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# Social exclusion of students with visual impairments at a tertiary institution in KwaZulu-Natal

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## Abstract

**Objectives:** People with visual impairment experience exclusion and marginalisation from family, mainstream school, the community and university. The experience of social exclusion is multistructural, multidimensional and complex. This article is based on a study that aimed to describe the social exclusion of students with visual impairment at a tertiary institution where the authors are employed.

**Design:** The study was qualitative. It used an exploratory design to provide compelling data on the insider perspectives of students.

**Setting and subjects:** Fifteen students participated in the study, of whom nine were men and six women. Eleven students were partially sighted and four were blind. All the subjects were from the university where the authors are employed.

**Results:** The study established that participants' exclusion from access to opportunities and development left them psychologically, socially, financially and emotionally scarred.

**Conclusion:** The study established that visual impairment and poverty were related and that women experienced oppression on two counts. The first was because of their disabled status and the second was oppression by other female students at the university. Recommendations are for changes within families, schools, communities and universities.

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## Introduction

The authors have observed that activities and policies that relate to disability and discrimination largely relate to society's continued dependence on the medical model of disability. According to Dominelli,<sup>1</sup> dominant groups are viewed as having characteristics that are considered to be superior, normal and worthy of emulation. This is to the detriment of disadvantaged and vulnerable persons. Society is not considered to be responsible for the creation of opportunities that facilitate inclusion. Dominelli,<sup>1</sup> Matshedisha,<sup>2</sup> Naidoo<sup>3</sup> and Howell and Lazarus<sup>4</sup> suggest that the social model of disability should be adopted that promotes the view that disability is a result of social, environmental and attitudinal challenges, as well as disabling organisations and environments that prevent full access and integration into society. The social model acknowledges the capacities and abilities of persons with disabilities, thereby promoting informed decision-making and disability rights.<sup>2</sup>

A historical review of disability and discrimination revealed that charity-based activities relating to disability began to transform positively to include rights-based activities in the 1980s. 1981 was declared to be the International Year of Persons with Disabilities.<sup>5-7</sup> These activities promoted the understanding of, and influenced education pertaining to, anti-discriminatory practices relating to disability. International efforts to address disability resulted in the adoption of various policies. These include The World Program of Action,<sup>5</sup> The World Declaration for Education for All,<sup>6</sup> and The United Nations' *Standard rules on equalisation of opportunities for persons with disabilities*.<sup>7</sup>

In South Africa, efforts to address discrimination have included *The white paper on the Integrated National Disability Strategy*,<sup>8</sup> and *The education white paper 6: special needs education: building an inclusive education and training system*.<sup>9</sup>

## Theoretical framework

Antioppressive theory was the conceptual framework that supported the study. The basic tenet of antioppressive theory is to create meaningful social relations for marginalised and excluded people within an antioppressive framework to address full and equal participation and access and inclusion at all levels.<sup>1</sup>

Dominelli<sup>1</sup> and Matshedisha<sup>2</sup> assert that oppressive relationships emerge when strategic leadership excludes persons with disabilities when apportioning power and resources, resulting in compartmentalisation into categories of domination and superiority and subordination and inferiority.

The authors used Clifford's<sup>10</sup> guidelines derived from antioppressive theory to understand how visual impairment and the social exclusionary process interconnect and shape lives. These guidelines informed and framed the research instruments and results of this study.

## Method

The study was qualitative. An exploratory design was used to yield "thick descriptions" about meanings and feelings that are attributed to what it is like to live with visual impairment.<sup>11</sup>

Fifteen students with visual impairments participated in the study. They were derived from two campus sites of KwaZulu-Natal University, where the authors are employed. They were invited to participate via the disability unit on each campus. Convenience sampling was employed since the first few students who availed themselves formed the sample. Participants were invited to share their experiences of what it was like to be visually impaired. No mention was made to them about the existence of possible concerns regarding exclusionary practices so as not to influence their responses.

Two research tools were used: semi-structured interviews and focus group discussions. Both data collection tools used themes that were explored in an open-ended manner so as not to influence the responses of the participants. English was used during both the interviews and group discussions since the participants were comfortable with and willing to use this medium. This saved time, costs and possible misinterpretation. Individually interviewed participants were invited to take part in the focus group discussion after the interview. Two focus groups were conducted. There were five participants in each group at the two campuses where the study was held. Focus groups were deemed to be valuable in offering therapeutic assistance, gleaning rich data through group discussions and authenticating and illuminating the existing body of knowledge that was obtained from the individual interviews (triangulation).

The information was analysed using the qualitative data analysis procedures of familiarisation and immersion, from which the themes of coding, elaboration, interpreting and checking were derived.<sup>12</sup> The results of the study were analysed and discussed.

As this was a qualitative study, addressing trustworthiness was more relevant than addressing validity and reliability. Lincoln and Guba's<sup>13</sup> strategies of trustworthiness were used as follows. Credibility was achieved by prolonged engagement in the field. This included building relationships before, during and after the interviews; keeping reflective journals throughout the fieldwork and analysis phase; and through triangulation by using two different research instruments. Transferability was achieved by ensuring a dense description of data that respected the respondents as experts. Dependability was achieved by carefully following research protocol, securing university sanction for the conduct of the study and describing data-gathering instruments, analysis and interpretation. Confirmability was ensured by submitting the study to an audit using peer consultation, supervision and examination.

The study secured permission and ethical clearance from KwaZulu-Natal University, under whose auspices it was conducted.

## Limitations of the study

The manuscript needs to be interpreted in relation to the limitations of the study which included the following:

- As this was a qualitative study, a small sample was used. This did not permit the use of considerable quantifiable data. However, this was only an exploratory study of the institution under study. Further rigorous research using a quantitative paradigm might follow.
- The first author was both the researcher and service provider to the students. Conflating these roles may have compromised the integrity of the responses. To counter this possibility, the researcher used her skills as a counsellor to engage with the participants and inform them of the need for honesty.
- To reduce time and the cost of the study, English was used as the medium of communication in this study although the first language of the respondents was not necessarily English. Using the first language of all the respondents could have yielded more credible data, especially when the topic was as sensitive as this one. To address this possible limitation, respondents were asked about their comfort and willingness to talk in English. It should be noted that all students received their instruction in English. There is no dual teaching instruction at the institution.
- Addressing painful issues that arose during the interview and group discussions was time-consuming.

Time constraints resulting from this may have prevented additional valuable information from emerging. The researcher did not compromise on offering time needed to address these painful issues. Her training as a social worker dictated the need to offer support first and to do no harm through the research process, rather than prioritise the collection of research data.

## Discussion

Sample details were as follows (Table I).

**Table I:** Age and gender

Age	Male	Female	Total
17-20	2	1	3
21-24	2	3	5
25-28	2	-	2
29 and over	3	2	5
Total	9	6	15

Fifteen students participated in the study, six of whom were women and nine men.

Other sample details that had relevance to the study were that 13 students were single and two were married. Eight had attended mainstream schools and seven had lived away from home at boarding school. Eleven students were partially sighted. Four were blind.

Results from individual interviews and group discussions are presented as a coherent whole since both instruments yielded complementary data. In a few instances and where deemed necessary, a distinction was made regarding the data source.

As this was a qualitative study, the collection of numerical data was less important and was accorded less value than the richness of the data itself. This is reflected in the presentation of the results.

## Themes

The following themes emerged during data analysis.

### Abuse of power

Twelve of the 15 participants experienced cruelty (cited as abuse of power) at a social level from family, their mainstream school and the community. Cruelty from the family was acute and experienced as judgementalism, exclusion from family decision-making and not being acknowledged for good scholastic results. Family and friends sometimes assaulted, insulted, humiliated and ridiculed participants.

This was evidenced by the following quotes: *“Hey wena”, “blind man”, “cock-eyed”, “you are not clean”,*

*“living at residences for nuns and you cannot see because you look at old people’s private parts”,* (responses from both individual interviews and the group discussions).

It was a normal experience for persons with visual impairment to have their capabilities, contributions and existence ignored.

The following remarks from respondents refer:

*“For the past 44 years, my disability followed me every day. I am an outsider at home and feel like hanging myself.”*

*“‘Othering’ is very painful and it is not worth living.”*

*“Society has impaired me. I cannot take it anymore.”*

All six female participants experienced further discrimination and exclusion from sighted women, as evidenced by the following response:

*“I do not go out often and grew up in a way to be out of society... this is how my mother grew me up...”*

Findings on discrimination and marginalisation were consistent with Van Meygaarden’s<sup>14</sup> study on marginalisation and Mayer’s<sup>15</sup> study on labelling and exclusionary practices. Abuse and cruelty is multifaceted. It commences within the family, infiltrates to the extended family and radiates outwards to mainstream schools and the community.

At mainstream schools, painful memories of physical and emotional abuse were cited. These related to educator ignorance and the inability of participants to access information.

Some of these memories were:

*“I could not see the fractions on the chalkboard... because of this I was always given a tight smack by the teacher in the presence of other learners...”*

*“My primary school teacher...referred to as “blind man”. Academically, I suffered...I failed two years at school... Going to school was a torture... I often wondered did I really deserve to be on this earth...”*

Participants also reported being dissuaded from being class representatives as sighted learners and teachers believed them to be incapable of accuracy, a finding that is supported by Mayer.<sup>15</sup> This denied participants the opportunity to learn about and experience leadership. Ferrell’s<sup>16</sup> concept of “visual cultural imperialism”, where sighted persons impose their world views provides a backdrop for understanding such attitudes and treatment. This exacerbates the experiences of “othering” and the powerlessness and voicelessness of learners with visual impairments. Social exclusion and abuse by the community manifested in participants being judged, labelled as inferior and being assumed to have limited mental capacity.

Participants spoke of the white cane as categorising them as “clean” (fit for) or “unclean” (not fit for) the use of special facilities.

An example of boarding special buses was cited:

*“The Sukuma bus is for persons with disabilities, yet I am not allowed to use this bus. The conductors or driver will say ‘you are not allowed to use the Sukuma bus as you look clean... where is your white cane?’ I feel like committing suicide because of society’s attitude.”*

Accessing public transport was clearly difficult. Other experiences of exclusion and abuse in the community were of finding or using seating, accessing information, driving, reading, using banks and alienation from community meetings and groupings.

These experiences point to the pervasiveness of the medical model of disability in which the locus of power lies with the dominant group, in this case the able-bodied.

Participants reported that the spirit of *Ubuntu* was absent, as the community neither cared nor acted as a nurturing family should. This is similar to findings reported by Kasiram, Engelbrecht and Landau,<sup>17</sup> Kasiram and Thaver<sup>18</sup> and Samkange (as cited by Peoplesawa.com),<sup>19</sup> that community care hardly prevailed in real life.

### Exclusionary practices

Students experienced the following range of exclusionary practices at the University:

#### Academic exclusion

Participants felt academically abandoned when excluded from group work and when assumed to be less capable than others.

One student stated that she heard the following hurtful comment being made about her:

*“She is blind. Let’s ask her a stupid question.”*

Matshedisha<sup>2</sup> reported on patterns of exclusion, inbred attitudes and stereotypes that exacerbate the sidelining of persons with disabilities in higher education, as exemplified by the examples above. Academics excluded and discriminated against participants by rarely asking them questions or not acknowledging their answers.

The following quote exemplifies this experience:

*“There is no excitement for my answer. As a result, I do not participate as my suggestions are never accepted by the lecturer.”*

Participants were often denied entry to their choice of study, saying that they were questioned on how they would use the chalkboard (if they wanted to pursue a career as an educator) or go on field visits (if they wanted to pursue a career as a social worker).

### Student residences

Both the individual and focus group discussions revealed abuse of power at residences. This occurred when fellow students learnt of participants’ disability bursaries and pretended to be supportive, yet insisted on payment for favours or help with tasks, saying:

*“When you ask for assistance, then you must give something in return.”*

Mullaly<sup>20</sup> acknowledged that everyone suffers similar challenges from time to time but this becomes oppression when there is accompanying humiliation, hurt and pain as expressed by the participants in the study.

Exclusion was also experienced in other ways. Notices at student residences were not provided in an accessible format, there was limited integration of differently-abled students at events and sighted students made decisions for students with disabilities.

The following quotes refer:

*“When I assist with serving food at (social) events, people say: ‘Take a hike’ and I’m asked to sit down. I feel stupid because they think that I am dumb.”*

*“We are excluded from groups that come from privileged environments.”*

Residences for students with disabilities were labelled as nursing homes, smelly, and “homes for nuns”. Female students with disabilities who lived at these residences were believed to be incapable of having boyfriends. In this regard, the process of “othering” was apparent. Disability was viewed as an illness that does not permit sexual expression.

Such experiences of exclusion were discussed by Narayan, Patel, Schaft, et al<sup>21</sup> (in Shera),<sup>22</sup> who explain that oppression, rejection, inequality and marginalisation occur when persons with visual impairment are unable or unwilling to conform, and thus cannot belong to or identify with the dominant group. They add that these experiences prevent disabled persons from engaging in the social, economic, cultural and political life of societies.

### Violation of human rights at university

Human rights violations continue to be experienced by participants despite local, national and international legislation on disability and human rights. Sexual exploitation, disrespect for difference and unpleasant living experiences were reported violations.

### Sexual exploitation

Respect for the body means being protected against violence, enjoying opportunities to seek sexual satisfaction and making reproductive decisions.<sup>23</sup>

Participants felt that they were sexually exploited and powerless, as evidenced by the following quotes:

*"I am powerless to practice safe sex."*

*"Sighted students exploit (us) for sex as they are curious to know whether persons with visual impairments 'taste' differently during sexual encounters."*

*"I went to the campus clinic for some pills...and was asked why I need the pill as I am visually impaired and not supposed to have the pill."*

Such exploitation positions persons with visual impairments to serve as a "ready supply"<sup>20</sup> of labour that may pander to the needs of the dominant group. It is disconcerting and demeaning for a health professional to hold the view that a student who is visually impaired is asexual. This emphasises education and training deficits in this area.

### **Lack of acknowledgement of differences by sighted students, reflecting disrespect**

#### **Computer-assisted technology**

In both individual and focus group discussions, participants expressed frustration that able-bodied students were so selfish, abusive and disrespectful. They cited several examples to justify this. These included able-bodied students switching off and not switching back on the special JAWS settings that they use (JAWS for Windows is a programme that reads information from a computer display and voices it aloud); using computers and printers in the disability computer local area networks (LANs) even though there were LAN monitors, getting abusive when asked to leave, and being extremely noisy thereby preventing students from using their sense of hearing. As a result, often participants did not complete their work or submitted their work late.

The following statement depicts this frustration and the attitude of able-bodied students:

*"I cannot stay at the student residence over weekends to do my work and use the library as it is too noisy. In view of my degenerative visual condition, I rely on my sense of hearing and hence use the JAWS programme. When I tell sighted students to lower their voices as I am using the JAWS programme, in return they will say: 'What is JAWS, what is JAWS?'"*

Matshedisha<sup>2</sup> also referred to barriers experienced by students with disabilities, i.e. being denied access to participation in higher education. This constitutes a human rights violation.

In both the individual and focus group discussions, the term "inclusive discrimination" was mentioned. This refers to the university accepting students with visual impairments into the university, but simultaneously excluding and

discriminating against them since these resources were inaccessible.

This was evidenced by the following quote:

*"This shuts you down and makes you believe that you are at the bottom of the queue. You just have to soldier on. It demoralises you. You may think that you are active, but you just become deactivated."*

So even though university policy includes accepting students with disabilities, there was no active support to ensure that policy translated to practice. Perhaps this constitutes more of an injustice than simply excluding such students in the first place. This is because the initial inclusion accompanied by a promise to fulfill the educational needs of students with disabilities, but then not supporting facilitation of this process, is probably more damaging. The hopes of students and their families are crushed and financial investments wasted.

### **Absence of reasonable accommodation**

Structural inaccessibility, such as the absence of voice recorders in lifts and no lifts in some buildings, added to the academic exclusion that was experienced by visually impaired students. Clearly, university policy and planning structures need to accommodate students with special needs, not only by changing their policies, but also by providing support where such policies exist, to ensure that they are implemented.

Such exclusionary practices are not in keeping with the following policies and declarations: the Summary of The World Declaration on Education for All,<sup>6</sup> Article 26.1 of The Universal Declaration of Human Rights,<sup>24</sup> The United Nations Convention on the Rights of Persons with Disabilities<sup>25</sup> and the international slogan on disability: "Nothing about us without us".<sup>26</sup>

### **Visual impairment as a confinement**

Hughes and Paterson<sup>27</sup> cite Foucault when explaining that persons with disability are "imprisoned" because of being denied opportunities and access to what is available to dominant groups. Participants in the study perceived their visual impairment to be confining and limiting, especially with regard to poverty emanating from their disability and their disability leading to poverty. Lwanga-Ntale,<sup>28</sup> Rust and Metts,<sup>29</sup> Thomas,<sup>30</sup> Alcock<sup>31</sup> and Narayan et al<sup>21</sup> also cited similar concerns.

Participants believed that their impairment disadvantaged them in respect of employment since including this information on their *curriculum vitae* prevented them from being shortlisted for an interview:

*"Prospective employers believe that due to having a disability the brain does not function so how can you achieve?" - individual interview.*

Likewise, in the focus group, the relationship between visual impairment and poverty was reiterated. Participants discussed transport inaccessibility, depending on family for basic needs, begging and expecting their own children to beg and the psychological scarring (also discussed by Thomas)<sup>30</sup> that resulted from living such a “hand to mouth” existence.

The following quote captures some of these concerns:

*“Even if you need something, it is like being a child where you have to go and ask your mother and father all the time. ‘I am going to university. Can you spare me R10?’ You have to ask all the time. This affects me as I have two children. I do not even have money to buy sweets for my children. This makes me feel useless and senseless.”*

These findings lend support to the reciprocal relationship between disability and poverty and how it infiltrates individual, family and community systems, as discussed by Lwanga-Ntale.<sup>28</sup>

A life of poverty was greatly feared. One participant clarified this as:

*“Home and university smell of poverty. Poverty and disability are linked. On campus, you sleep without food, then you go home and there is no food. You come back to campus and there is no food. It is the same thing.”*

It was also established that the poverty trap is established early on in the life of the child with visual impairment. He or she is denied adequate schooling or support to benefit from schooling. This results in people with visual impairment being illiterate and ill-treated, a finding that was also noted by Yeo and Moore.<sup>26</sup> Social exclusion, marginalisation, powerlessness, voicelessness and “othering” thrive, extending outwards to infiltrate multiple levels of functioning.

## Conclusion and recommendations

This study demonstrated the severity of discrimination towards visually impaired students. Abuse of power by sighted persons was multidimensional, as discussed by Dominelli,<sup>1</sup> Shera,<sup>22</sup> Shucksmith<sup>32</sup> and Young.<sup>33</sup> This study found that abuse of power manifested in numerous ways, at different levels across many structures in nuclear and extended families, mainstream schools, communities and the university.

Women with disabilities experienced additional exclusion and discrimination by society at large, as well as by sighted women and sighted healthcare professionals. The multiple marginalities they experienced led to loss of power in making decisions about their own lives. To address this concern, there is a need to introduce feminist approaches in education and practice and to adopt the social model of disability. A further suggestion is that research should focus

on gender and on the opinions expressed by women with visual impairments. Since it was found that the stories of students with visual impairments (relating to the extensive challenges that they face) are not fully acknowledged or respected, it is recommended that a narrative approach is adopted in future research and introduced into the social work curriculum.

Discrimination by the community and educational institutions, including mainstream schools and staff and fellow students at the university, manifested as high levels of intolerance, disrespect and human rights violations. There was also a lack of respect for the different requirements of those with visual impairment pertaining to reasonable accommodation. This promoted an “outsider status” which was attached to those with visual impairment. Clearly, there is a need for an effort to create a sense of care, of community and to rejuvenate the spirit of *Ubuntu* in the community and educational institution. This challenge could be addressed by adopting Rojano’s<sup>34</sup> Community Family Therapy Model. Legislation, policies and mission statements should be afforded the necessary means for implementation to ensure adoption in practice.

The study established that disability and poverty shared a dualistic, parasitical relationship, as discussed by Elwan,<sup>35</sup> Emmet and Alant,<sup>36</sup> Graham et al,<sup>37</sup> Lwanga-Ntale,<sup>28</sup> Rust and Metts,<sup>29</sup> Thomas<sup>30</sup> and Yeo and Moore.<sup>26</sup> This study found that poverty and visual impairment were connected in that university graduates with visual impairment had great difficulty in securing suitable employment. They often had to return to university to undertake postgraduate studies as the disability bursary provided some respite from poverty. Another recommendation is for education and awareness, social skills empowerment training and advocacy of prospective employers on disability and human rights legislation, adoption of the social model of disability and active planning for job placements together with the university’s career and counselling unit. To address the poverty trap, further research could examine the role of poverty reduction work in the context of disability.

The study established that “othering” and exclusion were a confinement or incarceration that did not happen by chance.<sup>20</sup> They were created and executed by dominant or superior groups. However, the recommendations that arose from the findings offer opportunities for social transformation and the inclusion of persons with visual impairment.

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