Challenges faced by parents in parenting children with learning disabilities in Opuwo, Namibia

by

CLEVER TADERERA

A mini-dissertation submitted in partial fulfilment of the requirements for the degree

Master of Social Work
(Social Development and Policy)

in the Department of Social Work and Criminology at the

UNIVERSITY OF PRETORIA

FACULTY OF HUMANITIES

SUPERVISOR: Dr H Hall

May 2015

DECLARATION OF ORIGINALITY

Full Name: Clever Taderera

Student No.   13359119

Topic of Work: Challenges faced by parents in parenting children with learning
                              disabilities in Opuwo, Namibia

I declare that this research report is my own work. It has not been submitted for any degree or examination neither at the University of Pretoria nor any other University. All the sources used or cited have been indicated and acknowledged by means of a complete reference in accordance to the university requirements.

Signature:_____   Date:_____

i

ACKNOWLEDGEMENTS

This work is a culmination of efforts from a range of individuals and entities without whose inputs, this study could have been futile.

I owe incalculable debt for accomplishing this piece of work to the participants of this study who allowed me entrance into their private lives and who shared intimate information with me during the interviews. This work is dedicated to them.

My deepest gratitude is due to Dr H Hall, my supervisor for guidance, incredible support and encouragement throughout this project. I will forever cherish the manner in which she provided guidance.

I would also like to thank Ms C Mwasekele and Mr U Tjiuma of a primary school in Opuwo for the invaluable support and assistance in gaining access to the participants of this study. Without their help, this project would not have been possible.

I am indebted to Shirley Shai for her willingness to assist me with literature. Shirley promptly provided reading material electronically whenever I requested her to assist. I am grateful.

To my wife Amina and my daughter Ann, thank you for the inspiration.

I can do all things through Christ, who strengthens me.

(Philippians 4:13: World English Bible)

ii

ABSTRACT

CHALLENGES FACED BY PARENTS IN PARENTING CHILDREN WITH LEARNING DISABILITIES IN OPUWO, NAMIBIA.

BY

CLEVER TADERERA

SUPERVISOR:	**DR H HALL**
DEPARTMENT:	**SOCIAL WORK AND CRIMINOLOGY**
DEGREE:	**MSW (SOCIAL DEVELOPMENT AND POLICY)**

When parents learn that their child has a learning disability, they begin a journey that takes them into a life that is often filled with strong emotions, difficult choices, interactions with many different professionals and services (VanPelt, 2007:53). In Africa, learning disabilities are considered a complex phenomenon seeing that there has not been an African derived definition of learning disabilities. Hitherto, tools and formulas used to diagnose learning disabilities are western based (Abosi, 2007:198). Due to elusive understanding of the phenomena among the general public, children who have learning disabilities are victims of derogatory and dehumanising terminology such as "stupid", "underachievers" or "slow learners". These terms affect not only the children with learning disabilities alone but their parents as well. Due to such attitudinal barriers as well as lack of understanding of the phenomena, parents of children with learning disabilities are often predisposed to eternal grieving over their circumstances. It is against this background that the study sought to explore the challenges faced by parents of children with learning disabilities in parenting such children. The social model of disability was utilised in order to gain insight into the way that society presents challenges to children with impairments. With themes such as participation, human rights, social change, the social model of disability promotes independency, positive self-image and stimulates potential in persons with disabilities (Ife, 2001:461). This model was found to be very appropriate as it also entails the core values of social work such as social justice, social change, human rights and respect for human dignity.

The study was conducted using a qualitative research approach. The study was exploratory in nature and the type of research was applied. The phenomenological design was utilised. A total of eight participants took part in the study. A two-stage sampling process was

employed to select participants for the study. These sampling methods were purposive sampling, as well as voluntary sampling. Data was collected from the caregivers by way of in-depth interviews.

The outcome of the empirical study revealed that learning disabilities as phenomena were not clearly comprehended by the caregivers of children with learning disabilities. The lack of knowledge regarding learning disability as a concept amongst the participants had far reaching effects in terms of knowledge of programmes, services and policies that are meant to benefit children with learning disabilities and their parents. The research findings also confirmed previous research studies which found that the initial attempt to obtain information regarding a child's disability is a time consuming and difficult process as caregivers are bound to meet obstacles. Due to the inaccessibility of information regarding learning disability services, none of the participants in this study had a formal diagnosis conducted in terms of her child.

It was concluded that knowledge regarding policies pertaining learning disabilities was very limited. Participants could not articulate specific policies that benefit children and parents of children with learning disabilities. This may indicate inadequate policy education on the part of policy makers and implementers. It was further determined that participants were not aware of the services of social workers as none of them had sought assistance for their children with learning disabilities from a social worker.

The findings and the literature confirmed that families of children with disabilities are generally poor and suffer from financial hardships. Therefore it is recommended that practitioners such as social workers empower these caregivers by helping them to establish small enterprises which can generate income that will help them meet their needs. Female caregivers may be the most appropriate target group as research indicates that small enterprises have a higher likelihood of success if conducted by women.

KEY WORDS

- Learning disabilities (LDs)

- Social model of disability

- Parenting

- Developmental perspective

- Empowerment

- Participation

- Developmental social work

- Human rights

- Barriers of disability

- Social capital

TABLE OF CONTENTS

CHAPTER 4: CONCLUSIONS AND RECOMMENDATIONS

LIST OF TABLES

LIST OF APPENDICES

Appendix 1: Permission from Opuwo Junior Primary School

Appendix 2: Permission from OpuwoTown Council

Appendix 3: Informed consent

Appendix 4: Confidentiality agreement

Appendix 5: Ethical clearance

CHAPTER ONE

GENERAL INTRODUCTION AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

Parenting children with learning disabilities requires a high level of knowledge of resources, information and services. VanPelt (2007:53), with her rich experience in working with parents of children with disabilities states that when parents learn that their child has a learning disability, they begin a journey that takes them into a life that is often filled with strong emotions, difficult choices, interactions with many different professionals and services. **Learning disability** is defined by Pueschel, Scola and Weidenman (2006:3) as "deficit in one or more of the basic psychological processes including difficulty in understanding or using a language when it is spoken and or written."

The general risk environmental factors leading to learning disabilities are identified by Pueschel et al. (2006:12) as nutritional deficiencies, trauma and toxic exposure from the mother during pregnancy, giving birth at an older age and severe child abuse. In comparing the prevalence of learning disabilities among children in developed and developing nations, Pueschel et al. (2006:12) argue that although these children may be exposed to similar environments that precipitate learning disabilities, those in poor developing nations are more susceptible to learning disabilities and other developmental delays. Major factors to such a disparity are the unavailability and inaccessibility of proper facilities and services in developing countries that can meet the needs of children born with such a developmental disability (Pueschel et al., 2006:12).

Namibia as a developing country also faces challenges in the whole spectrum of addressing learning and other developmental disabilities from a range of the preventive to remedial interventions. The National Policy for Mental Health (Republic of Namibia, Ministry of Health and Social Services, 2005:4) indicates that learning disabilities among children are made worse by factors such as community attitudes, cultural beliefs, as well as institutional challenges. Some of these challenges will be outlined in the literature review.

Grobler (2012:45) provides a quick overview of some of the challenges faced by parents in looking after children with learning disabilities. She mentions constant subjection to a guilty feeling that they may be directly responsible for the disability through genetics, stressful moments while pregnant or abuse of alcohol. In addition to basic needs that must be fulfilled by their parents, children with disabilities may also need special facilities and services for their well-being. Parents of children with disabilities may therefore experience physical

1

exhaustion and emotional stress as children with learning disabilities require extra attention (Grobler, 2012:45). In this study, **parents** are defined as persons who are in custody and who take a series of actions to promote the development of a child (Musweu, 2009 in Grobler, 2012:6). **Parenting** is therefore a purposive activity aimed at ensuring the survival and development of children. It is the process of promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood (Mumbuna, 2010:20). Burke (2008:52) postulates that parents do not necessarily have to be a couple caring for the child together, but a lone or single partner is also a parent. Parents are of paramount importance to the well-being of children as they promote and support the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood (Pueschel et al., 2006:9).

In Namibia, due to the involving nature of parenting a child with learning disabilities (Grobler, 2012:45), coupled with myths and misconceptions about a child with disabilities; such as a curse from God and an unfaithful wife being the cause of the disabilities, most marriages break down soon after a child with disabilities is born (Chilwalo, 2010:26). Due to the superstitions mentioned above, lone mothers are in most instances left to bear the brunt of caring for the child with disabilities (Burke, 2008:52).

A **child** in this study is defined as any person, whether infant or not, who is under the age of eighteen years (Children's Act 33 of 1960). With gaps in the Children's Act 33 of 1960 regarding parenting plans and responsibilities, women mostly bear the brunt of taking care of children with disabilities. With the patriarchal society that places supremacy on men over women, it is not unusual that mothers of children with disabilities shoulder the burden of parenting such children without the support of the husband. This research was envisaged to bring an understanding regarding the challenges that parents of children with learning disabilities face in parenting their children with learning disabilities.

Additional key concepts of the study are defined as follows:

Disability

In this study, disability is defined as the disadvantages or restriction of activity caused by contemporary social organisation, which takes little or no account of people who have impairment, and thus excludes them from the mainstream of social activities (Harries & Enfield, 2003:11).

2

Impairment

Harries and Enfield (2003:11) define impairment as "lacking all or part of a limb; having a defective limb, organ or mechanism of the body."

Parenting

Parenthood can be defined as "the state of being a parent" and correlates with parenting, which means "the process of caring for your child or children" (*Oxford Advanced Learner's Dictionary*, 2010:1067).

Developmental approach

Developmental approach in social work embodies a fundamental philosophic stance that is positive and open to social change, represents a comprehensive, broad based view; focuses on institutional development and structural change; takes into consideration the cultural context of social work, provide for participation of people at all levels, and builds on the inherent strengths and natural support systems in individuals, families, groups and communities (Sanders, 1987:381).

Opuwo

Opuwo is the regional capital of Kunene region, Namibia. The OvaHimba people are the indigenous inhabitants of this area and Otjiherero is their language. In the 1980s the semi-nomadic life style of the OvaHimba people was affected by adverse climatic conditions and political conflict. A severe drought killed about ninety per cent of their livestock and many gave up their herds and become refugees in Opuwo town where they lived in slums on humanitarian aid (The Free Encyclopaedia, 2015). Today the Opuwo town population is about 15000 (Opuwo Town Council, 2013:5). Opuwo was granted a town status in year 2000 under the Local Authorities Act 23 of 1992 to cater for the socio-economic needs of the growing population (Opuwo Town Council, 2013:5).

1.2 THEORETICAL FRAMEWORK

In this study the social model of disability was employed to demarcate and bring an understanding to the subject of learning disabilities, as it affects children with learning disabilities and their parents in the study area. This model portrays children with learning disabilities in relation to the family environment, the community and societal relations (Union of the Physically Impaired Against Segregation-UPIAS, 1976 in Harries & Enfield, 2003:11). The model as pointed out by the UPIAS (1976), cited in Harries and Enfield (2003:10) posits that although the impairment exists, its significance is neutral, neither necessarily positive

nor necessarily negative. Disability is the outcome or result of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives (Harries & Enfield, 2003:11).

UPIAS, 1976 (in Harries & Enfield, 2003:11) identifies three societal barriers that exacerbate the problem of disability as attitudinal, environmental and institutional. With regards to the attitudinal, the UPIAS (1976) argues that people with disabilities may be socially excluded by the attitudes of non-disabled persons, who may use negative and derogative language about them or they may be excluded from society because of generally low expectations of what persons with disabilities can achieve. Children with learning disabilities are often referred to as "slow learners" (Abosi, 2007:198). According to the social model of disability, such derogative terminologies need to be discouraged as they dehumanise children with learning disabilities.

Regarding children with learning disabilities, February, Haihambo, Hengari and Mowes (2012:3) have noted that there are some conditions in schools such as rigid teaching method and curriculum, lack of teaching aids and unskilled teachers that pose as barriers to children with learning disabilities. This model of disability posits that if children with learning disabilities are provided with a learning environment with flexible teaching methods, as well as appropriate teaching aids children with learning disabilities will not be disadvantaged in terms of education.

Institutional barriers occur where the law discriminates (explicitly or by omission) against the rights of persons with disability, making them in some way second-class citizens, without the right to vote, to own land, attend school, to marry and have children (UPIAS, 1976 in Harries & Enfield, 2003:12). Although laws in Namibia do not discriminate against children with learning disabilities, due to lack of access to information, most children with learning disabilities do not benefit from the established policies (February et al., 2012:3)

The social model of disability as put forward by UPIAS (1976), its originator and by Oliver (2004:24) hypothesises that if societal barriers are addressed, the problem of disabilities will not be realised even though the impairments exist. The social model of disability thus, unlike the medical and charitable model does not view the individual with disability as the problem but rather views the disabling society as being the problem (Oliver, 2004:24). Whilst the medical model of disability aims to fix the individual with a disability, the social model focuses on eliminating societal barriers by promoting the rights of persons with disabilities in areas such as education, employment, recreation and health (Harries & Enfield, 2003:17).

Oliver (2004:25) further argues that unlike the charitable model of disability which promotes dependency by viewing a person with disability as one who needs charity, sympathy and special services, the social model of disability promotes independency, a positive self-image and stimulates potential in persons with disabilities. Children with learning disabilities need stimulation and affirmation of their potential hence utilising the social model of disability in viewing their challenges, is empowering.

The social model of disability allows the application of human rights based social work and the promotion of the global agenda for social work. Ife (2001:461) states that human rights based social work in disability proposes actions in three main categories which are as follows: supporting individuals in daily living, supporting individuals and groups connecting to services and changing societal barriers that exclude and discriminate against people with disabilities. Ife (2012:87) adds that human rights based social work is crucial in working with those that have learning disabilities to protect their interest as well as to prevent them from abuse.

This model (social model of disability) also known as the community or social-based model, views a person with disabilities as part of the society and local community (Ife, 2001:461). Based on a human rights perspective, living independently as part of a local community and taking part in all aspects of social life are seen as basic rights (Ife, 2001:461). Therefore by implementing the social model of disability, the mandate for the Global Agenda for Social Work and Social Development which is to promote the dignity and worth of peoples regardless of their disability status is also promoted (IFSW, IASSW & ICSW, 2012).

The social model of disability provides an opportunity for social workers to work closely with children with learning disabilities in their social environment which enables them to understand how societal barriers create problems for such children and working together to change the barriers at a system or societal level (Oliver, 2004:53). Although traditionally service delivery in social work, in relation to people with disabilities was connecting them to services from a human rights perspective, it is not sufficient to just connect people to services (Lightfoot, 2004:44). The author argues that social workers have to ensure that the services are structured, organised and practiced in accordance with the human rights convention. The social model of disability was the most appropriate model for the researcher to work with parents of children with learning disabilities in promoting their rights, which are also human rights.

By empowering and capacitating persons with disabilities and their families, effecting structural changes in society that bring about societal barriers for people with disabilities, the social model of disability promotes a developmental approach to disability. Midgley

(1995:25) mentions that the focus on individuals and families within a developmental approach includes a capacity-building, strengths perspective and promotion of structural changes within the community. Therefore, the developmental nature of the social model of disability made it the most appropriate model for this study.

1.3 PROBLEM FORMULATION

Although it has been part and parcel of humanity since time immemorial, parenting has never been smooth-going, especially among parents of children with learning disabilities. Taylor (2005:71) describes the general feelings of parents who have a child with a learning disability as hopelessness, despair, revulsion, fear, anger, guilt, inadequacy and embarrassment. These feelings stem from a general belief that creation is "perfect" hence any deviation from the "perfect creation" is considered not normal (Bayat, 2014:3).

In Namibia, parents of children with learning disabilities are prone to many challenges such as limited access to information, limited access to appropriate services regarding diagnosis of disabilities, as well as limited access to relevant programmes. This is mainly because learning disabilities as phenomena are generally not understood (Abosi, 2007:201). In the study area, the challenges are further exacerbated by low literacy levels among the adult population (15 years and above), which is 58% (Republic of Namibia, National Youth Council of Namibia, 2012). A low literacy level is a barrier to obtaining information regarding services and programmes for children with disabilities.

The fragmentation of services for children with learning disabilities, lack of knowledge with regards to mental health by decision-makers and lack of commitment among programmers of disability activities (Republic of Namibia, Ministry of Gender Equality and Child Welfare, 2011a:8) are some of the complex challenges faced by parents of children with disabilities.

In spite of the range of challenges that parents of children with learning disabilities experience, there has not been published research on parenting children with learning disabilities in Namibia (Chilwalo, 2010:7). Grobler (2012:45) states that it has become important in the modernising communities of Namibia to undertake research on the topic of parenting children with disabilities to explore what the present attitudes are towards such children and their families.

Therefore the researcher undertook a study in the area of parenting children with learning disabilities with a view to gain knowledge and understanding of the challenges faced by these parents. To be able to develop insight regarding the main issues that affect parents in

6

raising children with learning disabilities on all levels, the researcher formulated the following research question: *What are the challenges faced by parents in parenting children with learning disabilities in Opuwo, Namibia?*

1.4 RESEARCH GOAL AND OBJECTIVES

The goal and objectives of the study were as follows:

1.4.1 Research goal

The goal of the research was to explore and describe the challenges faced by parents in parenting children with learning disabilities in Opuwo, Namibia.

1.4.2 Research objectives

The objectives of the study were:

- to contextualise learning disabilities, as well as parenting as phenomena.
- to explore and describe the challenges of parenting children with learning disabilities in terms of:
  - knowledge and skills of the parents;
  - support from the family, the community and social workers;
  - the provision and accessibility of services and programmes for children with learning disabilities.
- to make recommendations for practitioners from a developmental social work perspective regarding the experiences of parents who parent children with learning disabilities.

1.5 RESEARCH METHODOLOGY

A detailed description of the research methodology which includes the research approach, design, research type, ethical considerations and sampling will be presented in chapter 3.

Since the researcher sought to understand and describe the challenges faced by parents in parenting children with learning disabilities, he utilised a qualitative approach. Kumar (2011:394) describes qualitative research as based upon the philosophy of empiricism; it follows an unstructured, flexible and open approach to enquiry, aims to describe rather than measure, believes in in-depth understanding and small samples, and explores perceptions and feelings, rather than facts and figures. In this study the researcher aimed to obtain an in-depth understanding of the experiences of parents in parenting children with learning

disabilities, thus based on Kumar's (2011:394) characteristics of qualitative research above, this study was qualitatively rooted.

Seeing that applied research is designed to solve practical problems in the modern world, rather than to acquire knowledge for the sake of knowledge (Babbie, 2007:74), it was the most suitable research type in this study as the researcher sought to understand and describe the challenges faced by parents in parenting children with learning disabilities.

Since the researcher sought to obtain personal information regarding the challenges of raising children with learning disabilities, the researcher utilised the phenomenological research design in order to obtain such data. Exponents of phenomenological studies such as Schram, 2006 (in Fouché & Schurink, 2011:316) are of the view that the aim of this approach is to describe what the life world consists of, or more specifically what concepts and structures of experience give form and meaning to it.

The study population in this research study was all the parents of children with learning disabilities at a primary school in Opuwo where there is a class for children with learning disabilities. The researcher made use of a two-stage sampling process to select participants. The two sampling methods employed were the purposive and volunteer sampling methods. By employing purposive and volunteer sampling, the researcher aimed to select interested participants who could provide rich data (Strydom & Delport, 2011:394).

The researcher made use unstructured one-to-one interviews to obtain data from the eight participants. Greeff (2011:348) points out that at the root of unstructured interviewing is an interest in understanding the experiences of other people and the meaning they ascribe to that experience. In analysing data, the researcher made use of thematic analysis and followed steps recommended by Kumar (2011:278, 279) in analysing qualitative data.

In conducting this study, the researcher took ethical issues into consideration that related to the participants of the research, as well as those that concerned the researcher. These ethical issues will be discussed in-depth in chapter 3 of this research report.

1.6 LIMITATIONS OF THE STUDY

Phenomenological studies are highly dependent on the goodwill of the participants as to how much information they are prepared to share. Due to the sensitiveness of the subject which the researcher was researching, it might have been difficult for some participants to be open and to honestly share their challenges.

The purposive sampling method relied on the school principal's ability to select and provide the researcher with classical samples. Although the sampling method was thoroughly explained to the school principal beforehand, bias in selecting participants for interviews cannot be ruled out.

Since some participants could not speak English and were hence assisted by a translator who acted as a research assistant, the phrasing of words in the process of translation might have diverged thereby contaminating the true feelings of the participants. Although the researcher recruited a competent and able translator, the possibility of the described scenario occurring cannot be overlooked.

1.7 CONTENTS OF THE RESEARCH REPORT

The contents of this research report have been divided into four chapters. The outline of these chapters is as follows:

Chapter 1 comprises of the introduction, contextualisation of the study and definitions of key concepts being used; the theoretical framework of the study; the rationale and problem statement, including the research question; the goals and objectives of the study; a brief overview of the research methodology and the limitations of the study.

Chapter 2 presents an in-depth literature review regarding learning disabilities and parenting. The social model of disability as the theoretical framework for the study is also discussed in depth in this chapter. Furthermore, the role of social workers in embracing the social model of disability as a developmental approach is covered in this chapter.

Chapter 3 comprises of the research methodology, the ethical principles that guided the study, as well the results of the empirical study, which is integrated with the findings from the literature review.

Chapter 4 presents the key findings, conclusions and recommendations of the study. In this chapter, the researcher evaluated and discussed the extent to which the study's goals and objectives have been met.

CHAPTER 2

PARENTING CHILDREN WITH LEARNING DISABILITIES:
A LITERATURE REVIEW

2.1 INTRODUCTION

The focus of this chapter is on reviewing learning disabilities as a concept by focusing on conceptualisation, historical trends, classification, prevalence and aetiology. This will be followed by a discussion of the conditions challenging the learning process of children with learning disabilities in Namibian schools. The chapter further explores the social model of disability as an approach that could be utilised in addressing the challenges faced by children with learning disabilities and their parents or family members. The integral themes of the social model of disability, for instance the human rights approach, developmental approach, participation and inclusiveness will be discussed as they are key to addressing challenges that children with learning disabilities and their parents face.

Parenting and parental challenges faced by parents of children with learning disabilities will also form part of the discussion in this chapter. This chapter further provides a critique of the public policies for children with learning disabilities and their parents or families in Namibia. In the same vein, the role of social workers in policy implementation and service administration will be discussed.

2.2 LEARNING DISABILITIES

Learning disabilities (LDs) is a broad and complex subject which basically needs to be subjected to a large body of research. Issues surrounding learning disabilities can therefore not be fully addressed in a single study. For the purpose of this study, literature regarding learning disabilities is reviewed in terms of the five key areas mentioned in the introduction of this chapter.

2.2.1 Conceptualisation of learning disabilities

As noted earlier, Pueschel et al. (2006:3) mention that learning disabilities involve difficulties in understanding or using a language when it is spoken and/or written. Adding to this, the American Psychiatric Association (APA) also characterises learning disabilities with "significant sub-average general intellectual functioning that is combined by significant limitations in adaptive functioning in at least two of the following skills: communication, self-care, home living, social/interpersonal skills, work, leisure, health and safety" (APA in Gobrial, 2009:28).

The Department of Health in England (2001) as cited by Gobrial (2009:28) states that learning disabilities are characterised by the following: A significantly reduced ability to understand new or complex information and to learn new skills (impaired intelligence) and a reduced ability to cope independently (impaired social functioning). Based on the above definitions, it can be summed up that learning disabilities largely involve the impairment of cognitive functioning.

2.2.2 Historical trends of learning disabilities

One of the countries that effectively promoted the recognition of LDs in the medical field in the 1960s, was the United States of America (Abosi, 2007:196; Gobrial, 2009:28); and no sooner did LDs gain recognition in the medical fraternity than public schools started teaching children with LDs or "struggling pupils" separately from their peers in an effort to provide individual instruction (Cortiella, 2011:9). Gobrial (2009:28) also points out that during the middle of the 20th century, western countries kept people with LDs in institutions where they were often segregated from the mainstream community as they were considered to have special needs.

With the founding of the National Centre for Learning Disabilities in 1977 in the United Kingdom and subsequent statutes targeting children, such as the United Nations Convention on the Rights of the Child in 1989, the plight of children with LDs received public attention as activists advocated for the rights of children, particularly those with disabilities (Büttner & Hasselhorn, 2011:75). One of the prominent movements that challenged the ill treatment and segregation of people with disabilities was the Union of the Physically Impaired Against Segregation formed in 1976 in the United Kingdom (Oliver, 2004:12). Hitherto, most western countries have adopted an inclusive approach to the education of children with learning disabilities, which does not segregate children from the mainstream schools (Cortiella, 2011:11).

In Africa, learning disabilities were not considered an issue by the indigenous Africans at the time when these disabilities were recognised in the USA seeing that scholastic skills such as reading, writing, speaking and solving mathematical problems through which learning disabilities could easily be identified were not highly pronounced in Africa (World Health Organisation (WHO), 1992). At the height of promoting the rights of children with LDs through inclusive education in the western world, selective systems of education which were "bottle-neck" in nature were in existence in Africa.

The "bottle-neck" education systems in pre-independent African countries were designed to have very few Africans progress to higher educational institutions, thus failure of pupils in the academic field was in fact a positive step in strengthening the system (Madzokere, 1995:178). Therefore no particular attention was rendered to investigating the poor performance of African learners in schools. However, as African countries attained independence, universal education policies were adopted to promote the once denied right to education among the African children (Madzokere, 1995:178). Consequently, learning disabilities began to be identified in large proportions due to academic exposure, hence regarded as an issue in Africa (Abosi, 2007:198).

In this study the concept 'learning disabilities' is used. However in terms of the classification of the severity of learning disabilities, the concept intellectual disabilities is used. In the following paragraphs, systems of classifying intellectual disabilities, as well as categories of intellectual disabilities will be discussed.

2.2.3 Classification of intellectual disabilities

There are mainly two internationally recognised systems of classifying intellectual disabilities namely; the International Classification of Diseases (ICD-10 1993) developed by the World Health Organisation (WHO), as well as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) developed by APA.

As opposed to the DSM-4 which placed emphasis on Intelligence Quotient (IQ) scores to determine the severity for intellectual disabilities, the DSM-5 places emphasis on the adaptive functioning which determines the level of support required by persons with intellectual disabilities (APA, DSM-5, 2013:33).

Seeing that IQ scoring seem to focus on the person with intellectual disabilities as having problems hence promoting the medical model of disabilities, proponents of the social model of disability, such as O'Brien (2006:293) have been advocating for such a system as the DSM-5 which focuses on the level of societal support required by persons with learning disabilities. The DSM-5 system is developmental in that it does not focus on determining the IQ scores of a child with learning disabilities which "medicalises" disability (Oliver & Barnes, 1993:31) but rather on the influence of the society in terms of support required (APA, DSM-5, 2013:33). Due to its societal focus, the DSM-5 system is in consonant with the focus of the social model of disability.

Understanding categories enables one to understand the severity and unique challenges that the type of intellectual disability may hold. Intellectual disabilities are categorised in the following manner:

▪ **Mild intellectual disabilities**

Gobrial (2009:36) mentions that children with mild intellectual disabilities have significantly below-average general intellectual functioning. This is reflected in a slow rate of maturation, reduced learning capacity and inadequate social adjustment. Mild intellectual disabilities may also manifest in delayed conceptual development, difficulties in expressing ideas and feelings in words, a limited ability to abstract and generalise what they learn, limited attention-span and poor retention ability, slow speech and language development, and an underdeveloped sense of spatial awareness (Gobrial, 2009:36). Children in this category may experience difficulties with reading, writing and comprehension and have poor understanding of mathematical concepts (Abosi, 2007:198). It is also generally believed that children in this category may display poor adaptive behaviour, inappropriate or immature personal behaviour, low self-esteem and emotional disturbance (Abosi, 2007:198).

▪ **Moderate intellectual disabilities**

Based on Gobrial's (2009:36) description of moderate intellectual disabilities, a child with moderate intellectual disabilities is likely to display the following characteristics: significant delay in reaching developmental milestones, impaired development and learning ability in respect of basic literacy and numeracy, language and communication, mobility and leisure skills, motor co-ordination and social and personal development. Many children with moderate intellectual disabilities may have accompanying impairments such as physical, hearing or visual impairment, autistic spectrum disorders and emotional disturbance or impairment in communication skills (British Psychological Society, 2007:5).

▪ **Severe intellectual disabilities and profound intellectual disabilities**

Children with severe to profound general intellectual disabilities are likely to be severely impaired in their functioning in respect of a basic awareness and understanding of themselves, of the people around them and of the world they live in (British Psychological Society, 2007:7). Apart from the above characteristics, the British Psychological Society (2007:7) argue that many of these children will have additional disabilities such as autistic spectrum disorders, challenging and/or self-injurious behaviour, emotional disturbances, epilepsy, hearing impairment, physical impairment, severe impairment in communication skills and visual impairment.

13

Gobrial (2009:36) adds that children with severe to profound intellectual disabilities exhibit a wide and diverse range of characteristics, including a dependence on others to satisfy basic needs such as feeding and toileting, difficulties in mobility, significant delays in reaching developmental milestones and significant speech and/or communication difficulties.

2.2.4 Prevalence of learning disabilities

Learning disability is a widespread phenomenon in modern society in which reading, writing and arithmetic are necessary skills in everyday life. Geary (in Büttner & Hasselhorn, 2011:75) states that an estimated 4% to 7% of school-aged children are classified as having specific LDs world-wide. In the United States, about 50% of the children identified for special educational services are children with LDs (Kavale & Forness, 2006:21). O'Brien (2006:194) states that in the UK, people who are believed to have mild intellectual disabilities constitute 2,5% of the total population of the country while those with moderate, severe and profound intellectual disabilities constitute 0.4% of the total population.

In Africa, most governments have not considered it worthwhile to invest in carrying out censuses to determine the number of children with learning disabilities (Abosi, 2007:198). This could be due to lack of indigenous formulas to determine or diagnose learning disabilities (Uganda National Institute of Special Education, in Abosi, 2007:201).

Statistics regarding learning disabilities in Africa are not intense and precise due to the reasons mentioned above. However a survey conducted in Kweneng District in Botswana revealed that over 8.1% of a sample of 2,256 children were found to have learning disabilities. Another 11,648 children were tested in a North East District in Botswana and 8.9% of these children were found to have learning disabilities (Abosi, 2007:197). It is further noted that there are more than 2000 learners with specific learning disabilities in schools in Namibia and in total about 5% of children in schools in Africa have learning disabilities (Abosi, 2007:197).

In Namibia, it can be inferred that identifiable cases of learning disabilities may theoretically increase significantly due to the free education policy which the government adopted in 2012. Mass school enrolment may enable the identification and subsequently diagnosis of learning disabilities as they (LDs) are commonly identified in the education system (Geary, 2006 in Büttner & Hasselhorn, 2011:75).

2.2.5 Aetiology and associated factors

Atkinson (2010:7) states that learning disabilities arise from neurological differences in brain structure and function and affect the brain's ability to store, process or communicate information. The major cause of the neurological disorders that causes learning disabilities is unclear, although there is a common understanding that learning disabilities are genetically influenced as they seem to occur within members of the same family (Cortiella, 2011:9). Apart from the genetic aetiology, other possible causes include pre-natal and birth problems such as injury, drug and alcohol use during pregnancy, low birth weight, oxygen deprivation, premature or prolonged labour, severe nutritional deprivation and exposure to poisonous substances (Atkinson, 2010:7; Cortiella, 2011:9).

Cortiella (2011:9) notes that there is a higher incidence of learning disabilities among people living in poverty than in affluent societies. This could possibly be because poor people are more likely to be exposed to poor nutrition, ingested and environmental toxins (for example tobacco and alcohol) and other risk factors during early and critical stages of child development. Parish, 2008 (in Resch, Mirels, Benz, Grenwelge, Peterson & Zhang, 2010:140) also states that the connexion between poverty and disability is bidirectional in nature. He argues that due to their impairments, people with disabilities may be handicapped to engage in sustainable livelihoods, leading to poverty. Yet being poor limits the same from accessing the basic needs such as appropriate education, health care and employment, forming a vicious circle of poverty and disability.

Atkinson (2010:7) postulates that there is a direct link between the physical environment and brain development. He also echoes that poor nutrition, unhealthy air, toxic substances and child abuse among other factors can affect the brain development of a child which ultimately may lead to learning disabilities. Some environmentalists, such as Meekosha (2011:669) claim that the global North is responsible for mass pollution of the air through mega industries. Therefore, there should be mutual partnerships with the developing nations in addressing the effects of massive pollution of the air. If left unchecked, mass air pollution may cause environmental toxins which have the potential of causing brain dysfunctioning.

A survey conducted by the Ministry of Health and Social Services (MoHSS) of Namibia in 2007 revealed that 56% of Namibian adults consume alcohol (toxic substance) in excess. It further revealed that 92% of Namibians agree that parents who abuse alcohol also neglect or abuse their children. The survey showed that the majority of those who abused alcohol lived in the poor suburbs such as the informal settlements and high density suburbs (Republic of Namibia, A guide for Responsible Drinking, 2007:2). Given that toxic

© University of Pretoria

substances like alcohol may cause learning disabilities, Namibia is therefore at risk seeing that the majority of Namibians seem to consume alcohol excessively.

The "Knowledge, Attitudes and Practices" (KAP) study conducted in 2007 indicated that 61% of the respondents in the eight regions of Namibia testified that it was common in their communities for children to be slapped or caned, and 37% revealed that it was common for children to be seriously physically and emotionally abused. This study also found that more than one-third of the households surveyed reported that a child in the household had suffered from excessive physical discipline (Republic of Namibia, Ministry of Gender Equality and Child Welfare 2011b:12). Given that child abuse is a common phenomenon in Namibia; and research indicates that child abuse may cause learning disabilities (Atkinson, 2010:7), a high incidence of learning disabilities in Namibia may be hypothesised.

Mackenzie and McAlister (2010:33), as well as Cortiella (2011:9) mention that low birth weight, lack of oxygen and head injuries are also casual factors of learning disabilities. These possible causes of learning disabilities are familiar phenomena in Namibia, for example data obtained from Opuwo State Hospital revealed that an average of 150 births in Opuwo district per year is home deliveries (Republic of Namibia, Primary Health Care Department, Opuwo State Hospital, 2014). Since there is no adequate equipment for child delivery in rural homes, home deliveries can expose babies to head injuries and lack of adequate oxygen at birth, consequently predisposing the babies to learning disabilities.

The foregoing paragraphs have highlighted some of the general causes of learning disabilities. It is also imperative to examine conditions that challenge the learning process of children with learning disabilities. The following section will therefore focus on the conditions that challenge the learning process of children with learning disabilities in Namibia.

2.3 CONDITIONS CHALLENGING THE LEARNING PROCESS OF CHILDREN WITH LEARNING DISABILITIES IN NAMIBIA

Apart from potential causes of learning disabilities as briefly discussed above, several aspects about education systems in Namibia can also contribute to the creation of difficult conditions in terms of the learning process of children with learning disabilities. Among these factors are teachers' personalities and attitudes and the general education curriculum. Although these challenges affect the children with learning disabilities directly, they also affect the parents who are obliged to provide support for their children in all aspects of their lives.

2.3.1. Teachers' personalities and attitudes

Effective teachers who can enhance teaching must possess certain personal characteristics. Brophy and Putnam (1997:106) describe an effective teacher as one possessing a cheerful disposition, friendliness, emotional security, good mental health and a high degree of personal adjustment. They went on to say that effective teachers remain calm in crises, listen actively without becoming defensive, and maintain a problem-solving orientation rather than resorting to withdrawal. Van Til (2007:61) adds that effective teachers should use audio-visual aids and resources to make lessons interesting by presenting subject matter in a vital and enthusiastic manner. These are some of the conditions that should prevail if children with learning disabilities are to excel in school.

The situation in Namibian schools however does not portray such an effective learning environment seeing that teaching resources are hardly available, particularly in the mobile schools among the semi-nomadic populations, like the San and the Ovahimba people (February et al., 2012:11).

Due to a shortage of teachers in the country (Muyamba, 2014:2), recruitment and selection of teachers do not necessarily place an emphasis on the personal qualities needed for effective teaching. As a result of relaxed recruitment and selection procedures, some appointed teachers do not possess the ideal qualities of a good teacher, as mentioned above. Subsequently, this creates a disabling environment for learners with learning disabilities.

Abosi (2007:198) argues that Africans in general are influenced by their beliefs, values and culture. He adds that an average African sees disabilities as a punishment for what one has done wrong. In Namibia and Africa at large, a child is an extension of his or her parents' ego and therefore families will regard disability in a child as placing a stain on their social status. This accounts for children with disabilities sometimes being hidden (Mba, 2007:41) Teachers' attitudes towards learning disabilities and regarding the management of these children is a major concern based on the fact that the teacher often shares the same cultural beliefs about disabilities.

In a survey conducted in Botswana on the views of teachers about children with disabilities, 200 teachers were asked whether children with a range of disabilities should be in regular classrooms and also if they would teach that specific class. Most of the teachers who were willing to teach children with disabilities indicated that they would ignore them and carry own with their teaching (Barnartt & Kabzems in Abosi, 2007:199). Therefore, to some extent the teachers' attitudes may pose a challenge in the teaching of children with learning disabilities.

17

Social workers in partnership with other government institutions and agencies should therefore educate school authorities, including teachers on the Convention on the Rights of Persons with Disabilities, which stipulates non-discrimination of persons with disabilities, respect for the evolving capacities of children with disabilities and respect for the rights of children with disabilities to preserve their identities (United Nations (UN), 2008:5).

2.3.2 Educational curriculum

According to the lower primary curriculum of Namibia, learners in grade one to four should be taught in their mother tongue. The curriculum's learning outcomes mention that on completing grade four, the learners should express themselves well orally, read appropriate texts, and write reasonably correct for their everyday purposes, in their mother tongue (National Institute for Educational Development (NIED), 2005:11). English as medium of instruction is only introduced in grade five. This policy implies that all the learning in other subjects which are not the vernacular have to be translated by the teacher to the vernacular. This further implies that learners, including those with learning disabilities, if not taught English privately, may not be able to study on their own without the teacher or other external assistance, since reading materials are in English. When English is introduced at a later stage, not all learners will be able to adjust seeing that they already have learning disabilities. Such circumstances do not stimulate learners with LDs to develop skills in reading and writing English which is meant to be the medium of instruction throughout the academic education. Oliver (2004:47), who is a staunch proponent of the social model of disability, regards such environmental factors as barriers that contribute to creating disability problems.

February et al. (2012:3) are of the view that a good curriculum should reflect differentiated teaching and learning methods and educators should be trained and continuously supported to implement teaching modifications, such as syllabus modification, individual teaching plans, time allocation for learners and alternative assessment methods.

English as a medium of instruction in Namibia also poses a challenge among the teachers in Namibia. An interesting survey was conducted by the Ministry of Education of Namibia with a view to assess why there was a high failure rate among learners during 2011. In this survey all teachers were assessed on their English skills and results revealed that 98% or 22089 teachers could not read, write or speak English well enough (Muyamba, 2014:3). This discovery points to the challenges that learners with learning disabilities experience as they try to master English as a medium of instruction in schools. Failure to master English at foundational phase (grade one to four) may later on become a barrier to learning in higher grades.

Challenges caused by learning disabilities are not only experienced by the children concerned as prime targets. Their parents, as well have unique challenges they face due to them being parents of children with learning disabilities. In the subsequent section, challenges faced by parents in parenting children with LDs will be discussed.

2.4. CHALLENGES FACED BY PARENTS IN PARENTING CHILDREN WITH LEARNING DISABILITIES

This section presents literature on the personal and structural challenges that parents face in parenting children with learning disabilities. The role of social workers in addressing these challenges is also discussed in this section.

In disability discourse, the concept of "otherness" has been used throughout history to relate to the societal treatment of individuals with disabilities (Clapton, 2009:24). "Otherness" is defined as a quality of not being the same or alike, hence children and individuals with disabilities have often lived at the 'margins of personhood' (Kittay, 2005:64). Abosi (2007:199) adds that having a child with disabilities is considered as a stain on the parents' social status in most African societies. It is due to such misinterpretation of disability, that when parents discover any form of disability in their child, they become distressed. Some parents respond to this situation by hiding the child with disabilities from the public and in extreme cases such children are killed, as in the case of Northern Ghana, until 2013 (Bayat, 2014:4).

The scenario described above points to the seriousness of the challenges that parents encounter when they give birth to a child with disabilities. The challenges faced by parents in parenting children with LDs are various and can be categorised as internal, which includes emotional challenges and external, entailing challenges with resources and services, policy and service administration, attitudinal and cultural barriers, as well as informal support challenges. These challenges will be discussed in detail in the following paragraphs. Seeing that policies play an important role in determining the type and quality of services that people with disabilities receive, policies and conventions will be presented in a separate section.

2.4.1. Emotional challenges faced by parents

Researchers such as Harper, Dyches, Harper, Roper and South (2013:3) point out that there are cross-cutting challenges that are inherent in parenting a child with learning disabilities. They describe the general feelings of parents who have produced a child with learning

disability as hopelessness, despair, revulsion, fear, anger, guilt, inadequacy and embarrassment.

Understanding the myths and misconception about parenting helps to explain why parents who produce a child with disabilities are engulfed with such feelings. As noted earlier, in Namibia there is a general misconception that children bring happiness to a marriage and that womanhood is proven by giving birth to a "normal" child (Chilwalo, 2010:19). If parents fail to produce this "normal" child, they feel disillusioned and frustrated by the fact that their expectations of bearing a "normal" or "ideal" child are shattered.

Such parents' feelings are also echoed in Kübler-Ross's (1980) theoretical model of grieving which could be applied to the phases that parents who have a child with disabilities can undergo. Initially the parents deny that there is a problem; then at some point they are engulfed with fear, anger and guilt because of having a child who has learning disabilities. The parents may place blame on somebody or anybody and bargain by, for example changing schools, neighbourhoods or doctors in an effort to address the challenge. Finally, parents may come to accept the child's strengths and weaknesses and try to figure out a helpful plan of action (Kübler-Ross, 1980:12). Although parents may come to accept their situation, it does not mean that they become immune to this cycle of emotions. Kübler-Ross (1980:12) emphasised that these stages may reappear all over again as people interact with their environment. Emotional challenges faced by parents of children with disabilities therefore can be life-long in nature.

Griffith, Hastings, Nash and Hill (2010:24) argue that raising a child with learning disabilities implies exceptional care giving and contributes to higher levels of stress. They further argue that because of having difficulties in social interaction and communication, children with learning disabilities often exhibit behaviours that are disruptive and difficult to manage. This presents considerable stress experienced by both the child with LDs and his/her parents. A qualitative study conducted in London and East London in 2010 on the experiences of parenting children with LDs revealed that 16 parents out of 20 cited that stress was the major issue that they experience in caring for their children with LDs (Griffith et al., 2010:24).

VanPelt (2007:53) further highlights another dilemma faced by the parents of a child with learning disabilities. She points out that parents may not be able to distinguish between what the child *cannot* do and what he or she *does not want* to do. At times the child may decide not to do certain tasks, not because he cannot handle that as a child with learning disabilities but because he may just decide not to comply with the instruction from the parents. On the other hand doing tasks on behalf of the child at all times may not have the stimulating effect.

20

Thus parents of children with learning disabilities constantly try to puzzle out what is working, what is not working, what causes the child's frustration and what gives pleasure to the child.

Parents of children with learning disabilities may also experience great challenges in balancing attention between a child with learning disabilities and those without the disabilities. Children with learning disabilities generally require more attention since they may have additional needs when compared to ordinary children (VanPelt, 2007:53). Providing balanced quality time to all children or family members may therefore be a stressful task. Resch et al. (2010:140) add that due to heavy parental responsibilities, parents of children with LDs can be at an increased risk to experience depression, physical health problems and decreased quality of life.

Social workers can be instrumental in assisting the depressed parents of children with LDs by focusing on personal empowerment. Dominelli (2002:25) defines empowerment as an active process in which individuals or groups are capacitated in terms of problem solving. She adds that the effects of empowerment are that people experience an increase in energy and motivation, their coping and problem-solving skills, as well as decision-making power improve, while positive feelings of self-esteem and self-sufficiency lead to greater self-determination.

Social workers can still perform the traditional role of assisting beneficiaries (parents of children with LDs and their children) by linking them to resource systems such as accessing schools, health services and resource centres. However from a rights perspective, Ife (2012:462) argues that it is not enough to just connect people to services but social workers have to ensure that the services that beneficiaries are to receive are structured, organised and practiced in a way that is in accordance with the human rights convention.

2.4.2. Challenges with resources and services

There are also other challenges that are encountered due to lack of environmental receptivity. Resch et al. (2010:140) argue that when parents have the perception that their situation (caring for the child with LDs) exceeds the environmental support in terms of resources, it becomes a burden to them.

Resch et al. (2010:142) further state that one area of potential mismatch between parents' needs and environmental support is access to accurate and helpful information, resources and services for parents and their children with LDs. Information and resources that parents need to access can be related to medical care, educational support or daily living support. Studies have found that obtaining accurate and useful information is a major problem

21

encountered by parents of children with disabilities (Freedman & Boyer, 2000:32). It is further argued that the life quality of parents of children with disabilities, including those with LDs is "highly dependent on the acquisition and maintenance of necessary support services" (Resch et al., 2010:142).

A study conducted in seven communities in South-Western states in the United States of America with 40 parents revealed that access to information by parents of children with disabilities was a major concern. One of the participants in this study noted "*We have so many no, no, no, when we are looking for information; it's a fight for everything*" (Resch et al., 2010:142). Freedman and Boyer (2000:34) add that the initial attempt to obtain information about a child's disability is a time consuming and difficult process as one is bound to meet obstacles.

In Namibia, the lower levels of education, particularly in the Kunene Region where the study is conducted, may make it difficult for parents of children with learning disabilities to access information on the needs of their children. The position paper on Youth Education and Skills Development (Republic of Namibia, National Youth Council of Namibia, 2012) indicates that of the 13 regions in Namibia, the Kunene region has the lowest literacy rate of 58% among the adult population (15 years and above). Therefore information and resources could be available but the literacy barrier may prevent parents of children with LDs from accessing that information and resources.

Financial hardship is also another challenge that parents of children with LDs face. Resch et al. (2010:142) argue that in general, families of children with disabilities experience much higher expenditures than other families. Freedman and Boyer (2000:32) also note that exacerbating these monetary challenges is the finding that children with disabilities are significantly more likely to live in families considered to be poor. Apart from other general financial needs that parents of children with LDs experience, they may also need additional financial resources to purchase for instance educational or teaching aids that will stimulate the child academically.

Landman and Lombard (2006:42) argue that the focus on individuals and the family within a developmental approach include a capacity-building, strengths perspective and includes effecting structural changes within the community. In this regard, social workers can engage families of children with disabilities in a number of ways that can enhance their resource base. One such way is empowering these parents to establish small enterprises which can generate income that will help them meet their needs.

Cheston and Kuhn (2002:169) make the statement that small enterprises have greater chances of success if they are conducted by women. Basing their argument on a study of women enterprise in Ghana (Sinapi Aba Trust), Cheston and Kuhn (2002:169) point out that women have been seen to spend more of their income on their households; therefore, when women are helped to increase their incomes, the welfare of the whole family is improved. The study also revealed that women enterprises are more efficient and sustainable than those of men because women are more co-operative and more likely to be faithful in repayment of loans or arrears. Therefore, targeting women has a multiplier effect that can help address poverty among parents of children with LDs. Social workers may also engage in such initiatives with parents of children with disabilities by mobilising them, giving them information and linking them to resources and ensuring that the services or resources they access are provided in a manner that is in accordance with the human rights convention (Ife, 2012:462).

Apart from the above mentioned financial challenges faced in taking care of their children, parents of children with disabilities also face challenges of fragmented services (Republic of Namibia, Ministry of Gender Equality and Child Welfare, 2011a:8). Children's services in Namibia are provided by different ministries: the Ministry of Gender Equality and Child Welfare for instance, deals with promotion of the rights of orphans and vulnerable children; the Women and Child Protection Unit under the Ministry of Safety deals with investigations of abused children; the Ministry of Labour and Social Welfare on the other hand administers social grants that children with disabilities and/or orphans are entitled to; the Ministry of Health and Social Services, through the medical officers approves or disapproves the applications for social grants, both for adults and children (Republic of Namibia, Ministry of Gender Equality and Child Welfare, 2011a:8).

Therefore, although services for children with learning disabilities may be available in Namibia, the fragmentation of these services poses a challenge to those who want to access them. The bureaucratic procedures in accessing social grants also make it difficult for parents who may need to apply for their children (Namibia Planned Parenthood Association, 2013).

Social workers can play a crucial role in this regard by, as noted by Schneider and Netting (in Elliott 2010:324) carefully documenting gaps in policies and service delivery and ultimately disseminating to policy makers the challenges faced by service users or beneficiaries.

2.4.3. Attitudinal and cultural barriers

Learning disability has always been perceived from a Western perspective (Abosi, 2007:196). Meekosha (2011:667) also adds that a majority of research conducted in this field have been based on Western experiences while very few have dwelt on third world experiences, particularly within the African context. This has left gaps in understanding the dynamics of learning disabilities, subjecting the same to misconceptions. Often, children with LDs in Africa have been called derogatory and demeaning names such as "slow learners" or "underachievers". These misconceptions culminate in stigmatisation and discrimination against the child or families of a child with learning disabilities.

Due to misconceptions regarding LDs, extended family members may be unwilling to contribute to and support the raising of a child with learning disabilities for fear of associated discrimination and stigmatisation. Bayat (2014:3) notes two notions that cause resentment towards children with disabilities. Firstly, the Western Judeo-Christians perceive creation as being "perfect" or "normal" and thus any deviation from normalcy is seen as evil or the result of sin. Secondly, African indigenous religions explain the world in context of interaction between various natural spirits: sky, water, forest, earth and ancestral. Problems and disharmony in life often means two or more spirits are in conflict. Illness or affliction is considered displeasure of one of the natural or ancestral spirits or a result of possession of an evil spirit.

Due to these religious and cultural beliefs in Africa, a family that gives birth to a child with any disability is subject to social stigma and discrimination. In some instances as noted by Harper et al. (2013:2) there could be unstable marriages and in extreme cases, divorce due to accusations of evil spirits when a child with any form of disability is born. In patriarchal societies of Africa such as Namibia, women are usually the accused and as such they bear the brunt of parenting children with disabilities as lone parents (Chilwalo, 2010:20).

In Ghana, Cote d'Ivoire and other parts of West Africa, children with LDs and other developmental disabilities are referred to as "snake children". Although typical cases of snake children are those with Down Syndrome, the name applies to various types of cognitive impairments, including learning disabilities. Traditionally these children were not allowed to live and were killed before the age of 5 years as they were considered products of displeased spirits (Bayat, 2014:5).

Research conducted by Bayat in 2014, on the killing and abuse of the snake children in Ghana and Cote d'Ivoire revealed that although these children are not being killed in the present day, there is evidence that they and their families are still being stigmatised and

discriminated against. In his fieldwork, Bayat (2014) noted that the conditions of children with LDs in institutions were suboptimal; they are ignored, not stimulated and not being treated with any noticeable degree of humanity and respect (Bayat, 2014:5). Assimwe (2014:3) also notes that in Uganda, children with LDs tend to be excluded by the education system. He argues that the Uganda education system is a "fit-in" or "fit-out" education system implying that it does not regard children with learning disabilities as significant and of importance.

The negative attitudes and cultural negativities towards children with disabilities go beyond just personal stigma and discrimination; it impedes general socio-economic development of communities through inhibiting social capital. According to Turner and Nguyen (2005:1694) social capital incorporates key aspects of social organisation such as trust, norms and network which, among other possible outcomes enhances economic performance and the ability to adapt to specific economic environment. The two authors further mention that social capital focuses on the resources embedded in one's social network and on how access to and use of such resources benefit the individual's actions. In social environments where there is no trust, no co-operation, associated stigma and discrimination against persons and families with disabilities, social capital cannot be realised. The absence of social capital implies impaired community development as well.

Social workers should demystify myths and misconceptions about disabilities by educating communities on the rights of people with disabilities, as stipulated in the Convention on the Rights of Persons with Disabilities that persons with disabilities deserve to be respected as individuals with inherent dignity; they should not be discriminated against on the basis of their impairments and deserve equality of opportunities (United Nations, 2008:5).

Social workers are the most suitable professionals to advocate for the rights of persons with disabilities because the core values of social work which include service, social justice, dignity and worth of persons, importance of human relationships, integrity and competence (IFSW, IASSW & ICSW, 2012) are essential in working with persons with disabilities and other vulnerable groups.

The social model of disability, which is a human-rights-based approach to disability, is also relevant and an integral part in achieving social development since it enables the building of social capital by emphasising the removal of attitudinal and cultural barriers to persons with disabilities (Oliver, 1990:42). Therefore, social workers championing social development can use the social model of disability as an approach to create enabling environments for people with disabilities and their families to participate in the socio-economic development process.

2.4.4. Informal support

Although Abosi (2007:198) and Mba 2007:71) argue that an average African sees disabilities as a punishment for what one has done wrong, Africans in general believe that in spite of deviance, differences and abnormalities, their "humanness" still exists and thus individuals of a society belong to one another (Mangaliso, 2005:107). The Botho/Ubuntu concept as a cultural value places humans at the centre of the universe, without making them superior to all things. This concept is underpinned by collective existence and experience, which translates to communalism. Therefore, although parents of children with learning disabilities may face challenges such as discrimination, stigmatisation and labelling at some point due to the ignorance of the society, they can still find support from other community systems as social beings. In enabling such social cohesion, social workers may intervene by demystifying myths and misconceptions about learning disabilities (Mangaliso, 2005:107).

Social workers can embrace the Botho/Ubuntu concept as a framework for building the social capital needed for social development. This can be achieved by educating communities on key values of the Botho/Ubuntu concept, such as respect for human dignity, communalism, selflessness and symbiosis. These values strengthen relations among individuals and the communities from which support for persons with disabilities and their families is received.

Rainey, Robinson, Allen and Christy (2003:708) postulate that addressing socio-economic problems sustainably encompasses a set of policies and activities that work together to create economic vitality and social equity. The challenges and problems faced by parents of children with learning disabilities and their children similarly require formulation and implementation of appropriate policies. In the following section national and international policies that focus on children with learning disabilities will be reviewed.

2.5. POLICY AND LEGISLATIVE FRAMEWORK FOR CHILDREN WITH LEARNING DISABILITIES

2.5.1. National policies for children with learning disabilities
Policies relating to children with learning disabilities have continued to focus on appropriate education as the main route out of social exclusion for this group of children (Shakespeare, 2009:463). In most countries, the development of such policies has been influenced by the social model of disability. The key premise of the model is that difficulties faced by people with disabilities do not stem from individual impairments but from barriers created by society (Oliver, 1996:71). The author further argues that these barriers can be physical or attitudinal,

26

but the end result is the disadvantage for people with disabilities in a variety of arenas including employment, housing, education and leisure.

Namibia's constitution and various relevant policy frameworks will subsequently be discussed.

- **National constitutional framework**

Namibia's constitution provides for the protection of persons with disabilities from the societal barriers by stating that no person may be discriminated against on the grounds of sex, race, colour, ethnic origin, religion, creed or social or economic status. Although disability is not mentioned specifically, it is implied that people with disabilities would be protected from discrimination on the basis of their disability. In article 20, the Namibian constitution also recognises the rights to education for all Namibians, including those with disabilities through the provision of free, compulsory primary education (Republic of Namibia, Constitution, 1998 as amended).

Based on a rights framework, the constitution of the Republic of Namibia supports the principles of the social model of disabilities such as non-discrimination, freedom and empowerment of persons with disabilities through education. Being supported by the constitutional law implies an enabling environment for children with learning disabilities to maximise their potential. Sadly, a report produced by the United Nation's Education, Scientific and Cultural Organisation (UNESCO, 2004) revealed that 50% of children with disabilities in Namibia who are older than five years did not receive any form of primary education. Therefore, it is not enough to have constitutional rights and freedoms on paper if the intended beneficiaries are not enjoying the same rights and freedoms. Social workers, through their role as educators can engage communities (families of children with disabilities) on their entitled rights, such as the right to access education and the right to self-determination.

- **National Disability Policy**

In 1997 the government of Namibia developed a National Disability Policy. The overall objective of this policy is to ensure that all people with disabilities are able to participate in development processes and mainstream contemporary society. The policy endorses the principle of inclusive education as fundamental to the realisation of the right of children with disabilities to education. It states that the provision of education shall be based on the fundamental principle of inclusive education which demands that all children shall be taught together, whenever possible regardless of individual differences they may have. The process of inclusion entails developing the capacity of the regular school system to enable it to meet the diverse needs of all children (Republic of Namibia, National Disability Policy, 1997:4).

An inclusive approach to education stresses the duty of schools (and the education system as a whole) to adapt and, in principle accept all children. With an inclusive approach to education, emphasis is placed on all learners accessing mainstream education irrespective of their backgrounds (United Nations Children's Fund (UNICEF), 2005:28). Relating to learning disabilities, inclusive education proponents do not perceive a learner with LDs as being the problem, instead, they perceive the problem as lying in the education system which could have rigid teaching methods and curricula, negative teachers' attitudes, lack of teaching aids, poor quality training and lack of parental involvement (UNICEF, 2005:28). Such underpinning principles make this approach synonymous to the social model of disabilities which considers the surrounding environment (socio-economic and physical) as having barriers that hinder full participation and freedom of persons with disabilities (Oliver,1996:32).

On the other hand an integrated approach to education resembles the medical model of disability which perceives the learner or person with disabilities as being the problem, thus he or she needs special requirements, a special environment, specialist teachers and is regarded as being different and therefore being the problem.

Unlike the integrated education system and the medical model of disability, both the inclusive approach to education and the social model of disability are developmental in that they seek to empower learners with learning disabilities by encouraging participation in the education process, creating a non-discriminating environment for learning and facilitating self-determination.

To ensure that inclusive education is implemented, the National Disability Policy (2007) provides for the establishment of a National Disability Council, whose mandate includes: monitoring the implementation of the National Policy on Disability; advising any person responsible for the enforcement of existing legislation which provides for equal opportunities for all people; consulting with persons with disabilities, organisations for people with disabilities and taking steps in order to obtain necessary information in the implementation of the National Disability Policy (Republic of Namibia, National Disability Policy, 1997:4).

Although there are mechanisms for the implementation of inclusive education, the implementation process is met with challenges, as noted earlier; resources in schools are not adequate. Mobile schools in some parts of Namibia among the San, Riemvasmaker and Ovahimba communities do not have adequate furniture, equipment and teaching aids (February et al., 2012:13). Since its emphasis is on utilising resources, including well trained teachers, flexible curricula, inclusive education is not fully realised in Namibia due to lack of the same. It was also noted earlier that 98% of the Namibian teachers cannot speak the

28

English language well enough as a medium of instruction (Muyamba, 2014:2). This may compromise the manner in which they deliver their lessons; subsequently affecting children with LDs negatively. The curriculum for the Namibian lower primary schools places emphasis on the use of mother tongue language for the purposes of everyday activities (NIED, 2005). This may not be flexible enough seeing that Namibia comprises of more than one mother tongue language and thus such arrangements may restrict children to schools in their "home lands" where there are children from the same extraction and speaking the same language.

Social workers can work in partnership with the National Disability Council to advocate for a bigger budget allocation for the Ministry of Education with a view to have adequate resources that can permit the full implementation of inclusive education. In the same way social workers can work together with the National Disability Council in advocating for and ensuring the mainstreaming of the social model of disability.

▪ **Educational policy framework**

Education in Namibia is driven by the Ministry of Education's Education and Training Sector Improvement Programme (ETSIP) which is aimed at aligning the entire education system towards the needs of the 21st century and Namibia National Development Planning Framework and Vision for 2030 (Republic of Namibia, Ministry of Gender and Child Welfare, 2007:10).The policy is recognised as contributing to wider educational development in Namibia and the realisation of "Education for All", hence it complements the constitution as highlighted earlier.

The policy has an implementation framework which includes: reviewing education legislation and norms, developing a mechanism for collaboration on inclusive education for inter-ministerial, intra-ministerial and other stakeholders, revising funding arrangements for inclusive education, raising awareness on rights to education and fostering attitudinal change in support of inclusive education, and ensuring monitoring and evaluation of inclusive education. Seeing that inclusive education and the social model of disability have commonalities, implementation of the later implies the attaining of the shared goals of equalisation of opportunities, non-discrimination of persons with learning disabilities and ultimately the self-determination of children or people with LDs.

As key stakeholders in the implementation framework, social workers can play an active role in reviewing legislative documents relating to inclusive education with a view to provide quality services. More importantly, being stakeholders in the educational policy framework creates an essential platform for social workers to promote the social model of disability with

29

the aim of enhancing the worth and dignity of children with disabilities both in and out of the school system.

- **National Integrated Early Childhood Development Policy**

The Integrated Early Childhood Development Policy (IECD) was developed by the Ministry of Gender and Child Welfare in 2007. Its overall goal is to make provision for families and community-based sustainable and integrated early childhood development programmes that are accessible to all young people and their families, with special focus on the IECD programmes for young children living in difficult circumstances (Republic of Namibia, Ministry of Gender and Child Welfare, 2007:3).

IECD is rooted in a human rights approach to development. It calls attention to the need for sustainable and comprehensive basic services to be made accessible to all young children and their families to ensure the fulfilment of their rights. A human rights focus emphasises participation, information and communication as a means to empower families and communities, and to build their capacities for the care and protection of children. The IECD views the child holistically and all dimensions of survival, growth and development as being mutually interdependent. The IECD policy has advantages for children with learning disabilities in that if children are enrolled early enough into the educational systems, their learning limitations may be detected early and therefore appropriate or early interventions towards addressing such limitations can be embarked on (Republic of Namibia, Ministry of Gender and Child Welfare, 2007:4).

The IECD approach provides for a number of programmes for all children indiscriminately. These programmes are as follows:

- Family visitors' programme - a parent or child-focused education programme offering individual attention through home visits and or in the form of parent groups.
- Community - focused programmes - supporting community-level efforts to meet the basic needs and rights of young children and their families.
- Orphan care programmes - providing material support to early childhood facility-based programmes that provide free access for orphans and other vulnerable children.
- Promoting positive early childhood care practices among previously socially disadvantaged groups - programmes supporting the specific needs of children and parents among socially disadvantaged groups such as the Ovahimba, Riemvasmakers and the San.
- Mentoring programme - providing the opportunity for early childhood educarers from poorly resourced facilities to learn from better-resourced facilities.

30

- Community - based health care- providing services in areas of health, nutrition, safe motherhood practices, psychosocial development and protection.

Although the IECD provides for early childhood education for all children, including those in difficult circumstances, the situation on the ground among Namibian children is different. Muyamba (2014:4) notes that early learning opportunities for children in Namibia are extremely limited, especially in rural areas. It has also been noted that more children drop out of school during or at the end of Grade 1 than in any of the other lower primary grades due to long distances to school and other survival challenges (Muyamba, 2014:4).

The central themes of the IECD policy include a holistic approach, empowering families and communities and building their capacities in caring for and protecting their children (Republic of Namibia, Ministry of Gender and Child Welfare, 2007:7).Similarly, the social model of disability views persons with disabilities in relation to their families, communities and the environment. The model presumes that if the families and communities are empowered on the rights of persons with disabilities by equalising opportunities, removing social and physical barriers, persons with disabilities can live their lives to the fullest (Oliver, 1996:32).

Social workers, through their advocacy role can engage stakeholders in the IECD policy to mainstream the social model of disability in the implementation of the IECD policy seeing that both the later and the social model of disabilities are based on the concept of human rights.

2.5.2 Regional and international statutes for children with learning disabilities

The regional and international communities have statutes that govern the welfare of children regardless of their disability status. Most of such laws are adopted by member states by means of ratification. These regional and international laws such as the African charter on the rights and welfare of the child and the United Nations Convention on the Rights of Persons with Disabilities also influence policy formulation in member states (Republic of Namibia, National Disability Policy, 1997:4). Namibia is one such country that has ratified the mentioned regional and international laws mentioned above.

- **African charter on the rights and welfare of a child**

The African charter on the rights and welfare of the child is an instrument developed by the African Union, previously the Organisation of African Unity (OAU) to make provisions for the welfare of African children. Article two of the charter states that every child has the right to education, to develop his or her personality, talents including mental and physical abilities to the fullest potential. This education also includes the preservation and strengthening of positive African morals, traditional values and cultures (OAU, 1990).

31

The charter further states that every child who is mentally or physically disabled has the right to special protection to ensure his or her dignity, promote his or self-reliance and active participation in the community. By emphasising self-reliance and active community participation, the African charter on the rights and welfare of a child amplifies the social model of disability. The community or social-based model views a person with disabilities as part of the society and local community (Ife, 2001:461). A child will be able to fully exercise his or her talent, have a positive self-image and actively participate in community activities if there are no social and physical barriers (Oliver, 2004:61).

Social workers can actively involve themselves in creating an enabling environment that helps children with disabilities to achieve self-reliance. Oliver (in Dominelli, 2002:25) argues that empowerment cannot be "done" for or to a client by a practitioner. What a professional can do however is to facilitate the negotiation of different contexts or provide an environment in which self-empowerment can flourish. In this context, social workers can work with families, schools and communities of children with learning disabilities to create a conducive environment which does not discriminate and which is free from cultural and attitudinal barriers for children with LDs.

▪ **United Nations Convention on the Rights of Persons with Disabilities**

The Convention on the Rights of Persons with Disabilities came into force in 2008 with a view to place a legal obligation on member states to promote and protect the rights of persons with disabilities (Shakespeare, 2009:463). The convention marks a major shift in the way societies view people with disabilities, with the person being the key decision maker in his or her life. The convention moves beyond the question of access to services to broader issues of quality and elimination of legal and social barriers to participation, social opportunities, health, education, employment and personal development (Shakespeare, 2009:463).

Some of the guiding principles for the convention include: non-discrimination of persons with disabilities, equality of opportunities, accessibility, and respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities (UN, 2008:5) The convention as outlined also echoes the same themes of the social model of disability, such as respect for the rights of persons with disabilities, non-discrimination, equalisation of opportunities, just to mention a few. Therefore, seeing that both elements of the social model of disability and the UN Convention on the Rights of the Persons with Disabilities pursue similar goals of self-determination and empowerment of persons with disabilities, social workers can play a role in facilitating these goals since empowerment and self-determination are highly valued in social work (Ife, 2001:53). Social

workers can empower children with disabilities by educating them, their families and the community on their rights, such as the right to education, health, respect and life with dignity.

Shakespeare (2009:462) argues that social workers can facilitate empowerment and the self-determination goal for people with disabilities by documenting and exposing barriers to participation, passing information to decision makers within institutions, challenging the institutions, creating alliances and mobilising for the implementation of the UN Convention on the Rights of Persons with Disabilities, the social model of disabilities and many more statutes that promote the rights of persons with disabilities.

The social model of disability, the UN Convention on the Rights of Persons with Disabilities and the African Charter on the Right and Welfare of a Child, all constitute developmental social work. Midgley and Conley (2010:13) state that developmental social work invokes the concepts of self-determination, participation, the rights-based approach and empowerment which are meant to create a just society. Banerjee (2005:10) views a just society as one in which there is commitment to equal rights and to an equitable distribution of wealth and power among citizens. He further argues that the primary responsibility of social workers in this regard is to enhance peoples' well-being by helping them to meet their developmental needs.

Although it was introduced and briefly discussed in chapter one, the social model of disability will be further discussed in-depth to demonstrate its strength in addressing challenges that are generally faced by people with disabilities; including children with learning disabilities and their parents.

2.6 . SOCIAL MODEL OF DISABILITY

Oliver (2004:30) described the concept, social model of disability as a tool for gaining insight into the way that society disables people with impairments. He further points out that as a model it neither constitutes a complete social theory of disability nor explains disability in totality. The most important aspect however regarding the social model of disability or the "new orthodoxy" as proposed by Oliver and Barnes (1993:274) is that it is human rights based, as mentioned previously. The social model of disability arose as a response to the critique of the medical model of disability which denies opportunities to people with disabilities, restricts choice and self-determination and lacks control over support systems in the lives of persons with disabilities (Oliver, 2004:30).

The social model of disability posits that at the root of disability and disablement are socio-political constructs; hence the disability movements utilise the social model of disability as a political platform and tool to secure the rights of disabled people, with the objective of

ensuring that they enjoy the status of full citizenship within contemporary society (Swain, French, Barnes & Carol, 2004:23). Oliver (2004:32) also echoes that the social model of disability prioritises the removal of structural and physical barriers to disability, as well as the rights and responsibilities of persons with disabilities.

Equally important is the fact that proponents of the social model of disability, such as Oliver and Shakespeare are themselves persons with disabilities and they are convinced that the social model of disability is the most appropriate model for viewing disability (Anastasiou & Kauffman, 2011:369). Oliver (2004:31) clearly states that no person without a disability can better represent the likes and interests of people with disabilities. Therefore, the fact that the social model of disability is championed by persons with disabilities makes the model more accessible to persons with disabilities than the medical model which mainly focuses on the person with disability as being the problem (Anastasiou & Kauffman, 2011:368).

Oliver and Barnes (in Anastasiou & Kauffman, 2011:368) mention that the social model of disability is based on five fundamental theses. Firstly, the social model, which may also be referred to as a social constructional model (Anastasiou & Kauffman, 2011:368) makes a sharp distinction between impairment and disability. Impairment has been defined as lacking an organ or mechanism of a body leading to body dysfunctioning, while disability is the disadvantage or restriction of activity caused by contemporary social organisation, which takes little or no account of people who have impairments, and thus excludes them from the mainstream of social activities (Oliver, 2004:27). People with disabilities may be socially excluded by attitudes and ignorance on the part of non-disabled people, who may use negative language about them; or they may be excluded from society because of generally low expectations of what people with disabilities can achieve (Harries & Enfield, 2003:12).

Secondly, the social model of disability supports the idea that disability is not a product of bodily pathology, but of specific social and economic structures (Oliver, 2004:33). Unlike the medical model of disability which places the problem on the individual with the impairment, the social model of disability posits, as mentioned in the previous chapter that although the impairment exists, its significance is neutral, neither necessarily negative or necessarily positive. The problem of disability prevails on the society's response to the individual with impairment (Harries & Enfield, 2003:12). Therefore the social model of disability aims to change the perception of individuals, communities and the society at large towards disability. Harries and Enfield (2003:12) argue that if the families, communities and societies develop a positive attitude towards people with disabilities by shunning discrimination and removing

34

physical and social barriers that inhibit people with disabilities from participating in mainstream activities, the problem of disability will be non-existent.

The social model of disability is also founded on the notion that social and economic structures disable impaired people, excluding them from full participation in mainstream social activities (Oliver, 2004:46). Anastasiou and Kauffman (2011:368) further argue that people with disabilities are oppressed by the capitalist society which has developed rigid social structures meant to create a docile workforce, and to reward those who most closely conform to socially prescribed ideal models of appearance and behaviour. The social model of disability has played a crucial role in challenging existing oppressive power relations, including increasing involvement of persons with disabilities in policy making on disability issues at local and national levels (Campbell & Oliver, 1996:41).

Equally important, the social model of disability posits that the political goal of the disability rights movement should be the removal of barriers imposed by social structures and attitudes. As highlighted before, disability is riddled with superstition, such as that disability emanates from displeased spirits, therefore people with disabilities are usually prejudiced, labelled, stigmatised and discriminated against. The social model of disability presumes that the chief goal of any disability movement should be to address issues of oppression and discrimination against people with disabilities, promoting inclusion of people with disabilities, creating a barrier-free society, and developing a positive identity for those with disabilities (Oliver, 2004:44; Campbell & Oliver, 1996:38). The Union of the Physically Impaired Against Segregation has managed to liberate the lives of many disabled people through lobbying for the removal of physical and attitudinal barriers against people with disabilities in the United Kingdom (Oliver, 2004:12). Organisations for people with disabilities across the world can be motivated by the achievement of the UPIAS.

Lastly, the social model of disability postulates that disability is not a personal tragedy. Nothing is wrong with people with disabilities that need to be fixed. On the contrary, what needs to change is the society (Oliver, 2004:31). Oliver further argues that if disability is seen as a tragedy, then disabled people will be treated as victims of some tragic circumstances which in turn lead to social policies that attempt to compensate the victims for the tragedies that have befallen them. If on the other hand disability is defined as social oppression, then people with disabilities will be seen as victims of an uncaring or unknowing society rather than as individual victims of circumstances. Such a view translates into social policies geared towards alleviating oppression rather than compensating individuals (Oliver, 1990:2, 3).

From the above theses of the social model of disability, it can be concluded that this model is at the centre of social development. Midgley (1995:25), a pronounced scholar of social development defines social development as "a process of planned social change designed to promote the well-being of the population as a whole in conjunction with a dynamic process of economic development." On the one hand, the social model of disability aims at structural change within the society to accommodate persons with disabilities (Campbell & Oliver, 1996:42). By calling for an inclusive society, the social model of disability strengthens the social development value of right to equity and social justice (Reamer 1995 in Mayadas & Elliot, 2001:8). As noted by Midgley (1995:25), social development is designed to promote the well-being of the population as a whole; thus inclusiveness is key to social development.

The social model of disability and social development share common values namely freedom and well-being (Reamer 1995 in Mayadas & Elliot, 2001:8). The social model of disability views people with disabilities as an oppressed social group, hence its aim is to dislodge societal mechanisms that bar persons with disabilities from the mainstream society. Social development has its instrumental value as anti-discrimination against age, gender, sexual orientation, race, ethnicity and disability (Reamer 1995 in Mayadas & Elliot, 2001:8). Thus the two approaches ultimately promote the freedom and well-being of all people regardless of their appearance, behaviour or social status. Both approaches can therefore be simultaneously implemented.

Oliver (2004:33) mentions that disability is not a product of bodily pathology, but of specific social and economic structures that exclude and disadvantage persons with disabilities hence the social model of disability is about creating an enabling environment for persons with disabilities to equally access social and economic services. Social development as noted by Midgley (1995:25) cherishes equity in the distribution of resources and the right to sustainable economic stability. Therefore pursuing the social model of disability is a step towards attaining social development.

Some of the factors that cause or precipitate learning disabilities, as noted earlier are indirectly linked to poverty, for instance poor nutrition leading to slow brain development (Atkinson, 2010:7), lack of resources to access anti-natal and neo-natal services leading to unhealthy physical and psychological growth of babies (Cortiella, 2011:9). Midgley (1995:32) states that most of the poorest of the poor are people with disabilities. Therefore by applying the social model of disability and the social development approach, poverty will also be

36

addressed as both stress equity in distribution of resources, right to equity and social justice as well as sustainable economic stability (Reamer 1995 in Mayadas & Elliot, 2001:8).

The social model of disability conceptualises oppression of persons with disabilities as cruelty or unjust treatment entailing the enforcement of power over another (Campbell & Oliver, 1996:41). On the other hand, the goal of social work is ensuring social justice. Banerjee (2005:9) mentions that social justice means better living conditions and life circumstances for people who are poor, vulnerable, oppressed and marginalised in society. The social model of disability is therefore founded in social work values.

The social model of disability recognises the importance of the institutional, social and political environment in facilitating or impeding conditions that promote the rights of children with LDs (Oliver, 2004:19), hence the focus is on influencing policies that accommodate children with disabilities. In addition to this, Brett (2004:46) states that children with disabilities are described as a minority within a minority who face unique challenges. Due to their status as dependents and as persons with disabilities, children with LDs become vulnerable. The social model of disability is an appropriate model to address the plight of such children because it requires knowledge and the participation of parents, concerned children and social workers in crafting appropriate and child specific interventions. Some of the interventions which can be developed include educational methodology and reinforcement techniques.

As mentioned earlier, due to its empowering, inclusive, human rights based and developmental focus, the social model of disability has become the dominant hegemony underpinning policy- making and service provision, both at micro and macro level. However as Oliver (2004:30) mentions, the social model of disability is not the panacea to all problems of disability but is a complementary tool to understand disability better.

2.7. SUMMARY

In summary, the aetiology of learning disabilities which is rooted in multifaceted factors calls for continuous research to obtain relevant information and subsequently relevant interventions and solutions. It is a social phenomenon in which multisectoral and multidisciplinary approaches are not an option. Critical players, such as the lawmakers, social workers, families of children with LDs, the community and children with LDs themselves should equally be active in designing, delivering or implementing appropriate interventions that are meant to address challenges faced by parents of children with learning

disabilities together with their children. Such challenges, as highlighted in the foregoing paragraphs include attitudinal barriers, non-participation in decisions affecting them, oppression by denial of human rights, limited opportunities and prejudice. One such intervention or approach that can be embraced by these key role players is the social model of disability which is centred on barrier removal, citizenship rights and anti-discrimination legislation (Oliver, 2004:30).

The strong link between the social model of disability and social development makes the former a valuable model for utilisation in social work. Banerjee (2005:10) mentions that at the heart of social work are social justice, empowerment, inclusiveness and human rights. These are also the theses that define the social model of disability and social development, hence implementing this model and approach is fulfilling the social work goal.

The government of the Republic of Namibia is applauded for having policy and legislative frameworks that support the social model of disability together with social development as has been noted, although there are still challenges in fully implementing some of the statutes. The chief obstacles to effective and efficient implementation of some of the policies include lack of resources to implement inclusive education in particular, lack of co-ordination among key implementing stakeholders, the nomadic lifestyles of some minority populations of Ovahimba and the San.

Given these challenges, social workers have a role of documenting the gaps and challenges faced in policy implementation and articulating them for further policy forecasting. More importantly, social workers can conduct research with the nomadic populations with a view to obtain their co-operation in service delivery and policy implementation.

CHAPTER 3

RESEARCH METHOLDOLOGY AND EMPIRICAL FINDINGS

3.1. INTRODUCTION

This chapter focuses on two main components namely; the research methodology that was used in conducting this study, as well as empirical findings of the research and the interpretation thereof.

More so, in this chapter, the focus will be on the following research objective: To explore and describe the challenges of parenting children with learning disabilities in terms of:

- knowledge and skills of the parents;
- support from the family, the community and social workers;
- the provision and accessibility of services and programmes for children with learning disabilities.

In the following paragraphs, a presentation of the research methodology applied in this research study is outlined.

3.2. RESEARCH METHODOLOGY

The research methodology used in this study will be discussed by focusing on the research approach that was followed, the type of research that was applied, the research design, the research methods and the ethical considerations relevant to the study.

3.2.1 Research approach

Since the researcher sought to understand and describe the challenges faced by parents in parenting children with learning disabilities, this study was a qualitative study. Kumar (2011:394) describes qualitative research as based upon the philosophy of empiricism; it follows an unstructured, flexible and open approach to enquiry, aims to describe rather than measure, believes in in-depth understanding and small samples, and explores perceptions and feelings rather than facts and figures. In this study the researcher aimed to obtain an in-depth understanding of the experiences of parents in parenting children with learning disabilities, hence based on Kumar's (2011:394) characteristics of qualitative research above, this study was qualitatively rooted.

Babbie and Mouton, 2001 (in Fouché & Delport, 2011:65) also mention that if a researcher seeks to describe and understand a phenomenon, then qualitative research will be an

appropriate approach as it seeks to describe and understand rather than explaining or predicting human behaviour. Fouché and Delport (2011:65) support the idea of using qualitative research in capturing the experiences or perceptions of research participants when they argue that a qualitative research paradigm refers to research that elicits participants' accounts of meaning, experiences or perceptions.

Although studies may have multiple objectives, the object of this qualitative study was to explore the challenges faced by parents in parenting children with learning disabilities. The researcher employed exploratory research mainly because he aimed to obtain insight into the challenges faced by parents in raising their children with learning disabilities. This is supported by Blaikie, 2000 as cited by Fouché and De Vos (2011:95) when he states that exploratory research is conducted to gain insight into a situation, phenomenon, community or individuals.

As stated earlier, parenting children with disabilities is a grey area in Namibia; the researcher therefore sought to explore an area where little is known, hence an exploratory study. Kumar (2011:11) specified the circumstances for utilising exploratory research by stating that when a study is undertaken with the objective either to explore an area where little is known or to investigate the possibilities of undertaking a particular study, then an exploratory study is undertaken.

3.2.2   Type of research

The researcher made use of applied research as the type of research. Applied research is designed to solve practical problems of the modern world, rather than to acquire knowledge for the sake of knowledge (Babbie, 2007:74). In the case of this study, the researcher noted some challenges faced by parents and children with learning disabilities. He therefore aimed to gain in-depth understanding of these challenges with a view to propose better parenting practices that are human-rights based.

Babbie (2007:74) further argues that the goal of applied research is to improve human conditions. Thus in this study, the researcher intended to gain an accurate grasp of the challenges faced by parents of children with learning disabilities with a view to improve parental skills for their children with learning disabilities, as well as to create awareness about the experiences and challenges of parents who parent children with learning disabilities; hence applied research was undertaken.

3.2.3   Research design

Information regarding one's personal challenges in raising a child with learning disabilities is intimate in nature and affects individuals on a personal level. Therefore the researcher

utilised a phenomenological research design in order to obtain such data. Exponents of phenomenological studies, for instance Schram, 2006 (in Fouché & Schurink, 2011:316) are of the view that the aim of this approach is to describe what the life world consists of, or more specifically which concepts and structures of experience give form and meaning to it. In this study the researcher sought to describe the life world of parents of children with learning disabilities; hence the phenomenological design was regarded as the most appropriate design.

Having grasped what Creswell (2007:57) mentions about phenomenological studies, namely that they describe the meaning of the lived experiences of a phenomenon or concept for several individuals, the researcher deemed it fit to use this particular design. This was mainly because the underlying principle of describing the lived experiences is similar to what the researcher envisaged, namely to describe the experiences of parents parenting children with learning disabilities. In addition to the views of Creswell (2007:57), Bentz and Shapiro (1998) as cited in Fouché and Schurink (2011:316) state that at the root of phenomenology is the intent to understand the phenomenon under study and therefore to provide a description of human experience as it is experienced by the subjects.

It is also important to highlight at this stage that the principles of a phenomenological study were upheld throughout the study. Schram, 2006 (in Fouché & Schurink, 2011:317) points out that a phenomenological researcher must be able to distance himself from his judgments and preconceptions about the nature and essence of experiences and events in the everyday world. Although the researcher had a general idea of the challenges faced by parents of children with disabilities, he aimed not to allow any pre-conceived ideas to influence the data obtained.

3.2.4   Research methods
In obtaining information on the challenges that parents of children with learning disabilities face in parenting their children, the researcher employed various methods and techniques as shall be demonstrated in the following paragraphs.

3.2.4.1 Study population and sampling

In this study where the researcher sought to understand and describe the challenges faced by parents in raising children with learning disabilities, the study population was all the parents of children with learning disabilities at a primary school in Opuwo, Namibia where there is a class for children with learning disabilities.

The researcher made use of a two-stage sampling process to select participants. Firstly, the researcher requested the school principal to recruit parents of children with learning disabilities as participants for the study. Given that the school principal has a working relationship with parents through their children, he was better positioned than the researcher to know of and to make contact with the typical cases that could be included as participants in this study. Hence, indirect recruitment was utilised.

Purposive sampling was then employed to select the most suitable participants for the study. Kumar (2011:207) states that purposive sampling is based on the researcher's knowledge as to who can provide the best information to achieve the objectives of the study. Kumar (2011:207) adds that purposive sampling is extremely useful when a researcher wants to construct a historical reality, describe a phenomenon or something about which little is known. This sampling type was therefore suitable for this study since the researcher aimed to describe the challenges faced by parents who parent children with learning disabilities.

As indicated, the researcher made use of the school principal in selecting parents of children with learning disabilities as participants in this study. One parent or caregiver per child was selected, either the mother or father who has custody of the child, depending on their availability. The study also included the participation of single parents. The researcher theoretically targeted the parents of both female and male children who were in the "slow" learners' class, irrespective of their ages. These aspects mentioned were the criteria for purposive sampling. Although the researcher targeted ten participants as a working sample size, only eight turned up for the interviews. This however did not affect the outcome of the research as saturation point was reached after eight in-depth interviews (Kumar, 2011:192).

Secondly, the researcher utilised volunteer sampling to obtain participants who were interested in sharing their challenges in parenting children with learning disabilities. Silverman, 2000 (in Strydom & Delport, 2011:394) states that volunteer sampling works well when the participants are known to one another or are at least aware of one another and can encourage one another to become involved in the study. Through parents meetings at the school, caregivers of children with learning disabilities knew each other; hence they encouraged one another to participate in this study. Although there were chances of volunteers bringing their own hidden agendas to the project (Mark, 1996 in Strydom & Delport, 2011:394), the researcher ensured that the objectives of the study were clearly understood by the school principal, as well as the participants themselves before the onset of the study. The first ten caregivers who indicated to the principal that they were interested in becoming participants in this study were selected as participants. Although ten caregivers indicated their interest to participate in the study to the school principal, only eight managed

to make themselves available for the interview as mentioned above. The school principal provided their identifying and contact details to the researcher. By employing purposive and volunteer sampling, the researcher aimed to select interested participants who could provide rich data (Strydom & Delport, 2011:394).

Since permission to conduct the research had been obtained from a specific school, as well as the Opuwo Town Council (see letters attached as Appendix 1 and Appendix 2), the researcher then contacted the sampled participants with assistance from the school principal in order to conduct in-depth interviews on the challenges which they face in parenting their children with learning disabilities.

3.2.4.2 Data collection

Given that the researcher sought to obtain intimate information regarding challenges faced by parents in parenting children with learning disabilities, the researcher utilised unstructured one-to-one interviews to obtain data from the participants. Greeff (2011:348) points out that at the root of unstructured interviewing is an interest in understanding the experiences of other people and the meaning they ascribe to that experience. Furthermore, unstructured interviews allow the researcher and the participant to explore an issue in depth. Therefore in the researcher's phenomenological study, unstructured and in-depth one-to-one interviews were the most appropriate.

In-depth interviews have an advantage in that events recounted and experiences described are more substantial and more real through being recorded and written down (Josselson, 2006 in Greeff, 2011:348). Therefore information obtained in this study is substantial as it was recorded, as well as transcribed.

Kumar (2011:145) states that the strength of unstructured interviews is the almost complete freedom they provide in terms of the content and structure. One has freedom in wording and in explaining questions to the participant. The fact that it is a flexible interview allowed the researcher to obtain relevant data regarding the challenges faced by parents with learning disabilities.

Further to this, Kumar (2011:160) sees the advantage of in-depth interviews as that they entail repeated face-to-face interaction. According to him, since they (in-depth interviews) involve repeated contact and hence an extended length of time spent together with a participant, this ascertained the rapport between researcher and participant. In this study, the corresponding understanding and confidence between the researcher and the participant

43

led to the gathering of in-depth information. It is because of such advantages that the researcher chose to employ in-depth interviews as a method of data collection.

However, one main challenge with in-depth interviews as noted by May (in Greeff, 2011:349) is maintaining enough flexibility to elicit individual stories, while at the same time gathering information with enough consistency to allow for comparison between and among subjects. In guarding against that, the researcher was consistent in questioning the details and the extent of exploration. As a social worker, the researcher's interviewing skills helped in probing and asking follow-up questions to obtain data with consistency.

Since the researcher made use of in-depth interviews to gather data on challenges faced by parents in parenting children with disabilities, he did not design an instrument for collecting data. Padgett (2008:54) makes the following statement about in-depth interviews, "since the researcher has a clear plan in mind regarding the focus and goal of the interview, this will guide the discussions." The researcher simply asked one main question that was followed by two sub-questions. It was the researcher's task to create and maintain rapport to allow the participants to express themselves as they saw fit.

The researcher utilised open-ended questions which allowed participants to express themselves without being confined to particular issues. The three questions focused on three main themes, namely: 1) the challenges of participants in parenting their children with learning disabilities and the manner in which they attempted to address these challenges; 2) the services and programmes that are accessible to them regarding the parenting of their children; and 3) how social workers could assist them to address the challenges they face in parenting their children with learning disabilities.

In this study, the researcher used probing as an interviewing technique when responses lacked sufficient detail, depth or clarity. Follow-up questions were therefore used to guide the discussion in terms of the three questions.

The researcher appointed a research assistant who had basic knowledge in conducting social research. More so, this research assistant was appointed based on his knowledge of the local language in the study area, namely Otjiherero. The role of the research assistant during the data collection was to assist logistically and to assist in translating Otjiherero into English, for those participants who were not able to fully express themselves in English. The research assistant was paid a daily allowance for this assistance.

3.2.4.3 Data analysis

The researcher employed the thematic analysis method to analyse data. By means of thematic analysis, the researcher identified, analysed and reported on patterns and themes within the data. Thematic analysis allowed the researcher to describe the data set in rich detail, seeing that this method of analysis involves the searching across the data set to find repeated patterns of meaning (Braun & Clarke, 2006:79, 86). Based on what Kumar (2011:278) states about analysing data collected through unstructured interviews, the researcher undertook the following steps, recommended by Kumar (2011:278, 279):

Firstly, the researcher identified main themes from the data by carefully reading through the descriptive responses provided by the participants (caregivers of children with learning disabilities). This exercise enabled the researcher to identify broad themes under which related responses were described. The researcher then used these themes as the basis for analysing the data from the in-depth interviews. Data analysis commenced as soon as the data was collected. The researcher started preliminary reviews together with the research assistant to be able to capture tentative ideas about the data. The preliminary reviews helped the researcher to address areas that were not thoroughly explored by the previous participant.

After identification of the main themes which is the first stage, described above, the researcher embarked on coding the themes by assigning a number to each theme. This enabled the researcher to check on the frequency of themes in the interview. If a theme appeared frequently, it helped the researcher to grasp the main issue in the study. On the other hand repetition of a theme was also a signal to the researcher that he reached a point of saturation.

The above task subsequently led to classification of responses under the main themes. The researcher perused through transcripts of all the interviews and identified patterns and connections between the contents of the notes and the main themes. In identifying the patterns and connections, the researcher looked at the key ideas expressed within a certain issue and identified it with the main theme. Again, the researcher was able to identify issues of importance by noting the times an issue was raised under a specific theme.

Finally, the researcher integrated themes and responses for presentation in the report. The researcher also identified connections and relationships between or among themes and categorised them accordingly. The researcher made use of the descriptive model of reporting, which entails providing a summary of the description, followed by illustrative quotes. The researcher chose this type of presentation seeing that it provides the readers

45

with an opportunity to interpret and identify their own conclusions from the quote; at the same time being able to refer to the researcher's opinions and literature (Kumar, 2011:278, 279).

3.2.4.4 Trustworthiness

To ensure quality, the researcher reflected on the research according to the following key principles, namely credibility and transferability. Two prominent qualitative researchers, Lincoln and Guba (in Schurink, Fouché & De Vos, 2011:419) postulate that these constructs reflect the assumptions of qualitative research more accurately.

Peer debriefing was conducted with social workers from the Ministry of Health and Social Services, as well as from the Ministry of Gender and Child Welfare to ensure that the subjects of the research (parents of children with learning disabilities) were accurately identified and described. These social workers work closely with children with disabilities in the Opuwo district; hence their knowledge of the target population increased the credibility and authenticity of the research.

In qualitative research, transferability or generalisability of findings to other settings, populations or treatment arrangements is seen by traditionalists as a weakness in the approach because of the dynamics of peoples' experiences (Schurink et al., 2011:420). The researcher therefore only referred back to the theoretical framework to indicate how data collection and data analysis were guided by relevant concepts and models (Schurink et al., 2011:420).

The researcher also kept an audit trail throughout the research to ensure that the research was logical and well documented. Etherington (2006) as cited in (Schurink et al., 2011:422), states that the auditing trail displays the interaction between the researcher and the subjects in such a way that the research can be understood, not only in terms of *what* was discovered but also *how* it was discovered. Therefore the researcher kept an audit trail of all the steps, actions and decisions made during the entire research to enhance its dependability.

To ensure trustworthiness, the researcher engaged in member checking. Creswell (1998, 2003) as cited in (Lietz, Langer & Furman, 2006:453), mentions that member checking allows participants to review findings from the data analysis in order to confirm or challenge the accuracy of the work. Padgett, 1998 (in Lietz et al., 2006:453) also emphasises the importance of member checking when he mentions that it is an important strategy used to establish trustworthiness as it gives authority to the participants' perspectives therefore

46

managing the threat of bias. Due to its importance in enhancing trustworthiness, the researcher utilised the member checking strategy to review the findings of the data analysis.

3.2.5 Ethical considerations

In conducting this study, the researcher took ethical issues into consideration that related to the participants of the research, as well as those that concerned the researcher. The following ethical issues were relevant to this study:

3.2.5.1 Avoidance of emotional harm

Since the researcher was gathering intimate data, where parents were asked to share their challenges in parenting children with learning disabilities, there was a possibility of participants becoming emotionally affected. In minimising such likelihood, the researcher thoroughly informed the participants beforehand regarding the potential impact of the investigation on them (Strydom, 2011:115). In cases where the risk of emotional harm existed, the researcher was prepared to refer the participants to the social workers at the Ministry of Health and Social Services in Opuwo, for counselling. There were however no participants who needed to be referred to the social workers.

3.2.5.2 Voluntary participation

Subjects in this study participated voluntarily. The researcher upheld the participants' right to self-determination by not forcing or coercing them to partake in the study (Rubin & Babbie 2005:71). The researcher also explained the goal of the study, and the advantages and disadvantages of the study in a way that enabled participants to understand the value or significance of the study. In this manner participants were motivated to partake in the study (Rubin & Babbie, 2005:71).

3.2.5.3 Informed consent

In addition to voluntarily participation, participants also affirmed their willingness to participate in the study through signing the informed consent form. By signing the consent form the participants did not only show their interest in taking part in the study but they also confirmed that they were made aware of the type of information required from them, why the information was being sought and how it could directly or indirectly affect them (Kumar, 2011:245). The participants in this study were informed that interviews were to be digitally recorded for the purpose of data analysis. The informed consent forms were also available in Otjiherero, which is the indigenous language spoken in the study area, for those participants

who did not understand English (See informed consent forms in English and in Otjiherero, attached as appendix 3).

3.2.5.3 Privacy and confidentiality

The researcher also handled the identifying details (name, surname, contact numbers and address) of the participants in a confidential manner by not disclosing these details. Since the researcher was using a recording device, participants provided consent for the use of this device. All the information obtained was used for research purposes only, and privacy and confidentiality were respected and protected (Kumar, 2011:245). The research assistant referred to in the data collection was also requested to sign a confidentiality agreement. Strydom (2011:120) states that confidentiality implies that only the researcher and possibly a few members of his or her staff should be aware of the identity of participants and that the staff should also have made a commitment with regards to confidentiality. In this regard, the research assistant signed a confidentiality agreement as an assurance of abiding by the principle of confidentiality before the onset of the study. (See agreement attached as Appendix 4).

3.2.5.4 Deception of participants

The researcher aimed to avoid possible deception of and false expectations by participants by providing a thorough explanation of the aim of the study during the process of obtaining informed consent. The researcher explained how the information obtained may be beneficial for further use in possibly developing programmes that aim to meet the needs of children with learning disabilities. The researcher is not aware of any deception, even unwittingly, that formed part of this research (Strydom, 2011:119).

3.2.5.5 Debriefing

Debriefing sessions were conducted by the researcher immediately after each interview with the participant. The researcher is of the opinion that, conducted in this manner, debriefing afforded participants the opportunity to discuss their experiences and express their feelings regarding the research. Debriefing is very important as it prevents misconceptions that the participants may have developed about the research, which may cause harm later on (Strydom, 2011:122).

3.2.5.6 Publication of findings

The researcher desisted from such practices as deliberately attempting to hide what he has found in the study or reporting on the false existence of issues to serve his own interests.

Kumar (2011:246) states that such practices are unethical hence the researcher avoided them at all costs. The researcher will make the findings available to the participants, as well as to the specific primary school in Opuwo. The results of the study were also shared with the Department of Social Work and Criminology at the University of Pretoria after the researcher ensured that the information was correct and accurate. All the data collected in this study is archived at the University for a period of 15 years, according to the policy of the University of Pretoria.

Ethical clearance to conduct the research was granted by the Research Ethics Committee of the Faculty of Humanities at the University of Pretoria. (See ethical clearance attached as Appendix 5).

Whilst there are many ethical considerations to be upheld in research studies, for this phenomenological study, the outlined ones above were the most relevant as it was explained on each ethical aspect.

In the first part of this chapter, the researcher has outlined the research methodology applied in undertaking this study namely; the research approach, the type of research, research design, research methods and the ethical considerations. In the second part of this chapter, the research findings and the interpretation of the data will be discussed.

3.3 EMPIRICAL FINDINGS

Empirical findings will be presented in two different sections. The biographical profile of participants will be discussed in Section 1, while the researcher will discuss empirical findings in the format of themes and sub-themes in Section 2. These themes and sub-themes will be verified with quotations from the participants. A literature control will be integrated with research findings.

3.3.1 SECTION 1: BIOGRAPHICAL PROFILE OF PARTICIPANTS

Biographical information was collected from the eight participants who were interviewed. All those who participated were females.

Table 3.1: Biographical profile of participants

Participant	Age	Marital status	Occupation	Biological parent/ Foster parent	Mother tongue	Age of child	Sex of child
1	46 years	Married	Teacher	Foster parent	Otjiherero	9 years	Male
2	34 years	Single	Unemployed	Biological parent	Otjiherero	10 years	Male
3	37 years	Single	Unemployed	Foster parent	Otjiherero	8 years	Male
4	41 years	Divorced	Cleaner	Biological parent	Otjihereo	10 years	Male
5	35 years	Single	General worker	Biological parent	Otjiherero	10 years	Male
6	44 years	Single	Unemployed	Biological parent	Otjiherero	12 years	Male
7	42 years	Married	Teacher	Biological parent	Otjiherero	9 years	Female
8	34 years	Single	Unemployed	Biological parent	Otjiherero	9 years	Male

As indicated in Table 3.1, the average age of children reported on by the caregivers was 9.6 years, while the average age of the participants was 39 years. Seven out of eight of the represented children were males. The table also indicates that six out of eight participants cared for their biological children while two participants were foster parents. Of these eight participants, only two were married while the rest were single parents. Four out of eight participants were unemployed. All participants were Otjiherero speaking.

3.3.2 SECTION 2: THEMES AND SUB-THEMES

This section focuses on discussing the data gathered during the in-depth interviews with eight caregivers of children with learning disabilities. Six themes and subsequent sub-themes have been identified. These themes and sub-themes have been summarised in Table 3.2 below.

50

Table 3.2: Themes and sub-themes

THEMES	SUB-THEMES
Theme 1: Caregiver's knowledge and perception regarding learning disabilities	1.1 The caregiver's knowledge regarding learning disability as a phenomenon 1.2 Caregiver's perception regarding learning disability as a phenomenon 1.3 Caregiver's views about community perceptions regarding learning disability as a phenomenon 1.4 The caregiver's awareness regarding programmes and services relating to learning disabilities 1.5 Caregiver's knowledge about policies related to learning disabilities
Theme 2: Caregiver's involvement regarding the child's learning disabilities	2.1 Stimulating the child with learning disabilities towards better school performance 2.2 Mobilising resources for the child with learning disabilities to improve school performance
Theme 3: Accessibility of services for the child with learning disabilities and the caregiver	3.1 Access to information about learning disabilities and services 3.2 Access to specialists in learning disabilities 3. 3 Access to social grants
Theme 4: Support received from family and external sources	4.1 Support received from the biological father of the child with learning disabilities 4.2 Support received from family members 4.3 Support received from the community

51

Theme 5: Support received from social workers	5.1 Social workers' support for the child with learning disabilities 5.2 Social workers' support to the caregivers
Theme 6: Perceptions regarding special education for learning disabilities	6.1 Caregiver's perception of special education 6.2 Caregiver's views of the child's perception of special education for learning disabilities 6.3 Caregiver's views about community perception related to special education

The above themes and sub-themes will be discussed and substantiated with literature as well as verbatim quotations from the interviews. The theoretical framework, namely the social model of disability, underpinning the study, will guide interpretations.

3.3.2.1 Theme 1: Caregiver's knowledge and perception regarding learning disabilities

The interviews revealed that caregivers had challenges in comprehending learning disabilities as a phenomenon. All the participating caregivers had limited awareness of programmes, services and policies that relate to learning disabilities. The caregiver's knowledge and perception about learning disability is discussed in depth in the following sub-themes:

Sub-theme 1.1 The caregiver's knowledge regarding learning disability as a phenomenon

Learning disability as a phenomenon was not clearly comprehended by caregivers. Although their children were in the class for learners with learning disabilities, no formal diagnosis regarding the learning disabilities of their children was conveyed to any one of the eight participants. However, participants in this study managed to mention some aspects of learning disabilities. When asked to provide their understanding of learning disabilities, the participants expressed themselves as follows:

"I think it is when a child cannot cope and his mind is behind that of other learners."

"I think it is when a child is ignorant and does not do well in school."

52

"Umm..I think it is when a child has got a problem in thinking and cannot concentrate or listen to what he is told…I don't know."

The quotations above indicate that the participants were not sure what learning disability as phenomenon entails. The lack of clear understanding of learning disability as a phenomenon among participants is projected by Abosi (2007:198) who argues that in Africa most governments have not considered it worthwhile to invest in the area of learning disabilities to determine its causes and prevalence. Abosi (2007:196) further mentions that Africa lacks an indigenous definition of learning disabilities, hence an elusive understanding of the term among the general public.

However, participants in this study managed to mention some of the components of learning disabilities such as being unable to cope in class, lacking concentration when listening and being unable to do well in school. These components are key characteristics of learning disabilities which are perceived from a western perspective as "significant sub-average general intellectual functioning that is combined by significant limitations in adaptive functioning in at least two of the following skills: communication, self-care, home living, social/interpersonal skills, work, leisure, health and safety" (Gobrial, 2009:28).

From a social model of disability perspective, lack of formal communication to the caregivers about the disabilities of their children is considered a structural barrier which inhibits self-determination and social justice for children with learning disabilities and their families. Proponents of the social model of disability such as Harries and Enfield (2003:47) mention that persons with disabilities and where appropriate their families and advocates should have access to full information on diagnosis, rights and available services and programmes.

Sub-theme 1.2: Perceptions of caregivers regarding learning disability as a phenomenon

Participants perceived learning disabilities not as a form of disability but as general poor performance at school caused by certain circumstances. Some participants expressed their views about learning disabilities in the following manner:

"In my understanding my separation with my husband is the contributing factor to his poor intellectual performance because he used to love his father so much and now that love is no more."

"My child grew up with my mother and I think the way she was brought up is not good because she used to do everything for her, that's why she cannot perform at school."

"The problem is that the child was staying with the grandmother and she used to treat her like someone special."

"The thing is that I am only having one daughter so I think I am giving her too much attention."

"Private school was not teaching. Those people, the more you pay the more they give good marks to learners, yet the learner is gaining nothing."

The above statements clearly indicate that participants do not consider their children to have learning disabilities. They regard the pampered and spoilt way in which they were brought up by their caregivers as the cause of their poor performance in school. The responses of the participants fit with Kübler-Ross's (1980:12) stages of grieving where initially parents deny that there is a problem; then at some point they are engulfed with fear, anger and guilt because of having a child who has learning disabilities. The parents may place blame on somebody or anybody and bargain by, for example changing schools, neighbourhoods or doctors in an attempt to address the challenge.

Sub-theme 1.3: Caregiver's views about community perceptions regarding learning disability as a phenomenon

Participants could not share much regarding the views of the community concerning learning disability as a phenomenon. Some of the participants provided the following expressions:

"It is difficult to say because most of our people are not educated; they do not know what a learning disability is."

"I haven't heard of anything, the child is just like any other children at home."

The expressions above indicate that participants were not aware of community perceptions about learning disability as a general phenomenon. Abosi (2007:196) states that learning disability is a new phenomenon in Africa. He argues that learning disability as a concept was introduced in Africa by church organisations, missionary bodies and non-government organisations whose efforts were mainly to provide education and support for children with mental retardation. Due to the manner in which learning disability was introduced in Africa it remains a grey and vague phenomenon to the general public.

Sub-theme 1.4: The caregiver's awareness regarding programmes and services relating to learning disabilities

All participants specified that they were not aware of specific programmes and services for learning disabilities. Usually, learning disabilities programmes that parents need to be aware of relate to medical care, educational support and daily living support. Freedman and Boyer (2000:32) state that obtaining accurate and useful information about these services and programmes is a major problem encountered by parents of children with disabilities. The participants expressed themselves as follows:

"The government is only paying me school fees and nothing else. I buy uniforms and toiletries."

"The child is just like any other children at home, so that is why we are struggling you see. I want our government to really assist us in this."

"There are no services or programmes I am currently benefiting from."

The responses above indicate that participants are not only unaware of the programmes and services regarding learning disabilities but they also struggle financially. Resch et al. (2010:142) confirm the plight of the participants by stating that in general families of children with disabilities experience much higher expenditures than other families. Freedman and Boyer (2000:32) further note that exacerbating these financial challenges is the finding that children with disabilities are significantly more likely to live in families considered to be poor.

The social model of disability which is founded on the notion of socio-economic empowerment implies that social and economic structures disable impaired people by excluding them from full participation in mainstream socio-economic activities (Oliver, 2004:46). This is evident among the participants who expressed that they experience financial hardships and are not aware of services and programmes that their children with learning disabilities should be benefiting from.

Sub-theme 1.5: Caregiver's knowledge about policies related to learning disabilities

Most of the participants revealed that they did not have knowledge about policies. Therefore, Rainey et al. (2003:708) postulate that addressing socio-economic problems sustainably encompasses a set of policies and activities that work together to create economic vitality and social equity. In spite of this important role that policies play in socially and economically empowering parents of children with disabilities, participants in this study expressed lack of knowledge about the policies as evidenced by the following statements:

55

"There are no policies for children with learning disabilities that I know."

"We have never been given any policy…"

The quotations above indicate that these participants were not oriented regarding policies that pertain to learning disabilities. It is evident from the above that lack of knowledge about learning disability as a phenomenon generates a lack of knowledge pertaining to the relevant services and programmes. Subsequently this also leads to a lack of knowledge about the appropriate policies.

The majority of participants in this study were not professional people hence issues of policies were not familiar. In this regard, De Coning, Cloete and Wissink (2011:34) mention that policy knowledge, like research methodology is regarded as a field of study almost exclusively for professionals and academics.

Although the experiences of the participants showed that they were not informed about services, programmes and policies regarding learning disabilities, most of them were involved in supporting their children towards better performance in school. In theme two, caregiver's involvement regarding the child's learning disabilities will be discussed.

3.3.2.2 Theme 2: Caregiver's involvement regarding the child's learning disabilities

The study revealed that all caregivers were involved in supporting their children to improve academically and in their social interaction. Giddens (1993:75), one of the leading scholars in sociology mentions that mothers everywhere normally are the most important individuals or agencies of child socialisation. Correlating with this, the participants mentioned that they were actively involved in stimulating their children to improve academically. They were also mobilising educational resources for them to improve academic performance. These aspects will be discussed in the sub-themes that follow.

Sub-theme 2.1: Stimulating the child with learning disabilities towards better school performance

Two of the participants were teachers by profession. They both indicated that they use their teaching skills in stimulating their children in academic work. They mentioned that they assist their children with homework. They shared the following sentiments:

"I want her to master Otjiherero so I teach her about the vowels and consonants that we have in Otjiherero….I allow her to present to us at home what she will have learnt from school and from church…she can read us the bible at home."

56

"As a teacher myself I try to help the child at home here and there."

Even the participants who are not teachers by profession mentioned that they assist their children with reading and writing skills. These caregivers indicated the following:

"I try with my little background in education to motivate and encourage him to read at home."

"…I also communicate with the teacher so that she can give him more homework so I can help him."

From the above statements, it is clear that participants in this study supported their children in their school work. Michael and Erin (2006:27) mention that one of the characteristics of being an effective parent is to show interest in the world of the child. By getting involved in their academic lives and projecting a positive attitude towards their children in spite of learning disabilities, these caregivers possess the qualities of effective parents. Oliver (1996:42) mentions that the social model of disability emphasises the removal of attitudinal and cultural barriers towards persons with disabilities. All the participants portrayed a positive attitude towards their children despite their learning disabilities.

Sub-theme 2.2: Mobilising resources for the child with learning disabilities to improve school performance

Half of the participants indicated that they purchased educational materials that can help their children to perform better at school. The following excerpts from the interviews are a testament to this:

"…but I have a lot of books, I want her to master Otjiherero."

"I help him with homework and buying books to read."

"I try to buy books for him to read and some computer just for him to be familiar with reading."

As noted earlier, parenting is the process of promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood (Mumbuna, 2010:20), by mobilising resources for their children to perform better at school, participants in this study fulfilled their parental roles in spite of the fact that their children have learning disabilities. If this is to be viewed from a social model of disability perspective, the support rendered by these caregivers empowered and promoted the rights of persons with disabilities to education (Harries & Enfield, 2003:17).

Although most of the participants indicated that they were in a position to mobilise resources for their children, the majority of them revealed that they had challenges in accessing external services for themselves and their children with disabilities. In theme three, accessibility of services will be discussed.

3.3.2.3 Theme 3: Accessibility of services for the child with a learning disability and for the caregiver

The researcher learnt from the study that almost all participants had limited access to services pertaining to learning disabilities. Participants had no easy access to the following: Information related to learning disabilities and appropriate services, social grants, government educational support and specialists in learning disabilities. These thematic areas are discussed as sub-themes.

Sub-theme 3.1: Access to information about learning disabilities and services

The fact that participants in this study experienced challenges in comprehending learning disability as a phenomenon provides clear evidence that accessing information was a challenge. Participants seemed to rely on casual information from friends and teachers who are not primarily the custodians of such information. The following quotes illustrate how some participants were informed about learning disabilities and the services provided in special classes:

"During the lessons I used to visit that class and ask the teacher, mbuai (friend) how is this boy; how is he progressing. The teacher said: hey my friend I don't know whether the boy is still very young or what? You know that when he was born the pregnancy was only 6 months and was put in the incubator for 3 months. So I thought maybe that's why the mind is not progressing. I said to myself let me take him to the teacher and be admitted in the special class at the junior school…After 3 months she told me ooh! The child's mind is behind the age."

"…the teacher then called me and said this child is a problem a lot, we tried and tried but the child is not improving. Why not take this child to special class at the junior school? It's not like the child is mentally sick he is just fine, he is just ok. We just don't know why the child goes slowly. I then took him to the junior school."

"Later on, I discussed with the grade 2 teacher to take her in her class and support her, then later at home the teacher told me that the child is no longer interested in school, she wants to drop out. I then searched for information from my friends and the father who is teaching at a combined school. We then send her in a special class."

58

The above quotes clearly indicate the haphazardness of information regarding learning disabilities. No participant received formal information regarding learning disabilities and the services available. Instead, these caregivers relied on informal sources of information. This confirms Feedman and Boyer's (2000:34) statement that the initial attempt to obtain information regarding a child's disability is a time consuming and difficult process as caregivers are bound to meet obstacles.

Important services and programmes for learning disabilities, such as family visitors' programmes, community focused programmes, mentoring programmes, orphan care programmes which focus on empowering children with LDs and their families were not accessed by the participants of this study seeing that they were unaware of these programmes.

From a social model of disability perspective, lack of access to information and other services constitutes barriers that inhibit children with learning disabilities from participating in mainstream activities (Harries & Enfield, 2003:12; Campbell & Oliver 1996:41). Oliver (2004:46) also adds that if the communities and societies allow access to information and other necessary services needed by the people with disabilities, the problem of disability will be non-existent.

Sub-theme: 3.2 Access to specialists in learning disabilities

The researcher found that none of the participants took their children to specialists for a formal diagnosis of the learning disability. As indicated above all the participants relied on informal information about learning disabilities. Although some participants had some idea about specialists, they did not know how to go about consulting such a specialist. These caregivers had the following to say:

"Last year I wanted to take him to those people who test the mind but I could not get hold of them. I even ask her (special class teacher) where I can get those people because I really want to know what is the problem with this kid and until now I did not see them."

"The only challenge I remain with is that I need my child to go through the intelligence tests but I do not know who does those things, that's my concern."

The above statements indicate that gaining access to learning disability specialists was a challenge and a major concern for the participants. These experiences confirm VanPelt's (2007:53) statement regarding experiences of parents of children with learning disabilities, namely "when parents learn that their child has a learning disability; they begin a journey that

takes them into a life that is often filled with strong emotions and difficult choices." The above participants were curious to find out more about their children's learning disabilities but they could not find answers to their questions as no information about specialists was available.

The study further revealed that teachers played a central role in communicating with parents about learning disabilities. However, what is of interest is that they are not specialists in the field of learning disabilities. The two teachers who were participants in the study were also inadequately informed about learning disabilities. One of them made the following contribution:

"I said to myself I am a teacher and I have tried and tried to help this child at home but I don't think he is alright. I then took the child to madam… (special class teacher)…"

The statement above clearly reveals the struggle that participants experience in assisting their children in the absence of specialists. This confirms what Taylor (2005:98) mentions about the struggle for accessing services, namely that a parent of a child with learning disabilities must become the analyst, specialist, the interpreter, the problem solver, the psychiatrist, the advocate, companion and the disciplinarian as one tries to find the most appropriate way of bringing up such a child.

Sub-theme 3.3: Access to social grants

Seeing that the Ministry of Gender and Child Welfare provides social grants for orphans and vulnerable children, the researcher expected those caregivers who had financial difficulties to benefit from such services. Social grants could assist the caregivers who are struggling financially in purchasing materials needed to address challenges related to learning disabilities. Not all the participants knew about such a government programme. The participants expressed themselves in the following manner:

"I don't know of such service, we just struggle with what we have."

"I have tried to get assistance from the government to get money to support this child but nothing came out."

"I would appreciate if the government can assist us with money to take care of my children."

These participants indicated that accessibility and knowledge of social grants was a challenge to them. One participant mentioned that she made an attempt to apply for the social grant but to no avail. The difficulties that caregivers experience in accessing services are also confirmed by Resch et al's. (2010:142) findings in their research where one of the

participants in their study mentioned: "*We hear so many no, no, no, when we are looking for information; it's a fight for everything.*" In such circumstances, parents may end up demoralised when seeking for assistance.

According to the social model of disability, income support (social grant) should be maintained as long as the disabling conditions remain; to such an extent that it does not discourage persons with disabilities from seeking employment. It should be reduced or terminated when persons with disabilities achieve adequate and secure income (Harries & Enfield, 2003:17).

Access to services regarding learning disabilities was a noticeable challenge to the participants as indicated in the sub-themes above. Theme four focuses on the support received from families and external sources in trying to assist children with learning disabilities, as well as their parents.

3.3.2.4 Theme 4: Support received from family and external sources

During this study, the researcher discovered that the children's caregivers mentioned three levels of support, namely; support from the biological fathers, support from the family members, as well as support from the community. It was however of interest to learn that the support provided by the biological fathers was minimal while support from the community was even less. An average African sees disabilities as a punishment for what one has done wrong (Abosi, 2007:198; Mba, 2007:71). This could perhaps explain the minimal support received from the biological fathers of the children with LDs, as well as from the community. These three categories of support will be discussed under the following sub-themes:

Sub-theme 4:1: Support received from the biological father of the child with learning disabilities

Support from the biological fathers of the children with learning disabilities in this study was minimal. Only two participants mentioned the involvement of fathers in raising their children. The other six participants were solely responsible for the well-being of the children. Asked what support they receive from the biological fathers of the children with LD, participants indicated the following:

"*I am not getting support from anyone, the father of the child is not supporting; I am just struggling on my own. I cannot force someone to support the child. I will try to support with the little that I have. Since the birth of this child, the father never supported.*"

"I don't know about the support of the father but I recall one point when he sold a goat and tried to support the child but the money did not reach the child who was staying with the grandmother by that time."

"There is no assistance from the father of the children. It is cultural that if a 'Himba' (ethnic group) woman is impregnated by a married man, he will not support those children."

"I support my children with the R1800 that I am getting as wage. The father is never supporting."

The participants experienced lack of support from the biological fathers of their children with learning disabilities. These findings confirm Chilwalo's (2010:26) statement that myths and misconceptions about a child with disabilities; such as a curse from God and an unfaithful wife being the cause of the disabilities may cause lack of co-operation from the parents and to some extent marriage breakdown. Burke (2008:52) adds that due to the superstitions mentioned above, mothers are in most instances left to bear the brunt of caring for the child with disabilities.

From a social model of disabilities perspective, possessing superstitions regarding children with disabilities constitutes a barrier that prevents children with learning disability from accessing some of their rights, such as right to love from parents, self-determination and right to actively participate in issues that affect them (UPIAS in Harries & Enfield, 2003:12).

Two participants mentioned that their children received support from their fathers. One of the two participants, who indicated that they raise the child together as a married couple, mentioned the following:

"When the child was refusing to be admitted in the special class, the father talked to her, the elders of the family and me too. She later on accepted to go to special class."

From the above statement, it clearly indicates that the child received support from both parents and also from the extended family members. What is also important to note is that fatherly support does not necessarily have to be material but it can also be emotional as indicated by the above statement. Emotional support from the fathers gives children a huge boost in their self-esteem (Michael & Erin, 2006:87). In this study, it was a rare practice for fathers to provide care and support to their children. Therefore, these fathers that provided support to their children were exceptional.

Sub-theme 4.2: Support received from family members

The study revealed that more than half of the children with learning disabilities in this study did not receive any support from family members. Participants expressed themselves in the following manner after they were asked what support they received from their family members.

"I don't have any support from anyone. The only time I used to get support was when my mother was still alive. She could give me some food and money but now, nothing. My uncle just helped me once last week when he saw that the children were hungry. He bought a bag of maize."

"We are not staying together with family so there is no support from the family."

"Neither the family nor the community assists me in supporting my children."

The above sentiments from the participants indicate that they are the sole caregivers of their children with disabilities. An interesting observation in this study is that participants who were mostly lone parents who did not receive support from the biological fathers also mentioned that they were not receiving any support from family members. Family support was mostly rendered to a child of a married couple. This may be influenced by culture, as one participant mentioned in the previous sub-theme that if a 'Himba' woman is impregnated by a married man, he will not support those children.

In some African societies, a child born out of wedlock is referred to as *"gora",* a stray or abandoned cat. This carries a social stigma. The fact that the children from these single parents have learning disabilities, increases the possibility that they suffer a double stigma, hence little or no visible support is received from family members.

In terms of the social model of disability, Harries and Enfield (2003:12) postulate that such problems of disability as experienced by the caregivers above lie in the attitudes of families, communities and societies. The negative attitudes shown by families, communities and societies to people with disabilities predispose them to stigma and discrimination (Harries & Enfield, 2003:12; Swain & French, 2001:15). The solution to solve such disability problems hence lies in the change in attitudes within families, communities and the society regarding disability (Oliver, 2004:32).

Sub-theme 4.3: Support received from the community

The third level of support explored during the interviews, is community support. The majority of participants did not receive any community support. Some of the participants expressed themselves in the following manner:

"I am not getting support from anyone; the father of the child is not supporting, I am just struggling on my own. I cannot force someone to support the child. I will try to support with the little that I have."

"There is no direct involvement of the extended family and the community because I try to provide what my child needs."

"I do not have any support from anyone or the community. In the community no one helps other people."

The above statements plainly indicate that these participants rely on their own resources to cater for their children with learning disabilities. There is no community support provided. Jackson and Abosi (2006:41) mention that the behaviour and practice of almost all people in Africa have been influenced by modernity to some degree but when it comes to an association with children with disabilities, many are highly conservative. They prefer to keep children with disabilities at arm's length and pay lip service to their needs (Jackson & Abosi, 2006:41).

During the discussion of theme four, it became clear that most participants were not receiving support from the biological fathers of their children with disabilities, their family members or the community at large. Although none of them had experience in social work support, most of them expressed a need for support from social workers during the interviews. In theme five, social work support will be discussed.

3.3.2.5 Theme 5: Support received from social workers

Participants were unaware of services provided by social workers. This meant they had not sought assistance regarding their circumstances from social workers. After the researcher gave them a brief overview of social work, in preparation for the data gathering interviews most of them became aware of some of the social work services which they could access. Social workers' support was mentioned on two levels namely; social workers' support for children with learning disabilities and social workers' support for the caregivers. These will be discussed in depth in the following sub-themes.

Sub-theme 5.1: Social workers' support for a child with learning disabilities

Most of the participants indicated that they needed direct help for their children. The following contributions were made by the participants:

"I wish social workers can assist me with money so that I send the child to a private school."

"I am struggling to buy food and educational materials, so I wish if the social worker can assist me in that."

"If possible I would like social workers to assist me with money to buy some clothes, shoes and food for the child because I am not working and the child is only receiving R200 orphan grant."

"If social workers can assist; I need clothes and also money as my wage is not enough to take care of my children."

From the above it is clear that the majority of caregivers needed financial support to be able to meet the basic needs of their children such as food, clothes and education. Freedman and Boyer (2000:32) assert that irrespective of their social class, or their religious or ethnic identity, people with disabilities around the world are likely to be from poor families in terms of money, power and rights. The fact that the majority of participants in this study had financial challenges clearly correlates with Freedman and Boyer's (2000:32) assertion mentioned above.

Sub-theme 5.2: Social workers' support to the caregiver

Some of the participants indicated that assistance from the social workers should indirectly benefit children with learning disabilities. They indicated that they want to be primary beneficiaries of the social work assistance which in-turn will trickle down to the children with learning disabilities. Participants stated the following:

"I feel social workers should teach some of us parenting skills because sometimes we spoil them by giving them too much attention and everything. Sometimes I think of doing it the African way, just commanding."

"The thing is this, I am unemployed and I am struggling to support my child. I just wish if the social workers can help me secure a job so that I can fend for her and her siblings."

From the above statements it is evident that participants realised the responsibilities they have in providing and caring for their children. Chilwalo (2010:19) explained such parental responsibilities as important in protecting and nurturing the child.

65

The first quotation clearly supports VanPelt's (2007:53) argument that the dilemma faced by parents of a child with learning disabilities is that parents may not be able to distinguish between what the child *cannot* do and what he or she *does not want* to do. At times the child may decide not to do certain tasks, not because he cannot handle the task as a child with learning disability, but because he may decide not comply with instructions from the parents. However, doing everything for the child at all times may not have the stimulating effect. Therefore parents of children with learning disabilities constantly try to puzzle out what is working, what is not working, what causes the child's frustration and what gives pleasure to the child. The participant was not sure which of the parenting styles, authoritative versus authoritarian, she should embrace.

Although initially participants were not aware of support they can receive from social workers, they were finally aware of supportive services as evidenced above by the different kinds of support they requested from social workers. While the study was being conducted, it was noted that participants had specific perceptions regarding special education. These perceptions will be discussed in the following theme.

3.3.2.6 Theme 6: Perceptions regarding special education for learning disabilities

In this study, perceptions regarding special education for learning disabilities were identified on three levels, namely the caregiver's perceptions of special education, the caregiver's views of the child's perception of special education for learning disabilities and the caregiver's views regarding community perceptions related to special education. These perceptions will be discussed in sub-themes as outlined below.

Sub-theme 6.1: Caregiver's perceptions of special education

Regarding perceptions of special education for learning disabilities, most of the participants expressed negative feelings. They expressed their feelings in the following manner when asked what they felt about having a child in special class.

"I don't feel ok because I am worried and wondering whether he will come out of this special class or not. I want my child to be in normal class."

"There is no option. I just have to accept the situation and hope that he is going to change to the other class."

"I don't feel good at all but I hope maybe the special class will help my child"

"If I had money, I will look for another school but since I don't have money I will just leave her there. I want to take her to private school"

© University of Pretoria

"I wish to transfer her to a normal class…the child was not only coping due to over crowdedness of the class"

Looking at the sentiments of these caregivers, it is clear that they have negative views about special classes. The terminology used, such as 'normal class' referring to the mainstream class implies that special class is regarded as the 'abnormal' class. This may explain why some of the participants wished their children improve so that they can transfer from the special class to the mainstream class. Abosi (2007:196) states that in Africa, a child is the family's ego. Families are ashamed to send a child who is not competitive to school.

The social model of disability emphasises that negative perceptions towards disabilities are the attitudinal barriers that affect people with disabilities. Oliver (2004:21) mentions that removing these barriers has a huge beneficial impact on the lives of people with disabilities, as well as on the community at large. Many non-disabled people play an important role as allies, understanding and supporting disabled people's struggle for equal rights and being prepared to make concessions in their own positions (Harries & Enfield, 2003:12).

Sub-theme 6.2: Caregiver's views of the child's perception of special education for learning disabilities

Data gathered from the interviews revealed that caregivers regarded the perceptions of their children in terms of special education as being negative. Some parents had to convince their children to go for special class education. The following excerpts from the interviews testify to these findings:

"She was at first refusing and said, are they not going to call me stupid and other bad names…"

"When he had just started in the special class, sometimes he came to me and said I want to go Etanga (a rural community where the father teaches). I don't know why but you know some children think that if they are in special class they are stupid and they don't want to be in that class because of that."

The statements above indicate that by attending a special class, children with learning disabilities in this study are labelled as 'stupid', hence their unwillingness to be in the special class. These findings correlate with Abosi's (2007:196) assertion that children with LDs in Africa are called derogatory and demeaning names such as "slow learners" or "underachievers".

Oliver (2004:21) states that the social model of disability describes the true nature of the problem of disability. He argues that the problem is not in the individual, nor in his or her

impairment. The problem of disability lies in the society's response to individuals with impairments. According to the social model of disability, society should develop a positive attitude about learning disability so as to allow them freedom, dignity and self-determination.

Sub-theme 6.3: Caregiver's views about community perceptions related to special education

Participants voiced the opinion that the community perceives a special class as a class for the irresponsible or 'stupid' learners. The following expressions were forwarded by the participants:

"Some people may just say this person is having a stupid learner who is in the special class. But the way I hear it (special class) explained in the radio makes me confident that special class is good."

The problem only came from my daughter. She was complaining that people are saying I am stupid and what."

Statements from the participants reveal that the community holds a negative view of children with disabilities. Learners with learning disabilities are labelled as 'stupid'. According to VanPelt (2007:53) derogatory and demeaning names negatively affect the child's self-esteem. From a social model of disability perspective, Harries and Enfield (2003:12) add that through what is known as the 'mirror effect', many people with disabilities (who like others, see themselves reflected in the attitudes of the people around them) have come to believe that they are underachievers. In order to create a society that includes persons with disabilities and those without disabilities equally, there is a need for the society to change the way of perceiving and responding to disability.

3.4 SUMMARY

This chapter provided a presentation of research methodology used during the study, research findings as well as an analysis and interpretation of the responses of the caregiver responses regarding learning disabilities.

The research methodology entailed an overview of the research approach, type of research which was implemented, research methods and ethical considerations applied during the course of this research study.

The empirical findings part of this chapter was presented in two different sections. The biographic profile of participants was discussed in Section 1 while the empirical findings in the format of themes and sub-themes were discussed in Section 2.

© University of Pretoria

In the succeeding chapter, conclusions and recommendations regarding the findings of the research will be presented. These recommendations will have a prime focus on practitioners of developmental social work who are positioned to implement programmes and policies regarding parenting children with learning disabilities.

CHAPTER 4

CONCLUSIONS AND RECOMMENDATIONS

4.1. INTRODUCTION

In conducting this study, the researcher had a goal and objectives to attain. These objectives and goal will be examined in this chapter to ascertain the extent to which they have been met. Conducting a study on the challenges faced by parents in parenting children with learning disabilities entailed reviewing literature and analysing empirical findings. In this chapter, the researcher will outline the key outcomes regarding the empirical study and the literature in order to provide conclusions and recommendations of the research study. This study was conducted from the perspective of the social model of disability, which could be regarded as developmental in nature; therefore, recommendations for social workers will be made from a developmental social work perspective. Lastly, in this chapter the researcher will comment on the possibilities of future research based on the findings of this study.

4.2. ACCOMPLISHMENT OF THE RESEARCH GOAL AND OBJECTIVES

The accomplishment of the research goal and objectives is of paramount importance to the researcher in order to determine whether the research project can be regarded as successful. In this section, the researcher will demonstrate the extent, as well as the manner in which the goal and the objectives of the study were achieved.

4.2.1. Goal of the study

The research goal was to explore and describe the challenges faced by parents in parenting children with learning disabilities. This goal was successfully attained through employing appropriate research methodology. The researcher made use of applied research, a qualitative research approach and a phenomenological research design, where unstructured one-to-one interviews were utilised to obtain data from eight participants. More importantly, the attainment of this goal was made possible by focusing on the objectives formulated for this study. These objectives were the milestones that guided the researcher in obtaining the goal of the study.

4.2.2. Objectives of the study

To attain the goal of this study, the researcher formulated three objectives namely;

- to contextualise learning disabilities, as well as parenting as phenomena.

- to explore and describe the challenges of parenting children with learning disabilities in terms of:
  - knowledge and skills of the parents;
  - support from the family, the community and social workers;
  - the provision and accessibility of services and programmes for children with learning disabilities.
- to make recommendations for practitioners from a developmental social work perspective regarding the experiences of parents who parent children with learning disabilities.

These objectives could not have been attained without a thorough review of literature and in-depth analysis of the empirical findings as demonstrated in chapter 2 and 3 respectively. In the following discussion, the researcher will focus on how these objectives were achieved.

Objective 1: To contextualise learning disabilities, as well as parenting as phenomena

Prior to the study, the researcher had an elusive understanding of learning disabilities. This was because unlike physical disabilities, the nature of learning disabilities are not easily ascertained unless there is direct or indirect interaction with someone with such disabilities. Through the review of literature in the second chapter of this study, the researcher managed to gain more understanding of learning disabilities. Gaining insight that learning disabilities do not only entail the significant sub-average general intellectual functioning but also significant limitations in adaptive functioning in terms of communication skills, self-care, home living, social/interpersonal skills, work, leisure, health and safety was indeed a theoretical gain.

Through reviewing of literature, the researcher also gained an improved understanding of parenting as a process of promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child.

Therefore the literature review enabled the researcher to theoretically contextualise learning disabilities and parenting as phenomena in this study.

Objective 2: To explore and describe the challenges of parenting children with learning disabilities

This objective was subdivided into three components namely challenges in terms of: knowledge and skills of the parents; support from the family, extended families and the community, including support from social workers. The third component was to explore the provision and accessibility of services and programmes for children with learning disabilities.

Data obtained from the eight participants revealed the challenges they face regarding knowledge and skills in parenting children with learning disabilities. As indicated in the empirical chapter, none of the participants had a formal diagnosis communicated to them by a specialist in the field of learning disabilities. As a result, the majority of participants were unaware of what learning disability entails. Consequently, participants experienced a lack of knowledge regarding services and programmes for learning disabilities. Challenges faced in accessing support from social workers, family members and the community were also described in chapter 3. Therefore, this objective was realised through undertaking the empirical study.

Objective 3: To make recommendations for practitioners from a developmental social work perspective regarding the experiences of parents who parent children with learning disabilities.

Developmental social work entails providing emphasis on change, the use of strengths, empowerment and capacity enhancement, the notion of self-determination and client participation, as well as commitment to equality and social justice. The experiences of caregivers who participated in this study were viewed from a developmental social work perspective and it was found during the empirical study that some of these developmental social work principles were not evident in the lives and experiences of the participants and their children.

Seeing this lacuna, the researcher provides recommendations that, if implemented, will ease the plight of parents who parent children with disabilities, as well as their children. These recommendations will be outlined in detail in the last section of this chapter.

This objective of making recommendations for practitioners from a developmental social work perspective regarding the experiences of parents who parent children with learning disabilities was hence met by examining the empirical findings vis-a-viz the literature regarding learning disabilities.

The goal and the objectives were therefore achieved as highlighted above. In pursuing these objectives and the overall goal, the researcher deduced key findings from the research study. In the following section, these key findings will be discussed.

4.3 KEY FINDINGS

The outcome of the empirical study revealed that learning disability as a phenomenon was not fully comprehended by the caregivers of children with learning disabilities. Participants relied on informal sources of information, such as general teachers and ordinary community members who had no specific knowledge regarding learning disabilities. As a result of the lack of access to accurate information, participants in this study had a vague understanding of learning disabilities.

The lack of knowledge regarding learning disability as a concept amongst the participants had far reaching effects in terms of awareness of programmes, services and policies that are meant to benefit children with learning disabilities and their parents. The majority of the participants confirmed that they were not aware of any programme, policy and service meant specifically for them and their children.

It was also interesting to discover that children who were raised by single parents were less likely to receive support from other external sources, as opposed to children from married couples. Culturally in the study area, children from single parents were considered illegitimate hence less support from extended family members. This seems to have influenced family members of participants in this study, as clearly indicated by one participant that married Himba men are not obliged to take care of children born out of wedlock.

The researcher also deduced that special education was considered by some participants as education for the "abnormal learners", while some children of the participants perceived this as for the "stupid" learners. These perceptions were driven by lack of knowledge regarding learning disabilities.

It was also discovered during the empirical study that social work services were not known to the participants as none of them had ever encountered a social worker, be it on learning disabilities or any other general issue. However on concluding the interviews, the majority of the participants indicated that they wanted social workers to provide them with food and financial assistance to be able to enhance the wellbeing of their children with learning disabilities.

The key findings discussed in the above paragraphs, made it possible for the researcher to make conclusions regarding challenges faced by parents in parenting children with learning

disabilities. In the next section, the researcher will focus on the conclusions of the research study.

4.4. CONCLUSIONS

In this study, a literature review has provided invaluable information regarding learning disabilities. This literature also supported some of the findings in the empirical study. However there were also independent findings from the empirical study that were not revealed by literature. This did not only enhance the value of the study but it also provides an improved understanding of learning disabilities. Conclusions will therefore be made based on both literature review and the empirical study.

4.4.1. Literature review

The conclusions deduced from the literature review will be outlined in the bullet points below:

▪ Parenting a child with learning disabilities is often a journey that takes the parents into a life filled with emotions and difficult choices. Challenges which are normally faced by parents of children with learning disabilities include; inadequate resources, inaccessibility of information and services; as well as labelling by the community.

▪ Stereotyping learning disabilities often leads to prejudice and stigmatisation of children with disabilities. The social model of disability is geared towards addressing prejudice and stigmatisation of persons with disabilities. This is made possible seeing that the social model of disability is a model that is rooted in empowering people with disabilities by having a focus on participation, human rights and addressing social barriers of disabilities, such as stigma and discrimination.

▪ Learning disability is a broad and complex subject. It is not well comprehended in Africa due to lack of indigenous definition and also due to the unwillingness by governments to invest in this field. Investing in the field of learning disabilities encourages production of new information through research.

▪ Intellectual disabilities can be classified into four categories namely; mild intellectual disabilities, moderate intellectual disabilities, severe intellectual disabilities and profound intellectual disabilities.

▪ Although most African governments do not invest in carrying out a census regarding children with disabilities, it is estimated that five per cent of children from school going age in Africa have learning disabilities.

▪ The major causes of the neurological disorders that cause learning disabilities are unclear although there is a common understanding that learning disabilities are genetically influenced.

- Learning disabilities can also be caused by pre-natal and birth problems, such as head injury, drug and alcohol abuse during pregnancy, oxygen deprivation at birth, pre-mature or prolonged labour, severe nutritional deprivation and exposure to poisonous substances.

- Promotion of learners with learning disabilities to higher grades in Namibia poses a challenge as such learners fail to cope with the demands of the higher levels. Promotion to a higher level is not always based on the academic performance but rather on factors such as age and lack of classroom space. These factors do not serve the interest of the child with learning disabilities.

- The learning process of children with learning disabilities is also affected by over crowdedness in classrooms. Most of the special classes in Namibia may have more than 20 learners which may compromise the quality of learning since individual attention to the learners will not be possible.

- The characteristics of a good teacher include friendliness, cheerful disposition, emotional security, good mental health and a high degree of personal adjustment. In Namibia teachers who possess such qualities are few due to general shortage of teachers. In order to address the shortage some of these qualities are overlooked. This has a negative effect on the learners with learning disabilities who need such dispositions to perform well.

- The Namibian educational curriculum for the lower primary levels stipulates that younger learners should be taught in their vernacular language. This does not provide learners with early exposure to English which will be the medium of instruction from grade 5 onwards. Most learners with learning disabilities will find it difficult to adjust to a new medium of instruction.

- The parenting role is very important and carries with it huge responsibilities. As it aims at promoting and supporting the physical, emotional, social, spiritual and intellectual development of a child from infancy to adulthood, it is a role to be shared between the father and the mother of the child.

- Most Namibian parents seem frustrated and depressed when they have a child with disabilities because of misconceptions that they hold before having children. Some of these misconceptions include: having a baby is romantic, having a baby will solve marital problem and having a baby solves emotional problems. To have a child with disabilities will present challenges that did not form part of their dreams and expectations; hence depression and frustration might occur.

- Most parents of children with learning disabilities face challenges in terms of accessing services, accurate information regarding learning disabilities, as well as accessing resources. Studies have shown that the quality of life of parents of children with

75

disabilities is highly dependent on the acquisition and maintenance of the necessary support services.

- Studies have also revealed that in general, families of children with disabilities are generally poor. This could be because they seem to incur higher expenditure in providing in the needs of the child with disabilities, such as purchasing specialised educational materials, health care and other specialised needs depending on the severity of the disability. These expenditures are not incurred by families who do not have a child or children with disabilities.

- In Namibia, parents of children with LDs face challenges of fragmentation of services. In addition to this, there are also bureaucratic procedures in accessing services such as a social grant. This has resulted in some parents doing without such services in spite of the fact that they deserve them.

- Due to religious and cultural beliefs in Africa, a family that gives birth to a child with a disability is subject to social stigma and discrimination. Western Judeo-Christians perceive creation as being "perfect" or "normal" and thus any deviation from normalcy is seen as evil or the result of sin. Culturally, in most African communities disability is regarded as a curse from God for sins which parents might have committed.

- An average African perceives disability as a curse, hence the stigma attached. This has a negative effect on the socio-economic development of a community as social capital which is a valuable ingredient for social development is hindered by such vices like stigma and discrimination.

- Most policies related to children in Namibia, such the National Integrated Early Childhood Development Policy, National Constitutional Framework, National Disability Policy to mention a few, emphasise inclusive education as the most appropriate approach. This is so because inclusive education entails developing the capacity of regular school systems to enable them to meet the diverse needs of all children.

- Social capital incorporates key aspects of social organisation such as trust, norms and networks which enhances economic performance. Negative attitudes and cultural negatives towards children with LD inhibit this social capital by bringing about mistrust, disunity and suspicions among community members.

- The social model of disability posits that at the root of disability and disablement is socio-political constructs which the disability movements strive to address. These disability movements use the social model as a tool to secure the rights of people with disabilities.

- The social model of disability makes a distinction between impairment and disability in which the former is perceived as lacking an organ or mechanism of a body leading to body dysfunction, while disability is the disadvantage or restriction of activity caused by social organisation that excludes people with impairment.

76

- The social model of disability prioritises the removal of barriers to disability such as attitudinal barriers, institutional and environmental barriers. The social model of disability is also based on human rights.

4.4.2 Empirical findings

In the following section, conclusions based on empirical findings will be presented.

- The research revealed that there is inadequate knowledge about learning disability as a phenomenon. This was evidenced by the difficulties that participants had in defining learning disabilities. Lack of in-depth grasp of this phenomenon subsequently led to lack of awareness regarding services and programmes designed for children with learning disabilities.

- Accessing information regarding specialists in the field of learning disability was also a mammoth task for caregivers. The majority of the caregivers relied on information from general teachers who do not have specialised knowledge or skills in this field.

- It was also discovered that knowledge regarding policies pertaining to learning disabilities is limited. None of the participants could articulate specific policies that benefit children and parents of children with learning disabilities. This may indicate poor policy education on the part of policy makers and implementers.

- The research sadly revealed that only two children with learning disabilities received support from both parents, while six of these children were only supported by their mothers as lone parents. Patriarchy was considered one of the possible factors causing women to take care of their children own their own.

- The caregivers, the community, as well as the children with learning disabilities themselves still have stereotypes and prejudices regarding learning disabilities. This was revealed in the interviews where the caregivers made reference to learning disability, as stupidity or abnormality.

- Since participants did not receive a formal diagnosis regarding the condition of their children, most of them did not perceive the condition of their children as a learning disability; instead they believed that it was simply due to overprotection from parents, separation of parents or lack of competent teachers.

- Participants were found to not have much knowledge regarding community views on learning disability as a phenomenon. This was because the community does not seem to understand learning disability as a phenomenon.

- This study also revealed that not only were participants unaware of critical programmes for learning disabilities, such as family visitors programmes, mentoring programmes and community-based health care, they were also struggling financially to take care of their children with learning disabilities.

77

- It was also discovered that most of the caregivers of children with learning disabilities were involved in their children's learning process. Caregivers were found to be important role players in stimulating and soliciting resources for better performance in school. They were involved in assisting their children with homework.
- Children with learning disabilities from single parents received less psychosocial and material support from external sources than those from married parents. Single parents revealed that they were solely responsible for the welfare of their children with the limited finances that they have.
- Social work services were unknown to participants, therefore no one had sought such services. However when they were informed about the services of social workers during the process of interviewing, the majority of these caregivers indicated that they wanted social workers to assist them with financial support to be able to support their children with learning disabilities.
- Some participants voiced that they wanted to be assisted by social workers in areas of parenting and job opportunities in order to assist their children living with learning disabilities.
- A general observation from the participants was that the majority of them were not content with having their children in a special class. They wished that their children with learning disabilities will improve so as to transfer from the special class to the mainstream class. This could be based on the derogatory names such as 'stupid', that their children are called by when they are in the special class. The lack of insight regarding the nature of learning disabilities also caused these participants to want to transfer their children from the special class to the mainstream class.

Based on the key findings and conclusions derived from the research study, the researcher is able to make recommendations for practitioners from a developmental social work perspective regarding service delivery to the parents of children with learning disabilities. These recommendations will be discussed in the following section. Recommendations for possible future research will also be made.

4.5 RECOMMENDATIONS

The research study provided the researcher with an opportunity to explore the challenges faced by parents in parenting children with learning disabilities. Having found new parental challenges in addition to the traditional ones confirmed by literature, the researcher will provide recommendations for practitioners.

4.5.1 Recommendation for practitioners

As noted, developmental social work is characterised by an emphasis on change, use of strengths, empowerment and capacity enhancement, the notion of self-determination and client participation, as well as commitment to equality and social justice (Mayadadas & Elliott, 2001:11). From this study, practitioners in the helping professions are reminded that they are change agents. Therefore in their intervention with parents of children with learning disabilities, they should employ appropriate approaches such as the social model of disability which aims to address the socio-political constructs that cause disability challenges.

Seeing that learning disabilities encompass myths and misconceptions in the context of Namibia and other parts of Africa, social workers in particular should, through community awareness, media exposure and other communication channels educate the community in terms of learning disabilities, policies regarding learning disabilities, special education, amongst other related issues. Social workers may do this by working with community health forums, health extension workers or other established forums.

Empirical data, as well as literature confirmed that families of children with learning disabilities are generally poor and suffer from financial hardships. Therefore practitioners, especially social workers should empower these caregivers by helping to establish small enterprises which can generate income that will help them meet their needs. Female caregivers may be the most appropriate target group as research has indicated that small enterprises have a high rate of success, if undertaken by women.

As noted in the findings, most caregivers did not receive any formal communication regarding the diagnoses of their children. All of them were struggling to get such information. Practitioners such as social workers should advocate for the rights of persons with disabilities to access information and other necessary services to meet their needs. This is an appropriate role for social workers, seeing that the core values of the Social Work profession include service delivery and the enhancement of social justice, dignity and worth of individuals, groups and communities. Developmental social work also promotes the enhancement of social justice of vulnerable people, such as persons with disabilities.

The study revealed that caregivers of children with learning disabilities struggle to access services. In this regard, social workers can perform their traditional role of assisting beneficiaries (parents of children with LDs and their children) by linking them to resource systems, such as schools, health services and resource centres. However from a rights perspective, it is argued that it is not enough to just connect people to services but social

workers have to ensure that the services that beneficiaries are to receive are structured, organised and practiced in a way that is in accordance with the human rights convention.

Apart from the difficulties in accessing services, caregivers of children with disabilities also face challenges caused by fragmented services, especially regarding social grants. Practitioners such as social workers can advocate for the unification of these fragmented services, thereby making it easier to be accessed by the caregivers of children with learning disabilities.

Most children with learning disabilities in this study did not receive support from extended family members and the community. Social workers as practitioners can embrace the Botho/Ubuntu concept as a framework for mobilising support for children with learning disabilities. This will enable children with learning disabilities to regain their worth as human beings.

Since some caregivers where emotionally overwhelmed and had difficult choices regarding the welfare of their children with learning disabilities, social workers can empower such caregivers by providing socio-emotional support which builds their inner strength to cope and develop problem solving skills.

4.5.2 Recommendations for future research

In this research study, the researcher discovered that participants could easily provide their perceptions regarding learning disabilities and special class education. It was however difficult to obtain information on the perceptions of the community from the participants regarding this phenomena. It is recommended that further research regarding the topic of learning disabilities and mental health be conducted in order to fill this knowledge gap.

It is also recommended that a future study be conducted, focusing on a broader target population seeing that this study focused on the Otjiherero speaking community only. It will be valuable to explore and describe a cross-section of perceptions regarding learning disabilities and specialised education from a wider society.

Since conclusions regarding the literature review and the empirical findings have been provided followed by recommendations for future research, overall concluding remarks will be highlighted in the following paragraphs.

4.6. CONCLUDING REMARKS

The study explored and described the challenges faced by parents who parent children with learning disabilities. It became clear from the research that parents or caregivers of children

with learning disabilities face a range of challenges, such as accessing information, services and programmes. The majority of participants were not aware of policies relating to learning disabilities, as well as social work services. It was recommended that greater awareness regarding these issues and learning disabilities in general be promoted.

Through the social model of disability, barriers that cause disability challenges were defined and identified. Possible ways of addressing these barriers were also highlighted.

Future research should explore the perceptions of community members regarding learning disabilities and special class education as the researcher did not obtain adequate data on these aspects. This research should however be conducted with a larger target population that incorporates other African communities so as to ensure a wider range of perceptions regarding the phenomenon of learning disabilities.

It is the researcher's conviction that the research question, "What are the challenges faced by parents in parenting children with learning disabilities in Opuwo, Namibia?" was adequately answered by this study, seeing that the research goal and objectives were reached, as indicated in paragraphs 4.2.1 and 4.2.2 of this chapter. This research therefore provided insight into the challenges faced by parents in parenting children with learning disabilities.

REFERENCES

Abosi. O. 2007. Educating Children with Learning Disabilities in Africa. *Learning Disabilities Research & Practice,* 22(3):196-201.

Anastasiou, D. & Kauffman, J.M. 2011. A social constructionist approach to disability: Implications for special education. *Exceptional children*, 77(3):367-384.

APA (American Psychiatric Association). 2013. Diagnostic and Statistical Manual of Mental Disoders. 5th ed. Arlington, VA: American Psychiatric Association.

Assimwe. L. 2014. Learning Disabilities in Africa. Available: http://www.africaontheblogcom/learning-disabilities-in-africa. (Accessed 2014/08/17).

Atkinson, D. 2010. Narratives of people with disability. In Gordon, G., Ramcharan, P., Flynn, M. & Richardson, M. (Eds). *Learning Disability: A life cycle approach.* London: Open University Press.

Babbie, E. 2007. *The practice of social research*. 11th ed. Belmont: Thomson Wadsworth.

Barnerjee, M.M. 2005. Social Work, Rawlsian Social Justice and Social Development. *Social Development Issues*, 27(1):7-14.

Bayat, M. 2014. Understanding views of disability in Cote d'Ivoire. *Disability and Society,* 52: 30-43.

Braun, V. & Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3:77-101.

Brett, J. 2004. The experience of disability from the perspective of parents of children with profound impairment: It is time for an alternative model of disability. *Disability and Society,* 17(7):825-843.

British Psychological Society. 2007. *Learning Disability*. Leicester: British Psychological Society.

Brophy, J. & Putnam, M. 1997. Classroom management in the elementary grades. In Duke, D. (Ed). *Classroom management*. Chicago: University of Chicago Press.

Burke, P. 2008. *Disability and Impairment: Working with Children and Families.* London & Philadelphia. Jessica Kingsley.

Büttner, G. & Hasselhorn, M. 2011. Learning Disabilities: Debates on definitions, causes, subtypes and responses. *International Journal of Disability, Development and Education,* 58 (1):75-87.

Campbell, J. & Oliver, M. 1996. *Disability Politics: Understanding our past, changing our future.* London: Routledge.

Cheston, S. & Kuhn, L. 2002. Empowering women through microfinance. In Daley-Harris, S. (Ed). *Pathways out of poverty: Innovations in Microfinance for the poorest families.* Connecticut: Kumarian Press, Inc.

Children's Act 33 of 1960 (Published in the *Government Gazette*, (711) Windhoek: Government Printers).

Chilwalo, B. M. 2010. *A comparative analysis on the psychosocial factors that influence the parenting styles of single mothers among the Damara, Otjiherero and San people in Gobbabis, Omaheke region.* Windhoek: University of Namibia. (MA Dissertation).

Clapton, J. 2009. *A Transformatory Ethic of Inclusion: Rupturing Concepts of Disability and Inclusion.* Rotterdam: Sense.

Cortiella, C. 2011. *The State of Learning Disabilities.* New York: Centre for Learning Disabilities.

Creswell, J.W. 2007. *Qualitative inquiry and research design: Choosing among five approaches.* London: Sage.

De Coning, C., Cloete, F. & Wissink, H. 2011. Policy Implementation. In Cloete, F. & De Coning, C. (Eds). *Improving public policy: Theory, practice and results.* 3rd ed. Pretoria: Van Schaik.

Dominelli, L. 2002. *Anti-oppressive Social Work Theory and Practice.* New York: Palgrave Macmillan.

Draft Child Care and Protection Act of 2012 (Published in the *Government Booklet*, 2 Windhoek: Government Printers.

Elliott, D. 2010. A Social development model for incorporating disaster planning, management and relief in the social work curriculum. In Gillespie, D. & Danso, K. (Eds). *Disaster Concept and Issues: A Guide for Social Work Education and Practice.* VA: Council on Social Work Education.

February, P., Haihambo, C., Hengari, J. & Mowes, A. 2012. *Learning and learning difficulties*. Windhoek: University of Namibia.

Fouché, C.B. & De Vos, A.S. 2011. Formal Formulations. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & Delport, C.S.L. 2011. Introduction to Research Process. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.SL. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Fouché, C.B. & Schurink, W. 2011. Qualitative research designs. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Freedman, R. & Boyer, N.C. 2000. The power to choose: Supports for families caring for individuals with developmental disabilities. *Health & Social Work,* (25):59-68.

Giddens, A. 1993. *Sociology.* Oxford: Blackwell Press.

Gobrial, E. 2009. *An exploration of management strategies for anxiety in children and young people with learning disabilities and autism.* Newcastle: University of Northumbria.

Greeff, M. 2011. Information Collection: Interviewing. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.S.L. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Griffith, G. M., Hastings, R.P., Nash, S. & Hill, C. 2010. Using matched groups to explore child behaviour problems and maternal well-being in children with Down syndrome and autism. *Journal of autism and developmental disorders*, 40(5):610-619.

Grobler, M.E. 2012. A paradigm of Namibian Families. Paper presented at the national social workers' workshop on parenting. 21-25 May, Windhoek, Namibia.

Harper, A., Dyches, T.T., Harper, J., Roper, S.O. & South, M. 2013. *Respite Care, Marital Quality, and Stress in Parents of Children with Autism Spectrum Disorders.* New York: Springer Science + Business Media.

Harries, A. & Enfield, S. 2003. Disability, *Equality & Human Rights: A training manual for development and humanitarian organisations.* London: Oxfam GB.

Ife, J. 2001. *Human rights and social work. Towards rights-based practice*. Buckingham: University Press.

Ife, J. 2012. *Human rights and social work. Towards rights-based practice.* 3rd ed. New York. Cambridge University Press.

International Federation of Social Workers (IFSW), the International Association of Schools of Social Work (IASSW), and the International Council of Social Welfare (ICSW). 2012. The Global Agenda for Social Work and Social Development Commitment to Action. Available: http://www.cswe.org/File.aspx?id=60880? (Accessed 2014/02/16).

Jackson, K. & Abosi, O. 2006. *South of the desert: A teacher's guide to child development in Sub-Saharan Africa*. Pretoria: UNISA.

Kavale, K. A. & Forness, S. R. 2006. Learning disability as a discipline. In Swanson, H. L., Harris, K.R. & Graham, S. (Eds). *Handbook of learning disabilities.* New York: Guilford Press.

Kittay, E. F. 2005. At the margin of moral personhood. *Ethics*, 116:10-31.

Kübler-Ross, E. 1980. *Death the final stage of growth*. New York: Simon & Schuster.

Kumar, R. 2011. *Research Methodology: A step-by-step guide for beginners.* London: Sage.

Landman, L. & Lombard, A. 2006. Integration of community development and statutory social work services within the developmental approach. *Social Work/Maatskaplike Werk*, 42(1):1-15.

Lietz, C.A., Langer, C.L. & Furman, R. 2006. Establishing Trustworthiness in Qualitative Research in Social Work. Implications from a study regarding spirituality. *Qualitative Social Work,* 5(4):441-458.

Lightfoot, E. 2004. Community-based rehabilitation: A rapidly growing method for supporting people with disabilities. *International Social Work*, 47:455-456.

MacIntyre, M. 2014. The potential for inclusion: young people with learning disabilities' experiences of social inclusion as they make transition from childhood to adulthood. *Journal of Youth Studies*, DOI: 10.1080/13676261.2013.878794.

Mackenzie, F. & McAlister, H. 2010. The roots of biomedical diagnosis. In Gordon, G., Ramcharan, P., Flynn, M. & Richardson, M. (Eds). *Learning Disability: A life cycle approach.* London: Open University Press.

Madzokere, C. 1995. Education. In Hall, N. & Mupedziswa, R. (Eds). *Social Policy and Administration in Zimbabwe.* Harare: Journal of Social Development in Africa.

Mangaliso, M.P. 2005. *Cultural mythology and leadership in South Africa*. Symposium Presentation at the Organisational Strategy and Operations Domain, Eastern Academy Management-International Managing in a Global Economy XI, Cape Town, South Africa: 585-588.

Mayadadas, N. S. & Elliott, D. 2001. Psychosocial Approaches, Social Work and Social Development. *Social Development Issues*, 23(1):5-13.

Mba, P.O. 1987. *A survey of special educational needs in Nigeria: A historical survey. Lagos*: Educational Research and Development Council.

Meekosha, H. 2011. Decolonising disability: thinking and acting globally. *Disability & Society*, 26(6):667-682.

Michael, C. & Erin, S. 2006. *Adolescence: A Guide for Parents.* London: Vermilion.

Midgley, J. & Conley. A. 2010. *Social Work and Social Development. Theories and Skills for Developmental Social Work*. New York: Oxford University Press.

Midgley, J. 1995. *Social development. The developmental perspective in social welfare*. London: Sage.

Mumbuna, N. 2010. *An Investigation on how teenage mothers parent their children. Windhoek: University of Namibia.* (BSW Mini-Dissertation).

Muyamba, J. 2014. Learners quit school due to long distances. *New Era,* 05 September 4.

Namibia Planned Parenthood Association. 2013. Teenage Pregnancy in Kavango region, Namibia. Available: http://sun.com.na/content/national/-news/alarming (Accessed 2014/01/27).

National Institute for Educational Development (NIED). 2005. Available: http://www.nied.edu.na (Accessed 2015/03/15).

O'Brien, G. 2006. *Learning disability: an introduction*. London: Elsevier.

Oliver, M. 1990*. The Politics of Disablement*. Basingstoke: Macmillan.

Oliver, M. 1996. *Understanding disability: From theory to practice*. Basingstoke, London: Macmillan.

Oliver, M. 2004. *Understanding disability: From theory to practice*. London: Basingstoke.

Oliver, M., & Barnes, C. 1993. Discrimination, disability and welfare: From needs to rights. In Swain, J., Finkelstein, V., French, S. & Oliver, M. (Eds). *Disabling barriers, enabling environments*. London: Sage.

Opuwo Town Council. 2013. Annual report. 2012/2013. Opuwo.

Organisation of African Unity (OAU). 1990. *African charter on the rights and welfare of the child.* OAU, Doc. CAB/LEG/24.9/49, entered into force Nov.29,1999. Available: http://www/umn.edu/humarts/africa/afchild.htm. (Accessed 2015/05/26).

Oxford Advanced Learner's Dictionary. 2010. 8th ed. Turnbull, J. (Ed). Oxford University Press.

Padgett, D. K. 2008. *Qualitative Methods in Social Work Research.* 2nd ed. Thousand Oaks: Sage.

Pueschel, S.M., Scola, P.S. & Weidenman, L.E. 2006. *The Special Child. A Source book for parents with developmental disabilities*. Baltimore: Thomson Brooks/Cole.

Rainey, D.V., Robinson, K. L., Allen, I. & Christy, R. D. 2003. Essential Forms of Capital for Sustainable Community Development. *American Journal of Agricultural Economics,* 85(3):708-715.

Republic of Namibia. 1997. *National Disability Policy*. July 1997. Windhoek: Government Printers.

Republic of Namibia, Constitution, 1998. First Amendment. Available: www.gov.na/namibiaconstitutionpdf/37b70b76-c15c-45du-9095-b. (Accessed 2015/06/02).

Republic of Namibia. 2005. Ministry of Health and Social Services. *National Policy for Mental Health.* Windhoek: Government Printers.

Republic of Namibia, 2007. Ministry of Health and Social Services. *A guide for responsible drinking*. Windhoek: Government Printers.

Republic of Namibia, 2007. Ministry of Gender and Child Welfare. *National Integrated early childhood development policy*. Windhoek: Government Printers.

Republic of Namibia. 2011a. Ministry of Gender Equality and Child Welfare. *Critical Services for Children in Need in Namibia*. Windhoek: Government Printers.

Republic of Namibia, 2011b. Ministry of Gender Equality and Child Welfare. *National Plan of Action for Gender Based Violence 2012-2016*. Windhoek: Government Printers.

Republic of Namibia, 2012. *Youth Education and Skills Development*. Windhoek: National Youth Council.

Republic of Namibia. 2014. Primary Health Care Department. Opuwo State Hospital. *Post natal annual report 2012/2013*.

Resch, J. A., Mireles, G., Benz, M.R., Grenwelge, C., Peterson, R. & Zhang, D. 2010. Giving parents a voice: A qualitative study of the challenges experienced by parents of children with disabilities. *Rehabilitation psychology*, 55(2):139.

Rubin, A. & Babbie, E. 2005. *Research methods for social work,* 5th ed. South Yarra: Thomson Brooks/Cole.

Sanders, D. 1987. The developmental perspective in social work. *Indian Journal of Social Work,* 74(4):379-388.

Schurink, W., Fouché, C.B. & De Vos, A.S. 2011. Qualitative data analysis and interpretation. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.SL. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Shakespeare, T. 2009. *Disability rights and wrongs.* New York: Routledge.

Strydom, H & Delport C.S.L. 2011. Sampling and pilot study in qualitative research. In De Vos, A.S (Ed.) Strydom, H., Fouché, C.B. & Delport, C.SL. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Strydom, H. 2011. Ethical aspects of research in the social sciences and human service professions. In De Vos, A.S. (Ed). Strydom, H., Fouché, C.B. & Delport, C.SL. *Research at grass roots for the social sciences and human science professions.* 4th ed. Pretoria: Van Schaik.

Swain, J., French, S., Barnes, C. & Carol, T. (Eds). 2004. *Disabling barriers – Enabling environments*. 2nd ed. London: Sage.

Taylor, D.C. 2005. *Counseling the parents of handicapped children.* Baltimore: University Press.

The Free Encyclopedia. 2015. Opuwo. Available: http://wikipediaorg/wiki/opuwo (Accessed 2015/03/19).

Turner, S. & Nguyen, P. 2005. Young Entrepreneurs, Social Capital and Doi Moi in Hanoi, Vietnam. *Urban Studies*, 42(10):1693-1710.

UNESCO. 2004. *A Framework on special needs education.* Paris: UNESCO.

UNICEF. 2005. *The state of the World's Children.* New York: UNICEF.

United Nations (UN). 2008. *Convention on the Rights of Persons with Disabilities.* Available: www.un.org/disabilities/default.asp?id=259. (Accessed 2014/08/22).

Van Til, W. 2007. Better Curriculum - Better discipline. In Weiner, E. H. (Ed). *Discipline in the classroom.* Washington, DC: National Education Association.

VanPelt, N. 2007. *Train Up a Child: A guide to successful parenting.* Hagerstown: Pacific Press.

World Health Organisation (WHO). 1992. *The ICD-10 Classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines.* Geneva, Switzerland: Author.