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Inclusion and Disability is an ever-growing point of focus in the communities of Sierra Leone, particularly the rural spaces. The diversity and multicultural nature of communities see an interaction of a variety of factors that underwrites the approaches of society towards inclusion. This study presents the findings of a triangulation approach, which explored the effects that socio-cultural practices have on the people with disability. It questions the differences in outlook that people with physical and intellectual disability experience in the community. It places specific attention on understanding the relationship between the mindset and legislative influence on the quality of life that people with disabilities experience, with contextual variation.



Amara Sidikie was born and raised in the beautiful town of Segbwema, a Town situated in Kailahun District in the Eastern province of Sierra Leone. He is someone who has a strong enthusiasm for helping others and a broad background in offering professional support to youths and the homeless.



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Influence of Socio-Cultural Barriers on Persons with Disabilities

A Case Study of Kenema District, Eastern Sierra Leone

**Amara Sidikie
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Cover image: www.ingimage.com

Publisher:

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120 High Road, East Finchley, London, N2 9ED, United Kingdom

Str. Armeneasca 28/1, office 1, Chisinau MD-2012, Republic of Moldova,
Europe

Printed at: see last page

ISBN: 978-620-5-52828-0

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A Case Study of Kenema District, Eastern Sierra Leone

BY

AMARA SIDIKIE

IBRAHIM GEORGE FODAY

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ABSTRACT

Inclusion and Disability is an ever-growing point of focus in the communities of Sierra Leone, particularly the rural spaces. The diversity and multicultural nature of communities see an interaction of a variety of factors that underwrites the approaches of society towards inclusion. This study presents the findings of a triangulation approach, which explored the effects that socio-cultural practices have on the people with disability. It questions the differences in outlook that people with physical and intellectual disability experience in the community. It places specific attention on understanding the relationship between the mindset and legislative influence on the quality of life that people with disabilities experience, with contextual variation. Although it was vital to include as many persons with disabilities as possible from all age groups and as many areas in the Kenema district municipality as feasible, the researcher was forced to limit the sample to a few areas due to time, financial, and manpower constraints. The study utilized a semi-structured interview guide. There were 26 questions in the guide. The participants were chosen using intentional sampling in many, if not all, nations around the world, those with disabilities are among the most disadvantaged groups of people. The study found that the majority of people with disabilities were unable to find employment simply because they lacked the necessary credentials to compete in the job market. The government must establish or improve intentional policies that encourage the inclusion of these people in educational initiatives. It is advised that people with disabilities learn skills that will aid in shattering the myths and belief systems that prevent them from taking part in common activities with their able-bodied peers. To compete in the job market, people with disabilities should empower themselves via education and skill acquisition. The concept of disability and the necessity of integrating people with disabilities into society must be understood by society. The paper concludes with an argument towards more tangible need to develop an understanding of inclusion, in terms of policy and legislation as well as examining the beliefs and mindset that determine these developments.

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ABBREVIATIONS

CHSL	- Cheshire Homes Society of Sierra Leone
(UN)CRPD	- (United Nations) Convention of the Rights of People with Disabilities
CSO	- Civil Society Organizations
CwD	- Child with Disability
PwD	- Person with Disability
WB	- World Bank
WHO	- World Health Organization
YV	- Young Voices
UNHCR	- United Nations High Commission for Refugees
NHIS	- National Health Insurance Scheme
UNCRPD	- United Nations Conventions on the Rights of Persons with Disabilities
PHC	- Primary Health Care
NGO	- Non-Governmental Organization
RDP	- Reconstruction and Development Plan
SPSS	- Statistical Package for Social Sciences

CHAPTER ONE

INTRODUCTION

1.0 BACKGROUND OF THE STUDY

“Having rights but no resources or services available is a cruel Joke.”

- Rappaport (Vogelzang, 2018)

In this remark, Julian Rappaport (1981), the father of empowerment theory, demonstrates how offering a proper set of rights might still be insufficient, particularly for those who are most in need of these rights. It is about people who are generally considered a burden to society rather than a source of richness; people who are kept in poverty and hence alienated from society because they are unable to fully participate (Vogelzang, 2018). This horrible joke Rappaport is referring to reflects the daily lives of the world's most marginalized and impoverished individuals, particularly persons with impairments. Disability is a global concern, particularly in underdeveloped nations, where people with disabilities, including children, are denied access to essential services. PWDs are in danger because poverty and disability exacerbate each other, resulting in exclusion and vulnerability (Vogelzang, 2018). People with disabilities confront a wide range of challenges throughout the world, and this is undeniable. The problem is worsened by some cultures' retrogressive natures, which intoxicate systems and prevent sustainable mainstreaming tactics from having a meaningful influence at the grassroots (Otieno and Onyango, 2018). One of Sierra Leone's primary difficulties is disability mainstreaming, which must be emphasized. In any culture, different groups of individuals face distinct obstacles. Disabled people have been demonstrated to face a disproportionate number of challenges (Mutoloki, 2012).

Originally, disability was defined as anything that, from a medical standpoint, prohibits a person from completing specific tasks. The definition of disabilities was viewed as having a close relationship between the limitations experienced by individuals, the environment, and the general attitude of the society in which they live during the 1970s, following some reactions from representatives of organizations that represented persons with disabilities, as well as professionals in the field (Otieno and Onyango, 2018). The disability notion moved around the turn of the century from a medical-based model of impairments to one that centered on activity restrictions and social involvement (WHO 2015).

The World Health Organization (WHO) defines "disability" as "a condition or function that is markedly degraded in comparison to an individual's or group's usual standard" (WHO, 2012). Disabled people make up the world's largest minority group. Moreover, one billion individuals, or around 15% of the world's population, are considered to be disabled in some way. Between 2.2 percent and 3.8 percent of people aged 15 and up have substantial functional impairments (WHO, 2015). PWDs in Africa are denied equitable work prospects and are unable to be educated or rehabilitated, according to Ofuani (2011). According to him, PWDs are often alienated from society and live in poverty, and disability and poverty are closely linked in most civilizations. PWDs are often viewed as persons who should be pitied and given handouts rather than as people who can contribute to the growth of their communities. This causes stigma and prejudice, as well as a lack of legal options including education, rehabilitation, and work (Mutoloki, 2012).

According to the Sierra Leone Statistical Service, the 2015 Population and Housing Census revealed that Out of a total population of 7,076,119 people in the country, 93,129 have a disability. This represents 1.3 percent of the country's total population. Of these individuals, there are more males than females with disabilities: 50,319 (or 54 percent of the total) are male, and 42,810 (46 percent) are female. The residential analysis reveals that there are more persons with disabilities in the rural areas of the country: 62,380 (or 67 percent of the total) live in rural areas, and 30,749 (33 percent) live in urban areas (Statistics Sierra Leone, 2015). The most common types were sight/visual impairment (40.1%) and physical disabilities (25.4%). Persons with disabilities were more likely to be illiterate and have a lower level of education than those who were not disabled (Statistics Sierra Leone, 2015). Even though disabled individuals in Sierra Leone have the same legal rights to social and economic engagement as everyone else, they are frequently denied these rights due to crippling impediments in education, work, and social involvement (Amoatey, 2020). These individuals make up the world's largest group of poor people, and they are discriminated against in many countries.

Chronic poverty in Sierra Leone, combined with widespread prejudice and marginalization, leads to a scarcity of job opportunities, high unemployment, family isolation, and a high rate of begging by disabled persons. In Sierra Leone, an increasing number of disabled persons are begging on the streets for a living, and some disabled Sierra Leoneans have justified begging as a full-time job (UNFPA, 2018). Sierra Leone's government has recognized that disability is a serious issue that affects individuals from all walks of life. Persons with disabilities (PWDs) face physical and psychological barriers to participation in employment, education, and

development in general. This exclusion, according to the Social Model of Disability, is 'disabling' and is caused by the way society is organized, making PWDs more vulnerable to poverty and labor market exclusion (Otieno and Onyango, 2018). In the Sierra Leonean context of general high unemployment and poverty, there is a need for appropriate policies and development services for this segment of the population, including appropriate social assistance. Although there is a growing policy emphasis on mainstreaming disability into development, social attitudes and prejudice still lead to widespread exclusion or marginalization (Otieno and Onyango, 2018).

Disability has never been recognized as a cross-cutting development issue, and recent reports show that even the most progressive disability policies have not been implemented (UNFPA, 2018). Disability has typically been treated as a residual or social welfare category by development agencies or governments, rather than as an integrated part of economic development policies, as has been the case in some other African countries. As a result, PWDs must be educated about their social, political, and economic rights so that they can take advantage of the services and opportunities available in their communities (WHO, 2015). The purpose of this study is to investigate the effects of social and cultural barriers on people with disabilities.

1.1 WHY THE CHOICE OF RESEARCH?

The researcher's own experience inspired him to explore the crippling barriers faced by persons living with disabilities. He has a friend who was paralyzed in an accident several years ago. He was born with no physical or mental limitations. In 2015, on his way home from school, he was struck by a car. The researcher's friend lost the use of his lower limbs as a result of the tragedy, but he was adamant that his impairment would not slow him down or prevent him from pursuing his dreams in life.

When the researcher's acquaintance was younger and more able-bodied, he admits to holding prejudices against persons with disabilities. He believed that people with disabilities were incapable of leading full and productive lives. That was, however, a generalized perception. It's a view that puts persons with disabilities at a disadvantage. PWDs face discrimination, prejudice, and stereotypes. People with disabilities who have spoken with the researcher have stated that they face several obstacles in all aspects of their lives. This has informed the research topic selection since the researcher believes that it is critical to research to dig out and define the social-cultural challenges that individuals living with disabilities face, as well as how they

cope. The goal is to gather knowledge so that persons with disabilities can be more empowered and environmental barriers can be reduced or eliminated. Hopefully, this study will help to a better understanding of the hurdles and coping mechanisms that persons with disabilities face. Living with a disability makes coping with life's challenges harder. Experiencing rejection and marginalization only adds to the difficulties. Everyone should break down obstacles so that persons with disabilities can fully participate in Sierra Leone's citizenship and well-being, as outlined in the country's constitution.

1.2 STATEMENT OF THE PROBLEM

In a multicultural and multilingual society, insensitivity and a lack of cultural awareness can stymie the rehabilitation of impaired persons. In Sierra Leone, there is a scarcity of information about handicap issues. Disability mainstreaming is one of the primary difficulties facing Sierra Leone's government (UNHCR, 2014). This is because the country has a multi-ethnic population with a wide range of cultural ideas concerning the causes of disability, which supports a variety of perspectives. As a result, PWDs have challenges in the areas of health care, rehabilitation, education, and employment. Without the assistance of cultural aspects, inclusion is impossible. Despite intensive campaigning, community awareness, and sensitization efforts by national and international NGOs, including civil society organizations, there is still a significant gap, particularly when it comes to the role of cultural beliefs in PWD marginalization. Some cultures intentionally contribute to people with impairments being marginalized. Disability is regarded to be the outcome of a family curse brought on by superstitious actions supposedly perpetrated by an adult member of the immediate family in some cultures. Cultural practices are intricately tied to many areas of a community's life. Some groups have been known to impose laws to guarantee that cultural practices and beliefs be observed, including those that violate the rights of women and people with disabilities (WHO, 2013).

1.3 RESEARCH QUESTIONS

The study will be guided by the following research questions

1. What are the socio-cultural barriers that hinder the empowerment of PWDs?
2. What are the socio-cultural barriers that prevent persons with disabilities in the study area from participating and contributing fully to society and to what extent are their human rights affected?
3. How does the culture people live in affect their experience of disability?
4. What are the coping mechanisms for dealing with the barriers?

1.4 RESEARCH OBJECTIVES

1.4.1 MAIN OBJECTIVE

The purpose of the study will be to investigate the influence of socio-culture Barriers on Persons with Disabilities.

1.4.2 SPECIFIC OBJECTIVES

Specifically, the study sought to:-

1. Investigate the socio-cultural barriers that hinder the empowerment of PWDs in the study area.
2. To identify, within the social components, what kind of cultural barriers persons with disabilities experience to establish a full social life.

1.5 SIGNIFICANCE OF THE STUDY

Millions of people are living with disability and millions more are at risk. Reliable data regarding the magnitude of disability is required on regular basis in planning and improving relevant interventions. Data on disability is inadequate. Estimates obtained from population-based surveys are usually considered a more precise reflection of population parameters because they rely on probability sampling methods. However, they are expensive and tedious and they are sometimes confronted with major ethical challenges.

It is hoped that this study will provide up-to-date information on people with disability and will be useful in improving community awareness of the condition. The findings of this study are expected to be particularly useful to health professionals such as the Ministry of Health, researchers, NGOs, policymakers, donors, and other government agencies responsible for providing services to persons with disability in Sierra Leone.

1.6 LIMITATION OF THE STUDY

Although it was vital to include as many persons with disabilities as possible from all age groups and as many regions in the Kenema district municipality as feasible, the researcher was forced to limit the sample to a few areas due to time, financial, and manpower constraints. The absence of other places, on the other hand, was not deemed damaging to the study because they were represented. The respondents were between the ages of 18 and 45 years old. Because it was once again realized that disability encompasses a wide range of impairments, including physical, mental, visual, and auditory impairments, physical disability was given a large

portion of the research's attention. The study uncovered the challenges that disabled persons face, as well as their coping techniques.

1.7 PROBLEMS ENCOUNTERED

Because most of the respondents were impatient, the researcher had difficulty acquiring comprehensive information from some of them. Most of them were quickly irritated, prompting the researcher to take on a counselling role to manage their anger and get their full cooperation.

1.8 ETHICAL CONSIDERATIONS

The researcher followed the process for informed permission for human subjects' research established by the National Commission for Persons with Disabilities Review Board. Because children are considered a vulnerable population, the researcher assured the committee that no minors would be questioned. Informed consent was acquired before data collection. Participants were given a consent form to read and sign before being interviewed, which stated the goal of the study, the method that would be followed, and the risks and advantages of participating. The consent form further noted that participation was fully optional and that the subject might withdraw from any section of the study or the entire study at any time without incurring any consequences. The names of the participants would be kept hidden. The audio recordings and transcriptions of interviews were only available to the lead and secondary investigators.

The researcher was granted permission to shoot images of the institution he visited without people in them. All of the people in the photos gave their permission. Consent was received from a legal guardian or parent for photographs of minors under the age of 18. If a participant could not read or write, or simply did not feel comfortable signing their name to the forms, the researcher was given permission to record the consent form being read aloud to them and the participant stating that they understood the meaning and agreed to participate in an interview or photographs.

By being aware of the delicate nature of the subject, the researcher reduced the risk to participants. When people are personally affected by disability, whether via their work or through family or friends who have disabilities, it can be difficult to talk about. As a result, the questions were conveyed compassionately while remaining impersonal. If a participant refused to answer a question, the researcher was understanding and moved on to the next. Participants seemed eager to participate and share their ideas and opinions in order to help those with

disabilities. This research will lead to a better understanding of disability on a multicultural level, as well as a better awareness of the social characteristics of any given culture that make life difficult for people with disabilities.

1.9 STRUCTURES OF THE WORK

The present study is organized into five chapters.

Chapter 1: Introduction and background of the study

This chapter covers the introduction and background of the study, aims and objectives, major research questions, relevance of the study, problems encountered, limitations of the study, and ethical considerations.

Chapter 2: Literature review: Barriers & Coping Capacities Experienced by People Living with disabilities.

Chapter Two covers the literature review and theoretical framework. This chapter reveals views of authors and theories relevant to the study.

Chapter 3: Research design and methodology

The methods of data collecting are discussed in this chapter. This chapter covers the research design, population and location of the study, sampling procedures, data collection and instrument, data analysis, ethical considerations and limitations of the study.

Chapter 4: Presentation of data

This chapter presents the findings of the research of the respondents through the face-to-face interviews. Data was systematically analysed according to themes that arose from the objectives of the study and from the interviews.

Chapter 5: Data interpretation and findings

This chapter presents an overview of the study and the findings, together with the recommendations, implications and conclusions or summary.

CHAPTER TWO

REVIEW OF RELEVANT LITERATURE

2.0 INTRODUCTION

Physical and mental disabilities are undeniably biological processes at work in the human body. However, the degree to which a disability disables a person and limits their functionality is dependent on the culture in which the person resides. Disability is a biological problem with social solutions. A person is only as limited as their culture allows them to be. According to the World Health Organization, about 10% of the world's population lives with disabilities (WHO, 2018). In Sierra Leone alone there are over 93,129 people with disabilities (Sierra Leone Population and Housing Census, 2015). Through increased understanding of the social nature of the disability, professionals and families can provide better care for people living with disabilities and their marginalized status within society can be changed to allow them greater acceptance. Societal norms and expectations are relative and often people subconsciously abide by them. Only when members of a culture are aware of their biases and their adherence to norms can they be more accepting of people who deviate from the prescribed norm.

The researcher in this study employed the grounded theory method where theory is derived from the qualitative data of interviews and observations. However, an extensive literature search was performed before data collection. Key concepts and issues identified in the literature on disability studies helped the researcher design the interview questions and to take note of certain things during observations. The following review of the literature will address several areas related to the experience of disability in different cultural contexts and how culture affects those experiences.

2.1 DISABILITY PERSPECTIVE

2.1.1 DEFINITION OF CONCEPTS

Disability is a social concept that is used in many different societies with a high discriminatory attitude to describe people with impairments. As much as it is complex, disability is not just an amputation, deafness, or blindness (impairment) but surrounds all the barriers in the society that hinder people with disabilities from having access and full enjoyment of life. It is generally a concept that is used to describe those who are different able-bodied while sometimes this description is based on criticism of another definition such as the social model of disability (Gronvik 2008).

The convention does not give one concrete definition of disability although it states that “disability could be an involvement concept and that sometimes this concept results from the interaction between persons with impairments and attitudinal as well as environmental barriers that often hinders them from having a full and effective participation in societies on an equal basis with other members” (UNCRPD 2010). According to article 1 of the United Nations Convention on the Rights of Persons with disabilities convention, one would describe persons with disabilities as people who have some long-term physical, a mental, intellectual, or sensory impairment that in interaction plays a role in hindering someone from having full and effective participation in society. In Sierra Leone, a person with disabilities means, “a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability” (PHC, 2015).

2.1.2 DEFINITIONS OF DISABILITY

Definitions are always fascinating, not only for their intrinsic value in daily use but also for gaining insight into the nature of the 'powers-that-be' who make and then use definitions (Masasa, 2012). The politics of definitions, particularly when it comes to disability, depends on who is defining it and in which context he is defining it. The perspective of disability between the clients and professionals differ in many ways.

The people outside the world of disability have their way and terms of defining it, while those within that world also have theirs. Gregory (1997) says that definitions and the act of defining can be political statements. He also adds that an often ignored area in the battleground on definitions concerns who is and who is not included in the disability category.

The WHO (2012) uses the following definitions: disability - "any restriction or lack (resulting from an impairment) of the ability to perform an activity in a manner or within the range considered normal for a human being"; impairment - "any loss or abnormality of a psychological, physiological or anatomical structure or function" and handicap - "a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, social and cultural factors)".

The WHO definition clarifies some cultural notions of the impairment component. Marks (1997) states that the ICIDH model acknowledges that the level of handicap depends on the cultural norms. The cultural factors and environment may determine the degree of disability.

The cultural and environmental aspects are explained clearly by Werner (1988). Werner asserts:

A child who is mentally slow but physically strong, in a village may not be very handicapped, but in a city or a school may be very handicapped. A child who is physically disabled but intelligent, in a village may be very handicapped, but in a city or school may not be especially handicapped.

Because the WHO definition of disability is based more on the biomedical model most professionals and experts often ignore the cultural factors when it comes to treatment and rehabilitation. This model explains diseases in terms of purely physical parameters, encompassing the notion that diseases are caused by specific pathogens (Budeli, 2010). The medical and the rehabilitation professionals and medical practitioners tend to conceive of disability as an individual physiological condition requiring the afflicted individual to be given an appropriate medical and/or rehabilitative support (Stortz, 2010). In one way or the other cultural influences, and the criteria by which disability is perceived are decided and handled. The way one experiences or copes with a disability depends on the definition related to disability.

Johnston (1977) notes that the notion of health is significantly linked to how people construct reality, something that is often dictated by culturally defined belief systems and expectations, while McCubbin et al (1993) observe that this construction of reality yields different outcomes that from a traditional provider may appear to defy "reasonable" health or treatment resolutions. If resolutions could use definitions as their starting point it might be easier to achieve acceptable rehabilitation and a good rehabilitation outcome in communities across different cultures, in communities like those of Sierra Leone.

2.2 A STATISTICAL VIEW OF DISABILITY

There are about 140 million disabled children in the world (Disability Awareness in Action, 2019). The World Health Organisation estimates that 10% of the World's population is disabled (WHO, 2015). However, Werner (2016) reports that only two to three percent of the population is considered disabled by the community. This inconsistency suggests that individuals judge disability according to different criteria from those used by people who undertake epidemiological studies. It is important to realize that few reliable statistics exist for the prevalence of and nature of disability in Sierra Leone. However, the Sierra Leone population and housing census estimated that the number of disabled people in Sierra Leone constituted

1.3% of the population (PHC, 2015). In terms of regional distribution, 27.5 percent of persons with disabilities live in the Eastern region, 35.3 percent in the Northern region, 24.4 percent in the Southern region, and 12.8 percent in the Western region. At the district level, Kailahun in the Eastern region recorded 9,666 persons with disabilities, which is the highest number, followed by Bo (9,355 persons) in the Southern region. Kenema, which is also in the Eastern region, recorded the third-highest number of persons with disabilities in the country (9,155). Bonthe recorded the lowest number of persons with disabilities in the country (2,726). In the Western region, the 7,807 persons with disabilities in urban areas were almost double that of the 4,126 persons in rural areas. Pujehun in the Southern region and Kambia in the Northern accounted for 4,843 and 4,489 persons, respectively (PHC, 2015).

2.3 CAUSES AND PREDISPOSING CAUSES OF DISABILITY

2.3.1 WHAT CAUSES DISABILITY?

The above statistics reflect disability resulting from many different causes. Johnston (2017) says disability may arise from genetic disorders, birth injuries, a result of accidents, following a stroke, or due to diseases that progress gradually. Bradshaw, Darrington & Sitas (1992) observed that in Africa infectious diseases are the leading causes of death for Black children under 5 years of age, while trauma, poverty-related diseases, and chronic diseases related to lifestyles all contribute to high levels of adult mortality. This suggests that the majority of the survivors of the above-mentioned conditions may be victims of disabilities as most of them never get back to their normal health (e.g. stroke patients and head injuries).

2.3.2 PREDISPOSING CAUSES OF DISABILITY

2.3.2.1 Disability and poverty

A poverty-stricken population is susceptible to disability and death. This vulnerability is promoted by their poor economic status, lifestyle, and their housing conditions. These conditions expose them to illnesses such as meningitis and tuberculosis. The high proportion of illiteracy together with little awareness of basic social services or health and education measures (Masasa, 2012) results in a delay in seeking assistance from health care services in the early stages of illness, often resulting in complications that can result in permanent disability. In cases where there is an awareness of such services, inadequate service delivery due to a mal-distribution of resources (manpower) or patients' lack of finances may still result in patients not getting help in time. The mal-distribution of manpower is emphasized by Masasa

(2012) who states that there is no shortage of medical practitioners in Sierra Leone; but rather that the perceived shortage is relative and due to an uneven geographical and functional distribution.

2.3.2.2 Disability, violence, and crime

Among the factors responsible for the rising numbers of disabled persons in Sierra Leone are violence, crime, and major shifts to areas of the dense population (PHC, 2015). In both the less developed and the industrialized countries high figures of death from unnatural causes are good indicators of socioeconomic disparity among urban dwellers. At present, Sierra Leone is faced with a constant flow of people from rural areas to urban areas resulting in an increased number of squatter camps, which promotes crime and violence.

2.4 BARRIERS SUFFERED BY PEOPLE WITH DISABILITY

Several types of barriers that are disabling and hinder the development of people with disability are discussed. The barriers exclude disabled people from full and active citizenship due to the way they are marginalized and also due to stigma, beliefs, and stereotypes attached to them.

Disability barriers are influenced by different factors which also cross the racial line. Multiple discriminations faced by disabled people are not unique social experiences, but also pose a challenge within the community of disabled people to rethink its attitude on race and discrimination. Barriers keep millions of disabled children and adults throughout the world excluded from fundamental citizenship. They even fall short of attaining or enjoying human rights and remain absent from social and productive activities. Disabled people are also cut off from affectionate relationships and even denied the right to move.

2.4.1 Environmental barriers

Disability, according to WHO (2001), is a dynamic and changeable experience influenced by the changing nature of the environment. External environmental variables and internal personal factors both contribute to disability. To define a person's experience of disability, one must consider both the individual and the surroundings. Environmental influences, such as the use of technology, can help a person work well. Environmental impediments obstruct free mobility in public spaces more than anything else. Access to public transportation, ease of movement along streets and into buildings, and clear emergency egress routes are all features of an accessible environment. Masasa (2012) stated that not everyone has access to the environment.

Some environments are inaccessible to the majority of humans. In many ways, a disabled person is restricted. Limitations in mobility impair a person's capacity to influence the environment with a typical level of effort by reducing visual or aural acuity, stamina, or other factors (Masasa, 2012). Building obstacles, according to Masasa, are those characteristics of the built environment that restrict disabled people's access. High curbs, lack of curb cuts, gravel pathways, narrow sidewalks, and significant fluctuations in the grade of walkways, tight doorways, and heavy doors needing excessive force to open are examples of these features, which can be found in buildings, landscape, walkways, or parking lots. When making a purchase, a person in a wheelchair has difficulty reaching high counters in a store or reaching the phone, which is located above the access point. In the past, the mobility-impaired population was overlooked and never believed to have a right to freedom of movement. The majority of their obligations were handled by family members. According to Masasa (2012), people with physical disabilities were formerly not expected to engage in daily activities, and their obligations were assumed by their families and institutions. Due to a lack of trust in them and the stigma associated with persons with disabilities, they were denied access to public spaces. Persons with disabilities' inability and difficulty in gaining access to the physical environment is a fundamental barrier to their full participation in society.

2.4.2 Economic barriers

People with disabilities are excluded from society and have trouble accessing basic rights, according to the Sierra Leone Housing and Population Census Disability Report (2015). It also revealed that there is a strong link between disability and poverty. The majority of disabled persons are unemployed and unmotivated to return to work.

According to the 2015 Sierra Leone Housing and Population Census, disabled people are among the lowest of the poor. Poverty is thought to be a common cause of impairment. People with disabilities are more affected by poverty and have fewer options for escaping it than non-disabled people. They are largely unnoticed, neglected, and left out of mainstream growth. All societies are affected by disability. Disability setbacks are most likely to affect the poorest and most marginalized people.

The majority of people with disabilities lack competency as a result of a long time of lack of exposure. The majority of people with disabilities lack educational possibilities, resulting in their incompetence. Because of their incompetence, they rely on government disability benefits, which increases their reliance. Because they are unable to do anything for themselves,

people with disabilities are deemed lame, lethargic, and a burden to the government. Instead of hiring them, businesses can consider financing them. This is due to the way they are regarded.

In many fields, disabled people have difficulty finding work. Because of their physical limitations, individuals are only able to pursue vocational training. They are thought to pose a significant risk in the workplace. Other factors contributing to the high level of unemployment include:

- Low skill levels due to a lack of education
- Discriminatory attitudes, mostly on the part of employers -Previous discriminatory labor laws
- Lack of enabling structures to increase job opportunities
- Insufficient provision for vocational rehabilitation and training
- Inadequate access to information
- Lack of capacity to access economic and social resources

2.4.3 Political barriers

According to Mutoloki (2012), non-disabled individuals have traditionally identified the barriers to difficulties faced by disabled persons. They have ipso facto control over the remedy simply by naming the problem. The primary political goal of able-bodied disability definitions is to maintain the status quo while limiting the rate and direction of social change. Mutoloki went on to say that disability is sometimes described in medical terms. Such definitions pinpoint the source of problems that persons with disabilities confront at the level of their specific impairment. The social system may be safeguarded as long as people maintain the belief that it is the bodies that are at blame.

According to Oliver (1996), citizenship is both restrictive and inclusive. People with disabilities were as categorized as excluded. People with disabilities, he believes, are excluded from the citizen's charter and, by extension, from citizenship's responsibilities and benefits. Policies established through the legislative process, according to Howards, Brehm, Henry, and Nagi (1980), fostered reliance. The disability payment is often considered a solution for disabled people, however, this is not always the case because it encourages dependency. Howards, Brehm, Henry, and Nagi went on to criticize politicians for always thinking about the people and not consulting with important organizations and stakeholders while enacting

laws. People with disabilities are frequently stereotyped; it is assumed that all they require is a disability award, and their functional abilities are overlooked.

This raises the barrier for those with disabilities who are believed to be incapable of earning their own money.

2.4.4 Educational barriers

The integration of all children into society is one of the most important functions of welfare and education. According to Oliver (2009), the purpose of education is to teach all children about their rights and obligations as citizens, as well as to prepare them to be better citizens when they have acquired a variety of skills and information. Oliver also contended that the educational system has failed disabled children by failing to provide them with enough education that would enable them to exercise their rights as citizens or accept their obligations. He went on to say that the educational system has kept disabled children out of the mainstream of society.

Sands, Deanna & Kozleski (2000) argued that in some schools there is still a belief that learners with physical disabilities need special care for their particular disability, and that they can therefore not be included in mainstream classes, as it places too much stress on teachers. The residential and daycare facilities thus play a discriminatory role and promote dependency. The introduction of special schools has marginalized people with disability.

According to Oliver (1996), special education does not offer impaired persons the same access to education as able-bodied people. As a result, special education does not give students a high-quality education. Disabled children have considerably lower education, which inhibits their ability to compete with others. Parents have various expectations of the educational system, and when these expectations are not realized, they irritate their children by transferring them to different schools or dismissing them entirely. The fundamental issue is that they have a poor grasp of impairment.

During apartheid in South Africa, Reyneke and Oosthuizen (2003) contended that schools that housed white impaired learners were systematically under-resourced, whereas the few schools for black disability learners were systematically under-resourced. Learners with impairments had a hard time getting an education, and the few schools that did exist at the time were not widely accessible to black students from poor backgrounds. Learners who had learning challenges due to poverty were not eligible for educational assistance. Only learners with

organic, medical difficulties were eligible to participate in the program due to the categorization method.

Boring courses, teachers not understanding their needs, other students playing around, and a feeling that no one expects them to do well, according to Barton (2001), are all barriers to learning for persons with disabilities, making them feel different from others. He also recommended a technique for lowering barriers to education for disabled children by encouraging parents to see their children as regular human beings, allowing them to integrate into mainstream education.

2.4.5 Social barriers

According to Zinkin and McConachie (1995), the feelings and behaviors of parents of children with disabilities exacerbate societal barriers. The time when parents learn of their child's illness is inevitably tied to a grief process - the manner bad news is delivered to parents has an impact that extends beyond immediate parental sentiments. After hearing of the handicap, most parents experience astonishment, followed by sadness, frequent anger, and occasionally denial. As a result, Zinkin and Mc. Conachie (1995) believed that parents must adjust over time, which takes time and causes separation in impaired children. Family members' perceptions of disability have a significant impact on society, resulting in hurdles (Masasa, 2012).

"Though man is a unique individual - and it is only his particularity that makes him an individual, a truly individual social being," Marx (as cited in Stortz, 2010) stated, "he is equally the whole, the subjective existence of society as thought and real mind of social existence, and as the sum of human manifestation of life." It is critical to always see the disabled person as a distinct individual, just like everyone else, to help reduce or eliminate the barrier.

2.4.6 Cultural barriers

Budeli (2010) said that observing the lives of people with disabilities from a broader cultural viewpoint necessitates a significant shift in attention. "Disability culture opposes naming activities that remove variety and prioritize homogeneity." Noble went on to say that to break down cultural boundaries, the disability must be viewed as a source of diversity rather than a flaw. Individuals with disabilities are treated as citizens rather than clients or patients. Because persons with disabilities have been denied basic rights collectively, the focus of intervention shifts from individual care to civil rights.

Culture has an impact on society's expectations of how people should behave. Cultural context shapes the rules that regulate interpersonal and societal relationships. The cultures in which social and political systems and organizations are established are reflected in them (Budeli, 2010).

Milner (1992) claimed that families from various linguistic and cultural origins may have distinct embedded values dependent on the macro-culture in which they were nurtured. People said that they might understand disability as having spiritual rather than physical causes, as a family-wide rather than individual occurrence, and as transient rather than permanent.

Chen, Klein, and Hawey (2007) concurred that family cultural history can influence how grandparents respond to a disability, with the perception that the parents did something wrong to cause the impairment.

According to Mackelprang and Salsgiver (2001), culture must be transmitted through an organic structure. In other words, culture must have a method of transmission. They also acknowledge the presence of cultural unity and variety. They concluded that culture is a way of life, not just a collection of activities. A society's emotional structure, its lived manners, customs, morals, values, and the taught environment of its learned behavior and belief are all examples of culture.

2.5 CULTURAL BELIEFS AND ATTITUDES TOWARDS DISABILITY

2.5.1 Cultural belief system

For this research, I shall define culture as a set of ideas, habits, and activities that perform three basic roles. To begin with, culture influences how we interact with others, such as how professionals interact with their clients, the nature of gender interactions, and familial, vocational, and community relationships.

Second, they aid people in comprehending life or reality. This is critical in medicine because one's health, illness, and impairment are fundamental aspects of one's life and reality. In a particular society, cultural ideas influence how experts and healthcare consumers view concepts like health, sickness, and handicap.

The third role of cultural beliefs and practices is that they help to distinguish one social group from another (Masasa, 2012) Anthropologists generally agree that culture is the sum of our mores, customs, and ideas about how we function and that it includes other products of human

labor and thought that are particular to members of intergenerational groups, communities, or populations (Mutoloki, 2012).

Another definition of culture is "anything that incorporates the interactions among individuals, including the possibilities of variety by class, geography, religion, and period that may be attributed to partaking in the tradition of the larger group, whether that group is a nation, tribe, or province" (Mead, 1955). Aranda and Knight (1997), on the other hand, describe culture as a group's way of life: the members' shared ideas, traditions, values, language symbols, and social organization. Cultural attitudes and behaviors distinguish these individuals or social groupings from one another (Banja, 1996).

The transmission of value and behavior from parents to children determines and maintains cultures (Cintas, 1995). Individuals from a shared ethnic group often share cultural behaviors and pass them down from generation to generation, according to Knutson et al. (1995). The ethnic group membership gives a cultural identity and lens through which the developing kid learns to interpret and act on prescribed values, customs, and social behavior in his or her environment (Brookins, 1993). This sense of belonging also offers a scaffold for interpersonal connections, behaviors, and activities (Gibbs, 1989), as well as a sense of personal survival in the group's historical continuity (Moore, 1985).

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Society justice concerns develop when a person's basic sense of worth and dignity is harmed by social practices, beliefs, attitudes, and policies. As a result, perceptions toward basic entitlements to social goods and services are influenced (Banja, 1996). It is critical to understand the cultural ideas and attitudes that govern behavior, guide decisions, and affect relationships with society to avoid social justice issues that arise when unjust practices or

activities that violate personal dignity exist (Banja, 1996). (Groce & Zola, 1993). He also claims that cultural belief systems are a social fact that influences the decisions made by people with disabilities and their families.

2.5.2 Beliefs

Our beliefs and values constitute our attitudes that may in turn affect our behaviour (French, 1994). The relationship between belief, attitude, and behaviour is simplified below (Fishbein & Ajken, 1975).

Beliefs => Attitudes => intention => Behaviour Values =>

Our beliefs may or may not be correct (French, 1994). Communities, families, and individuals have different beliefs, which is why our attitudes and behaviour towards disability also differ. French (1994) notes that the more important or central our beliefs and values, the more resistant they are to change.

According to McCubbin et al. (1993), the family has always been recognized as a vital social unit that mediates beliefs and traditions from one generation to the next. Similarly, Knutson et al. (1995) state that members of the same ethnic group often share cultural traditions and transmit them down from generation to generation. Beliefs are entrenched in culture and vary by society, as well as being passed down from generation to generation within that culture. Some societies, communities, or families think that disability is caused by physiological and anatomical changes in the body, while others believe it is caused by supernatural powers and witchcraft, or that it is bestowed by saints or ancestors. Many disabilities, for example, are regarded as having a supernatural cause among Mexican Americans (Smart & Smart, 1991). They also think that if they become disabled, God has chosen them for the job because of their previous compassion for a relative or neighbour. Clapton (1997) observes that persons who cannot manage their bodies are perceived as failures in a culture promoted by contemporary Western medicine, which idealizes the idea that the body can be objectified and controlled. This brings us back to Banja's (1996) theory that culture shapes our attitudes toward topics like illness and disability.

Groce and Zola (1993) observed that the belief that chronic illness and disability are caused by an imbalance of element humor in the body is found in various forms throughout Latin America and South Asia. They also note that the same belief system places the burden of responsibility for disability on the affected individual. Disability has been seen as a result of evil spirits, the

devil, witchcraft, or God's displeasure, indicative of spiritual or supernatural causes (Higgins, 1992). In the ethnic groups of Southern Africa, some cultures believe that disability is caused by witchcraft or is sent by the ancestors if one has failed to follow the traditional rituals. For example, among the Tswana, there is a belief that if a member of the family was not given respect when alive, the person will die with that sorrow and the ancestor's sorrow (*badimo*) may cause disability (which may be temporary) to the members of the family. The Tswana also believe that various types of protection against witchcraft can be sought from traditional healers. They also believe that the healers have the power to return the witchcraft to the witch. The study done by Ingstad in 1998 revealed that although the majority of Tswana people would prefer to use modern health facilities, the belief in folk healers is very strong and pervasive. Those who turn to folk healers as a first choice often say that they saw no other means of treatment for their problems.

When a lady gets pregnant with her first child, her in-laws slaughter a sheep, and the expectant woman is forced to wear the skin of that sheep for the duration of her pregnancy. If the lady gives birth to a disabled kid, they think the ancestors (*balimo*) were irritated and delivered the wife a disabled child because the ceremonies were not followed or were not done properly. There is a superstition in the same community that if a pregnant woman sees and laughs at a crippled person, her ancestors will curse her and give her a disabled kid. They also attribute incapacity to marrying relatives.

Disability was blamed on witchcraft, God, physiological causes, and ancestral spirits, according to research conducted by Jackson and Mupedziswa in Zimbabwe in 1988. Their findings demonstrated that both non-Christian and Christian tribes were likely to attribute infirmity to ancestral spirits and witchcraft. According to a 1996 research conducted by Drews, Foster, and China in Zimbabwe's Northern Nyanka District, the Shona tribe believes that curses and witchcraft are the causes of illness. When a family member becomes ill, they see a traditional healer to determine the cause of the ailment (typically spiritual forces) and to provide the appropriate treatment.

This idea, however, is not limited to Southern African ethnic groups. According to Groce & Zola (1993), certain other cultures, such as the descendants of English and Irish settlers in the rural South and Yankee New England, believe that a pregnant woman who sees or thinks about someone with a disability "marks" her baby with the same disability. They also believe that

even speaking the name of a sick or disabled person puts one in danger of developing a similar condition.

Meyers (1992) says that the Hmong community in the United States believes that the ancestors guard the family and that offending them might cause illness among the family members. The Hmong people also believe in good and evil spirits, who can inflict illness and handicap if they are insulted. This author also mentions that traditional medicine is preferred by this population over Western medical treatments. As a result, according to Locust (1988), American Indians believe that witchcraft causes some illnesses and that breaking cultural or religious taboos has spiritual as well as bodily implications for the offender or his or her family.

Witchcraft is closely associated with bad health and disability in a variety of African, Caribbean, and Pacific Basin communities, as well as in numerous Native American tribes, according to Groce and Zola (1993). According to the same authors, even proximity to such a person is thought to put others at risk.

2.5.3 Disability and religious beliefs

In other cultures, seeking a cure through faith at a saint's shrine is quite acceptable; for example, in the well of Saint Teilo in Wales, whooping cough is said to have been cured by drinking well-water from the saint's skull (Cusack, 1997).

In terms of spirituality and religion, Leavitt (1992) claims that disability might be viewed as a punishment from God for family or individual sins, or as the result of an evil spirit's invasion. For example, Buhler (1886 in Miles, 1995) observed that some verses in the Laws of Manu (XI, 53) summed up a series of examples in which some disabilities are supposed to be 'fitting' retribution for specific sins for which the individual bears sole responsibility: "Thus are born idiots, dumb, blind, deaf, and deformed men, who are (all) despised by virtuous". Disability is viewed as a source of terror among Hindus and is frequently used as a punishment for wrongdoing.

This is a concept expressed by people with disability who have inherited charitable and paternalistic models of religion that commonly views people with disability as spiritually incomplete (Selway, 1997).

On the plus side, some people with disabilities are thought to be "fortunate" or "holy." They are said to have a "second sight" or "additional sense." Their presence could protect the evil eye (Dasen, 1988). Furthermore, some religions think that one's birth impairment should be

accepted with fortitude and that trying to change it would be rebellious (Miles 1995). According to Cusack (1997), medieval Christians considered the crippled as possessing exceptional qualities conferred by God's grace. According to Kalyanpur (1999), the majority of Mexican Americans and African Americans regard a disabled kid as a gift from God. According to Ingstad (1998), this view is also widespread among the Botswana people.

2.6 STRESS AND THE IMPACT OF CULTURAL ATTITUDES AND STIGMA ON THE FAMILIES OF THE DISABLED

In the stress and coping process of caregiving, ethnicity, and culture play a vital influence (Aranda & Knight, 1997). According to the same authors, ethnicity and culture can influence how people react to stressful circumstances, how they perceive and use family support, and how they cope. According to Birenbaum (1970), stigmatization can spread to others in the form of courtesy stigma, affecting family members and associates in addition to the impaired individual. Similarly, Groce and Zola (1993) found that not only the impaired kid or adult with a disability but also his or her immediate and extended family faces immense social pressure.

2.7 LABELING AND STEREOTYPES

Being labelled as disabled, or rather being classed, has a significant impact on persons with disabilities, according to Johnstone (2001). People like to link certain things with specific infirmities, such as a blind person's sensitivity to atmospheres or Down syndrome children's love of music, according to him. Labelling has been linked to disability. Johnstone was against labelling because he considered it implied that persons with disabilities were unworthy of society's judgemental attitudes. This gives the impression that people with disabilities are viewed as deviant and are therefore rejected by cultural groups and society.

"The lack of shared meanings about the value associated to labels of disability vs ability implies that the naive metaphor equating 'goodness' with able-bodiedness is contrasted against 'bad' in the form of bodily loss or physical dysfunction," says Johnstone (2001). The community has preconceived notions regarding the extent to which disabled persons contribute to society. According to Johnstone (2001), people perceive disability as either a condition that requires care or as a personal deficit. It is controversial to stereotype disability, according to Johnstone (2001). From a multi-cultural perspective, he drew parallels between disability and feminism in his thesis. He included some of the following principles in his argument, which are worth considering:

- Male stereotype as a unit of industrial output vs. female stereotype as a unit of service and reproduction.
- The emergence of the term "need" reinforces the more feminine stereotype of the servant or career.
- The stereotype of the disabled individual perpetuates the notion of being 'crippled' or hindering productivity.

In a post-industrial society, diversification of people's performance as economic units leads to the quest for different roles.

- The structure and meaning of disability evolve to include many forms of socioeconomic disadvantage.
- The importance of label diversification. Disabled persons serve as a source of newly feminized services as well as a prospective labor supply for service providers.

2.7.1 Disability and Stigma

According to Johnstone (2001), people with disabilities are labelled as a result of humiliation, shame, or stigmatization. Stigma is linked to negative characteristics and a variety of socially derogatory characteristics that are thought to be associated with a group or an individual. Stigma, according to Johnstone (2001), sustains the status quo in a system where one social stratum can continue to subjugate another. This viewpoint implies that people with disabilities are to blame for their suffering and that society as a whole is exempt from contributing to inclusion. Society's expectations are constantly related to stereotypes since they do not see persons with disabilities as people who can better their circumstances in any case.

2.7.2 Disability and Poverty

Circumstances frequently require the parents of a disabled child in the family to resign their jobs to devote 24-hour care to the child or disabled person in the family. As a result, the family's income is reduced, and the family is forced to live in substandard conditions. Poverty increases vulnerability to disability because of the costs associated with disability, discrimination in the labor market, and difficulties in obtaining the necessary assistance, while disability increases vulnerability to poverty because of the costs associated with disability, lack of access to health care, and exposure to violent acts.

Malnutrition, lack of basic sanitation, limited access to preventive health, limited knowledge of health practices, diseases and disability, inadequate housing, and natural disasters are all conditions linked to disability and influenced by poverty, according to the Department for International Development (2000). Failure to provide proper and timely health care can exacerbate illness outcomes, causing reversible deficits to become permanent.

According to Mutoloki (2012), disabled persons and their families are poorer than the general population because of lower-income levels. Elwan went on to say that disabled people are typically unemployed and rely on a smaller income, which is linked to the severity of the condition. Disabled persons are more likely than non-disabled people to have fewer educational levels, which leads to unemployment, and they are less likely to have money and other assets.

The increased expenditures of caring for a disabled person put a strain on the family's finances since they require specialized medical attention, rehabilitative and restorative equipment, and services, as well as fees expended for or by care providers (Mutoloki, 2012).

2.8 CULTURE AND REHABILITATION

The most important aspect of the rehabilitation process is to remember that culture has an impact on the health system and how it treats persons with disabilities. As a result, there is frequently miscommunication between health professionals and clients during the recovery process. This makes rehabilitation difficult, particularly in multicultural, multiracial, and multilingual countries like South Africa. As stated previously in this chapter, many ethnic and minority populations do not define or address disability and chronic illness in the same way that health professionals do (Groce, 1993). This is due to their own distinctive and long-standing cultural beliefs, traditions, and support networks. Their issues aren't always the same, and numerous ethnic and minority groups may have unique solutions to problems that deserve our attention (Groce, 1987 & 1990).

Groce and Zola (1993) suggest that understanding the cultural ideas and attitudes that govern behaviour, guide decisions, and affect relationships with the larger community is critical to effectively serving children and adults with chronic disease and disability in multicultural communities. The same authors go on to say that while no cultural heritage can fully explain how a person thinks and acts, it can aid health care providers in anticipating and understanding why families make particular decisions. Our cultural beliefs and attitudes influence how we view and deal with impairment, and the same is true for how we approach the rehabilitation

process. "Rehabilitation begins in the mind," according to Banja (1996), and the patient's attitude, motivation, and cooperation are all important factors in the rehabilitation process.

He continues, "Cultural ideas influence people's attribution of aetiology of illness or disability, and shape what they expect from the treatment and their clinicians." Cultures and societies also have different expectations.

Kleinman's 1975 study in Banja Luka provides a good example of a client's treatment expectations (1996). The expectations of a Taiwanese patient upon visiting a doctor are described in this example. According to Kleinman (1975), when patients visit Western doctors, they expect an injection but no explanation; when they visit Chinese doctors, they expect herbs prescribed and questions answered; and when they visit folk practitioners, they expect the folk practitioner to be more interested, spend more time with them, and be more responsive to their needs.

The Xhosas, Zulus, and Sothos in South Africa follow the same pattern. When a customer visits a traditional healer, the client expects the healer to explain the problem, identify the source of the problem, and prescribe traditional medication to treat it. When they see a Western doctor, they anticipate him to use a stethoscope, administer an injection, and prescribe several medications. Clients frequently choose to consult therapists alongside regular doctors in the hopes of finally resolving the problem and eliminating the source of their condition. Clients may see Western doctors and seek therapy only to qualify for a government subsidy or to have their child sent to an institution where they will be cared for by employed caretakers.

According to Groce and Zola (1993), in many societies, there are persistent traditional expectations or beliefs that more severely disabled children will simply not survive, and as a result, parents choose either to neglect such a child or, conversely, to lavish love and attention on them because they are expecting them to die soon. They also contend that such attitudes may, sadly, jeopardize efforts to urge parents to plan realistically for their impaired child's future. Because the assumption is death rather than survival, this may also contribute to a lack of interest in the long-term rehabilitation of such a child.

Unfortunately, such attitudes and expectations prevent the child from receiving early intervention and making use of available health treatments. Another cultural product is what a person should do if he or she gets ill or incapacitated (Banja, 1996). According to Groce and Zola (1993), a family with siblings of marriageable age is more likely to hide the disabled

member to avoid reducing their chances of finding suitable mates for other children when the traditional belief is that a disability runs in the family or is evidence of divine retribution.

This entails denying the impaired member the opportunity to receive rehabilitation or to make proper plans for his or her future, such as through education, if possible. The impaired child and adult, as well as his or her immediate family, are subjected to enormous social pressure (Groce & Zola, 1993). Even when such families are aware of the need for special assistance, the same authors assert that they may be hesitant to engage.

The practice of hiding the crippled person has long been practiced by ethnic groups in Southern Africa. Crippled people were seen as a blight on the entire clan during Chaka and Moshoeshoe's reigns, so disabled and elderly people were either placed near the kraal's entrance so the oxen might tread over them until they died, or they were hidden so that no one knew they existed. It's a shame that even today, people who are taken for rehabilitation are sometimes taken more for the sake of collecting a grant than for the value that rehabilitation programs can provide.

When patients' cultural backgrounds are ignored, their behaviour is frequently misinterpreted (Westbrook et al, 1993). According to Banja (1996), if the patient's beliefs are deeply rooted in their culture, it is unusual for the professional to persuade the patient to accept his or her explanation because the patient would revert to his or her opinions once the patient has left. Patients are often respectful and deferential, and nod positively, according to Banja (1996), and doctors expect that the patient will be compliant. However, this is only politeness, not consent. This mistake highlights the importance of paying attention to the full person during rehabilitation, including the client's culture and beliefs.

Miles (1995) emphasizes the importance of studying people's cultures and perceptions of disability to develop appropriate resources. Similarly, Groce and Zola (1993) remark that understanding chronic illness and disability in a multicultural culture is simply unachievable without a better grasp of some of the fundamental and long-identified issues in cross-cultural communication and immigrant and minority experience.

After emphasizing the importance of cultural awareness while dealing with people from varied backgrounds, it is important to remember that people are individuals and that people who share multiple cultural components may not have the same values and beliefs (Dillard et al., 1992). All of the above variables must be examined by all role players in the rehabilitation of the impaired when deciding on their rehabilitation.

2.9 OVERVIEW OF THE CHAPTER

In this chapter, I discussed some of the diverse perspectives on disability, as well as its causes and predisposing factors. The effect of stigmatization of the disabled and their families, as well as the consequences for rehabilitating the afflicted, were reviewed in published notions of cultural beliefs and attitudes regarding disability.

CHAPTER THREE

METHODOLOGY

3.0 INTRODUCTION

The methods used in this study, as well as ethical issues, are described in this chapter. I used both a qualitative and quantitative approach to gain a thorough understanding of the experiences of people with disabilities. I gathered data specifically through interviews because this method allows for a more in-depth examination of participants' experiences and the meanings they assign to them.

3.1 PHILOSOPHICAL FOUNDATIONS

The interpretive paradigm, which is concerned with understanding the world through individual subjective experiences, led the study's techniques. Understanding the meanings that people attach to their experiences is a major task (Amoatey, 2020). The current study used this paradigm to investigate the effects of social-cultural barriers on people with disabilities through the subjective experiences of the participants.

3.2 RESEARCH DESIGN

My first approach to the research was primarily qualitative. Because it is a method that is rich, complete, and holistic, it was chosen for the current investigation (Masasa, 2002). It has the potential to sustain the chronological flow, analyze causation, aid in the development of a useful explanation, and, most crucially, lead to "serendipitous results and new theoretical integrations" (Masasa, 2002). Inquiry is viewed as an interactive process between the

researcher and the participants in this research approach, which values the participants' opinions on their world and attempts to reveal those perspectives. The method is essentially descriptive, and the primary data is what individuals say (Masasa, 2002).

However, I later decided to use a method known as methodological triangulation, which is defined by Leedy (1993) as a compatible procedure for reconciling the two methodologies (quantitative and qualitative) by incorporating elements from each of the major methodologies to fully comprehend the research problem.

Because the research was mostly qualitative, it made more use of open-ended questions through the structured interview, in which the interviewer goes over the questions verbally with each respondent, according to French (1993). This method lets the interviewer learn about the respondent's experiences, feelings, opinions, knowledge, and practices about disability in various cultural groups. Personal and societal meanings that people employ to build or construct their lives in the form of culture and belief systems should not be viewed as statistical variables but should be investigated further. This could be accomplished by triangulation, which is integrating two research procedures, quantitative and qualitative methods in this case (Masasa, 2002). The qualitative component was used to obtain insight into their knowledge, attitude, and beliefs, while the quantitative method was applied in the form of knowledge, attitude, and beliefs surveys.

3.3 DESCRIPTION OF THE STUDY AREA

Kenema district is located in Sierra Leone's Eastern Province, and the seat and main city are Kenema, which is also the country's third-largest city. The city is situated on a railway line in a Kambui Hills valley. The Mende people make up the main ethnic group in the district, which is ethnically varied. 11 The Government Diamond Office is located in Kenema, the heart of the Alluvial Diamond Mining Scheme Area. Kenema is a major agricultural market town and the heart of Sierra Leone's forestry sector. Cocoa, coffee, palm oil and kernels, furniture, and wood carvings are all produced in the area and brought to Freetown for sale and export. The annual rainfall ranges from 2,001 to 3,000 mm. Kenema is one of the most food insecure districts in the country. The State of Food Security and Nutrition in Sierra Leone (2010) report confirmed the percentage of household as food insecure was 33.8%. The district exceeded the 40% critical threshold of chronic malnutrition set by WHO (WHO, 2016). Healthcare is provided by Government, private and non-governmental organizations (NGOs). The Ministry of Health and Sanitation (MoHS) is responsible for health care. In Kenema, the medical

facilities are 21 community health Centers (CHC), 17 community health posts (CHP), 44 maternal child health posts (MCHP) and 1 government hospital, 1 government clinic, 2 mission clinics, 1 mission hospital, 1 NGO clinic, and 3 private clinics. Traditional medicine forms part of the primary health care system in Kenema.

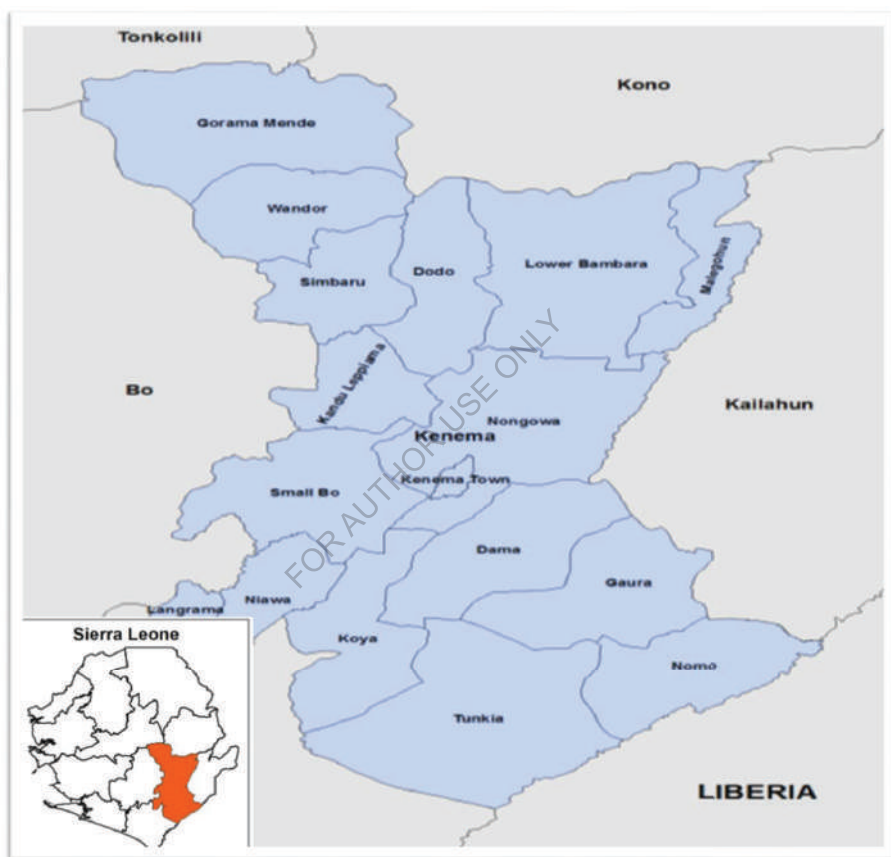


Figure 1: Map of Sierra Leone pinpointing the study area
(<https://www.humanitarianresponse.info/en/operations/sierra-leone>)

3.4 DATA COLLECTION AND PROCEDURE

To recruit participants, I got phone numbers and addresses from a variety of disability organizations in Kenema District that work with people with disabilities, and I met with the

leadership in person to explain the study's goal. Face-to-face interviews with participants from the identified disability organizations were used to gather data. I conducted interviews with them in methods that took into account their accessibility requirements. For deaf individuals, for example, a sign language interpreter was used.

Before beginning the interviews, I outlined the study's goals to the participants and assured them that participating or not participating would not result in any financial benefits or penalties. I also told the participants that they might cease participating in the interview at any point and that there would be no repercussions. The study only included participants who gave their informed consent. The interviews were conducted in English and Mende, which I was able to do because I am fluent in both languages. Mende is an indigenous Sierra Leonean language that is commonly spoken in the research region. As previously stated, interviews with deaf participants were interpreted by a sign language interpreter who was also an instructor at a deaf school.

3.5 INSTRUMENTS

The study utilized a semi-structured interview guide. There were 26 questions in the guide. However, as necessary, I asked extra follow-up and probing questions to gain more in-depth knowledge and clarifications. The questions were designed to elicit information about the general state of disability in Sierra Leone, as well as the disability organization in which the participants were active and the participant's particular experiences as a person with a disability. To record interviews for analysis, I used a digital voice recorder, as well as a notepad and pen.

3.6 SAMPLE PARTICIPANTS

The participants were chosen using intentional sampling (Patton, 1990), which implies that I used my judgment to pick people based on the study's aims. The key criterion for participation was that an individual must be 16 years of age or older. The study comprised 100 impaired people, including 55 males and 45 females ranging in age from 16 to 60 years old. Purposive sampling was utilized in the selection process. I was able to find people of varied ages, genders, and leadership positions to present a diverse set of experiences and viewpoints.

3.7 DATA ANALYSIS AND TRANSCRIPTION

First, I transcribed the audio recordings of the interviews. I chose pseudonyms to replace the participants' real names because they were guaranteed that their identities would be kept

private. To obtain the primary idea, I read through each transcribed interview from beginning to end. Then, to have a better understanding of the facts, I reread each transcribed interview. With each reading, I paid close attention to keywords and marked passages that revealed major examples of people with disabilities social and cultural experiences. After that, the data was entered into various Excel 10 templates. The data was then checked for accuracy, cleaned, and then exported to SPSS 20.0 for analysis. Descriptive statistics, such as determining the mean, median, standard deviation, and frequencies of various variables, were used to analyze the data using SPSS v 20.0.

3.8 ETHICAL ISSUES

Any research involving the use of human participants must take ethical considerations into account. When it comes to disabled people, especially those who have suffered from mental illness or have intellectual limitations, there are frequently ethical concerns. I gained approval from the Sierra Leone Association of Disability Organizations, as well as from several other disability organizations.

I discussed the study's particular goals and procedures, as well as the roles that participants would play, get informed permission. I told potential participants that they had the right to refuse to answer any question if it made them uncomfortable and that they may withdraw from the process at any moment. I also revealed my true identity to the audience. Before conducting interviews, I read this informed consent to certain participants in Sierra Leonean native dialect, following which written consent was signed. Even though most participants were eager about taking part in the study, a few of them greeted me with rebuke. They have given numerous similar interviews in the past detailing their concerns and experiences, and pledges have been made to address these concerns, but nothing has been done. I had to reiterate that the work was intended solely for academic purposes.

3.9 SUMMARY OF THE CHAPTER

This chapter discussed the study's methodology, including the research design, research study area, data collection method, analysis, and ethical considerations. Methodological triangulation was employed in this investigation. Sampling triangulation was also used due to the study's nature. To determine the participants' knowledge, attitudes, and beliefs, a KAB survey was implemented in the form of structured interviews. There were questions that were both closed-ended and open-ended. Finally, the study's core procedure, as well as Data Analysis and Transcription, were discussed.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.0 INTRODUCTION

The previous chapter provided knowledge of the data collection methods employed in relation to the study objectives and the related subtopics. It described the study's scope, its methodology, and the data types used. The limitations of the open-ended and closed-ended interview forms of inquiry were also revealed by it. Following this; the central focus is on the data collected – what were the findings of this research? What insights does the data collected provide to the larger field of study?

The data gathered from interviews using the open-ended and closed-ended inquiry methods are presented in this chapter as study findings. Interviews served as the primary information and data source, and literature sources provided additional assistance. Although the participants provided a wealth of information and ideas, the findings will be presented in connection to the study's study objectives. The study's goals are to determine how qualitative elements like society, culture, and religion influence people's perspectives and the quality of life that persons with disabilities enjoy in Kenema community in Eastern, Sierra Leone.

Questionnaires Response Rate

Table 1: Sample Size

S/N	QUESTIONNAIRE	NUMBERS	PERCENTAGES %
1	Collected	60	100
2	Missing	0	0
	Total	60	100

Source: Field Data 2022

4.1 SOCIO ECONOMIC AND DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

This section discusses the findings of on the Socio-economic and demographic characteristics of the respondents. It entails the Nature of Disability of respondents, Gender Age of Respondent, marital status, educational level and occupation.

Table 2: Socio-Economic and Demographic Characteristics of Respondents

The socioeconomic and demographic characteristics of respondents are shown in table 2.

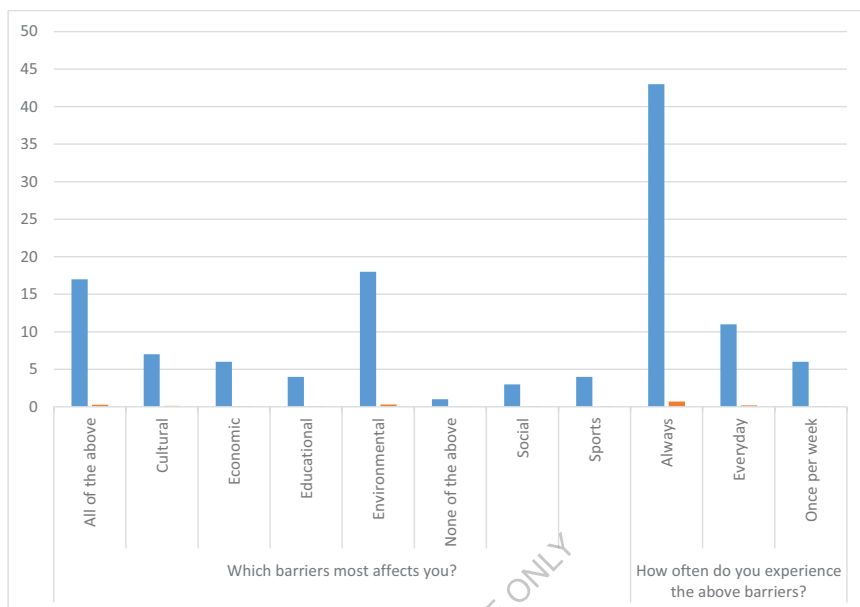
Demography		Frequency	Percentage (%)
Nature of Disability	Mentally disabled	7	11.7%
	Mentally disabled and	6	10.0%
	Physically disabled		
	Physically disabled	34	56.7%
	Visual Hearing	13	21.7%
Gender	Female	23	38.3%
	Male	37	61.7%
Age of Respondent	18-24	20	33.3%
	25-31	15	25.0%
	32-38	5	8.3%
	39-45	10	16.7%
	46-52	7	11.7%
	60-66	2	3.3%
	67-73	1	1.7%
Marital status	Divorced	1	1.7%
	Married	13	21.7%
	Single	44	73.3%
	Widowed	2	3.3%
Number of dependents	1-3	26	43.3%
	4-6	6	10.0%
	None	28	46.7%
Education	Certification	12	20.0%
	Degree	7	11.7%
	Diploma	5	8.3%
	Grade 1-7	5	8.3%
	Grade 8-12	10	16.7%
	Masters	1	1.7%
	Never gone to school	20	33.3%
Occupation	Permanently Employed	11	18.3%
	Self-employed	17	28.3%
	Temporarily Employed	2	3.3%
	Unemployed	30	50.0%

Source: Author 2022

Table 2 indicates that of all the respondents, 34 (representing 56.7%) are physically impaired, and 13 (representing 21.7%) are visually impaired. Also, 7 (representing 11.7%) are mentally impaired. Furthermore, 6 (representing 10.0%) are both mentally and physically impaired. Of this population, the majority (37 respondents representing 61.7%) are males whilst 23 (representing 38.3%) are Females. In terms of age 20 (representing 33.3%) and 15 (25.0%) of the respondents are between the ages of 18-24 and 25-31 respectively. 10 (16.7%), 7 (11.7%) and 2 (3.3%) are between the ages of 39-45, 46-52 and 60-66 years. Only one respondent is between 67 to 73 years of age. Once more majority (44 representing 73.3%) of the respondents are single. Only 13 respondents representing 21.7% are married. 26 (43.3%) respondents have one to three children dependent on them. Whilst 6 respondents have four to six children dependent on them. 28 respondents representing 46.7% had no dependents on them. According to the respondents providing for dependents is difficult. In terms of education, 20 respondents representing 33.3% of the participants have never been to school; 12 respondents representing 20.0% have certificates and 5 respondents representing 8.3% had Diploma; 10 respondents representing 16.7% have completed passed grades 8 to 12, and 5 respondents representing 8.3% have also passed grade 1-7. Only 1 (1.7%) respondent had a master's degree. The majority (30 respondents representing 50.0%) are unemployed and 2 (3.3%) work temporarily. 11 respondents representing 18.3% are permanently employed. Additionally, 17 (28.3%) are self-employed. However, only a small percentage of the respondents experience job satisfaction.

4.2 BARRIERS EXPERIENCED BY RESPONDENTS LIVING WITH DISABILITY

The types of impediments that primarily affect people with disabilities are covered in this section. These include obstacles in the environment, societal and economic barriers, and Sports, educational, and cultural barriers.



Source: Author 2022

Figure 2: Barriers Experienced By Respondents Living With Disability

From **Figure 2** above, it's indicated that Environmental barriers present a major problem for the majority (18 of the respondents representing 30.0%) of the sample who were interviewed. Many of the respondents are affected by this barrier on daily basis. Living in less privileged areas and struggling with transport as well as poor living conditions are a major burden for most of the respondents. They identified this barrier as the most frustrating and challenging of them all as their freedom of movement is curtailed. One respondent said, "I feel so embarrassed when using public transport due to the treatment I get from other passengers and the drivers - to be carried in and out of the public transport vehicles whenever I use them is disgracing. The government must make provision for user-friendly public transport to accommodate people with disability." Another respondent said, "Public transport ceases operating early at night and that puts us in danger. If you are left behind, you have to hire a private car to take you home, which becomes more expensive" Geography of their residential areas is not favorable. All respondents stay in areas with gravelled roads connected to a main tarred road. The gravel roads are in bad condition. Most respondents are exposed to this problem every day as they

travel between their homes and the outside world. As one respondent with an artificial limb indicated, "During the rainy season I struggle a lot as the limb keeps on sticking in the mud which hinders my movement. I also have to continually replace it due to damages caused by poor road infrastructure."

Of all the respondents, 6 respondents representing (10.0%) indicated that they have financial problems. The respondent identified this as a barrier. One respondent said, "The level of literacy contributes a lot as we are disadvantaged to occupy attractive and better-paying jobs." Of the eleven respondents who are working permanently, only five are settled in their jobs and identified high levels of satisfaction. The balance five respondents are underpaid and have to compensate for their income with a disability grant. Two respondents who are temporarily employed earn insufficient funds. Thirty respondents are unable to meet their basic needs. They are unable to afford satisfactory health services, which they constantly need due to their disability. Even though all respondents expressed gratitude for the little income they receive, economic barriers have extensive consequences and make life difficult for them daily.

Three respondents representing 5.0% indicated social barriers as a major barrier affecting them. Labelling, prejudice, stigma, and discrimination are major concerns for most respondents. They want to be understood and also to be accepted as members of the community. Respondents feel humiliated by the negative reception they receive from able-bodied people. One respondent feels that he is regarded as frail and sick. Some respondents did not experience problems with society's perceptions. However, one respondent overheard someone saying: 'Why didn't they abort this poor fellow before birth? This person will endure this suffering for the rest of his life.' The respondent indicated that he was upset with the remark. Some respondents mentioned that they are side-lined from being included in community activities due to their disability. The majority of respondents preferred to do things for themselves as mentioned by one of the respondents who said, "I always enjoy competing with able-bodied people just to show them my potential and my preference of being independent. I don't want people to look down on people with disability and therefore want them to site me as an example in managing situations'

Respondents fully understand that the culture of looking down on people with disability will change over time. Six respondents believed that due to the slow pace of acceptance, the shift of cultural beliefs, morals, and norms around disability will eventually vanish. One respondent is still considered a product of a curse by his community. He indicated that some family members believed that his parents had sinned and that is why they were punished. He said. "I am now used to the fact that I am just a victim of circumstances because of the treatment from

the community. I am a Christian and fully know that my parents did not play a part in my disability but it was the will of God." Seven of the respondents representing 11.7% showed a major concern about this type of barrier and wanted something to be done to change the perception.

Most of the respondents felt disadvantaged by the marginalization of disabled people by the educational system. Four respondents representing 6.7% of the total respondents blamed the education system for failing to integrate them into public schools but rather sending them to special schools which were located far from their homes. As a result of their dissatisfaction with special schools, two respondents dropped out of school without completing Grade 12. One respondent acquired his disability after completing his diploma and does not hold the education system accountable for his failures and success. He sympathized with others for the experiences they had endured. He stated, "The way I see young disabled pupils struggle every day with transport to school shows the struggle they are facing on daily basis. For them to go to school. Another respondent acquired his education, received his certificate, and was then employed in a special school. He said, "Life could have been different for me if I was sent to a public school first as I would have chosen a different career path than the vocational training I was channelled to do at the special school." The majority of respondents are unemployed as they lack the proper skills required for employment.

All the respondents are keen supporters of local clubs and also want to be involved in sports activities. However, they cannot afford to do so as they do not have the resources to cater to their disabilities. Most of the respondents are unable to access soccer fields due to geographical setup and as is the most common sport in the area. Four respondents complained that the available sports centers are in town and going there is difficult for them due to transport and financial problems. All respondents were concerned with this barrier and thought that much still has to be done to accommodate them. Only one respondent indicated that they are not affected by any of the barriers.

4.2.1 PEOPLE MOST AFFECTED BY BARRIERS

Respondents were asked to state the people most affected by disability barriers. The results of the findings are shown in table 3.

Table 3: People most affected by barriers

Barrier	Frequency	Percentage (%)
Who is most affected by barriers?	Children	4
	Children, Everyone	2
	Everyone	41
	Old men	1
	Young Men	7
	Young Men, Young Women	1
	Women	
	Young Women	4

Source: Field survey (September 2022)

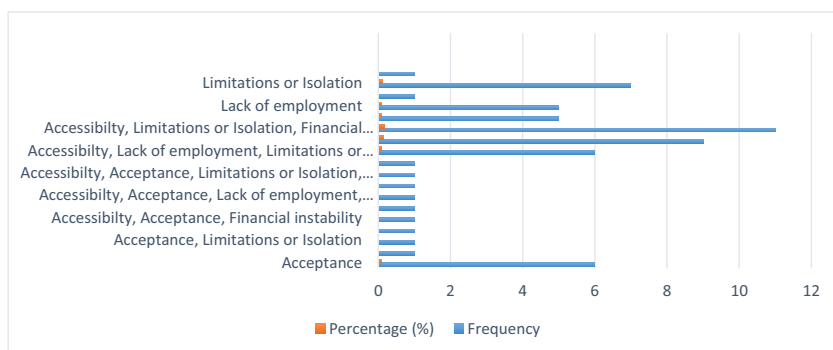
As seen in **Table 3** above, respondents indicated that limitations faced by people with disabilities affect everyone equally, including children, young people, adults, and seniors. However, 4 (6.7%) and 7(11.7%) respondents, are of the view that young men and children are the groups most impacted by impediments.

4.3 CONSEQUENCES OF AND COPING STRATEGIES FOR LIVING WITH BARRIERS

This section discusses findings on the consequences of and the coping strategies of people living with disabilities.

4.3.1 CONSEQUENCES OF BARRIERS FOR PEOPLE LIVING WITH DISABILITY

Respondents were asked to state the consequences of barriers for people with disability. The results of the findings are shown in figure 3.



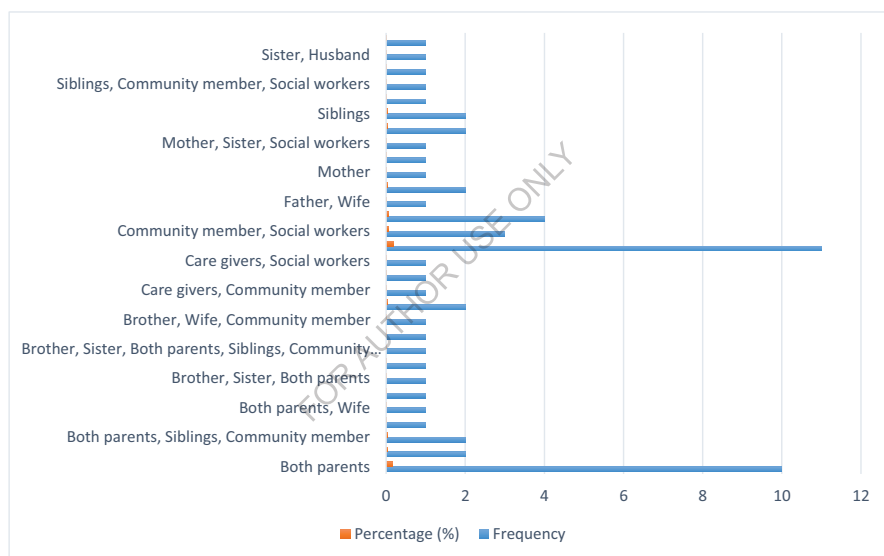
Source: Author 2022

Figure 3: Consequences of barriers to people living with disability

According to **figure 3**, all respondents stated that barriers had a negative impact on their ability to fully develop, ruin their sense of self, and demoralize them. Accessibility, Limitations or Isolation, and Financial Instability were identified as the three main effects of barriers by 11 respondents, or 18.3% of the total respondents.

4.3.2 SUPPORTIVE NETWORKS

Respondents were asked to state their supportive networks. The results of the findings are shown in figure 4.



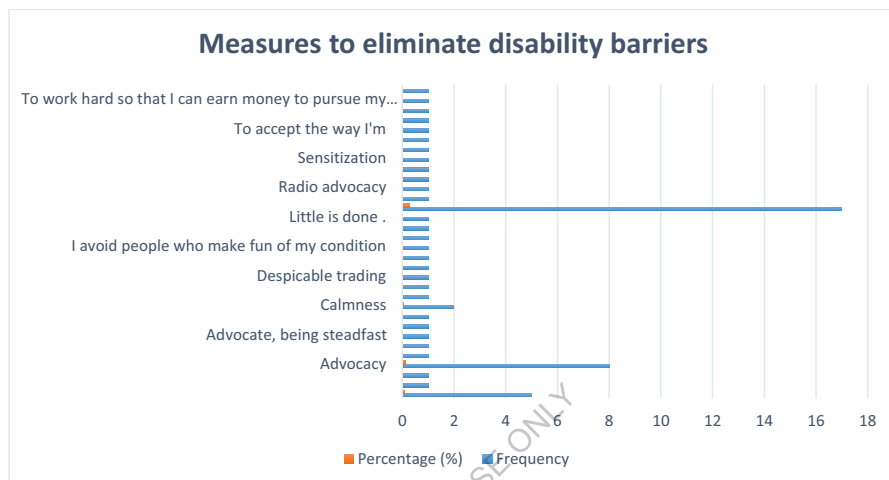
Source: Author 2022

Figure 4: Distribution of Supportive networks of respondents

The family, which included parents and siblings, was mostly mentioned as a supportive network. Only a few respondents stated that they get support from caregivers and social workers. Some other respondent stated their partners as the supportive pillar. Other respondents mentioned that they get support from community members.

4.3.3 MEASURES TO ELIMINATE DISABILITY BARRIERS

Respondents were asked to state measure taken to eliminate disability barriers. The results of the findings are shown in figure 5.



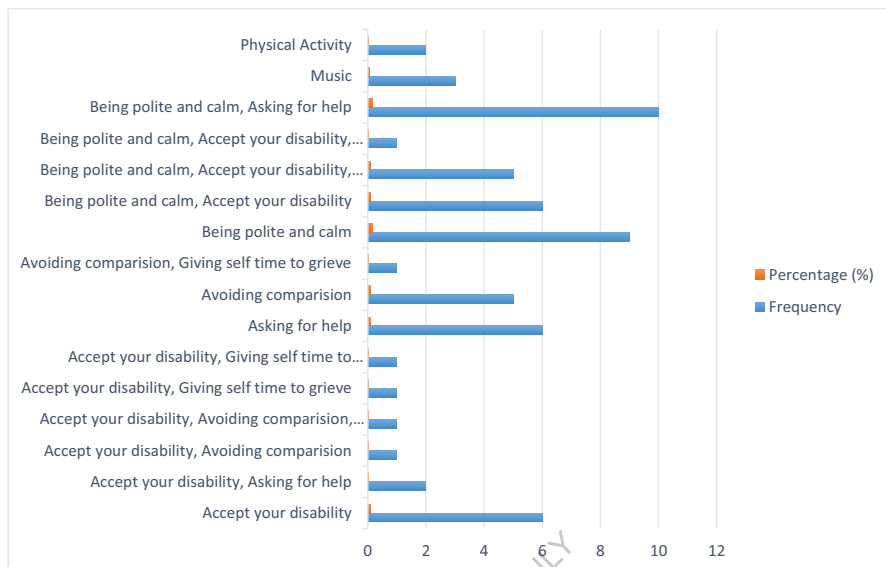
Source: Author 2022

Figure 5: Measures to eliminate barriers

All of the responders want barriers to be eliminated. However, the majority of people think that not enough is being done to remove barriers for people with disabilities. They suggested that putting in a lot of effort to acquire money, becoming more sensitive, accepting oneself, and remaining steadfast are all steps that can help remove barriers. Additionally, community and family support must be bolstered. As a strategy to remove barriers, respondents favored active engagement in policies developed by those with disabilities. The reply was also in favor of including individuals with disabilities in mainstream society on all fronts, including socially, politically, culturally, educationally, and in sports.

4.3.4 COPING STRATEGIES

Respondents were asked to state coping strategies for dealing with disability issues. The results of the findings are illustrated in figure 6.



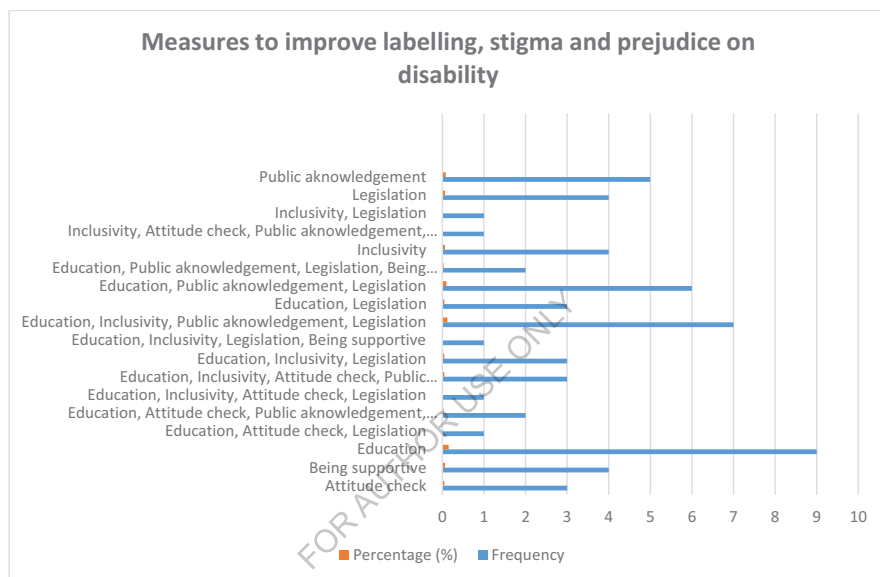
Source: Author 2022

Figure 6: Coping strategies

The majority of respondents want to change the way disabled people are perceived. 6 respondents representing 10.0% of respondents raised self-acceptance as the best strategy to cope. One respondent said, "The motivation to self-education is empowering while self-acceptance can rather help us cope with the barriers." Most of the respondents stated that being polite and calm is a very effective coping strategy. Respondent opted to ignore public perceptions. Another respondent keeps himself busy and listens to music as a way of coping.

4.3.5 MEASURES TO IMPROVE LABELING, STIGMA, AND PREJUDICE AGAINST PERSONS WITH DISABILITY

Respondents were asked to state the measures taking to improve labelling, stigma and prejudice against persons with disability. The results of the findings are shown in table 7.



Source: Author 2022

Figure 7: Distribution of Measures to improve labelling, stigma and prejudice on disability

The majority of respondents said that actions that should be taken to assist reduce labelling, stigma, and discrimination are public acknowledgment, education, and inclusivity. The remainder favours having laws that safeguard the rights of those with disabilities. All of the respondents disapproved of labelling, stigmatization, and prejudice. One respondent offered the Batho Pele principles as a guide that individuals should follow to prevent having unfavourable attitudes toward those who have disabilities. The respondent said, "We are suffering every day from the stigma and marginalization imposed on us and that hurts. I want all people to embrace the spirit of 'Ubuntu' to avoid the infiltration and the harm we are exposed

to." Some respondents said that they do not have control over changing stigmatization, labelling, prejudices, and marginalization.

4.4 PEOPLES' PERCEPTIONS OF DISABILITY

In this section, information is presented regarding the respondents' experiences of the perceptions of different people of their disabilities. This includes their families, friends, spouses or partners, workplace colleagues, and community members.

4.4.1 PERCEPTIONS OF OTHER FAMILY MEMBERS

Respondents were asked about the perceptions of other family members about their disability. The results of the respondent's responses are shown in Table 4.

Table 4: Perceptions of other family members

Perceptions		Frequency	Percentage (%)
What is the reaction of other family members towards your disability?	Judgemental	3	5.0%
	Not supportive	4	6.7%
	Open and Very supportive	32	53.3%
	Somewhat supportive	6	10.0%
	Supportive	15	25.0%

Source: Author 2022

32 respondents representing 53.3% reported that their family members are open and supportive of them. 4 respondents reported that they do receive support from their families. One respondent became disabled after finishing his diploma and according to him, "It was something my family did not expect. They were in shock and took time before they accepted my disability. Now they are well acquainted with my condition." 6 other respondents (representing 10.0%) reported that their families are somewhat supportive of them. Some stated that they only get support from their children. Three respondents stated that their family members are judgemental towards their impairment. In an open discussion with a respondent, he stated that he only gets support when his family members want something from him. This is due to the grant he receives from the government. "My family gives me support when I have money. When I don't have money, they always treat me unfairly and shut their doors on me."

4.4.2 SPOUSE OR PARTNER'S PERCEPTIONS

Respondents were asked about the perceptions of their spouses/partners about their disability. The results of the respondent's responses are shown in Table 5.

Table 5: Spouse or partner's perceptions

Perception of Spouse/Partner		Frequency	Percentage (%)
How does your spouse/partner perceive your disability?	Curse/Evil spirit	3	5.0%
	Inferior	2	3.3%
	Misfortune	4	6.7%
	Natural selection	4	6.7%
	Others	4	6.7%
	Shame	2	3.3%
	Will of God	41	68.3%

Source: Author 2022

People with disability also enjoy intimate relationships, despite their condition. They expressed the need to be loved and cared for. Most of the respondents (41 respondents representing 68.3%) stated that their spouses or partners perceive their impairment as the Will of God. 3 respondents representing 5.0% and 2 other respondents representing 3.3% of all respondents indicated that their partners consider their impairment a curse and a shame respectively. One respondent lost his girlfriend immediately after his injury. He found another girlfriend after his injury and she has remained with him. He regards her as the queen of his heart and a God-sent angel. One respondent who indicated that she does not have a boyfriend said, "I don't want to be a burden to someone for the rest of my life. I can see how hard my parents are struggling to make ends meet and I don't want to impose my suffering on someone else. If I can maybe reconsider this, maybe I will change my mind." Four respondents representing 6.7% of respondents enjoy the company and support of their married partners or boyfriends and girlfriends.

4.4.3 PERCEPTIONS OF FRIEND'S COMMUNITY ORGANIZATIONS, I.E. CHURCH, CIVIC, AND YOUTH STRUCTURES

Respondents were asked about the perceptions of friends and community organizations about their disability. The results of the respondent's responses are shown in Table 6.

Table 6: Perceptions of friends and community organizations, i.e. church, civic, and youth structures

Perception	Frequency	Percentage (%)
What is your friend's reaction to your disability?	Judgemental	7 11.7%
	Not supportive	3 5.0%
	Open and Very supportive	22 36.7%
	Somewhat supportive	6 10.0%
	Supportive	22 36.7%
What is the community organization's perception?	Inferior	1 1.7%
	Misfortune	2 3.3%
	Shame	1 1.7%
	Will of God	56 93.3%

Source: Author 2022

From **Table 6** above, the majority of the respondents indicated that their friends were open and very supportive (22 respondents representing 36.7%) whilst some were only just supportive towards them (22 respondents representing 36.7%). In an open discussion two of the respondents who acquired disability through an accident, indicated that immediately after they were disabled some friends disowned them and some were not supportive. One respondent indicated that she only relates to her children and does not have friends. She indicated, "I never got support from my friends immediately after the accident. Instead, they gave me the cold shoulder when I needed them most. I simply resorted to relying on the support from my children as they cannot betray me." From the information gathered there is every indication that most impaired persons get support from their friends. One of the respondents commented, "I always lean on my friends as they always give me the utmost support that I need. When I am down they always lift my spirit high. They always boost my self-esteem." In relation to the perceptions of a community member, Respondents experience different treatment from community structures. One respondent indicated that he is a member of different structures in his community. He said, "I am the will of change in my community and I am more involved in politics and as such I get the treatment I deserve from community members." The majority of respondents indicated that most community members and community structures see their impairment as the will of God. However, two respondents stated that community members saw their impairment as a misfortune. Some respondents were dissatisfied with their involvement

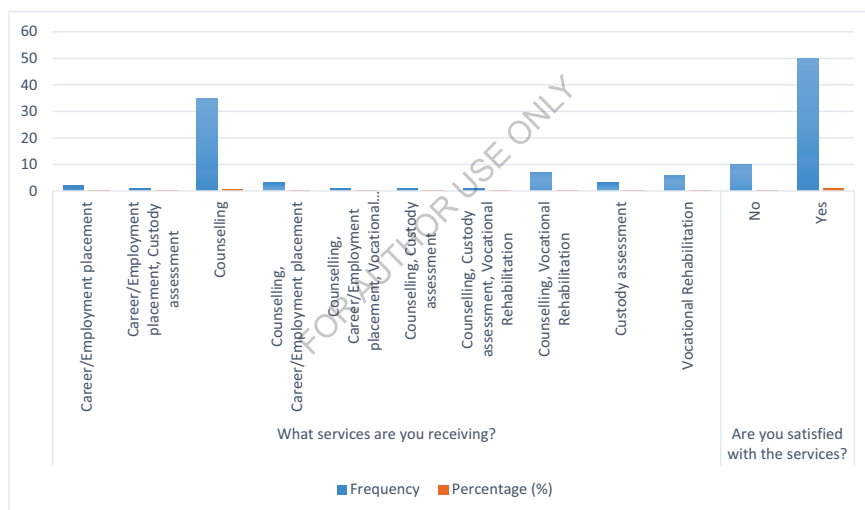
in decision-making at the community level. They mentioned that their involvement was not considered.

4.5 DISABILITY AND SOCIAL WORK

This section identifies the challenges of people with disability and their expectations of social workers to put social work practice on a par with the best services needed by those living with disability and encourages future researchers to follow the same path in ensuring the lives of people living with disability are improved and therefore lead to better living.

4.5.1 SERVICES BY SOCIAL WORKERS TO PEOPLE WITH DISABILITY

Respondents were asked about the services offered by social workers to people with disability. The results of the respondent's responses are shown in Table 8.



Source: Author 2022

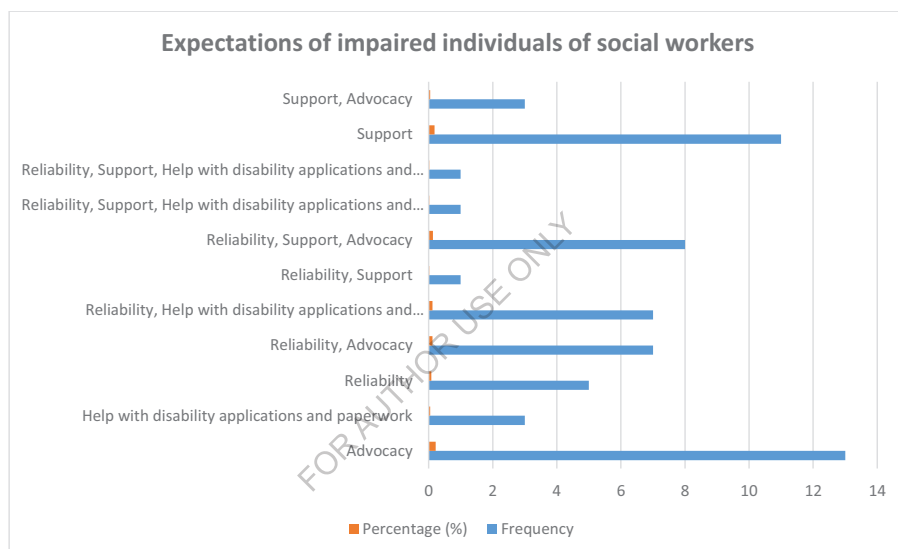
Figure 8: Services by social workers to people with disability

50 respondents, representing 83.3% of the sample, stated that they were happy with the services they received from social workers, even though some of their problems were never resolved. Ten respondents (16.7%) expressed unhappiness with the services provided to the respondents. They claim that although they sought help from a social worker, the treatment was never satisfactory. They chose assistance from other professionals because their expectations were

never satisfied. On services received from social workers, 30 respondents (representing 58.3%) stated that they only received counselling from social workers. 6 respondents said they had received vocational rehabilitation from social workers. Only 2 respondents representing 3.3% had received career or employment placement from social workers.

4.5.2 EXPECTATIONS OF IMPAIRED INDIVIDUALS OF SOCIAL WORKERS

Respondents were asked about the expectations of impaired individuals of Social workers. The results of the respondents responses are shown in Table 9.



Source: Author 2022

Figure 9: Expectations of impaired individuals of social workers

The majority of respondents wanted social workers to support disabled individuals more and go above and beyond. The majority of respondents listed social workers' advocacy as a top expectation. To fully expose social work services through advocacy, 13 respondents (representing 21.7%) felt that marketing their services to the local community was the best strategy. Some respondents stated that social workers must be trustworthy and that they must follow up with clients or, more appropriately, visit persons with disabilities in the community because some respondents are unable to reach them.

4.6 DISCUSSION OF RESULTS

4.6.1 DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

The display of data on the respondents' demographic characteristics reveals that the majority 34 (56.7%) of the respondents are physically impaired. Additionally, 20 (33.3%) of the responders are between the ages of 18 and 24. This proves beyond a doubt that there are a number of young people with disabilities in the Kenema Community. In addition, 44 responders (73.3%) are not married, making up 50.0% of the total. Another interesting feature of this population is that it is predominately made up of men 37 (61.7%), and the majority of respondents, 20 (33.3%), have never attended school. Only a tiny percentage of respondents, 10.7%, have completed grades 8 through 12.

4.6.2 DESCRIPTION OF THE BARRIERS BY THOSE LIVING WITH DISABILITY

4.6.2.1 ENVIRONMENTAL BARRIERS

The participants that provided the data gathered referred to environmental barriers specifically in terms of accessibility, mainly referring to the geographical setup of their residential areas. The majority of the roads are gravel and in low enough condition that they cannot be effectively used by a person in a wheelchair. Due to the respondents' predominant reliance on wheelchairs and public transportation, which remains difficult for those with disabilities, accessibility was mostly assessed in light of their current circumstances.

4.6.2.2 ECONOMIC BARRIERS

The worry shared by all participants was typically the economic barrier. The majority of them do not have any jobs and most of them only have temporary jobs. Even though only a small number of people have stable jobs, the economic impediment continues to be an issue for them as well. But the financial barrier has inspired some of the respondents to go above and beyond in creating an additional source of income by learning skills and working for themselves. Some people rely only on the government's disability payment, even though some do have jobs. A few of the respondents have a solid family support system and get financial aid from their relatives.

4.6.2.3 SOCIAL BARRIERS

The survey respondents were interested in learning how social barriers affected people with disabilities. The stigmas, prejudices, and Unfavorable attitudes that people have about them are

an issue for the majority of responders. The majority of healthy individuals (able-bodied) still see people with disabilities negatively. A large percentage of the respondents said they do that daily. They are viewed as frail by others, who are always eager to help. Even pointlessly the respondents, the majority of whom use wheelchairs, are most impacted by the social barrier as a result of their apparent impairment. People with disabilities can sense others' attitudes from their simple glances, which conveys a lot about them. The majority of the respondents to this study believe that they are seen with contempt by others. The respondents have expressed worry when utilizing public transportation regarding those who are able-bodied and believe they are causing a delay because they take their time boarding the vehicle. The social barrier does not affect many of the responders because they get along well with other people in society.

4.6.2.4 CULTURAL BARRIERS

Few respondents think that culture is fostered and that there is a chance for culture to change, which would necessitate community initiatives to alter how people perceive issues related to disability. Noble (2014) contended that "the cultural perspective for viewing the lives of persons with a disability requires a dramatic change of focus. Disability culture opposes naming practices that eliminate variety and prioritize homogeneity ". The respondents accepted that changing the cultural perspective on disability could take some time, but the change would eventually become apparent.

4.6.2.5 SPORTS BARRIERS

The sports barrier affects almost all of the responders. They blame the government for failing to support their sport's requirements. Soccer is the only sport that is frequently played nearby. Due to a lack of facilities, other sports are not played in the area. Some of the respondents who have attempted to take part in local sporting events have voiced concerns about how they are marginalized by their able-bodied competitors, who occasionally don't appreciate their efforts. This has deterred the respondents from taking part. The respondents' residential locations are located distant from the user-friendly, well-equipped facilities. As a result, respondents are unable to use those facilities because of transportation and financial issues.

4.6.3 IMPACT OF THE BARRIERS ON PEOPLE WITH DISABILITY AND THEIR COPING STRATEGIES

The respondents expressed serious concerns about how the barriers affect their daily life. Extreme exposure to all the problems associated with impairment prevents them from

succeeding, even though they occasionally can use some coping mechanisms. Millions of disabled children and people around the world are prevented by the restrictions from enjoying basic citizenship. Even worse, they fail to obtain or enjoy human rights and continue to abstain from participating in productive and social activities. Disabled people are also cut off from affectionate relationships and even denied the right to move.

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CHAPTER FIVE

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.0 INTRODUCTION

This concluding chapter summarizes the study's main findings. Additionally, participants' recommendations for improving the social conditions in Sierra Leone for people with disabilities are presented. Lastly, avenues for future research are outlined. The limitations, implications, and recommendations are based on the topic being discussed. Conclusions and a summary of the study are included.

5.1 SUMMARY OF THE STUDY

The study focused on the sociocultural obstacles that individuals with disabilities face in the Kenema, Eastern Province region of Sierra Leone. The researcher was interested in learning more in-depth facts about how barriers affect those with disabilities and how they manage them. The study employed a qualitative research methodology, which, according to Gabor, Unrau, and Grinnell (1998), emphasizes qualitative descriptions and focuses on facts as they occur in natural settings. It is a method of discovery that is considerate of ecological and holistic concerns. This study's methodology is descriptive and phenomenological. The study's target audience was the disabled community in Kenema District. In the study, sixty impaired males and females between the ages of 18 and 45 were enrolled. A purposeful sample was employed, and non-probability sampling was used. A questionnaire with questions pertinent to the study's goals was created for interviews. Open-ended questions were included in this guide, giving participants the chance to voice their opinions. To clarify the questions and gauge the interview's duration, a pilot interview was conducted. Therefore, an in-person interview was conducted.

In relation to the Socio-Economic and Demographic Characteristics, it was observed that the Majority is physically impaired and the results indicated a dominant male population. In terms of age, the majority are in the youthful age group. It was also observed that the majority of the respondents were unmarried. According to the respondents, providing for dependents is difficult. In terms of education, the majority of respondents never had a formal education. The majority are unemployed and 2(3.3%) work temporarily. However, only a small percentage of the respondents experience job satisfaction.

Concerning barriers experienced by respondents living with disability, it's indicated that Environmental barriers present a major problem for the majority many of the respondents are affected by this barrier on daily basis. Living in less privileged areas and struggling with transport as well as poor living conditions are a major burden for most of the respondents.

The majority of the respondents indicated that they had financial problems. One respondent said, "The level of literacy contributes a lot as we are disadvantaged to occupy attractive and better-paying jobs." Of the eleven respondents who are working permanently, only five are settled in their jobs and identified high levels of satisfaction. Even though all respondents expressed gratitude for the little income they receive, economic barriers have extensive consequences and make life difficult for them daily. Social barriers were also stated as a major barrier affecting them. Labelling, prejudice, stigma, and discrimination are major concerns for most respondents. They want to be understood and also to be accepted as members of the community. Respondents fully understand that the culture of looking down on people with disability will change over time. Six respondents believed that due to the slow pace of acceptance, the shift of cultural beliefs, morals, and norms around disability will eventually vanish. Most of the respondents felt disadvantaged by the marginalization of disabled people by the educational system. He sympathized with others for the experiences they had endured. He stated, "The way I see young disabled pupils struggle every day with transport to school shows the struggle they are facing on daily basis. For them to go to school. Another respondent acquired his education, received his certificate, and was then employed in a special school. The majority of respondents are unemployed as they lack the proper skills required for employment. All the respondents are keen supporters of local clubs and also want to be involved in sports activities. However, they cannot afford to do so as they do not have the resources to cater to their disabilities.

In relation to the consequences of coping strategies for living with barriers, all respondents stated that barriers harmed their ability to fully develop, ruin their sense of self, and demoralize them. Accessibility, Limitations or Isolation, and Financial Instability were identified as the three main effects of barriers by the total respondents. All of the responders want barriers to be eliminated. However, the majority of people think that not enough is being done to remove barriers for people with disabilities. They suggested that putting in a lot of effort to acquire money, becoming more sensitive, accepting oneself, and remaining steadfast are all steps that can help remove barriers. Additionally, community and family support must be bolstered. As a strategy to remove barriers, respondents favoured active engagement in policies developed

by those with disabilities. All of the respondents disapproved of labelling, stigmatization, and prejudice. One respondent offered the Batho Pele principles as a guide that individuals should follow to prevent having unfavourable attitudes toward those who have disabilities.

People with disability also enjoy intimate relationships, despite their condition. They expressed the need to be loved and cared for. In an open discussion two of the respondents who acquired a disability through an accident, indicated that immediately after they were disabled some friends disowned them and some were not supportive. Concerning the perceptions of a community member, Respondents experience different treatment from community structures. Most disabled individuals stated that they were happy with the services they received from social workers, even though some of their problems were never resolved. The majority of respondents wanted social workers to support disabled individuals more and go above and beyond.

5.2 CONCLUSION

In many, if not all, nations around the world, those with disabilities are among the most disadvantaged groups of people. The Convention on the Rights of Those with Disabilities was adopted by the United Nations as a result of their unfair treatment and the unfair competition they face from people who are not challenged in practically every aspect of life, including job searching and living standards. Since Sierra Leone signed this agreement, it is expected its government to take considerable actions to enhance the welfare of those with disabilities. While it is important to acknowledge the wonderful work done by international organizations, additional government backing would have a significant influence. The study found that the majority of people with disabilities were unable to find employment simply because they lacked the necessary credentials to compete in the job market. The government must establish or improve intentional policies that encourage the inclusion of these people in educational initiatives. Campaigns to raise awareness have not been seen as a crucial part of eliminating discrimination. To modify the stigmatizing attitudes of people toward individuals with disabilities and to make sure that equal rights are prioritized, the government of Sierra Leone must engage closely with the local communities, non-governmental organizations, and other groups. Roads are one of the most crucial areas to focus on while developing any project because they facilitate transportation. The respondents stated that they did not participate in any activities; leisure is a crucial inclusion strategy since it affects communication and raises people's self-esteem. Some of the respondents struggled with acceptance, which they would be able to overcome by socializing and seeing that they could accomplish more despite having a

disability. The ideas will help in reducing the hurdles to make persons with disabilities enjoy life and citizenship in their nation, even though it will take time to gradually remove some of the restrictions.

5.3 RECOMMENDATIONS FOR PRACTICAL ACTION

From the research findings, the researcher has come up with some recommendations for future researchers, the social work profession, and the family, society, and disability policies. The recommendations will help in making changes to encourage a better perception of people with disability, which will thus reduce barriers.

5.3.1 RECOMMENDATIONS FOR PEOPLE WITH DISABILITY

It is advised that people with disabilities learn skills that will aid in shattering the myths and belief systems that prevent them from taking part in common activities with their able-bodied peers. To compete in the job market, people with disabilities should empower themselves via education and skill acquisition. They will feel more independent and empowered as a result of this.

5.3.2 RECOMMENDATIONS FOR FAMILY

Few respondents to this poll said they had no assistance from family members, while the majority said they were receiving it from family members. Family members' negative perceptions of disability have a significant impact on society, which leads to hurdles. Family members, both immediate and extended, should have a positive impact on the lives of people with disabilities, suggests the study. Due to their inherent vulnerability, people with disabilities require the necessary attention, security, and support from their loved ones. When family members reject them and have bad views toward them, it causes a lot of frustration and deteriorates each person who has a disability. The family must make sure that they embrace their impaired family member's status and work to help them integrate into society.

5.3.3 RECOMMENDATIONS FOR SOCIETY

The concept of disability and the necessity of integrating people with disabilities into society must be understood by society. People with disabilities can become victims if negative views rule society since it has so much influence. According to Mckelprang and Salsgiver (1999), practitioners frequently associate people with disabilities with negative social stereotypes such as being pitied, being a danger to society, being sick or incompetent, being cursed by God,

receiving a gift from God, being subjected to a test from God, or being freaks. The stigma, prejudice, and discriminatory attitudes that exist in society against persons with disabilities must be changed. For people with disabilities to feel like a part of the greater community, it is crucial to include them in community organizations and activities. They will achieve their full potential and discover abilities and skills they never knew they possessed.

5.3.4 RECOMMENDATIONS FOR THE SOCIAL WORK PROFESSION

Some respondents weren't impressed with the services that social workers provide, while others had no idea what social workers did. Only a small number of respondents had visited social workers' offices and understood their functions. The study strongly urges social workers to sell their services effectively. Simply said, this is engaging with the community on a local level through outreach initiatives, workshops, seminars, and symposiums. Social work has recently been identified as a skill in short supply since there aren't enough of them in the country, which makes it difficult for those who do provide these services to do so to the best of their abilities. Government must develop a recruitment and retention plan that will entice students to choose social work as a career and inspire social workers who are already working in the sector to stick with it.

5.3.5 RECOMMENDATIONS FOR POLICY

The Sierra Leonean government has appealed legislation, policies, and Acts, such as the Constitution with the Bill of Rights, the Equality Bill, the White Paper for Disability, and the Mental Health Care Act. The implementation of those policies is still a problem. Government has to come up with monitoring strategies to ensure that the implementation of those policies is taking place. Government must also consult with people with disability when drawing policies that concern them. There is a saying used mostly by people with disability which says, "Nothing about us without us." The involvement of people with disability and their contributions is important in the legislature as it gives them an impression of their worth.

5.3.6 RECOMMENDATIONS FOR FUTURE RESEARCHERS

The researcher has covered a few types of barriers in the study but has limited some of the important issues due to time, the number of respondents, the geographical areas where the sample was selected, and sampling methods. The researcher thus wants other researchers to concentrate on other disciplines connected to inherently debilitating barriers. Future researchers are advised to employ the quantitative technique to include the greatest number of

respondents feasible as this study only included a small number of respondents. To increase our understanding of the effects of the various barriers, other research techniques that weren't included in this study should be used.

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APPENDICES

APPENDIX A: QUESTIONNAIRE

RESEACH INSTRUMENT

INFLUENCE OF SOCIO-CULTURAL BARRIERS ON PERSONS WITH DISABILITIES-A CASE STUDY OF KENEMA DISTRICT, EASTERN SIERRA LEONE.

SECTION 1- BACKGROUND OF THE RESPONDENT

1.1 Nature of disability

A. Mentally disabled	B. Physically disabled	C. Visual Hearing	D. A & B	E. All
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1.2 Marital status

A. Single	B. Married	C. Divorced	D. Widowed
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1.3 Age of respondent

A. 18-23	B. 24-29	C. 30-35	D. 35-40	E. 41-45
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1.4 Gender

A. Male	B. Female
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1.5 Number of dependents

A. None	B. 1-3	C. 4-6	D. 7 & Above
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1.6 Residential area

1.7 Highest qualification achieved

A. Never gone to school	B. Grade 1-7	C. Grade 8-12	D. Certification	E. Diploma	F. Degree	G. Hons	H. Masters	I. Other
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1.8 Occupation

A. Unemployed	B. Self employed	C. Temporarily Employed	D. Permanently Employed
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SECTION 2 – CONTENT OF BARRIERS

2.1 Which barriers most affects you?

A. Environmental	B. Economic	C. Social	D. Cultural	E. Educational	F. Political	G. Sports	H. All of the above
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I. None of the above

2.2 How often do you experience the above barriers?

A. Everyday	B. Once Per week	C. Once per month	D. Always
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2.3. Who is most affected by barriers?

SECTION 3- CONSEQUENCES AND COPING MEASURES

3.1 What are the consequences of the barriers to you?

3.2 Who gives you support to cope with those consequences?

A. Mother	B. Father	C. Brother	D. Sister	E. Both Parent	F. Siblings	G. Care givers	H. Social workers
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I. Other professionals	J. Community member
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From where do you get the support?

3.3 What are the measures taken to eliminate those barriers?

3.4 What coping strategies can you apply to deal with the barriers?

3.5 How can you improve labelling, stigma and prejudices on disability?

SECTION 4- PERCEPTIONS OF OTHERS ON DISABILITY

4.1 What is the reaction of other family members towards your disability?

4.2 What is your friend's reaction towards your disability?

4.3 How does your spouse/partner perceive your disability?

4.4 How do you think other people perceive you at your workplace?

4.5 What is the community organisations' perception of your disability, i.e. church, civic?

SECTION 5 - DISABILITY AND SOCIAL WORK

5.1 What services are you receiving from the social workers?

5.2 Are you satisfied with the services you receive?

A. Yes	B. No
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Explain

5.3 What are your expectations of the social workers?

End.

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