Students’ perception of disabilities in the University of Buea

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Abstracts
This qualitative research focused on the University of Buea students’ perception about disabilities. Five students from University of Buea-Cameroon were selected and their understanding about disabilities evaluated in light of their approach to an inclusive society. Data was collected from 5 students using semi-structured interviews. The analysis classified students’ perception into three themes namely: students’ understanding of the meaning of a person with a disability; the students’ understanding of the different types of disabilities and; students’ relationship with persons with disabilities. The analyses of the themes were done in light of relevant theoretical concepts. The findings indicated that, students of the University of Buea-Cameroon have an understanding of what is meant by persons with disabilities according to the medical model (i.e., in which the person is believed to be the problem) and not the social model which considers the environment as the disabling factor for example attitude and the physical barriers. Recommendations were provided highlighting the deeper meaning as provided by the social model so as to improve the students’ understanding of disability and its concepts to influence their change to a more positive attitude towards persons with disabilities. The recommendation from the findings would go a long way towards improving the image and perception of persons with disabilities in the community of University of Buea-Cameroon generally.

Key words: Perception, persons with disabilities, inclusion, models of disability.

Introduction
The study explored the perception of students of the University of Buea-Cameroon towards persons with disabilities. Although attitude has improved in recent years, negative attitudes like greater social distance as well as social rejection still exist and act as barrier to participation and success in vocational, education and other social contexts. Research has also shown evidence
that people have different perceptions towards persons with disabilities. Marshall, Kendall, Banks and Gover (2009) argue that, being different from other people has led to perception of negative feelings and discrimination towards persons with disabilities. It is unfortunate that to-date, factors influencing the perception of persons with disabilities as being different still originate from the superstition of early man and are centuries old. This perception has been rooted in the economic, cultural and social contexts which has persisted and transferred-on from generation to generation (Bryan, 2010). Kitchen (2007) views negative social attitudes and pity as invisible barriers that prevent persons with disabilities from being included in society. There still exists community’s persistent assumption that persons with disabilities’ expectations and performance should be lower. That is the reason why community is sometimes surprised when they find that persons with disabilities can perform. The study therefore, explored the perception of students of the University of Buea-Cameroon towards persons with disabilities by responding to the following research questions:

1. What is the students’ understanding of the meaning of persons with disabilities?
2. What is the students’ understanding of the different types of disabilities?
3. How do students in the University of Buea - Cameroon relate with persons with disabilities?

Block (2002) provides different perceptions by society regarding persons with disabilities, some of which exist to date as follows: sub-human organism according to beliefs of the nineteenth and twentieth century; menace to society implying a danger that can harm others; object of pity in need of charity; sick i.e., their disability is regarded as illness. It is upon this perception of sickness that the medical model evolved because it emphasizes cure, treatment and diagnosis. It should be noted that, while disability can be a result of sickness, most persons with disabilities are not sick. Other perceptions include the following: a burden to society by draining resources without contributions; object of ridicule, a form of joke for amusing others; the least of God’s people who should be poor and oppressed; eternal child by being infantilized i.e., treating an adult like a child; a bizarre and grotesque i.e., viewed as freak or frightening sight. Similarly, Smith (2007) suggests that, Christian charities perceive persons with disabilities as defenseless people whom the Christian community has to take social responsibility of helping. This charity perception coupled with a feeling of pity confirms the religious beliefs as correct and ethical, resulting into negative perception towards persons with disabilities as cared for or helped because they believe that, they cannot do anything for themselves. Marshall, et al (2009) argue that many Muslim communities consider persons with disabilities as a case of shame, pity and a result of evil spirits or curses.

The conventional view of disability focuses on impairment as inability to hear, see or walk when compared with what is regarded to be normal (Shakespeare, 2013). Disability can be defined as the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers (Disabled Peoples’ International, 1982 cited in Shakespeare, 2006). Some models have been developed to represent society’s perception of disability. The models are:
Individual models - whereby the person is believed to be the problem, so the person must change (Disabled Peoples’ International, 1982; cited in Shakespeare, 2006). For example, as far as the individual model is concerned, the wrong deficit approach to normalcy in regard to communication and mobility is reinforced if the facilities are not appropriate to the user. This implies that, it is human created obstacles that hinders the participation of persons with disabilities and justifies the claim that people are disabled by the society not their bodies.

Social models – society has the problem, so society must change (Disabled Peoples’ International, 1982; cited in Shakespeare, 2006). The anti-discrimination legislations like The UN (2006) Convention on the Rights of Persons with Disabilities support the social model. Disability is an evolving concept and results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders full and effective participation in society on an equal basis with others (UN, 2006).

MacLachlan and Swartz (2009) study in Namibia, Zimbabwe, Malawi and Zambia categorized impairments into the following: physical, sensory (visual and hearing), psychological, communication and others. Part 2 section A of The Disability Discrimination Act (2006) of UK provides that disability can arise from a wide range of impairments as follows:

- Sensory impairments such as those affecting hearing or sight.
- Impairments with fluctuating or recurring effects such as arthritis, myelgic encephalitis (ME)/Chronic fatigue syndrome (CFS), fibromyalgia, depression and epilepsy.
- Progressive, such as motor neurone disease, muscular dystrophy, forms of dementia and lupus (SLE).
- Organ specific, including respiratory conditions such as asthma, and cardiovascular diseases, including thrombosis, stroke and heart disease.
- Developmental autistic spectrum disorders such as (ASD), dyslexia and dyspraxia.
- Learning difficulties.
- Mental health conditions and mental illness such as depression, schizophrenia, eating disorders, bipolar effective disorders, obsessive compulsive disorders, as well as personality disorders and some self-harming behaviour.
- Disability produced by injury to the body or brain.

The meaning of a person with a disability
The study revealed that, all the 5 students interviewed had some previous contacts with persons with disabilities either as friends or classmates, but their understanding of disability was according to individual or medical model. This was exemplified by their definitions of disability for example “cripple”, “physically deformed”, “dumbness”. The students’ expression of words like cannot see, walk, talk, lack body parts, some body parts not active but other parts active, physically deformed, accidental, correspond with the medical model expressions which Albrecht, Seelman and Bury (2001) considered to be labels traditionally linked to negative attitudes towards persons with disabilities. The UN (2006) Convention on the Rights of Persons with Disabilities provides the conventional terminology as follows:

- YES: ‘persons with disabilities’.
Henderson and Bryan (2011) provide four factors regarding perception or attitude as follows: attitudes once learned are reinforced; learned from other people of low or high prestige for a particular individual; learned from other people; and attitudes are learned. The first factor indicates that, attitudes are difficult to change, while the last three are influenced or motivated by society. Accordingly, the attitudes towards persons with disabilities are adapted from any of the four factors and lead to the development of anti-disability attitudes and prejudices for example; children might be told by their parents not to play or associate with peers who have a disability which will shape them to discriminate persons with disabilities.

**Different types of disabilities**
The study found out that, students’ responses regarding their understanding of persons with disabilities was that, they were aware of people with visual, physical and hearing impairment. For example, their responses included the following:
- Visual impairment (short / long eye sight, no sense of seeing).
- Hearing difficulty (deaf, no sense of hearing, dumbness).
- Physical (no sense of feeling, cripple, no hand, no limb, no leg, hand not functioning, unable to stand on feet).
- Others (Albino, no sense of smell).

The above responses indicated that, the students’ understanding was a medical categorization of impairments and labeling based on functional limitations but not based on equality and equity (Loreman, Deppeler and Harvey, 2005). Further, since the students did not mention other forms of impairments implies that, they didn’t have understanding of other impairments like learning, emotional or other form of impairments. The research findings also indicated that, students of the University of Buea had an understanding of ‘some’ categories of different types of disabilities as short or long eye sight, no sense of seeing, (for visual impairment) deaf, no sense of hearing, dumbness (for hearing impairment), handicapped, no sense of feeling, cripple, disabled, no hand, no limb, no leg, hand not functioning, unable to stand on feet (for physical impairment). Swain, French and Barnes (2004) argue that the use of words like ‘cripple’ or ‘handicapped’ or ‘disabled’ are not different from the language used in the past or currently by some journalists and broadcasters.

The research findings also indicated that, apart from visual, hearing and physical impairments, the students did not know other forms of impairments like Learning difficulties, Developmental autistic spectrum disorders such as (ASD), dyslexia and dyspraxia as stipulated for example by the (The Disability Discrimination Act, 2006). Although the international and national legislations have changed the language, there is still little understanding concerning the politicization of disability because the word has changed but not the politics of it.

**Relating with persons with disabilities**
The study revealed that, the relationship with peers was generally good due to support from persons with disabilities in terms of academic discussions for which other students responded with facilitation of wheelchair pushing, financial and medical support. Social relationship is
vital for every person. Unfortunately for persons with disabilities, social relationship might be limited to family members, paid staff members or other persons with disabilities (Odom, Horner and Snell, 2009). This might partly be caused by the labeling of persons with disabilities. Shackelford and Calibre (2011) argue that, labels imposed on persons with disabilities can be harmful to their lives which affect and discourage the socialization, thereby keeping them away from society. In addition, Bryan (2010) suggests that, much of the belief regarding persons with disabilities is inherited from past generations due to lack of relationship and direct contact with society in terms of socialization.

The study also found out that, persons with disabilities had limitations as the interviewee said:

“He used to do many things but disability limited him and he sometimes just observed!”

“He was sick and didn’t have money for hospital so I helped to pay for him”.

“Difficulty in communication due to stuttering and lack of knowledge of sign language”.

This indicates existing barriers and lack of facilitation for persons with disabilities to access appropriate services. Due to the limitations, sometimes persons with disabilities are frustrated by the environment as remarked by one of the participant who said that one of the friends who had visual impairment used to lament as follows:

“I wish I could see!”

This implies self-pity. Bryan (2006) suggests that sometimes interpretation of a limitation will face difficulties coping with attitudes and perceptions when associating with people who might not be familiar with the person’s limitations because they are not empathetic as members of your family. However one of the interviewee said, “we are the same”, while another participants said:

“Everyone including me (interviewee), have weaknesses and strength so need to put effort on the strength.” “Another participant said that, he had academic discussions with persons with disabilities.”

This implies that persons with disabilities have the abilities and potential to participate or perform like other people. Another participant exclaimed that:

“The person with disability behaved normally as if he had no disability!”

In many times, the community is surprised when they find that persons with disabilities can perform. This indicates the social disadvantage faced by people with special needs Moore (2002) as a result of community’s persistent assumption that persons with disabilities’ expectations and performance should be lower. The research findings also indicated that, students of the University of Buea-Cameroon related or interacted to a certain extent with people with disabilities for example:
“Supported the person with disability financially, pushing and providing medical help”.

This indicates lack of access to services due to financial constraints. The social perception challenges in developing world like Cameroon and Uganda are hindrances by physical infrastructures as well as lack of other services like health services as the care for persons with disabilities falls on the family’s shoulders which they are incapable of accommodating (Marshall, et al, 2009). Therefore, in developing countries, unless persons with disabilities come from wealthy families, they are unable to access expensive support systems like personal support workers, talking computers, wheelchairs, Braille materials etc until provided by Non-governmental organizations. Although this support can be appreciated, its challenge lies in being provided by faith based organizations which are embedded in medical models that do not consider the cultural contexts of disability in a particular country.

Methodology
Type of Research
The methodology used was qualitative because it was exploratory and inductive. The qualitative research centered on interpretations about what was happening in specific setting. This qualitative research used interview method for collecting data. Semi-structured interviews were carried out. The responses were open. Face to face administration and notes were written down by the interviewers. The questions were organized according to objectives.

Sampling method
The selection of the sample was according to convenience sampling, Fraenkel and Wallen (2000) whereby any person who fitted the definition (student of Buea university-Cameroon) was interviewed.

Participants
Students of the University of Buea-Cameroon were chosen as participants and information collected from them. 5 students of the University of Buea were interviewed i.e., each of the five members of the group research interviewed only one student.

Methods of collecting data
Interviews
The face to face semi-structured interview method used for collecting data was appropriate for this qualitative research because, it enabled in-depth exploration and obtaining of details through emotions, feelings, opinions, and experiences of the participants, while avoiding idea pre-conception as an interviewer.

Analysis of data
After carrying out the interviews, transcription was done. All the interview guides were assembled, read over, information raised and coded. The coded information was analyzed for key themes and results. Interpretations were then given on these results.
Conclusions
The research found out that disability was literally understood by students of Buea University-Cameroon. The students’ understanding of disability was limited to the medical model. Yet international and national laws are currently advocating for the social model. The social model emphasizes change of perception or attitude so that persons with disabilities are treated as full normal members of society. The social model further confirms that, disability is found in society therefore persons with disabilities are ordinary citizens within the normal range of physical and social variation with rights to be treated as normal and be provided with all the services and facilities designed in a way that incorporates their variation (Moore, 2002). The study also revealed that lack of students’ continuous contact with persons with disabilities like friend, close relative or other, made it very difficult to change the misconception that governed the belief system concerning persons with disabilities. It is this belief system that placed a barrier between persons with disabilities and other people thereby preventing persons with disabilities’ inclusion in society. It was also the students’ lack of experience in associating with persons with disabilities that lead to the confirmation of superstitious and archaic perceptions. The research also found out that in addition to attitudinal barriers, persons with disabilities faced structural limitations through society’s failure to provide appropriate facilities like physical accessible environments which rendered them to further social disadvantage. Burke and Parker (2006) regard social disadvantage as being attributed, confirmed and transmitted to disability leading to stigmatization as a result of exclusion through situational, structural and social factors that construct attitudinal and physical barriers towards persons with disabilities.

Recommendations
The study revealed that students of the University of Buea-Cameroon had literal understanding of disability. Due to this literal understanding of disability, there is need for sensitization of students as well as the general community to understand deeper meaning as provided for by the social model. As far as social interaction is concerned, persons with disabilities need to be shown love, concern and interest because they feel rejected. However, Marini, Glover-Graf and Millington (2011) argue that, the first contact of persons with disabilities and other people should disclose the cause of their disabilities in a non emotional way to put the other person at ease during interaction. Factors that facilitate positive attitude towards persons with disabilities by students and other members of the community include: contact to accomplish an activity or goal, reward, choice, pleasurable, intimate, social climate for achieving a desired goal and perceived equal status for example occupation and education. Such contacts help to promote positive attitudes (Dhawan, 2005).

If one has dismay, pity or negative attitude towards persons with disabilities, any honorable intentions to assist will be useless. This unspoken attitude can be visible in terms of non-verbal communications, actions and body language. There is need to teach positive attitude to peers of persons with disabilities in schools and the general community. However, positive attitude is not enough without positive and barrier-free environment that can permit change of negative attitude. Negative attitude can be changed through awareness creation, training workshops, programming and in-servicing of professionals like school staff, administrators, policy makers, counselors, teachers, students’ peers etc.
There is need for stronger international enforcement as well as national government response and support right from grassroots to address the needs of persons with disabilities. Tregaskis (2004) provides that, in order for governments, organizations and individuals to promote wider social change, examples should be borrowed from the Normalization / Social Role Valorization implementation in USA and Britain which concentrate on improving lives of persons with disabilities through assimilating them into the mainstream so as to improve their opportunities in life. Appropriate facilities like medical support and work for persons with disabilities should be provided. If the needs and challenges of persons with disabilities like attitudinal and physical barriers are addressed, then the perception of society will be positively changed thereby fostering the inclusion of persons with disabilities.

References


