and acceptance.

4.4.1.1.Bring about hope

Table 11: Finding related to bring about hope

Respondents	Frequency	Percentage %
Family members	5	27.8
Neighbours	3	16.6
Religious leaders	10	55.6
Total	18	100

Table 11 above shows that majority of the respondents (18 out of 45) are of the view that religion bring about hope when they are going through hard times as it is their source of support. Amongst those who said religion brings about hope, the religious leaders were the highest. All most all the respondents who are family members stated that after their children were diagnosed with certain disabilities they consulted with religious leaders for guidance. The family members stated that their beliefs help them to have hope that their children will recover in future hence this encourages them to enroll their children in the schools and rehabilitaion centres. The neighbours and religious leaders stated that beliefs is one of the important aspect of every culture as it helps one during the dark hours of life, they were of the view that their religions help children with disabilities as well as their family members to have hope that the child will recover and become successful in life. They also discussed that with hope it will be asy for the children to cooperate with the therapiest and also for the family members to ensure that they get the best education and rehabilitation services.

An uncle to a child with cerebral palsy stated that *" church is my source of hope because whenever I am stressed or when ever the child is feeling down about her condition we seek help from the pastors so as to help us to cope well"*

One neighbour also stated that *" Religion gives children with disabilities hope that there is bright future ahead of them despite their impairments"*

4.4.1.2.Help in the recovery process

Table 12.Findings related to the recovery process

Respondents	**Frequency**	**Percentage**
Family members	3	17.7
Neighbours	1	5.8
Religious leaders	13	76.5
Total	17	100

Table 12 above shows that some of the interviewed family members stated that their religion help their children in their recovery process, practices like meditation, prayer and singing help some children to stabilise when they are stressed, angry and in pain. They continued to explain that after they stabilise they usually take their treatment or therapy without difficulties. Two of the family members asserted that their children became better after being helped by the religious leaders. Their responses are as follows;

A sister to a girl with mental disability explained that " *my sister sometimes become better after getting help from the religious leaders, things like use of herbs, prayer and rituals help her to be better"*

Also an uncle to a child with speech impairment discussed that *" religion help in the recovery process because it brings about acceptance for one's disability and hope for a better future"*.

From the interviewed neighbours respondent's side one neighbour said that religion can help children with disabilities to recover through the use of certain practices like prayer and rituals . The neighbour stated that certain rituals that are performed in Botswana have proved to help some of the children to heal or atleast to become better.

Majority of the interviewed religious leaders (13 out of 15) they stated that prayer and performing certain rituals are some of the things that help in the healing process of children with disability. The religious leaders stated that they once helped people with disabilities with disability before. The leaders stated that they usually pray or perform rituals to children with disability to help them to recover. Some of the responses are below ;

One Christian leader stated that *" children with disabilities can be rehabilitated, because some children recoverd after being prayed for and performing some rituals"*

A traditional doctor also said that *" some children who had disability were cured after ı gave them some herbs , I remember one child who could not walk after the treatment he started walking"*

4.4.1.3.Acceptance

Table 13. Findings related to acceptance

Respondents	Frequency	Percentage
Family members	9	25.7
Neighbours	11	31.4
Religious leaders	15	42.9
Total	35	100

Table 13 above shows the respondents who linked religion with acceptance. The study found out that respondents were of the view that religion help children with disabilities and their family members to accept the situation. Majority of the family members (9 out of the 15 interviewed family members) stated that it was not easy to accept the disability of the child because at first they questioned the existence of, they usually ask the question "why me God?". They discussed that with time religion helped them to cope as well as to accept their children's disabilities. Eleven of the interviewed neighbours stated that the disabilities of the children encouraged them to remain strong and also to accept the children with disability. The neighbours continued to explain that the religion may also help the child with disability to accept him or her self as well as the family to accept the child's disability.

All of the interviewed religious leaders stated that reliigion help with acceptance beacause usually they give explanation of what might have happened

.The respondents stated that acceptance by children with disabilities comes the responsibility to comply with the services offered to them like special education, inclusive education and therapies. They also stated that if the family members have accepted the child's disability it will be easy for them to enroll the child in the centres that will help to improve the child's condition. One of the response from a family member is as follows;

A mother to a child with Autism said that *" my beliefs gave me the courage to accept the child's disability and also for the child to accept that he is autistic , without acceptance it is hard to enroll the child in the educational or rehabilitational programme*"

4.4.2. Negative effects related findings

Eventhough there are those who stated that religion has positive effects towards the education and rehabilitation of children with disability, there are some who stated that it also has negative effects. The interviewed neighbours and family members stated that the cultural beliefs in Botswana brings about the negative effects which include; barrier to recovery and exclusion.

4.4.2.1.Barrier to recovery

Table 14. Findings on the barrier to recovery

Respondents	Frequency	Percentage
Family members	10	52.6
Neighbours	9	47.4
Total	19	100

This theme was common among family members and neighbours. 10 family members and 9 neighbours discussed that religion can act as a barrier or hindrance

to the recovery of the children with disability. Respondents associated religion with stigma and discrimination that comes with the construction of disability. The stigma and discrimination leads to some children with disabilities to be hidden in their houses and end up not attending schools and not receiving the appropriate medical treatment. Some family members linked the barrier to recovery with exclusion, they said there were few services that are set in place for children with disabilities. They also said that the stigma and discrimination may influence some family members not to seek help.

A neighbour to a child with hearing impairment was of the view that "*our religion in most cases hinders the education and rehabilitation of children with disabilities due to the myths associated with disability".*

Similarly, a cousin to a girl with cerebral palsy stated that "*Religion nowadays can be misleading, some preachers may tell you that the child is being bewitched which later disturbs the education and the rehabilitation process as the family members will be moving from one pastors or traditional doctor to another and by the time they take the child to the trained professionals it will be too late"*

4.4.2.2. Exclusion

Table 15. Findings related to Exclusion

Respondents	Frequency	Percentage(%)
Family members	6	75
Neighbours	2	25
Total	8	100

Table 15 above shows that 6 of the interviewed family members and 2 of the neighbours were of the opinion that their cultural beliefs is the reason why children with disabilities have been left out for a long time. They stated that a believe that disability is God's will have made some of the family members to be reluctant to seek help from professionals and also for parents not to advocate for the education and rehabilitation of the children as in most cases they just become quite. They explained that this is the reason why there are few educational and rehabilitation centres in Botswana for children with disability.

4.5. Findings related to the relationship between the attitudes and beliefs of family members, neighbours and religious leaders and the severity of the disability

The results of this study show that the severity of the disability has an impact on the attitudes and beliefs of family members, neighbours and religious leaders. The study found that family members who their children have mild disabilities or those who can perform certain chores for themselves usually display positive attitudes towards the child's disability this was shown by how they responded after the diagnosed. Most of them showed positive emotional reactions after the diagnosis. Those family members who displayed positive attitudes are those who had hope that their children will become successful despite the disability. Some of the family members had courage to seek help instead of feeling sad and sorry for the child. The study also found out that family members were of the viiew that they do not know if they will have the same perception if the child had a different disability because each and every disability is unique.One of the captured comment is as follows;

A sister to a child with intellectual disability stated that "I *think he is better as compared to other types of disabilities because he can differentiate some objects and words, if you give him some instructions to do something he can follow them easily*".

Those family members who their children have severe disability (40%) of them explained that it was hard for them to accept the child's disability because most of the time they had mixed feelings which ranged from, anger, guilty, being shocked, stressed, in denial . There were some who were concerned about the child's future, they usually asked themselves the following questions ;who will take care of the child when the parents are dead or old?, will the child become successful in life?, will the child be able to go to school? and will he or she be able to marry?. A family member to a child with severe cerebral palsy noted ;

I think my child needs special treatment as compared to others because I have to carry him where ever he wants to go, feed him because he cannot use his hand to hold, caring for him can be a burden to some people so I decided to leave my job so that I can take care of him full time"

The study found out that all neighbours displayed positive attitudes towards children with disability. This was shown by the roles they play in the lives of children with disabilities. All the interviewed neighbours stated that a child with mild disability is easy to accept because there is hope that they will recover if he or she get appropriate treatment. The neighbours also stated that those with severe disability take time to build a relationship with them because one has to find the right communication techniques to use when approaching them.

The religious leaders stated that they believe that there are certain disabilities that are better looking at the every day functioning of the children with disabilities. They continued to explain that those ones with mild disabilities it is easier to accept them and spend time with them.

4.6. Findings related to the relationship between the attitudes and beliefs of family members, neighbours and religious leaders and the gender of the child with disability.

All of the interviewed respondents were of the view that the gender of the child with disability does not impact their perspectives regarding the education and rehabilitation of children with disability. However 45% of the interviewed family members were of the view that the girl child should be given special attention since the girl child is faced with certain challenges including violence and abuse. Summarizing the comments, some respondents said;

A cousin to a child with cerebral palsy discussed that "*his disability is very severe lucky enough he is a boy, if it was a girl it was going to be even harder because girls are prone to certain challenges in our society, it hard to let girls with disability to stay away from their families because they require enough care especially after they reach puberty*"

A similar sentiment was noted by a father to a child with mental disability who discussed that "*being a parent to a child who is living with a disability has taught me that a child with disability needs to be taken care of, especially that she is a girl we have to monitor her movement from time to time because some dangerous man may take advantage of her*"

One neighbour to a child with mental disability explained that "*girls with disability especially those with mental disability they need to be taken care of at home and where they get their services because there are people who can take advantage of them and deny it claiming that the child does not think well"*.

4.7. Findings related to the impact of the child with disability on the perceptions of the family members and neighbours about disability

The study have found out that a child with disability have changed the perceptions of family members and neighbours about disability. All the interviewed family members were of the view that they never had close relationships with children with disabilities or people with disabilities. Some said that they only used to see them from a distance, some felt sorry and pity for them while there were some who used to call them with bad names like mongol, retards and crazy. Those who used to view disability as a negative thing discussed that having a child with disability in the family has helped them to change the way they perceive people with disabilities in general. The family members explained that they have learnt that disability is unpredictable. They stated that having a child with disability has helped them to treat people with disabilities fairly and to love them unconditionally. Some of the respondents noted that;

An uncle to a child with cerebral palsy stated that "*I used to perceive people with disability in a bad way, I used to label them each time I saw them, I also called them these people who need attention, but after my niece was born with disability, my perceptions about disability also changed, now I know that people with disabilities need to be loved and accepted because they also have rights like me".*

A mother to a child with autism also noted that *"I used to see them as people who cannot not do anything for themselves because of their impairment as such I used to feel sorry for them, having a child with disability have taught me that disability does not mean inability because a child with disability can also learn and acquire skills like me even if they are non-verbal".*

Most of the neighbours stated that their perceptions towards disability changed after having a neighbour who has disability. Those neighbours who have relatives with disabilities explained that having a neighbour with disability made them to be more caring and loving towards people with disabilities. Those who never had relatives with disabilities stated that they used to laugh at people with disabilities, fear them, make jokes about them and there are some who felt sorry for them. They discussed that having a neighbour with disability changed the way they perceve disability, they said that they now know that disability is an unpredictable condition and no one wishes to have it as such they have learnt to accept people with different types of disabilities . The children with disabilities have positively impacted their neighbours as they taught them to love and respect people with disabilities. Most of the neighbours were supportive, helping and used to baby sit their child with disability. Some of the neighbours pointed out that ;

A neighbour to a child with hearing impairment noted that "*I used to see them as children who are suffering and would probably have a rough future because of unavailable opportunities for them to learn. The child with disability have made me realise that sometimes we do feel pity for people with disabilities and forget that they are also capable of doing great things through the skills they acquire, I believe that there is need for disability awareness in Botswana in order to bring about the positive perceptions about disability in our communities"*

Similarly another respondent to a child with mental disability pointed that "*I used to think that those with mental disability are not aware of what is happening around them, having a neighbour with mental disability changed my perceptions towards people with disabilities , now I know that they are aware of what is happening around them the only difference is that their thinking patterns is unique as compared to mine, I can even volunteer in some rehabilitation centres for children with disabilities, whenever a see a child with disability in my neighbourhood or at the shopping centres I am also willing to help them or at least start a conversation with him or her"*

4.8. Findings related to the family members' perceptions about the child's disability

Table 16: Findings related to the family's perceptions on recovery

Perceptions	Frequency	Percentage
The child will recover	7	47
There is no hope	8	53
Total	15	100

Table 16 above shows that family members of children with disabilities have different opinions when it comes to their children's disabilities. It was every family members' wish to see the child recovering. 53% of the respondents were hopeless about the future of their children while 47% were hopeful that the special education and rehabilitation centres will help their children to learn survival skills that will help them in future when they are died. Some respondents noted;

Table 17: Corncern about the child's future

Corncern	Frequency	Percentage
Who will take care of my child when I am died	3	20
Will my child be able to marry	2	13.4
Will my child recover	5	33.3
Will my child be able to study	5	33.3
Total	15	100

All the interviewd family members were concerned about the child' future they asked themselves the following questions, will my child be able study, get married , who will take care of my child when I am old or dead ? and will my child be successful in life?. Some of the parents stated that their concerned were influenced by the poor constructions of buildings, roads and vehicles that do not accommodate people with disabilities, they mentioned that this makes it hard for

them to take their children to school or to rehabilitation centres especially those with physical disability

A father to a child with hearing impairment "*It pains me a lot not being able to communicate with him through a language he understands since I do not know sign language"*

Similarly another family member to a child with cerebral palsy noted "*having to move her from one place to another, it leads to physical pain in my body as a caregiver, even if she has a wheelchair the corridors and buildings a poorly built, I still have to left her up"*

Table 18: Perceptions about the child's school or rehabilitation centres

Does the child attend school or use any rehabilitation centre	Frequency	Percentage (%)
Yes	11	73.3
No	4	26.7
Total	15	100

Majority of the family members explained that their children are attending the special education schools or are enrolled in rehabilitation centres. Four of the family members stated that their children do not attend any school nor use any rehabilitation services because they have realised that the children's condition is not improving, some of these children dropped out of school. Some family members stated that their children do not recover even though they enrol them at the special education or rehabilitation centres, as such they prefer their children to stay at home. There are those family members who feel burdened to take care of the child with disability. In most case this are the ones who do not have enough support either be financial, social or psychological support. One of the comment is as follows:

A sister to a child with mental disability stated that " *we have tried everything for a long time and there seem to be no improvement in the boy's health, that is why I have let him to drop out of school, even him he was saying the school is useless*"

A cousin to the child with cerebral palsy also stated that *"in most cases as parents of children with disability we give up on the modern treatment because it does not produce any results, we therefore try other treatments like the traditional treatment to see what can help, disability is a very serious issue one cannot just depend on the opinion of one person as such it important to move from one place to another*"

All of the interviewed family members pointed out that their children with disability and those without disability cooperate well because they treat and love them equally even though sometimes those with disabilities may need special attention. 66% of the family members are not doing anything to prepare for the child's future, while 44% were saving money for their children in preparation for the future. The family members have stated that their children get the disability allowance from the government, they are of the view that the allowance is not enough since most of them are unemployed.

CHAPTER 5. DISCUSSIONS

This study sought to discuss disability and the cultural perspectives of family members, neighbours and the religious leaders and its effects towards the education and rehabilitation of children with disabilities. This chapter will discuss construction of disability in Botswana, influence of language on the attitudes of family members neighbours and religious leaders towards children with disability, religions in Botswana and their views about disability, effects of religion on the education and rehabilitation of children with disabilities, relationships between attitudes of family members, neighbours and religious leaders and the severity of the disability , relationships between attitudes of family members, neighbours and religious leaders and the gender of the child with disability, impact of the child with disability on the perceptions of the family members and neighbours about disability and family members' perceptions about the child's disability. The results are briefly discussed below.

The data revealed that disability in Botswana is constructed based on the socio-cultural factors. This can be justified by social constructionism theory under the historical and cultural specificity, this assumption states that all our understanding about a certain phenomenon are usually linked to specific history and culture and they also depend on the values, language, concepts and beliefs of that particular culture (Corey, 2009). Disability is defined as inability to perform certain tasks due to the body structure or impairments. The finding is similar to that of (Shalock, Lucksson & Shogren, 2007). Schalock, Lucksson & Shogren discussed that currently the construction of disability is more based on the limitation of people with disability to perform daily chores in a particular society. Not being fit either mentally or physically was also identified as another definition of disability. Evidence shows that this is how some people view disability in Botswana and all around the world. For example in Nicaragua they believe that disability has three meanings, which are; a person with disabilities is incapable,

depends on others for daily living and is someone with deficiencies physically or mentally (Matt, 2014).

Furthermore, the findings of this study also tallies with the findings of Barton & Armstrong, (2008) which discussed that in Kenya the Masai tribe linked disability to a curse by God. Those who held this view were mainly religious leaders because their perceptions about disability are influenced by their religious beliefs. Lastly disability was defined as a test or gift from God, this can be justified by the fact there is a belief that everything happens due to God's plan. This finding is similar to that of Croot et al. (2008) who discussed that Pakistani families living in the United Kingdom perceived disability as a gift from God, it is believed the child with disability comes with blessings from God.

This current study revealed that the respondents associated disability with God's will or test. The family members who took part in this study argued that since they do know know what could have caused the disability of their children they think that God's will or test is the best explanation .The family members who attributed or linked disability to God's will or test from God are those who the cause of their children's disability is unknown like autism. Religious leaders have argued that disability is a test from God based on their scriptual knowledge, they are of the view that God wants to test people on how they will treat each other considering their differences. This can also be explained by the ecological systems theory which states that a person's customs and beliefs impacts the way one explain a certain phenomenon, this study has confirmed this concept to be true. The finding of this study is similar to that of Croot et al (2008) about the perceptions of the cause of childhood disability among Pakistanı families living in the United Kingdom which found out that disability is perceived as a gift or test from God, it is believed the child with disability comes with blessings from God .

Witchcraft is also one of the causes that were discussed.They argued that jealousy people usually cast spells on to unborn babies. Family members who held this perspective are those who their children developed disability after they passed the infancy stage, their justification was that someone is responsible for the disability because their child was born normal.Some linked disability to evil spirits and witchcraft due to their beliefs. The results are similar to that of Ashman & Selway, (1998) who explained that in Sudan it is believed that disability was caused by evil spirits from jealousy people and usually the child with disability was left to die as it was believed that the child was possessed by the devil and their bodies were normally burned. The study has shown that ones' educational level does not impact how they perceive disability, this proves that in Botswana knowledge about disability is knowledge is constructed through the social processes or socialization as explained by the social contructionism theory. Despite disability being constructed based on the socio-cultural factors there are those who associated the causes of disability with biomedical factors like complicated pregnancy, accidents, substance and alcohol abuse. This can be explained by the fact that some respondents argued that they are willing to learn about disability from the biological point of view as such they do a little bit of research.

The study has confirmed that language is an important element of culture that has a greater influence in the lives of children with disability. Burr (1995) has argued that in social constructionism language is very important because it helps during the social interactions to gain knowledge about a certain phenonon and how people will interpret that phenomenon. This was also confirmed by the multicultuaral perspective which states that language is one of the most important component of culture as it influences people's behaviours, decisions and attitudes (Rogers, 1996). Those who took part in this study have argued that language has an impact on their attitudes towards children with disabilities, they revealed that language encourage them to respect and love, care and support children with disability. The findings have shown that there was change in the name disability

before the name was labelling "*digole*" disabled, it now changed to " *banalebogole*" people with disability. The change in name can be associated with positive attitudes towards children with disabilities.

This study has also revealed that language has its own negativity since it does not have specific names for certain disabilities as such people tends to use characteristics of those disabilities that are labelling to describe a particular disability. The result of this study cohere with that of Coleridge, (2000) which discussed that, most of the traditional societies do not have a specific word for disability in their own language as such they tend to derive the word disability from the English words like impairments, handicap and disability. The absence of specific disability names in Tswana language can be linked to the shortage or poor services offered to children with disabilities because generalizing all disabilities with one word makes it hard to focus on specific disabilities.

Botswana traditional religion and Christianity are the foundation on how disability is constructed in Botswana as they are the major sources of the belief system. Christianity view disability as a sacred phenomenon and advocates for the equal treatment of people with disability. The Christian organizations help the children with disabilities by offering certain services such as making donations. In Christianity it is believed that certain disability can be healed because in the bible some people with disability were healed. This can be explained by the fact that, the New Testament which focuses on the teaching of Jesus has brought about a shift in the conceptualization of disability, this is proven when Jesus allowed people with disabilities in the temple so that they may be healed of their disabilities (Schuelka, 2013). Botswana traditional religion associate disability with ancestors and witchcraft and also believe that children with disability can be healed. Similarly, Magesa, (1997) discussed that African beliefs are the basis of our everyday life because even though an African can be a Christian or Muslim they will still cherish the values, beliefs and traditions of the African traditional religion. Therefore it can be argued that Botswana traditional religion forms the

basis of the ideas and knowledge about disability in Botswana. Botswana traditional religion just like other African beliefs influence the mistreatment of people with disability through the way it perceives disability.

Furthermore the study looked at the effects of religion,it was found out that religion has both positive and negative effects towards children with disability. The positive effects include; brings about hope, help in the recovery process and acceptance. When ever people are faced by an unexpected circumstances, religion becomes their source of hope where they look for answers, this has been confirmed by the finding of this study as the respondents revealed that religion gives them and the children wiith disabilities hope. The findings of this study are consistent with that of Manion & Bersani, (1987) who discussed that religious beliefs helps with coping skills as it brings about hope to the individuals with disabilities. The respondents argued that if someone has hope that their condition will improve then they will be able to adhere to therapies and also cooperate well with the professionals. The beliefs of family members also bring about hope which makes it easy for them to enroll their children in schools or rehabilitation centres. Having hope is also linked to the help seeking behaviour of the family members.

Religion also help in the recovery process, through some practices that are used like meditation, prayer and spiritual rituals . Meditation helps children with disability to calm down when they are angry, stressed or hurt, making it easy for them to cooperate with their care givers and therapists. Similarly, Olasoji et al. (2007) also discussed that culture usually determine the treatment that will be used to heal or to minimize the disability, traditional healers and religious leaders treat children with disability through, spiritual cleansing, sacrifices to please the ancestors, herbals and prayer. The study has revealed that beliefs of the family members have an impact on the education and rehabilitation of children with disabilities because some of the respondents were of the view that religion helps their children to stabilize therefore they preferred the use of traditional treatment.

Religion can also be linked with the recovery process considering the fact that the study found out that disability is associated with the sociocultural factors, therefore the preferred treatment becomes the traditional one.

Religion is also linked with the acceptance of disability by the children with disabilities and their relatives. The support that children with disabilities get from their religious denominations help them to accept their conditionss which makes it easy for them to cooperate with their professionals. Religion also brings about hope and coping skills which enables one to accept his or her disability. The explanations why one has disability by one's religion also helps with acceptance. Similarly, being a member of a certain religious group can help one to adhere to his or her treatment because there will be support system which will help to reduce stress, sorrow and shame as one will develop a sense of belonging (Moreira-Almeida, et al. 2006).

The negative effect of religion is that it acts as a barrier to the recovery process. Recovery is an important element in the lives of children with disabilities. However, the respondents have indicated that religion tends to act as a barrier to the recovery of children with disability. The finding of this study is in line with that of Mbah-Ndam, (1998) who discussed that cultural beliefs act as a hinderance to the recovery of children with disabilities because disability is usually associated with punishment, curse or witchcraft, this in the end lead to the abondment , isolation and exclusion of children with disabilities. Religion is associated with the barrier to recovery in Botswana in the sense that as soon as the child is diagnosed with a particular disability the family members usually opt to seek help from the religious or traditional leaders, as shown by the finding of this study. The family members will be moving from one religious or traditional leader to the other leading to late professional intervention which might make it hard for the child to recover even if the disability was not severe. Based on how religions found in Botswana construct disability, children with disabilities can be excluded from getting the right educational and rehabilitation services.

The attitudes of the respondents towards disability vary according to the severity of the disability.Family members displayed both positive and negative emotional response after the diagnosis of their children. The severe the disability the higher the chances of displaying the negative attitudes. Coleridge (2000) confirms this finding by explaining that , the discrimination is also associated with the nature or the severity of the disability, as it influences the way people think about disability and their attitudes in general . The respondents argued that people with mental disability are prone to discrimination as compared to those with physical disability. Similarly, Lau & Cheung, (1999) found out that majority of the respondents in Hong-Kong discriminated people living with intellectual disabilities more as compared to other disabilities, they stated that it is better for people with intellectual disability to live in rehabilitation hostels away from the community. Mild disabilities have been associated with positive attitudes.

This study's findings is in contrast with that of Westbrook, Legge & Pennay, (1993) who explained that if the person with disability is a female or a girl the discrimination is even worse because it is believed that they do not have any value in the society. This study has revealed that the gender of the child with disability does not affect the respondents' attitudes towards that child's education and rehabilitation. Rather the respondents argued that they treat the girls with disabilities with special care as a way of protecting them from danger in their community. The girl and the boy child with disability are both allowed to benefit from the services offered to them. The respondents have argued that in Botswana the gender of the child does not matter anymore.

The study have revealed that a child with disability can change how one perceives disability. The respondents have claimed that having a close relationship with a child with disability has enabled them to change the way they perceive disability, their perceptions altered from negative to positive. Similarly, Green (2003) has discussed that most of the time the family members' attitudes towards disability changes after their child is diagnosed with a certain disability,

those who had stigmatizing attitudes towards children with disabilities before, changed their attitudes after having a child with disability because of their parenting experiences and expectations.

Family members perceive the child's disability differently, they are those who have hope that the child will be successful in future especially those who their children have mild disabilities. Those who their children have severe disability were hopeless and most of the time concerned about the child's future. Similarly, a study done in India found out that majority of the parents are more concerned about their children's future, they tend to ask themselves what will happen to their children when they are dead and what will the future of their children be like (Dhar, 2009).

CHAPTER 6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

In conclusion it can be argued that the perspectives about disability in Botswana is largely influenced by the belief system. This is because more people associate disability with the socio-cultural factors..Since early intervention is important to the children with disability, one way of promoting it Having a clear understanding on how a particular community view disability will help to come up with the best strategies to address disability issues in that particular community will be through broadening the understanding of the biomedical aspect of disability, that include the treatment interventions that are meant to help the children to recover. Disability awareness can also help to eradicate the discrimination and stigma associated with disability, reduced stigma and discrimination may contribute to increase in the recovery process as the children with disability will be able to utilise the services that cater for their needs.

6.2. Recommendations

The following are the recommendations that emerged from the results of the study. The recommendations will address the service delivery, policy and treatment and care and future research.

6.2.1. Service delivery and Personnel

- Providing public education, to educate community members about disability as a way of equipping them with knowledge so that they can

be well informed about the causes and treatment of disability. Public education will also help to raise awareness about disability in Botswana.

- Botswana should introduce cultural sensitive approaches in the services offered to children with disabilities.

- The service providers to children with disabilities such as special education teachers, psychologists and psychiatrists should come up with possible strategies to review the services they offer as a way of preventing relapse.

- The religious leaders and traditional leaders should collaborate with disability professionals in order to find ways on how they can help children with disabilities.

- More rehabilitation centres should be built in Francistown that caters for children with different disabilities.

- The government of Botswana should ensure that the environment is disability friendly especially in terms of buildings and transport.

6.2.2. Policy

- The national policy on the care of people with disabilities in Botswana should be re-evaluated to find out if it has met its mandate.

- Special education and inclusive education programmes should be reviewed.

6.2.3 Treatment and Care

- Psychosocial support and counselling should be offered to the children with disabilities and their family members as they usually feel hopeless and helpless.

- There is need for professionals to work closely with family members of children with disabilities.

- Home based rehabilitations should be promoted to cater for children who have relapsed.

Future reseacher

- More national studies to be carried out about the cultural perspectives on disability in Botswana and how the cultural aspect can be integrated in to the services offered to children with disabilities.

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APPENDIXES

Appendix 1: Study plan

DATE	ACTIVITIES
May 2016	Writing of the Proposal
June 2016	Submitting the proposal
September-November 2016	Literature review
December 2016	Writing the interview questions
January – February 2017	1. Requesting permission from the ministry of local government in Botswana. 2. Data collection
March- June 2017	1.Writing of findings 2.Discussions of results 3.Drawing conclusions 4.Recommendations
July2017	Presentation and submission of the thesis

Appendix 2: Interview guides

INTERVIEW GUIDE FOR FAMILY MEMBERS

My name is Galegatwe Mosiiwa, I am currently doing Master's in Interdisciplinary Disability Studies in Trakya University, in Turkey. This study aims to discuss disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. The information you share will be treated with high confidentiality. Your participation will be highly appreciated. Thank you in advance.

Social demography

1. Gender
2. Age
3. Occupation
4. What is the highest level of education you attained?
5. How are you related to the child
6. How many children do you have
7. Marriage status
8. Religion

DISABILITY AND THE CULTURAL PERSPECTIVES OF THE FAMILY MEMBERS

Research question 1: How is disability constructed in Botswana?

1. What does disability mean?
2. What is your understanding on the causes of disability?
3. How did you find out that the child had disability?
4. What do you believe could have caused the disability of the child?
5. Whom did you talk to after the diagnosis?

5a. how did that person react?

6. After realizing that the child had disability where did you seek help from?
7. Can a person with disability be rehabilitated? Explain your answer
8. What type of treatment do you prefer to be used by your child?

Research question 2: Does language influence the attitudes of family members, neighbours and religious leaders towards children with disability?

1. Which word is used to refer to disability in Botswana?
2. Which word is used to refer to people with disability in Botswana?
3. Are there proverbs or expressions about disability in your language?
4. Does your language have an impact on the education and rehabilitation of your child with disability?
5. How does your language influence your attitudes towards your child with disability?

Research question 3: How does the religions found in Botswana view disability?

1. How does your religion define disability?
2. What does you religion do to promote the education and rehabilitation of children with disability?
3. What are some of the major teachings about disability in your religion?

Research question 4: What are the effects of religion on the education and rehabilitation of children with disability?

1. What are the effects of religion on the education and rehabilitation of children with disabilities?
2. How does your cultural perspectives or beliefs impact the education and rehabilitation of your child?

3. How did your child's disability impact your religious beliefs?

Research question 5: Does the attitudes and beliefs of family members, neighbours and religious leaders differ according to the severity of the disability?

1. Which disability does your child have?
2. How did you feel after you learnt that your child has disability?
3. What do you think about your child's disability?
4. Would you have the same perception if he or she had a different disability? Explain your answer.

Research question 6: Does the family members, neighbours and religious leaders' perspectives regarding the education and rehabilitation of children with disability differ according to the child's gender?

1. What is the gender of your child?
2. Does the gender of the child influence your attitudes toward his or her education and rehabilitation? Explain your answer

Research question 7: How did a child with disability impact the family members and the neighbour's perceptions about disability?

1. How did you perceive people with disabilities before your child with disabilities was born?
2. How do you perceive them now?
3. How is your relationship with your child who is living with disabilities and other children?

Research question 8: What are the family member's perceptions about the child's disability?

1. Which type of school is your child attending?

2. Which rehabilitation centre is your child using?
3. What are your daily concerns regarding your child with disability?
4. What do you wish for your child who is living with disability?
5. How do you see the future of your child?
6. What are you doing in preparation for your child's future?

Thank you for your participation, if you feel like you still have something to share with me we can make an appointment and meet again.

INTERVIEW GUIDE FOR NEIGHBOURS

My name is Galegatwe Mosiiwa, I am currently doing Master's in Interdisciplinary Disability Studies in Trakya University, in Turkey. This study aims to discuss disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. The information you share will be treated with high confidentiality. Your participation will be highly appreciated. Thank you in advance.

Social demography

1. Gender
2. Age
3. Occupation
4. What is your highest level of study?
5. Marriage status
6. Religion

DISABILITY AND THE CULTURAL PERSPECTIVES OF NEIGHBOURS

Research question 1: How is disability constructed in Botswana?

1. What does disability mean?
2. What is your understanding on the causes of disability?
3. Do you have any relative who is living with a disability?
4. When did you find out that you neighbour has a child with disabilities?
5. How did you react after finding out that your neighbour has a child with disabilities?
6. Can a person with disability be rehabilitated? Explain your answer

7. What type of treatment do you recommend for children with disability?

Research question 2: Does language influence the attitudes of family members, neighbours and religious leaders towards children with disability?

1. Which word is used to refer to disability in Botswana?
2. Which word is used to refer to people with disability in Botswana?
3. Are there proverbs or expressions about disability in your language?
4. Does your language have an impact on the education and rehabilitation of children with disability?
5. How does your language influence your attitudes towards children with disability?

Research question 3: How does the religions found in Botswana view disability?

4. How does your religion define disability?
5. What does you religion do to promote the education and rehabilitation of children with disability?
6. What are some of the major teachings about disability in your religion?

Research question 4: What are the effects of religion on the education and rehabilitation of children with disability?

1. What are the effects of religion on the education and rehabilitation of children with disabilities?
2. How does your cultural perspectives or beliefs impact the education and rehabilitation of children with disability?
3. How did your neighbour's child with disability impact your religious beliefs?

Research question 5: Does the attitudes and beliefs of family members, neighbours and religious leaders differ according to the severity of the disability?

1. How did you react after you learnt that your neighbour's child has disability?
2. What do you think about the disability of your neighbour's child?
3. Would you have the same perception if he or she had a different disability? Explain your answer.

Research question 6: Does the family members, neighbours and religious leaders' perspectives regarding the education and rehabilitation of children with disability differ according to the child's gender?

1. Does the gender of the child influence your attitudes toward his or her education and rehabilitation? Explain your answer

Research question 7: How did a child with disability impact the family members and the neighbour's perceptions about disability?

1. How did you perceive children with disabilities before you had a neighbour with disability?
2. How do you perceive them now?
3. How do you relate to your neighbour who has a child with disability?
4. What role do you play in the lives of your neighbours with a child living with disability?
5. How often do you interact with your neighbour who has a child with disabilities?
6. What will you do if you see your neighbour's child with disability on the streets?

Thank you for your participation, if you feel like you still have something to share with me we can make an appointment and meet again.

INTERVIEW GUIDE FOR RELIGIOUS LEADERS

My name is Galegatwe Mosiiwa, I am currently doing Master's in Interdisciplinary Disability Studies in Trakya University, in Turkey. This study aims to discuss disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities. The information you share will be treated with high confidentiality. Your participation will be highly appreciated. Thank you in advance.

Social demography

1. Gender
2. Age
3. Religion
4. What is your highest level of education?
5. Marriage status

DISABILITY AND THE CULTURAL PERSPECTIVES OF RELIGIOUS LEADER

Research question 1: How is disability constructed in Botswana?

1. What does disability mean?
2. What is your understanding on the causes of disability?
3. Do you have a relative who has disability?
4. Can a person with disability be rehabilitated? Explain your answer
5. What type of treatment do you recommend for children with disability?

Research question 2: Does language influence the attitudes of family members, neighbours and religious leaders towards children with disability?

1. Which word is used to refer to disability in Botswana?

2. Which word is used to refer to people living with disability in Botswana?

3. Are there proverbs or expressions about disability in your language?

4. Does your language have an impact on the education and rehabilitation of children with disability?

5. How does your language influence your attitudes towards children with disability?

Research question 3: How does the religions found in Botswana view disability?

1. How does your religion define disability?

2. What does you religion do to promote the education and rehabilitation of children with disability?

3. What are some of the major teachings about disability in your religion?

Research question 4: What are the effects of religion on the education and rehabilitation of children with disability?

1. What are the effects of religion on the education and rehabilitation of children with disabilities?

2. How does your religious beliefs impact the education and rehabilitation of children with disability?

3. What role do you play in the lives of children with disability?

4. Have you helped someone with disability before?

4a. If yes, what kind of help did you offer?

Research question 5: Does the attitudes and beliefs of family members, neighbours and religious leaders differ according to the severity of the disability?

1. What do you think about different types of disabilities?

2. Are your perceptions the same across all types of disabilities? Explain your answer.

Research question 6: Does the family members, neighbours and religious leaders' perspectives regarding the education and rehabilitation of children with disability differ according to the child's gender?

1. Does the gender of the child influence your attitudes toward his or her education and rehabilitation? Explain your answer

Thank you for your participation, if you feel like you still have something to share with me we can make an appointment and meet again.

Appendix 3: Consent form

Organization: University Research
Sponsoring Organization: Self Sponsored

Project: Disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities.

Note: Participants will be given a copy of informed consent information sheet and certificate of consent.

SECTION 1: Information Sheet

This information sheet is designed to provide you with information on the cultural perspectives and disability in Francistown, that you have been invited to take part in as a respondent.

Purpose: The study aims to discuss disability and the cultural perspectives of family members, neighbours and religious leaders and its effects towards the education and rehabilitation of children with disabilities.

Type of Research

The information will be obtained through the use of a face to face interview which will be administered to people in their homes. The researcher will read the interview questions and record the answers. The interview will include questions on cultural perspectives and disability.

Voluntary Participation

You are free not to participate in this interview if you are not willing to do so. You may also choose to stop at any time when answering the interview questions. Participation is completely voluntary; if you agree to participate you will be asked to sign a copy of the certificate of consent form (See section 2 below). No consequences will occur whether you participate or not.

Confidentiality

The information you provide will not be shared with anyone as the answers recorded will be kept in a place where no one else can access them. You will not be required to identify yourself when answering the interview questions which also promotes confidentiality.

Sharing of Research Findings

The findings of this research will be given to the Ministry of local government and it will also be kept at the Department of Interdisciplinary Disability Studies in Trakya University.

Who to contact

If you have questions you wish to ask now or later you may contact me at +267 75056511 / +90 5459518075 or my supervisor Professor. Dr. Yeşim FAZLIOĞLU at + 90 5424926560.

SECTION 2: CERTIFICATE OF CONSENT

Location_____

I understand the purpose and procedures of this study. I understand that I will be asked questions about my cultural perspectives and disability, my understanding of disability and my attitudes towards people with disabilities, I also understand that all the information I provide in this study will be confidential. I have had the opportunity to ask questions and any questions I had were answered to my satisfaction.

I am voluntarily participating in this study and I understand that I can withdraw from the study at any time without any negative consequences.

Signature_____

Date_____

Time_____

LENANEO LA POTSOLOTSO

Leina lame ke Galegatwe Mosiiwa, ke moituti wa dithuto tsa ba na le bogole ko sekolo sa Trakya kwa Turkey. Ke dira dipatlisiso ka bogole le ka fa ngwao ya masika a ba na le bogole, baagisanyi le baeteledi pele ba ditumelo ba lemogang ka teng bogole ga mmogo le seabe sa dikakanyo tsa ngwao ya bone mo dithutong le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla bo di itebagantse le ka fa masika a bana le bogole,baagisanyi le baeteledi pele ba ditumelo ba tlhaloganyang ka teng bogole, seabe sa ngwao ya bone mo dithutong le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla thusa babereki b aba berekang le ba na le bogole go kanoka ka fa ditlamelo tse di neelwang ba na le bogole di ka tlhabololwang ka teng. Go tsaya karolo gag ago mo dipatlisiso tse go a

lebosega fela thata.

TSA BOTSHELO

1. Bong: Mme / Rre
2. Dingwaga:
3. Dithutlego:
4. Tsa itshetso:
5. O na le bana ba le kae?
6. Bong jwa ngwana wa mo na le bogole: Mosetsana/ Mosimane
7. Tsa nyalo:
8. O wa tumelo e fe:
9. Morafe:
10. A o na le masika a gago mo lefelo le le lengwe?

Bogole le ka fa masika ba bo tlhaloganyang ka teng go ya ka ngwao ya bone

Potso 1: Bogole bo bopiwa jang

1. Bogole ke eng?
2. O tlhaloganya modi wa bogole e le eng?
3. O lemogile jang gore ngwana o na le bogole?
4. O akanya gore bogole jwa ngwana wag ago bo ka tswa bo bakilwe ke eng?
5. O ile wa bua le mang morago ga tlhatlhobo ya ngwana wa gago?
   (5a) Motho wa teng o ile a tsiboga jang?
6. O ile wa kopa thuso kae?
7. A monalebogole wa sidilega? Tlhalosa karabo ya gago
8. O bona ngwana wa gago a ka tswelwa mosula ke mofuta ofe wa kalafi?

Potso 2: A puo e rotloetsa megopolo ya balosika, baagisanyi, baeteledipele ba tumedi fa go tla mo bana ba banalebogole?

1. Batho ba ba nang le bogole ba bitswa jang ka puo ya gago?

2. Motho yo o nang le bogole o bitswa jang?
3. Ke dife diane kana karolo ya puo e e buang ka bogole?
4. A puo e a le seabe mo dithutong le tshiidilo ya ngwana wag ago?
5. Puo ya gago e rotloetsa jang mekgwa ya gago mo ngwaneng wag ago?

Potso 3: Ditumedi tse di fitlhelwang mo Botswana di bona jang bogole?

1. Tumelo ya gago e tlhalosa bogole jang?
2. Tumelo ya gago e dira eng go rotloetsa dithuto le tshidilo tsa bana ba banalebogole?
3. Ke dife dithuto tse di buang ka bogole mo tumedi ya gago?

Potso 4: Seabe sa tumelo ke eng mo Tshidilong le dithuto tsa bana ba banalebogole?

1. Tumelo e ama jang dithuto le tshidilo tsa bana ba banalebogole?
2. Tumelo ya gago e ama jang dithuto tsa ngwana wa gago?
3. Bogole jwa ngwana wag ago bo amile jang tumelo ya gago?

Potso 5: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e farologana go ya ka sekalo sa bogole?

1. Ngwana wa gago o na le mofuta ofe wa bogole?
2. O ile wa ikutlwa jang fa o sena go lemoga gore ngwana wag ago o na le bogole?
3. O akanya eng ka bogole jwa ngwana wa gago fa o bo tshwantshanya le bogole jo bongwe?
4. Fa ngwana wag ago a ka bo a na le mofuta o sele wa bogole a dikakanyo tsa gago di ka bo di tshwana. Tlhalosa karabo ya gago?

Potso 6: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e amiwa ke bong jwa ngwana yo nang le bogole.

1. Bong jwa ngwana wa gago?

2. A bong jwa ngwana wag ago bo rotloetsa megopolo ya gago fa go tla mo dithuto le tshidilo ya ngwana wa gago? Tlhalosa karabo ya gago

Potso 7: Bogole jwa ngwana bo rotloetsa jang ka fa balosika le baagisanyi ba bonang ka teng bogole?

1. Pele o na le ngwana wa mon a le bogole, o ne o bona batho b aba nang le bogole jang?
2. Gompieno o ba bona jang?
3. O dirisana jang le ngwana wag ago yo nang le bogole le bana ba bangwe?

Potso 8: Balosika ba bona jang bogole?

1. Ngwana wa gago o tsena sekolo se fe?
2. Ngwana wa gago o dirisa lekalana le fe la tshidilo?
3. Matshwenyego a gago a tsatsi le tsatsi ke eng ka ngwana wa gago?
4. O eletsa eng ngwana wa gago yo nang le bogole?
5. O bona jang bokamoso jwa ngwana wa gago ?
6. O dira eng go bankanyetsa bokamosojwa ngwana wa gago?

Ke lebogela nako e o e tsereng go araba potsolotso e, le ka moso Motswana w

LENANEO LA POTSOLOTSO

Leina lame ke Galegatwe Mosiiwa, ke moituti wa dithuto tsa ba na le bogole ko sekolo sa Trakya kwa Turkey. Ke dira dipatlisiso ka bogole le ka fa ngwao ya masika a ba na le bogole, baagisanyi le baeteledi pele ba ditumelo ba lemogang ka teng bogole ga mmogo le seabe sa dikakanyo tsa ngwao ya bone mo dithutong le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla bo di itebagantse le ka fa masika a bana le bogole,baagisanyi le baeteledi pele ba ditumelo ba tlhaloganyang ka teng bogole, seabe sa ngwao ya bone mo dithutong le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla thusa babereki b aba berekang

le ba na le bogole go kanoka ka fa ditlamelo tse di neelwang ba na le bogole di ka tlhabololwang ka teng. Go tsaya karolo gag ago mo dipatlisiso tse go a lebosega fela thata.

TSA BOTSHELO

1. Bong: Mme / Rre
2. Dingwaga:
3. Dithutlego:
4. Tsa itshetso:
5. Tsa nyalo:
6. O wa tumelo e fe:
7. Morafe:

B***ogole le ka fa baagsanyi b abo tlhaloganyang ka teng go ya ka ngwao ya bone***

Potso 1: Bogole bo bopiwa jang

1. Bogole ke eng?
2. O tlhaloganya modi wa bogole e le eng?
3. O na le losika la monalebogole?
4. O lemogile leng gore moagisanyi wag ago o na le ngwana wa monalebogole
5. Morago ga go lemoga gore ngwana wa moagisanyi wa gago o na le bogole, o ile wa tsiboga jang?
6. A monalebogole wa sidilega? Tlhalosa karabo ya gago
7. O bona e le efe kalafi e e ka tswelwang banalebogole mosola?

Potso 2: A puo e rotloetsa megopolo ya balosika, baagisanyi, baeteledipele ba tumedi fa go tla mo bana ba banalebogole?

1. Batho ba ba nang le bogole ba bitswa jang ka puo ya gago?
2. Motho yo o nang le bogole o bitswa jang?
3. Ke dife diane kana karolo ya puo e e buang ka bogole?

4. A puo e a le seabe mo dithutong le tshidilo ya ngwana wa monalebogole?
5. Puo ya gago e rotloetsa jang mekgwa ya gago mo bana le bogoleng?

Potso 3: Ditumedi tse di fitlhelwang mo Botswana di bona jang bogole?

1. Tumelo ya gago e tlhalosa bogole jang?
2. Tumelo ya gago e dira eng go rotloetsa dithuto le tshidilo tsa bana ba banalebogole?
3. Ke dife dithuto tse di buang ka bogole mo tumedi ya gago?

Potso 4: Seabe sa tumelo ke eng mo Tshidilong le dithuto tsa bana ba banalebogole?

1. Tumelo e ama jang dithuto le tshidilo tsa bana ba banalebogole?
2. Tumelo ya gago e ama jang dithuto tsa ngwana wa gago?
3. Bogole jwa ngwana wa moagisanyi wa gago amile jang tumelo ya gago?

Potso 5: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e farologana go ya ka sekalo sa bogole?

1. O ile wa ikutlwa jang fa o sena go lemoga gore ngwana wa moagisanyi wa ga go o na le bogole?
2. O akanya eng ka bogole jwa ngwana wa moagisanyi wa gago fa o bo tshwantshanya le bogole jo bongwe?
3. Fa ngwana a ka bo a na le mofuta o sele wa bogole a dikakanyo tsa gago di ka bo di tshwana. Tlhalosa karabo ya gago?

Potso 6: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e amiwa ke bong jwa ngwana yo nang le bogole.

1. A bong jwa ngwana wag ago bo rotloetsa megopolo ya gago fa go tla mo dithuto le tshidilo ya ngwana wa gago? Tlhalosa karabo ya gago

Potso 7: Bogole jwa ngwana bo rotloetsa jang ka fa balosika le baagisanyi ba bonang ka teng bogole?

1. Pele o na moagisanyi yo nang le bogole o ne o bona batho ba ba nang le bogole jang?
2. Gompieno o ba bona jang?
3. O dirisana jang dirisana jang le moagisanyi wa gago?
4. Seabe sa gago ke eng mo matshelong a bana ba banalebogole?
5. O amana makgetho a le kae le moagisanyi wa gago?
6. O tla dira eng fa o ka kopana le ngwana wa moagisanyi wa ga go wa monalebogole mo mokgwatheng?

Ke lebogela nako e o e tsereng go araba potsolotso e, le ka moso Motswana wetsho!

LENANEO LA POTSOLOTSO

Leina lame ke Galegatwe Mosiiwa, ke moituti wa dithuto tsa ba na le bogole ko sekolo sa Trakya kwa Turkey. Ke dira dipatlisiso ka bogole le ka fa ngwao ya masika a ba na le bogole, baagisanyi le baeteledi pele ba ditumelo ba lemogang ka teng bogole ga mmogo le seabe sa dikakanyo tsa ngwao ya bone mo dithutong

le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla bo di itebagantse le ka fa masika a bana le bogole,baagisanyi le baeteledi pele ba ditumelo ba tlhaloganyang ka teng bogole, seabe sa ngwao ya bone mo dithutong le tshidilo ya bana ba ba nang le bogole. Dipatlisiso tse di tla thusa babereki b aba berekang le ba na le bogole go kanoka ka fa ditlamelo tse di neelwang ba na le bogole di ka tlhabololwang ka teng. Go tsaya karolo gag ago mo dipatlisiso tse go a lebosega fela thata.

TSA BOTSHELO

1. Bong: Mme / Rre
2. Dingwaga:
3. Dithutlego:
4. Tsa itshetso:
5. Tsa nyalo:
6. O wa tumelo e fe:
7. Morafe:

B***ogole le tumelo ya baeteledi pele ba tumedi***

Potso 1: Bogole bo bopiwa jang

1. Bogole ke eng?
2. O tlhaloganya modi wa bogole e le eng?
3. O na le losika la monalebogole?
4. A monalebogole wa sidilega? Tlhalosa karabo ya gago
5. O bona e le efe kalafi e e ka tswelwang banalebogole mosola?

Potso 2: A puo e rotloetsa megopolo ya balosika, baagisanyi, baeteledipele ba tumedi fa go tla mo bana ba banalebogole?

1. Batho ba ba nang le bogole ba bitswa jang ka puo ya gago?
2. Motho yo o nang le bogole o bitswa jang?
3. Ke dife diane kana karolo ya puo e e buang ka bogole?

4. A puo e a le seabe mo dithutong le tshidilo ya ngwana wa monalebogole?
5. Puo ya gago e rotloetsa jang mekgwa ya gago mo bana le bogoleng?

Potso 3: Ditumedi tse di fitlhelwang mo Botswana di bona jang bogole?

1. Tumelo ya gago e tlhalosa bogole jang?
2. Tumelo ya gago e dira eng go rotloetsa dithuto le tshidilo tsa bana ba banalebogole?
3. Ke dife dithuto tse di buang ka bogole mo tumedi ya gago?

Potso 4: Seabe sa tumelo ke eng mo Tshidilong le dithuto tsa bana ba banalebogole?

1. Tumelo e ama jang dithuto le tshidilo tsa bana ba banalebogole?
2. Tumelo ya gago e ama jang dithuto tsa ngwana wa gago?
3. Seabe sag ago ke eng mo matshelo a bana ba banalebogole?
4. O kile wa thusa monalebogole (4a) ka thuso ya eng?
5. Lekalana la gago le tumedi le dira eng go thusa?

Potso 5: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e farologana go ya ka sekalo sa bogole?

1. O akanya eng ka mefuta e farologanyieng ya bogole?
2. A dikakanyo tsa gago dia tshwana go ya ka mefuta ya bogole? Tlhalosa karabo ya gago

Potso 6: A megopolo ya balosika, baagisanyi le baeteledi ba tumedi e amiwa ke bong jwa ngwana yo nang le bogole.

1. A bong jwa ngwana wag ago bo rotloetsa megopolo ya gago fa go tla mo bana le bogoleng?

Ke lebogela nako e o e tsereng go araba potsolotso e, le ka moso Motswana wetsho!