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**EXTERNAL DIFFICULTIES FACING MENTALLY DISABLED CHILDREN IN GRACE  
AND LOVE SPECIAL SCHOOL IN VHEMBE DISTRICT,  
LIMPOPO PROVINCE**

*by*

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20/08/2014  
Date

A Mini – Dissertation submitted in partial fulfillment of the requirements for the Degree of

**MASTER OF PUBLIC MANAGEMENT**  
**SCHOOL OF MANAGEMENT SCIENCES**  
**UNIVERSITY OF VENDA**

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## DECLARATION

I, **Khensani Beauty Matumba**, hereby declare that the Mini-Dissertation submitted to the University of Venda for the degree of Masters of Public Management has never been submitted for a degree at this or any other University, and that it is my own work in design and execution and that all citations, reference material contained therein has been duly acknowledged.

10BMa tumba

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Date

## ACKNOWLEDGEMENTS

I would like to thank the Lord Almighty God for giving me life, strength, good health and a sound mind throughout the period of this study.

My sincere gratitude is directed to the following people who supported me during the enormous task of my studies towards the Masters degree and who made the completion of this research possible:-

- My Supervisor, Prof. M.P Khwashaba and Co-Supervisor Mr. E. Mahole, you have been a guiding light to my study. I pray that the lord may keep you healthy so that you may have more strength to assist generations to come.
- My dearest husband, Alfred Z. Matumba, my daughter Tondani, my sons Mpho, Khodani and Murendwa Matumba.
- My Pastor, Rev. Dr. R. Munthali, for guiding and supporting me in prayers.
- My friends, Mr. N. Mathule, Mrs. T. Mutshatshi, Mrs. E. Ramathikithi, Mrs. M. Muhali and Mrs. Tshidzumba.

## DEDICATION

I dedicate this Mini-dissertation to the following people with love and appreciation:-

- My loving mother, Alinah Jamela Mboweni for her prayers during my studies.
- My loving husband, Alfred Z. Matumba who stood by me through thick and thin. I thank him for his love, patience, support, prayers and encouragement.
- My dear children, Mpho, Tondani, Khodani and Murendwa Matumba for their love, interest and support.
- My Pastor, Rev. Dr. R. Munthali for his prayers during my studies.

The major findings of the study are:

The researcher found that there are several difficulties facing mentally disabled children in Maseru District, Limpopo Province. The findings show that mentally disabled children are not accepted by the community and are not treated like normal children. Mentally disabled children are not protected from abuse. The researcher also found out that children with disability are not accepted even by their siblings. The study showed that children with mental disability cannot interact well with peers. It was found that the government is failing to support children with disability financially.

The recommendations of the study are:

The researcher recommends that a mutual understanding is needed between the community and the government. The government has to enforce all necessary regulations for an improved service delivery. This must be a collaboration between organisations and all stakeholders dealing with children with mental disability.

## ABSTRACT

The focus of the research is to investigate the external difficulties facing mentally disabled children. The objectives of the study are to investigate the external difficulties, to assess the rights of mentally disabled children and to explore the coping mechanisms of mentally disabled children.

The researcher used non-probability and its sub-type purposive sampling method to select the respondents of the study. For this study two data collection instruments were used, namely questionnaire and interview. Data collected through questionnaires was analyzed using statistical package for social sciences. Information was presented in a tabular form, frequencies and percentages. Data collected through interview was analyzed using thematic analysis and information was presented in a narrative form. Ethical considerations were followed throughout the study.

### **The Major Findings of the Study are:**

The researcher found that there are external difficulties facing mentally disabled children in Vhembe District, Limpopo Province. The findings show that mentally disabled children are not accepted by the community and are not treated like normal children. Disabled children are not protected from abuse. The researcher also found out that children with disability are not accepted even by their siblings. The study showed that children with mental disability cannot interact well with peers. It was found that the government is failing to support children with disability financially.

### **The recommendations of the study are:**

The researcher recommends that a mutual understanding is needed between the community and the government. The government has to enforce all necessary regulations for an improved service delivery. There must be a collaboration between organizations and all stakeholders dealing with children with mental disability.

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INTRODUCTION AND BACKGROUND OF THE STUDY

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## INTRODUCTION AND BACKGROUND OF THE STUDY

### 1.1 INTRODUCTION

This study is based on the external difficulties facing mentally disabled children in Grace and Love special school in Vhembe District, Limpopo. Disability is still a major problem which brings a lot of challenges in our society. Disability tends to be couched within a medical and welfare framework, identifying people with disabilities as ill, different from their non-disabled peers, and in need of care. Because the emphasis is on the medical needs of people with disabilities, there is a corresponding neglect of their wider social needs. This has resulted in severe isolation for people with disabilities and their families.

This chapter will outline the introduction and background of the study, problem statement, aim of the study, objective of the study, research questions, significance of the study, delimitation of the study, limitation of the study, definitions of operational concepts and organisation of the study.

### 1.2 BACKGROUND OF THE STUDY

The majority of people with disability in South Africa has been excluded from the main stream of society and has thus been prevented from fundamental social, political and economic rights (White Paper on the Integrated National Disability Strategy, 1997:2). The pain of parenting a child with disability may result in feelings of isolation, depression and helplessness. Other factors affecting families are socio-economic status, religious conviction, the personality characteristics of the child, the social support available and the coping resources that families employ (Kibel and Wagstaff, 1995:355). Some useful statistics are, however, available from the United Nations Development Programme (UNDP) and the Central Statistical Service (CSS). These provide some guidance to estimated disability prevalence in South Africa.

The UNDP estimates that, in 1990, 5,2% of the world population was experiencing moderate to severe disability. This ranged from 7,7% in so-called developed countries to 4,5% in less developed areas. In its 1995 October survey, the CSS reported a disability prevalence of approximately 5% in South Africa. It is critical to note that disability does not only affect the disabled individual but also the family and

the immediate community. Another factor that must be taken into account is the tendency of society to view people with disabilities as a single group. Thus, people in wheelchairs have become the popular representation of people with disabilities. This ignores the diversity of disability and the variety of needs experienced by people with different types of disability (Kibel and Wagstaff, 1995:355).

The exclusion experienced by children with disabilities and their families is the result of a range of factors for example, the political and economic inequalities of the apartheid system, social attitudes which have perpetuated stereotypes of disabled children as dependent and in need of care and discriminatory and weak legislative framework which has sanctioned and reinforced exclusionary barriers. The key forms of exclusion responsible for the cumulative disadvantage of people with disabilities are poverty, unemployment, and social isolation. Mental disability include inability to speak, to work faster as other people can, inability to walk, inability to think properly, blindness, deafness, deformity, muscular and nervous disorders, paralysis and loss of limbs (White Paper on the Integrated National Disability Strategy, 1997:17).

### 1.3 PROBLEM STATEMENT

Chapter 2 of the Constitution of the Republic of South Africa 1996 guarantees fundamental rights to all citizens including the disabled children. It includes in Section 9(1), the equality clause, that everyone is equal before the law and has the right to equal Protection and benefit of the law. In Section 10(1) of the Constitution of the Republic of South Africa Act 108 of 1996, it indicates that everyone has inherent dignity and the right to have their dignity respected and protected. In Section 12(1) of the Constitution of the Republic of South Africa, Act 108 of 1996, it indicates that everyone has the right to freedom and security of the person. The Child Care Act 74 of 1983, Section 11(10) serves to protect children and it put emphasis the suitable parents or guardian to have custody of the child. Article 23, of the Convention on the Rights of the Child, indicates that states parties recognise that mentally or physically disabled child should enjoy a full and decent life, in conditions which secure dignity, promote self-reliance, and facilitate the child's active participation in the community (White Paper on the Integrated National Disability Strategy, 1997:17).

Despite the provision of the Acts, there are the following external challenges facing the mentally disabled children, such as discrimination, stigma, lack of employment, lack of education. This study is conducted in order to come out with the solutions to solve the challenges facing mentally disabled children.

#### **1.4 AIM OF STUDY**

The aim of the study is to investigate the external difficulties facing mentally disabled children in Grace and Love special school in Vhembe District, Limpopo.

#### **1.5 OBJECTIVES OF THE STUDY**

- To investigate the external difficulties facing mentally disabled children.
- To assess the rights of mentally disabled children
- To explore the coping mechanism of mentally disabled children.

#### **1.6 RESEARCH QUESTIONS**

- What are the external difficulties facing mentally disabled children?
- What are the rights of mentally disabled children?
- What are the coping mechanisms of mentally disabled children?

#### **1.7 THE SIGNIFICANCE OF THE STUDY**

The study is needed because it will assist in detecting the gap in satisfying the constitutional rights of mentally disabled children from the identification of the problems and therefore assist in the proper management of mentally disabled children. The recommendations of the researcher will help the government in managing external difficulties facing mentally disabled children. The study findings will assist policy makers when developing specific policies which are related to disabled children. Disabled children will also benefit as their challenges will be properly managed.

#### **1.8 DELIMITATION OF THE STUDY**

The study will be conducted at Grace and Love special school in Vhembe District, Limpopo. In Vhembe district there are Seven Special Schools for mentally disabled

children, but for the purpose of this study the researcher will conduct this study at Grace and Love Special School. Grace and Love special school is situated in Tshilapfene Village, next to Donald Frazer Hospital.



## 1.9 LIMITATION OF THE STUDY

There are potential problems which will be encountered during the study, for example funds will be needed for typing, photocopying, bindings and for transport. Some respondents may feel uncomfortable to give an information to the researcher they do not know and they may also feel insecure to answer questionnaires and during interview, because they are not sure where the information will be detrimental to their positions at work or in future.

## 1.10 DEFINITIONS OF OPERATIONAL CONCEPTS

This section will define the operational concepts of the study.

- **Disability**

Clark (1996:754) sees disability as an inability to perform one or more functions of everyday life satisfactory while International Labour Organisation Convention 159 sees disability as an individual whose prospects of securing and retaining suitable employment are substantially reduced as a result of physical or mental impairment. In this study disability refers to mental inability of a child.

- **Special school**

A school recognised by the relevant Department of Education catering for the education of children with normal or borderline intelligence who, because of sensory, motor, neurological or social impairment, cannot be accommodated in normal school. The aim of these schools is to prepare children for the open labour market or sheltered employment (Kibel and Wagstaff, 1995: 326). In this study special school refers to school specifically for mentally disabled child with special needs.

- **Child**

According to the Child Care Act no 74 of 1983 as amended, Section 11(1) a child is any person below the age of 18 years. In this study a child will refer to any mentally disabled person below the age of 18 years.

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## • Family



Is a social system composed of two or more people living together who may be related by blood, married or adoption, or may stay together by mutual agreement (Clark, 1996:365). In this study a family refers to the parents or guardians where the mentally disabled child belongs.

## • Stigma

Refers to the negative value attributed to a mental, emotional or physical condition (Livingstone, 1997:15). In this study stigma refers to negative attachments towards the mentally disabled child.

## • Mentally disabled

It refers to a person whose level of development (i.e mental age) is less than that expected at his or her chronological age. It is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning (Kibel and Wagstaff, 1995:321).

## • External difficulties

Is a new or difficult task that tests somebody's ability and skill? It is something that needs a lot of skill, energy and determination to deal with or achieve, especially something you have never done before and will enjoy doing (Wehmeier, 2006:231). In this study external difficulties will refer to any problem which a mentally disabled child manifests with.

## • Rehabilitation

Is a process aimed at enabling persons with disabilities to reach and maintain their optimal Physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence. Rehabilitation may include measures to provide and/or restore functions, or compensate for the loss or absence of functional limitation (Clark, 1996:10).

## 1.11 ORGANISATION OF THE STUDY



This study is organised into 5 Chapters. This section serves to indicate what the researcher intends to discuss in each chapter.

### **Chapter one: Introduction and background of the study**

This chapter outlines the overview and background of the study. In other words, it introduces essential elements about the study such as problem statement, aim of the study, objectives of study, research questions, significance of the study, delimitation of the study, limitation of the study, definition of operational concepts, brief literature review and organisation of the study.

### **Chapter two: Literature review**

In this chapter the researcher will review the literature which is relevant to the external difficulties facing the mentally disabled children. Legislative framework on the mentally disabled children will be discussed. The difficulties which are faced by the mentally disabled children, types of mental conditions and the governmental interventions and the strategies to solve the problems will be discussed.

### **Chapter three: Research Design and Methodology**

This chapter focuses on the design and methodology that will be used in this study. It clearly indicates the methods and important aspects that will be involved in the study. This involves issues like study area, study population, sampling, data collection method, data analysis and ethical considerations.

### **Chapter four: Data presentation, analysis and interpretation**

In this chapter, accumulated data is analyzed and interpreted. This is where the statistical package for social science is engaged. The overview of the study will be summarized to provide the reader with what had transpired in the proceeding chapter.

### **Chapter five: Findings, conclusions and recommendations**

In this chapter the researcher gives emphasis on the findings of the research project. The researcher concludes her investigation by providing the necessary recommendation and potential implementations of the study.



## LITERATURE REVIEW

### 2.1 INTRODUCTION

The literature presented in this section provided a framework from which the questions under examination in this research study were analyzed. In this section the researchers will review the literature of other researchers. Due to the extensive amount of information available on the subject of disability, only information about the difficulties facing mentally disabled children will be presented.

In this chapter the researchers will discuss about the legislative framework, theoretical framework, causes of mental disability, types of mental disability, rights of children with mental disability, challenges facing children with disabilities, reactions of parents towards the disabled child, public attitudes towards the disabled child, strategies to assist a mentally disabled child, government intervention for disabled.

### 2.2 LEGISLATIVE FRAMEWORK OF MENTALLY DISABLED CHILDREN

In this section the researcher will present the legislative framework concerning children with mental disability. Legislation provides an important reference point for redress and offers enforceable support.

#### 2.2.1 The Constitution of South Africa, 1996

Chapter 2 of the Constitution of the Republic of South Africa 1996 guarantees fundamental rights to all citizens. It includes section 9(1), the equality clause, and the right to freedom from discrimination based on a number of social criteria. Discrimination based on disability is specifically mentioned and disabled people are thus guaranteed the right to be treated equally and to enjoy the same rights as all other citizens. The inclusion of this provision in the constitution has far reaching implications for preventing discrimination against disabled people in our society. It now requires practical implementation. Provision is also made for affirmative action. Persons with disabilities have clearly been disadvantaged in the past, and should benefit from this clause.

### 2.2.2 The Child Care Act, 1983



The purpose of the Child Care Act, 1983 is to protect children and it put emphasis the suitable of the parents or guardian to have custody of the child. Article 23, of the convention on the rights of the child, indicates that states parties recognize that mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self reliance, and facilitate the child's active participation in the community. States parties should recognize the right of the disabled child to special care and shall encourage and ensure the extension, subject to available resources, to the eligible child and those responsible for his or her care, of assistance for which application is made and which is appropriate to the child's condition and to the circumstances of parents or others caring for the child.

The Child Care Act, 1983 is also responsible for recognising the special needs of a disabled child, assistance shall be provided free of charge, whenever possible, taking into account the financial resources of the parents or others caring for the child, and shall be designed to ensure that the disabled child has effective access to and receives education, training health care services, rehabilitation services, preparation for employment and recreation opportunities in a manner conducive to the child's achieving the fullest possible social integration and individual development, including his or her cultural and spiritual development.

State parties shall promote in the spirit of international co-operation the exchange of appropriate information in the of preventive health care and of medical, psychological and functional treatment of disabled children, including dissemination of and access to information concerning methods of rehabilitation education and vocational services, with the aim of enabling states parties to improve their capabilities and skills and to widen their experience in these areas. In this regard, particular account shall be taken of the needs of developing countries.

### 2.2.3 The Children Status Act, 1987

According to the Children Status Act 82 of 1987, Section 1 clarifies the status of extra-marital children. If an unmarried mother is a minor, unless decided otherwise by a competent court, the guardian of the child is the guardian of the mother. The custody however, unless decided otherwise by the court, is vested in by the mother. If the mother is under 21years of age, but requires the status of a major, the custody

and guardianship of that extra-marital child is vested in the, unless decided otherwise by the court. Any child born of parents not married to each other at the time of birth, who subsequently marries each other, as from the date of marriage the child is the legitimate child of both parents.

#### **2.2.4 Prevention of family violence Act, 1993**

Any person who examines, treats, attends to, advises, instructs or cares for any child in circumstances that leads one to suspect that the child may have been deliberately injured or ill-treated, according to Prevention of Family Violence Act, 1993 (Act 133 of 1993), is compelled to report this to a police official, or to a registered social worker working in a welfare organization. Thus, teachers, counsellors and social workers employed in schools, private practice, industry, etc. as well as other professions, are included. Failure to report will mean that he or she is guilty of an offence. No legal proceedings can be instituted against the medical person if notification was given in good faith. When deemed necessary, a retention order can be obtained to admit a child to hospital without parental consent if abuse is suspected. This is generally arranged by a social worker at the request of the attending doctor.

#### **2.2.5 Human Tissue Act, 1983**

The Act serves to indicate the full procedure of adoption. According to Human Tissue Act, 1983 (Act 65 of 1983), a baby born of a surrogate mother has to be given for adoption to the parents, even if they were the donors. Thus consent has to be given in the required manner. Arranging adoption is a very skilled process and should be undertaken by a recognized adoption agency, which usually consists of a panel of professionals which includes medical practitioners, social workers, psychologists or psychiatrists and lay persons. There are very few children who are unadoptable, and even children with health problems or mental and physical disabilities can be adopted as long as the adoptive parents are informed and prepared to accept such a child.

#### **2.2.6 Divorce Mediation Act, 1987**

The custody of children in a divorce has for many years been fraught with difficulties, and children have been used as a pawn between parents in acrimonious divorce suits. Since the Divorce Mediation Act, 1987 (Act 24 of 1987), an office of the Family

Advocate has been established. Every Supreme Court has such an office which includes advocates and social workers on its staff. In case of divorce where minor children are involved, all parties have to be interviewed and, through the process of mediation, a decision made regarding the custody of children, visiting rights and access.

### **2.2.7 Rehabilitation Act, 1973**

Unfair treatment of disabled individuals is prohibited in programs or activities that receive government funds, according to Rehabilitation Act, 1973. The Rehabilitation Act, 1973 also requires many federally funded businesses to make an effort to hire qualified disabled people. The rehabilitation team includes nurses, psychologists, social workers, speech pathologists and various other therapists. The treatment used in rehabilitation depends on the patient's disability. Rehabilitation of a disabled person includes therapy that helps the individual learn or regain various skills. The social model of disability proposes a more central role for disabled people in the planning, development, implementation and monitoring of rehabilitation services. There will, in other words, be a shift in power away from professionals towards people with disabilities.

### **2.2.8 The promotion of equality and prevention of unfair discrimination Act, 2000**

According to the promotion of equality and prevention of unfair discrimination Act of 2000, an understanding of disability as a human rights and development issue leads to a recognition and acknowledgement that people with disabilities are equal citizens and should therefore enjoy equal rights and responsibilities. This implies that the needs for every individual are of equal importance, and that needs must be made the basis for planning. Discrimination Act, 2000 further implies that resources must be employed in such a way as to ensure that every individual has equal opportunities for participation in society.

People with disabilities should have equal obligations within society and should be given the support necessary to enable them to exercise their responsibilities. This means that society must raise its expectations of people with disabilities. A human rights and development approach to disability focuses on the removal of barriers to

equal participation and the elimination of discrimination based on disability (White Paper on an Integrated National Disability Strategy, 1997:27).

## 2.3 THEORETICAL FRAMEWORK OF MENTALLY DISABLED CHILDREN

Children are their parent's whole world. They are the first thing they think about when they wake up in the morning and the last thing they think about when they go to bed at night. When something is wrong with their child, their world is turned upside down, especially when what is wrong with their child is permanent. It is so unbelievably unfair that parents must go through this right along with their children. In most cases, they did not choose that life for their child themselves. Raising a child with a disability is very stressful for a mother can be, at times, be depressing. The question imprinted on the researchers mind is why do any parents have to go through this pain and sadness at all? Why are some babies born with problems that others are not born with? Is it about fairness? Is it about fate? We will never know.

The theory that the researcher feel applies most to the study is symbolic interaction theory. According to Rogers and Lieberman (2006:8), symbolic interaction theory refers to the unique ways in which people and systems interact and communicate with one another, as well as the essence and characteristics of that interaction and communication. An important tenet of this theory is that we all attach meaning to our communications with others within the context in which the interaction takes place (Rogers and Lieberman, 2006:8). Even though several people might experience an interaction in the same place and time, we might interpret that action very differently, depending on the meaning we place on it. This theory maintains that we are not just passive receivers of information, rather we filter and interpret the information based on our culture, cognitions, experiences, and so on, and we respond to this information based on how we interpret it. Rogers and Lieberman (2006:8) pointed out the three main premises to this theory:

- That we act on our world based on the meanings that we attach to our experiences,
- The meanings that we attach to our experiences stem from our interactions with others, and

- These meanings are affected by our interpretations of our interactions. Therefore, our experiences, interactions, and interpretations of our experiences and interactions constitute an ongoing dynamic process (Rogers & Lieberman, 2006:8).

Symbolic interaction theory is a theory that one could absolutely apply when talking about children with mental disabilities because a child with mental disability is constantly attaching meaning to experiences and conversations with certain people and vice versa. A child with a disability grows up in a world where every little thing that they experience is different than it would be for a child without a disability, therefore, making each of their experiences not only unique, but also memorable. They always attach meaning within the context of certain situations because it is beneficial to their lives, which are often so much different than those who do not have a mental disability.

Interaction with others is a part of this theory, as well. To many children doctors and nurses are scary, impatient and give these children shots, even the public attach negative meanings to these children. It is amazing to see how well symbolic interaction theory fits in with this topic. Due to inclusion, many children with mental disabilities attend special schools. Because these children cannot run or play like others, children with mental disabilities may have a difficult time making friends. A mental disabled child also has communication problem. Teachers may not understand the child and limit her to activities at her desk or a table, further isolating her (White Paper on Integrated National Disability Strategy, 1997:8).

## **2.4 CAUSES OF DISABILITY ON CHILDREN**

Many factors are responsible for the rising number of children with disabilities and their consequent isolation from the mainstream of society. This section will present the causes of disability. Only nine factors were discussed below.

### **2.4.1 Lack of information**

People do not have accurate information about disability, its causes, its prevention and its treatment. This is because of high illiteracy rate and poor knowledge about basic social, health and education services. The ultimate responsibility for the dissemination of information on the living conditions of people with disabilities lies

with the Government. It is the Government's responsibility to disseminate information on disability throughout both political and administrative levels of the national, provincial and local spheres. People with disabilities should have access to full information on personal health, education and social aspects affecting their lives. All strategies and mechanisms developed to make information accessible to citizens should be available in a format accessible to people with disabilities (White Paper on Integrated National Disability Strategy, 1997:36).

#### **2.4.2 Violence and war**

Disabilities are caused by violence, especially against women and children, injuries as a result of landmines, and psychological trauma. Injuries to children may be accidental or wilful. Children become vulnerable to particular types of injury at various stages of their development. For example, inquisitive, active toddlers, with their lack of coordination and inability to perceive danger, are particularly vulnerable to poisoning, drowning and burns. Children under nine years lack the physical and cognitive maturity to adequately assess traffic and, as a result, those between five and nine years of age have the highest rates of pedestrian injury. The street children, abused children, refugees, children who are victims of war and natural disasters, orphans are victims of disability (Kibel and Wagstaff, 1997:127). People with disabilities who have been displaced by violence and war are particularly vulnerable and may suffer additional hardships (White Paper on Integrated National Disability Strategy, 1997:7).

#### **2.4.3 Poverty**

Disabilities are caused or exacerbated by overcrowded and unhealthy living conditions. Disability feeds on poverty and poverty on disability. Poor people face a greater risk of impairment or disability. In addition, the birth of a disabled child or the occurrence of disability in a family, often places heavy demands on family morale, thrusting it deeper into poverty. This means not only that there is a higher proportion of disabled people amongst the very poor, but also that there is an increase in families living at the poverty level as a result of disability. Poor people do not have sufficient income to purchase goods.

They also live in underdeveloped areas where there is lack of sanitation, water, electricity, health services, job opportunities and educational and recreational facilities. Large numbers of people with disabilities live in areas where the infrastructure for the provision of basic services is at its weakest. Hence, a relatively low percentage of disabled people have access to piped water, electricity and inside toilets facilities (White Paper on National Disability Strategy, 1997:2).

#### **2.4.4 Failure of medical services**

The occurrence of disability is increased by the inadequacy of primary health care and genetic counselling series, weak organizational links between social services, the faulty treatment of the injured when accidents occur, and the incorrect use of medication. The health services should be improved globally in order to prevent disabilities in the society. The immunisation programme has been improved to prevent disabilities such as measles vaccine. Early identification of impairments and appropriate interventions is of importance to prevent disabilities. Mother and child health care services should be improved. Family planning and genetic services should be taken into serious consideration. Rapid and effective emergency medical treatment should always be implemented. Effective management and control of disabling and degenerative diseases, and decentralisation to primary level of historically secondary level services (White Paper on Integrated National Disability Strategy, 1997:22).

#### **2.4.5 Unhealthy lifestyles**

Disability is caused by the misuse and/or abuse of medication as well as the abuse of drugs and other substances. Disability is also caused by deficiencies in essential foods and vitamins. Disability may also be caused by stress and other psycho-social problems in a changing society. There are bad habits such as smoking and alcohol which cause serious disability in children. Tobacco smoke is the most common pollution factor in the home. However, from the point of view of a child health, the most important effects are those of maternal smoking during pregnancy which results in poor intra-uterine growth of the baby and disability. Regular intake of alcohol during pregnancy has adverse effects on foetal growth and development (Kibel and Wagstaff, 1997:12).

## 2.4.6 Environmental factors

Disabilities are caused by epidemics, accidents and natural disasters, pollution of the physical environment, and poisoning by toxic waste and other hazardous substances. They are pollutants which can cause serious disabilities on children, such as industrial pollution and lead poisoning. Raised carbon monoxide levels are also thought to be the pathway through which smoking adversely affects the foetus in utero and cause disabilities. Dusty homes in the inner city areas are also a special risk for children as house and street dust may be heavily lead-contaminated. Peeling paint from old buildings often has a very high lead content and is a well known source of poisoning (Kibel and Wagstaff, 1997:13).

## 2.4.7 Accidents

Disabilities are caused by industrial, agricultural and transport related accidents and sports injuries. There must be adoption and implementation of legislation and regulations to prevent accidents at work and on the roads. Childhood injuries are increasing worldwide and disability rate is increasing at a faster rate. Children are also being increasingly exposed to hazards, most notably the motor car as a consequence of urbanisation and industrialization without the development of an adequate safety awareness. Throughout the world boys have higher accidents than girls because of the inherent and sociological differences in behaviour between the two genders resulting in higher disability rate in boys. Children have a need to explore the world in as free a way as possible and it is the responsibility of adults to create a safer environment without hindering the natural curiosity of childhood (Kibel and Wagstaff, 1997:251).

## 2.4.8 Social environment

The fact that people with disabilities are marginalized and discriminated against creates an environment in which prevention and treatment are difficult (White Paper on an Integrated National Disability Strategy, 1997: 8). The family that is always fighting cause violence and war that cause disability in the society. The environment that is full of pollution such as atmospheric pollution cause a lot of disabilities (White Paper on Integrated National Disability Strategy, 1997:10).

## 2.4.9 Inherited conditions

Some people are born with the same disability as their parents, or their brothers or sisters. Disabilities such as deafness or blindness can be inherited because of the genetically disorders from parents (Kibel and Wagstaff, 1997:127).

## 2.5 TYPES OF MENTAL DISABILITY

There are many types of mental disabilities but the researcher will only discuss four types of mental disability namely, cerebral palsy, hydrocephalus, epilepsy and mental retardation.

### 2.5.1 Cerebral palsy

Cerebral palsy refers to a group of static encephalopathy that give rise to motor handicap. It is caused by damage to the parts of the brain which control movement during the early stages of development. In most cases, this damage occurs during pregnancy. However, damage can sometimes occur during birth and from brain injuries in early infancy (such as lack of oxygen from near drowning, meningitis, head injury or being shaken). It is defined as a disorder of movement and posture resulting from a non progressive lesion of the immature brain. Although the lesion is non progressive, the clinical manifestations often change with neurological maturation. All children with cerebral palsy have motor dysfunction and many, because of the extent of the lesion, will have associated handicaps (Kibel and Wagstaff, 1995:382).

### 2.5.2 Hydrocephalus

Hydrocephalus is almost always present, although the severity may vary. Hydrocephalus is defined as a high pressure on the brain because of the fluid not being drained away as normal. In 70 – 80% of cases it is progressive and will require shunting. It may be associated with an Arnold Chiari malformation of the hind brain, which involves varying degrees of downward displacement of the brain stem, fourth magnum. It can result in a compromise of respiratory or bulbar function (Kibel and Wagstaff, 1995:344).

### 2.5.3 Epilepsy and retardation

A seizure has been defined as an occasional excessive disorderly discharge of nerve tissue. In infancy and childhood, seizures may be precipitated by anoxia, infection, various metabolic derangements, trauma and toxin ingestion. The term epilepsy should not be used unless the child's seizures recur over months and years. Recurrent seizures during infancy and early childhood usually reflect underlying structural brain lesions or one of the specific seizure syndromes, such as Lennox-Gastaut syndrome. Idiopathic epilepsy – recurrent seizures with no demonstrable cause – first manifests in most instances' after the age of three years. Family histories of children with idiopathic epilepsy often provide evidence of a genetic influence (Kibel and Wagstaff, 1995:347).

### 2.5.4 Mental retardation

Is a state of arrested or incomplete development of mind which includes significant impairment of intelligence and social functioning (Kibel and Wagstaff, 1995:321).

#### Degrees of mental impairment

- **Mild retardation**

Such people have great difficulty in coping with formal school work, cannot be expected to achieve more than approximately standard 2 level, and can only do that with specialized help. Many, however, can and do learn simple repetitive tasks which equip them for sheltered or protected workshop employment.

- **Moderate retardation**

Moderately retarded people are often termed "trainable", which means that they cannot benefit much from ordinary schooling but can be taught to care for their personal needs, to perform simple domestic duties, and to do simple work in protective workshops.

- **Severe retardation**

Severely retarded people require special training to teach them the rudiments of hygiene, speech and other basic skills. Most of them require constant supervision and care throughout their lives.

- **Profound retardation**

Profoundly retarded people need constant care in order to survive. They seldom develop beyond the level of small babies or very young children. In South Africa we talk of trainable, untrainable, and children requiring special education. These are important terms, as untrainable children are the responsibility of the Department of Health while trainable children are the responsibility of the Department of Education. However, in practice there is a great deal of overlap, because the IQ is not always a true reflection of the child's ability (Kibel and Wagstaff, 1995:322).

## **2.6 RIGHTS OF MENTALLY DISABLED CHILDREN**

The Constitution is the supreme law in the country. This law protects the rights of people who are disabled. People with disabilities are fighting for their rights to health, employment, education and transport (White Paper on Integrated National Disability Strategy, 1997:16).

### **2.6.1 Access to health**

Many people with disabilities find it hard to get the health care they need. They complain that health workers are rude to them when they go to clinics or hospitals. Some people report that they have been sterilised without their consent. People with disabilities have a right to good treatment in clinics and hospitals (Cockerham, 2010:180).

### **2.6.2 Access to employment**

In the past, people with disabilities did not have the skills to do meaningful jobs. They often had difficulties in getting jobs. This was because they could not get a good education. They had a right to be employed and to support themselves and their families. Employment Equity Act has made this kind of discrimination illegal. Employers must now employ people with disabilities without discrimination (Goodwill, Chamberlain and Evans, 1997:27).

### **2.6.3 Access to education**

Children with disabilities are often sent to special schools far away from their homes. The schools only teach disabled children basic skills like sewing and making baskets. They do not prepare them for jobs that will help them take care of



themselves and their families. Children with disabilities have the right to same education as all children (Goodwill, Chamberlain and Evans, 1997:558).

#### **2.6.4 Access to transport**

Many people, especially those with mental disabilities, have difficult lives. They cannot move around freely, public transport vehicles do not have space for wheelchairs, and taxi drivers will not stop to pick up a disabled person because they believe that it will waste their time. People with disabilities have the right to have safe transport to work, to the shops and to places like clinics and schools (Goodwill, Chamberlain and Evans, 1997:27).

### **2.7 CHALLENGES FACING CHILDREN WITH DISABILITIES**

Many people do not understand how difficult it is for disabled people to live independent lives. In the past, nobody thought about people with disabilities when roads were planned, and houses and hospitals built. People with disabilities have needs that are different from other people in the community. An impairment may or may not be a disability. It becomes so if it interferes with a person's expectations, job performance, or relationship with his or her family, friends, and society in general. Individuals with similar impairments may not be equally disabled. For example, a history professor may not be greatly disabled by the loss of a finger. However, the same impairment would be a terrible disability to a concert pianist. People with disabilities are sometimes referred to as handicapped. Each kind of a disability leads to different kinds of needs (Goodwill, Chamberlain and Evans, 1997:25).

#### **2.7.1 Transport**

The ability to get to work, to visit friends and so forth is essential and often taken for granted. For those with mobility problems, the means and availability of transport become crucial. Most physically disabled people find it hard to move around, especially those whose feet and legs are affected. For example, they cannot use buses and trains and other public transport. They cannot get into buildings that have stairs (Goodwill, Chamberlain and Evans, 1997:27).

People also treat mentally disabled people as if they are stupid or sick. They often speak to the helper instead of the disabled person. They think that people in wheelchairs cannot speak for themselves. Mentally disabled children may be stigmatized if their affliction is unpleasant for other people, because of how they appear, smell or behave. The psychological stress experienced by stigmatized children may have adverse consequences for their health.

### **2.7.3 Isolation**

Some families are ashamed to have a child with disability. Some newly disabled people, and parents of disabled children, often express a concern that disability is a form of punishment for some imagined wrong doing. These families may try and hide their children. They may not allow them to play with other children. Young children do not understand why they are being treated differently, and may find it very difficult (Goodwill, Chamberlain and Evans, 1997:22). Children with disability fear and experience exclusion from a very young age. Separation from family, friends and peers is common. Non-disabled children, in their turn, learn that the exclusion of children with disabilities is the norm and therefore socially acceptable. The exclusion badly affects other non-disabled siblings, the survival of the family as a unit and the meaningful development of the disabled child (White Paper on an Integrated National Disability Strategy, 1997:5).

### **2.7.4 Abuse**

People who have a disability are often abused in different ways, such as emotional abuse, physical abuse, financial abuse and sexual abuse. People take advantage of them. Sometimes adults do not believe what the disabled child says about the abuse. The fact that children with disabilities are unable to defend themselves, are undervalued by those around them, also makes them particularly vulnerable to abuse (Goodwill, Chamberlain and Evans, 1997:7).

### **2.7.5 Personal and domestic tasks**

Disabled children experience problems in terms of washing, dressing, hair care, bathing coping with menstruation, elimination, administering medications if required, as well as domestic tasks such as shopping, laundry, cooking, cleaning, collecting



benefits and so on. There are also risks of falling and injury (Goodwill, Chamberlain and Evans, 1997:760).

### **2.7.6 Sleep issues**

In a study published by the Mc Master Children's Hospital in Canada, children with mental disabilities face more sleep problems. In addition to more frequent nighttimes waking, when they waken at night, they often need assistance with things like going to the bathroom, which disrupts the quality of the night's sleep for child and parent. Sometimes children are awakened in the night because of pain associated with their disability. Parents should try to get their children into a routine sleep pattern, so that the children function well during the day. Having the child on normal sleep pattern also helps the parents function optimally.

<http://heapro.oxfrdjournals.org/content/14/3/251.full.pdf>

### **2.7.7 Unemployment and Education Exclusion**

People who receive social security benefits in South Africa tend to be totally dependent on them for their survival. The majority of people with disabilities, however, receive no grant at all. At the same time, an estimated 99% of disabled people are excluded from employment on the open labour market. The extremely high levels of unemployment amongst people with disabilities can be attributed to a number of factors, such as low skills levels due to inadequate education, discriminatory and ineffective labour legislation, lack of enabling mechanisms to promote employment opportunities, inaccessible public transport, inaccessible and unsupportive work environment, inadequate and inaccessible provision for vocational rehabilitation and training, generally high levels of unemployment, the fact that menial labour is often the only option for poorly skilled job-seekers, inadequate access to information, and ignorance in society. The high level of functional illiteracy amongst disabled adults is a direct result of the lack of educational opportunities for children with disabilities, especially in rural areas. The result is low skills levels and a correspondingly limited access to employment opportunities (White Paper on Integrated National Disability Strategy, 1997:3).

## 2.8 THE REACTION OF PARENTS TOWARDS THE DISABLED CHILD



In the most cases the parents are not aware that they will give birth to a disabled child. Like any pregnant mother, they expect to receive or give birth to a healthy, normal child. In most cases parents experience shock, stress, depression, denial, guilt, sadness and anger after realizing that their child is disabled. Parent who are raising children who cannot do things for themselves face a larger burden than parents with healthy children. The parents must often bath, dress and feed a child with a physical disability. According to the article published in the Rivier Academic Journal, the parents' stress can affect the child's development. Studies quoted in the article show that mothers of physically disabled children reported higher stress levels than parents of healthy children. This stress is felt by the child and affects his mood and development. The child cannot realise his potential until the parents seek help. <http://www.rivier.edu/journal/ROAJ-Spring-2008>.

The parents may start to develop attitude towards the child. Disabled child cause stress to parents. The parents may become bitter and reject the child. The parents find it hard to believe that their child is disabled. The disabled child becomes more difficult when she/he grows bigger, when she menstruates, bath, schooling and when going to toilet. The parents may start to blame themselves, blame cannot remove the disabled child fro the family but it will continue to cause more pain to parents. The parents may become sad, they may grieve for the loss of a healthy child they expected. The parents may develop anger and attitude towards the child. Mittler and Mittler (1982) suggest that parents attitudes do change as the child grows older and partly because of the interaction between them and their children. Children can be seen as a gift and all gifts have less value if they are imperfect (Thomas, 1978: 98).

## 2.9 PUBLIC ATTITUDE TOWARDS A DISABLED CHILD

The most important difficulty for mentally disabled people is treatment they get from the public. Many people make fun of them or call them name. Because they are slow learners, people who are mentally disabled are usually kept away from school. If they are in schools, teachers can be impatient with them. They do not give them the time and attention they need. One of the greatest problems disabled people have to face is the public attitude towards them. This is a compound of indifference and tolerance, indifference because most people are disinclined to involve themselves



with the all too obvious problems of other people because attitudes have at last begun to change. Yet there is fresh hope because disabled people have shown themselves capable of pursuing worthwhile careers, despite their disabilities. If they need special assistance throughout their working life, this is only an extension of something given to everyone at some stage of their lives. None of us enjoys a lifetime of total independence. Public acceptance of the disabled, and willingness to help, could transform thousands of frustrated lives. Often it is not the disability itself which is unbearable, it is the inability to live a constructive life and be accepted as a person.

Patronage, however well meant, undermines dignity and robs the disabled of the opportunity to fulfil themselves (Ashley, 1974:1). Public has negative attitude towards disabled children, society devalues such children and give them funny names, which describe their disabilities. Such children are not respected by the society. Discrimination and abuse of such children takes many forms, some are raped, robbed, tortured and some are even killed. Some people stare at a disabled child persistently, following him/her for a minute or more. The researcher needs a deeper understanding of the problems facing disabled people, a greater awareness of their capabilities, and a clearer recognition of their individuality (Ashley, 1974:1).

### **2.9.1 Public awareness of mental disabled children**

One of the greatest hurdles disabled people face when trying to access mainstream programmes are negative attitudes. It is these attitudes that lead to the social exclusion and marginalisation of people with disabilities. Negative attitudes are continually reinforced. Disability is portrayed as a problem. People with disabilities are viewed as helpless and dependent, as ill and in constant need of care and medical treatment, or as tragic victims (Kibel and Wagstaff, 1997:355). Culture plays an important role in the way we relate to people with disabilities. This contributes to the perception of people with disabilities as different or outsiders. The changing of attitudes is not something that happens automatically or spontaneously. Attitudes changing are a complex process which involves moving, in a series of stages, from one set of attitudes to another. Public education and awareness are control to the changing of attitudes (White Paper on Integrated National Disability Strategy 1997:23).



The public media plays a central role in the way society constructs images and beliefs, and should therefore be utilized as a key mechanism in changing attitudes. One of the responsibilities of the South African Human Rights Commission, as defined by the Constitution, is human rights education. It is, therefore, essential that the South African Human Rights Commission (SAHRC) takes the lead in the promotion of human rights education pertaining to people with disabilities. South Africa has a number of public holidays related to human rights promotion. The international Day of Disabled people falls on 3 December. These days should be used to contextualize and promote disability as a human and development issue. The learners, as the accounting officers, will be responsible for the overall challenges which they are facing in their daily living, personally, in the family and in the community. The committee for the disabled children should be established. The co-coordinator for the disabled children should be nominated (White Paper on Integrated National Disability Strategy, 1997:25).

The school records will be utilized to add the information to the research study. All necessary training workshops should be attended. The School Governing Body (SGB) will also be involved in addressing the challenges faced by the disabled children. According to the RDP White paper, the white paper of the ministry without portfolio in the office of the president commits itself to the following: The government will design, in consultation with disabled people, a comprehensive programme for the disabled which will enhance their engagement in society and remove discriminatory practices against them, especially in the workplace. Government will also discuss means to reintegrate mentally and physically disabled people into their communities (Kibel and Wagstaff, 1997:356).

During 1991, the Disability Rights Unit of lawyers for Human Rights (LHR), together with Disabled People South Africa (DPSA), began working on a charter of demands of disabled people in South Africa. The development of a draft charter involved a lengthy process of consultation with many organizations of the disabled people throughout the country. The demands of disabled people were collected in this process. The final charter, after various processes of ratification, was finally adopted by the DPSA council in December 1992 (White Paper on Integrated National Disability Strategy, 1997:25).



The Disability Rights Charter of South Africa reflects demands from disabled people. The aim is to promote equal opportunities for all the disabled people. It is a document which asserts the right of all disabled people to live independently in a safe environment and in a society free from all forms of discrimination, exploitation and abuse (White Paper on Integrated National Disability Strategy, 1997:16). In order to address the more specific needs of people with different disabilities, various sectors within the disabled community have been involved in developing charters. These express the specific demands and rights of different sectors of the disabled community. These charters are important in highlighting the fact that people with different disabilities experience discrimination in different ways, and thus reflect the importance of a comprehensive and integrated approach in addressing disability issues in South Africa (Encyclopaedia, 2001: 219).

## **2.10 COPING STRATEGIES OF MENTALLY DISABLED CHILDREN**

Disabled children develop some mechanisms which assist them as they meet the challenges because of their disability.

### **2.10.1 Interacting with peers**

Disability can be particularly damaging to a person's concepts of self when it is experienced as overwhelming, unpredictable and uncontrollable because it paralyses the ability to act and manage one's life normally. Disabled children often sense a degree of alienation or psychological separation from their body, because it no longer feels normal or functions adequately. These children often withdraw from others because they feel bad and are unable to pursue normal social relations. They often lose the ability to find pleasure or appreciate beauty (Cockerham, 2010:179).

Physical handicapped children are faced with additional problems of altered mobility, a negative body image and stigma. The problems facing someone with physical impairment are not just medical, but include social, attitudinal, economic and other adjustment. Simply moving about can be a major challenge. As a result of their disability, people who live restricted lives, are socially isolated, are devalued as less than normal, and feel they are a burden to others. All the factors combined to reduce their sense of self worth, unless some alternative means of satisfaction could be found. Most of the disabled are forced by their physical condition to reconstruct their sense of self and personal history (Cockerham, 2010:180).

Due to inclusion, many children with physical disabilities attend regular public schools. Some of them are in regular classrooms. Because these children can't run or play like others, children with physical disabilities may have a difficult time making friends. If a child's disability is also mental or emotional, communication may also be a problem. Teachers may not understand the child and limit her to activities at her desk or a table, further isolating her.

[http://teacher.scholastic.com/professional/childdev/working\\_with\\_children.htm](http://teacher.scholastic.com/professional/childdev/working_with_children.htm)

### 2.10.2 Anger

Children with mental disabilities are often frustrated, and that leads to anger. They see the other children playing and they want to participate. The social rejection hurts. According to an article published in the Rivier Academic Journal, about 56% of children with disabilities "act out". This can be verbal or physical. It can happen at school, home, or in a public place, such as a store and it can happen without warning. It creates stress for the child and parents.

Children's innate and learned coping mechanisms are very crucial in their ability to cope with their conditions. Children with special needs are likely to use distinct coping patterns. Children with more accepting and positive attitudes about their chronic illnesses use a more adaptive style, characterised by competence, optimism, and compliance. They display fewer behaviour problems at school and at home. Because it is often easier to recognize who cope poorly with illnesses or disability, it is helpful to describe those behaviours typical of well – adjusted children.

<http://www.rivier.edu/journal/ROAJ-Spring-2008>

### 2.10.3 Individual Characteristics that affect coping Children

Males are more vulnerable to stress than females. Females are more likely to use emotional sensory and emotional expression responses than males. Males are more likely to use physical aggression in coping. Children between ages 6 months and 4 years are considered most vulnerable. The difficult child is considered more vulnerable than the easy child. The more active, strong-willed child seems to cope better than the passive child. The child with pre-existing anxiety is considered at greater for coping poorly. The child with low self-esteem and or/a low sense of self-

direction is at greater risk of coping poorly. The child with poor social skills is at greater risk for coping poorly.

Inborn traits influence the overall ability to adapt, for example, vulnerability to alcoholism, sociopathy, mood disorders. Children with above – average intelligence tend to have fewer psychiatric problems than children with low intelligence. Positive behavioural patterns and favourable outcomes can be affected by a combination of temperament, familiar traits and support factors.

- **Parental issues**

Although mothers and fathers in the same family appear to experience similar stressors, including concerning the children's health, finances and the children's future. Studies have revealed some differences in how mothers and fathers of a child with special needs. The results of a study examining the differences between the mothers and fathers of a child with a disability suggested that, mothers and fathers had very different coping styles. Mothers coped by using emotional release and perceived they were coping poorly, whereas fathers were more likely to cope by using a practical approach or with drawing.

- **Sibling Issues**

Siblings may be jealous or angry because of extra attention received by the child with special needs. They may feel guilty, thinking that something they did or wished caused the problem. Aspects of the child's condition, especially if visible, may embarrass siblings. Worry about the child's health and sadness about the child's missing out on events or opportunities can occur. Pride in the child's achievements and affection are other sibling experiences.

Many parents express concern regarding when and how to inform the other children in the family about the birth of a child who is disabled. The answer depends on each child's level of understanding and sophistication. Adolescent and even younger siblings routinely use the internet to obtain information. What siblings piece together or overhear is often much worse than the truth. Children need to be informed throughout the course of their siblings' disability. Parents are usually in the best position to impart this information, although they are often overwhelmed with the medical crisis at hand. Some siblings develop behaviour or adjustment difficulties,



particularly younger male or older female siblings. Younger children turn to become irritable and withdrawn, whereas older siblings turn to act out. Some common difficulties include bedwetting, headaches and other physical complaints, school phobia, changes in school performance, proneness to injury, sleep problems, depression, and severe separation anxiety.

- **Governmental issues**

Local and national disability – oriented organizations provide needed support and assistance to families that qualify. Federal and state departments of health, social service, mental health, and labour help to locate appropriate regional resources. For example, state programs for children with special needs (formerly crippled children's services) offer financial assistance for children with various disabling conditions. An office on the status of disabled people was established as a directorate in the office of the deputy president in June 1997. The office, which previously existed as a disability unit, is responsible for policy development, and will undertake the overall co-ordination of the integrated National Disability Strategy. It will, in addition, undertake certain specific duties as recommended in this document.

An important first step has been taken in highlighting and redressing the problems faced by women with disabilities through inclusion of a disabled woman on the commission on gender Equality. The successful integration of people with disabilities in the mainstream of society is dependent on the optimal rehabilitation of people with disabilities. This, in its turn, requires a multi-disciplinary approach in government. It is noted that very few departments make provision for specific disability related programmes. Those which do include the Departments of Health, Welfare and Population Development, Education, Labour, Environmental Affairs and Tourism, and Public works.

The National plan of Action for Children in South Africa (NPA) has identified children with disabilities as a particularly vulnerable group. In addition to developing inclusive programmes aimed at and protecting the rights of all children, the NPA is in the process of developing specially targeted programmes for disabled children. The government has taken the important step of facilitating the development of disability sensitive youth strategies and programmes through the appointment of a disabled youth commissioner on the National Youth Commission.



The declaration of rights for persons affected by Mental Handicap (adopted at the Africa Now Conference in 1996), and the United Nations Principles for the Protection of people with Mental Illness and for the promotion of Mental Health Care provide clear guidelines for the protection and promotion of the human rights of people with mental and/or intellectual disabilities. Parliament has appointed a person representing the disability sector to the South African Broadcasting Commission (SABC) board. The South African Human Rights Commission has proposed a special unit to monitor human rights violations against people with disabilities. A disabled commissioner is appointed to the commission.

## **2.11 GOVERNMENT INTERVENTION FOR DISABLED CHILDREN**

The government also serves as support system to children with disability. The department of health and social development together with the local authority is responsible for the majority of services, such as the social security department office renders services such as care dependency grant and disability grants (White Paper on Integrated National Disability Strategy, 1997:57). Employment equity act 55 of 1998, Section 25(1) serves to indicate that people with disabilities are entitled to substantive equality, which includes the right to affirmative action to overcome the effects of past discrimination. The national and provisional department of welfare ensures that there are equal opportunities for people with disabilities in all services and programs, people with disabilities have both rights and responsibilities. The United Nations facilitated the drafting of the standard Rules for the equalisation of opportunities for disabled persons to provide governments with clear guidelines on actions. The standard rules were adopted by the UN General Assembly on 20 December 1993.

## **2.12 CONCLUSION**

It has been shown in this chapter that much of the literature contains information about the external difficulties facing mentally disabled children. Disability does indeed pose a number of challenges. This study aims to investigate the external difficulties facing mentally disabled children and to try and find ways of solving them. This can be achieved when there is a mutual relationship between the community and the government.

## RESEARCH DESIGN AND METHODOLOGY

### 3.1 INTRODUCTION

This Chapter discusses the research design and methodology to be followed when conducting this study. The Chapter will also present the study area, population of the study, sampling, data collection, data analysis and ethical considerations.

### 3.2 RESEARCH DESIGN

Research design is a set of logical steps taken by a researcher to answer the research questions (Brink, 2006:92). Mouton (2001:55) describes a research design as a plan or blue print (a structural framework) of how the researcher intends to conduct the research in order to solve the research problem. The researcher used field study as a research design. The reason for using field study is because it enables the researcher to investigate the external difficulties facing mentally disabled children.

### 3.3 RESEARCH METHODOLOGY

Research methodology refers to a design according to which the researcher selects data and analysis procedure to investigate a specific problem (McMillan and Schumacher, 2001:09). Ghauri and Gronhaug (2005:108) describe research methodology as a systematic, focused and orderly collection of data for the purpose of obtaining information from them, to solve or answer a particular research problem or question. Both quantitative and qualitative research Paradigms will be used. This is meant to select suitable paradigms for this research. The use of more than one paradigm (triangulation) is further meant to combine appropriate research perspective and methods that are suitable for taking into account as many aspects of a problem as possible.

Quantitative research design refers to a process where the researcher applies various statistical and mathematical methods or techniques that focus on separate or specific variables in the data set (Mouton 2009:161). Quantitative research designs are defined as the techniques associated with the gathering, analysis, interpretation and presentation of numerical information (Teddie and Tashakkori, 2009:5). The

researcher used this method because it is less time consuming and the researcher can easily access the respondents.

Qualitative research design refers to a collection of methods and techniques which share a certain set of principles or logic (Mouton, 2002:156). Qualitative research designs are defined as the techniques associated with the gathering, analysis, interpretation and presentation of narrative information (Teddie and Tashakkori, 2009:6). The reason for using this method is because the researcher is able to give clarity of the questions to respondents. The researcher used this method, qualitative research because it allows the researcher to know people personally and to see them as they are, to experience their external difficulties they are faced with on daily living.

### 3.4 STUDY AREA

The research study was conducted at Grace and Love special school for mentally disabled children in Vhembe District, Limpopo. In Limpopo Province, there are 5 districts, namely, Vhembe, Capricorn, Waterberg, Mopani and Sekhukhune, but the researcher focused only in Vhembe District. Grace and Love special school is in Thulamela Municipality. The Kruger National Park forms a boundary in the East, while sharing the borders with Mutale Municipality in the North East and Makhado Municipality in the South and South West. It is about 30km from Thohoyandou to Grace and Love special school.

### 3.5 STUDY POPULATION

Asika (2000:39) defines the population of a research as all conceivable elements, subjects or observations relating to a particular phenomenon of interest to the researcher. Ghauri and Gronhaug (2005:147) relate population to the total universe of units from which the sample is to be selected. The population of this research is a group of people the researcher wanted to draw conclusions. This would mean that a researcher cannot study an entire population. In this research the study population will be teachers, parents or guardians and mentally disabled children at Grace and Love special school in Vhembe District, Limpopo. The size of study population is 511, which consists of 200 learners, 300 parents or guardians and 11 teachers.

Payne and Payne (2004:200) perceive sampling as the process of selecting a subset of people or social phenomena to be studied from the large universe to which they belong. Judd, Smith and Kidder (1991:131) defines the concept of sampling procedure as collecting some of the elements with the intention of finding out something about the population from which they are taken. The sampled group of this study consists of mentally disabled children, parents or guardians and teachers from Grace and Love special school.

### 3.6.1 SAMPLING METHOD

The researcher used non-probability and its sub type purposive sampling method to select the respondents of the study. Purposive sampling is a non-Random sample in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult to reach population (Lawrence and Neuman, 2014:273). Purposive sampling techniques are defined as selecting units based on specific purposes associated with answering a research study's questions (Teddie and Tashakkori, 2009:170). In this study method, the researcher chose respondents which are teachers, parents or guardians and mentally disabled children with a purpose, having knowledge that the respondents know the answers to questions. This method uses the judgement of a researcher in selecting cases with a specific purpose in mind.

### 3.6.2 SAMPLE SIZE

The total sample size of this study consists of 50 respondents. The sample size will consist of 07 teachers, 29 parents or guardians and 14 mentally disabled children. See table 1.1.

**Table 1.1 Sample Size**

Respondents	Population	Sampled
Teachers	11	07
Parents/ Guardians	300	29
Learners	200	14
<b>Total</b>	511	50

### 3.7 DATA COLLECTION METHOD



Data collection methods are methods used by the researcher to collect information from the respondents using instruments (Kumar, 2011:159). Data collection method is the gathering of information needed by a researcher to address a research problem (Polit and Hungler, 1995:639). For this study two data collection instruments were used, namely questionnaire and interview.

A questionnaire refers to a set of questions on a form which is completed by the respondent in respect of a research project, and a questionnaire is the only practical approach which is simpler compare to other instruments (Goddard and Melville, 2001:46, 49). A questionnaire is a written list of questions, the answers to which are recorded by respondents (Kumar, 2011:145). The researcher will distribute questionnaires to respondents. On the second day, the researcher will go and collect all questionnaires from respondents. Open ended questionnaires will be used.

Interview is a verbal interchange, often face-to-face, though the telephone may be used, in which an interviewer tries to elicit information, beliefs or opinion from another person (Kumar, 2011:144). Interview is a method of data collection in which one person (an interviewer) asks questions of another person (respondents) (Polit and Hungler, 1995:188). For this study, the researcher used an open-ended interview. The researcher went to Grace and Love special school to interview the respondents.

### 3.8 DATA ANALYSIS

Data analysis is the process of bringing order, structure and meaning to the mass of data (De Vos, 2002:339). Mouton (2009:161) says data analysis is the breaking down of data into single units of categories in order to ascertain meaning to the conclusive whole. Data collected using questionnaire will be analysed using Statistical Package for Social Sciences (SPSS). The information is presented in a tabular form, frequencies and percentages.

Data collected through interview was analysed using thematic analysis and the information will be presented in a narrative form. The researcher will analyse data using 9 steps by Creswell (2005:334) for qualitative data analysis. The steps are as follows:

- **Step 1: Planning for recording data**

The researcher should plan for the recording of data in a systematic manner that is appropriate to the setting participants or both and that will facilitate analysis before data collection commences.

- **Step 2: Data collection and preliminary analysis**

Data analysis as a qualitative inquiry necessitates a two-fold approach. The first aspect involves analysis of the research side during data collection. The second aspect involves data analysis away from the site following a period of data collection.

- **Step 3: Managing/ Organizing data**

This is the first step of data analysis away from the site at an early stage in analysis process; researchers organize their data into folders, index cards or computer files. Researchers convert their files to appropriate text units for analysis either by hand or computer.

- **Step 4: Reading and writing memos**

The researcher can list on one note card the data available perform minor editing necessary to make field notes retrievable and general clean up what seems overwhelming and unmanageable.

- **Step 5: Generating categories, themes and pattern**

The process of category generation involves noting regularities in the setting chosen for study. This is the most difficult, complex, ambiguous creative and enjoyable phase.

- **Step 6: Coding the data**

The researcher applies some coding scheme in those categories and themes. Codes may take several forms, abbreviation of key aspects words coloured dots, number, the choice is up to the researcher.

- **Step 7: Testing emergent understanding**

As categories and themes are developed and coding is well underway, the researcher begins the process of evaluating the plausibility of his developing understanding and exploring them through the data.

### 3.9 ETHICAL CONSIDERATIONS

- **Step 8: Searching for alternative explanations**

The researcher discovers categories and patterns in the data, she should engage in critically challenging the very patterns that seems so apparent.

- **Step 9: Writing the report**

The researcher represents the data, a packaging of what was found in text, tabular or figure form. It is central to process in the choice of particular words summarise and reflect the complexity of data. For the purpose of the study, from Creswell's nine steps of data management and analysis, the researcher used the following 4 steps:

- **Planning for recording data**

The researcher used the planning for recording data step when preparing a written proposal for the study. The proposal entailed an overview of the researcher's idea of what he intends to research about.

- **Data collection and preliminary analysis**

The researcher followed the data collection and preliminary analysis step during the visit to the school where he collected data. The researcher assessed the environment before commencing with interviews in order to ensure that ethics of research will be catered for.

- **Reading and writing memos**

The researcher followed the reading and writing memos when evaluating the final draft of chapter 2 by listing all headings in order to find out if no unnecessary information or repetition of the same points where included.

- **Writing the report**

For the researcher followed the writing the report step in mainly in chapter 4 by representing the data in tabular form. Chapter two also shows statistics proving the continuous practice of corporal punishment in some provinces.

### **3.9 ETHICAL CONSIDERATIONS**

Ethics is defined as the branch of philosophy dealing with values that relate to human conduct, with respect to the rightness or wrongness of specific actions, and to the goodness or badness of the motive and ends of such actions (Mafunisa, 2000:79). Chapman (1993:16) argues that ethics is concerned not only with distinguishing right from wrong and good from bad, but also with the commitment to do what is right or acceptable. The ethics which will be followed in this study are discussed below.

#### **3.9.1 Permission to conduct the study**

In order for the researcher to collect data at Grace and Love special school, the University of Venda must first give the researcher a letter which will allow the researcher to go and collect data (Refer to Appendix A). The researcher asked a letter to conduct the study at a special school from the District Senior Manager. The researcher also asked a letter of permission from the principal to collect data from Grace and Love special school.

#### **3.9.2 Informed consent**

Informed consent is a statement, usually written that explains aspects of a study to participants and asks for their voluntary agreement to participate before the study begins (Lawrence and Neuman, 2014:151). The participants were fully informed about the procedure and risks involved in the study and they gave their consent. The researcher made sure that the participants were completely free to express their feelings and opinions without fear.

#### **3.9.3 Anonymity and confidentiality**

Anonymity is the ethical protection that participants remain nameless, their identity is protected from disclosure and remains unknown (Lawrence and Neuman, 2014:154). Anonymity is one important ethical consideration which encourages participants to

give information freely. Anonymity means subjects remain nameless. Anonymity is a good foundation for confidentiality where respondents will be able to know that the information given will not be misused.

### 3.9.4 Voluntary participation

Voluntary participation is an ethical principle that people should never participate and research unless they explicitly and freely agree to participate (Lawrence and Neuman, 2014:151). The researcher ensured that the respondents participated on voluntary basics. Care was taken to avoid any forced responses, and those that did not want to take part were not forced. The respondents were also informed that there won't be any payment for participating in research study. The researcher should allow the respondents to withdraw from the study at anytime for any reason.

### 3.10 CONCLUSION

This chapter dealt with research design and methodology, study area, study population, sampling, data collection method, data analysis method and ethical considerations. The next chapter will focus on data presentation, data analysis and interpretation.

#### 4.2.1 Section A: Biographical Details of Respondents

In this sub-section, the researcher presents the biographical information of the respondents in this study. The information is presented in tabular format, frequencies and percentages and followed by a synthesis of the findings.

Table 4.1 Gender of respondents

Response	Frequencies	Percentage
Male	15	33.3%
Female	30	66.7%
TOTAL	45	100%

Table 4.1 above presents the biographical information of the respondents in terms of gender. The researcher managed to reach all the respondents of a total of 45, of the 45 respondents, 15 (33.3%) were males whereas 30 (66.7%) were females. The entire questionnaire distributed to the respondents was returned to the researcher.

## DATA PRESENTATION, ANALYSIS AND INTERPRETATION

### 4.1 INTRODUCTION

In the previous chapter, the researcher discussed the research design and methodologies that underpin this study. This chapter will present, analyse and interpret data collected through questionnaire and interview schedule. The following sections focus on reporting the empirical investigation by providing answers to the perceptions and understanding of the external difficulties facing mentally disabled children in Grace and Love Special School in Vhembe District, Limpopo Province.

### 4.2 ANALYSIS OF DATA COLLECTED THROUGH QUESTIONNAIRE

Responses gathered through questionnaire will be presented in a tabular format, frequencies and percentages. Two sections which consist of biographical details of respondents and the external difficulties facing mentally disabled children will be presented.

#### 4.2.1 Section A: Biographical Details of Respondents

In this sub-section, the researcher presents the biographical information of the respondents in this study. The information is presented in tabular format, frequencies and percentages and followed by a synthesis of the findings.

**Table 4.1 Gender of respondents**

Response	Frequencies	Percentage
Male	15	33.3%
Female	30	66.7%
TOTAL	45	100%

During the time of data collection, majority of the respondents who constituted 29 Table 4.1 above presents the biographical information of the respondents in terms of gender. The researcher managed to reach all the respondents of a total of 45, of the 45 respondents, 15 (33.3%) were males whereas 30 (66.7%) were females. The entire questionnaire distributed to the respondents was returned to the researcher.

The respondents in this study all live in Mopani District Municipality of Limpopo Province. There were more female respondents than men.

**Table 4.2 Age of respondents**

Response	Frequencies	Percentage
Less than 10 years	0	0.0%
11 – 15 years	0	0.0%
16 – 20 years	09	20.0%
21 – 30 years	01	2.2%
31 – 40 years	19	42.2%
41 years and older	16	35.5%
TOTAL	45	100%

Most of the respondents, 19 (42.2%) who took part in this study were aged between 31 and 40 years. Sixteen (35.5%) of the respondents were aged between 41 years and older, and nine (20.0%) were between 16 and 20. One 01 (2.2%) was between 21 to 30 years of age and there was no respondent less than 10 years, and 11 to 15 years. The researcher can therefore conclude that, majority of the respondents who took part in the study were between 31 to 40 years.

**Table 4.3 Position of Respondents**

Response	Frequencies	Percentage
Teacher	07	15.6%
Parent/Guardian	29	64.4%
Learner	09	20.0%
TOTAL	45	100%

During the time of data collection, majority of the respondents who constituted 29 (64.4%) were parents or guardians of Grace and Love Special School. Nine 09 (20.0%) of the learners took part in this study. Few of the respondents at 07 (15.6%) were teachers. The majority of the population who took part in this study were parents or guardians of Grace and Love Special School, who at the same time formed an integral part of the study.

**Table 4.4 Qualification of Respondents**

Response	Frequencies	Percentage
Studying	19	42.2%
National Certificate	15	33.3%
National Diploma/Degree	09	20.0%
Post Graduate Certificate	02	4.4%
TOTAL	45	100%

With regard to qualifications of the respondents, 19 at (42.2%) were studying, whereas 15 at (33.3%) were having National Certificate. From 45 respondents, nine 09 at (20.0%) were having a National Diploma/Degree, whereas two 02 at (4.4%) were having a Post Graduate Certificate. It can be concluded that majority of respondents were studying.

#### 4.2.2 Section B: External difficulties facing mentally disabled children

In this sub-section, data is analysed using graphical statistics which is further divided into three themes which arose from the specific objectives of the study. The three themes are external difficulties facing mentally disabled children, the rights of mentally disabled children, and the coping strategies of mentally disabled children.

##### 4.2.2.1 External difficulties facing mentally disabled children

This sub-section presents data regarding the external difficulties facing mentally disabled children. The data is presented in the form of tables followed by brief interpretation.

**Table 4.5 Children have the ability to communicate**

Response	Frequencies	Percentage
Strongly agree	04	8.8%
Agree	31	68.9%
Not sure	01	2.2%
Disagree	07	15.6%
Strongly disagree	02	4.4%
TOTAL	45	100%

Thirty-one 31 (68.9%) of the respondents agreed with the idea that children have the ability to communicate, 04 (8.8%) respondents strongly agreed. On the other hand, 07 (15.6%) disagreed and on 02 (4.4%) strongly disagreed with that children have the ability to communicate. One 01 (2,2%) respondents were not sure whether children have the ability to communicate or not. Most of the respondents in Grace and Love Special School agreed that children at Grace and Love Special School have the ability to communicate.

Table 4.8 Children with disability are accepted by the community

**Table 4.6 Disabled children have adequate transport**

Response	Frequencies	Percentage
Strongly agree	0	0.0%
Agree	15	33.3%
Not Sure	02	4.4%
Disagree	22	48.9%
Strongly disagree	05	11.1%
TOTAL	45	100%

Table 4.6 indicates that majority of the respondents at 22 (48.9%) disagreed with the statement that disabled children have adequate transport, while 15 (33.3%) agreed. Five 05 (11.1%) of the respondents strongly disagreed, while there was no respondent who strongly agreed. Two 02 (4.4%) of the respondents were not sure whether disabled children have adequate transport or not. From the above statistics, a conclusion can be drawn that majority of the respondents at 27 (60.0%) disagreed that disabled children have adequate transport.

**Table 4.7 Disabled children are treated like normal children**

Response	Frequencies	Percentage
Strongly agree	0	0.0%
Agree	06	13.3%
Not Sure	02	4.4%
Disagree	28	62.2%
Strongly disagree	09	20.0%
TOTAL	45	100%



From 45 of the total population of the study (100%) of the respondents agreed with the idea that disabled children are treated like normal children, while thirty-seven 37 (82.2%) disagreed with the statement. Few respondents at 02 (4.4%) revealed that they are not sure whether disabled children are treated like normal children or not. Majority of the respondents in this study disagreed with the statement that disabled children are treated like normal children.

**Table 4.8 Children with disability are accepted by the community**

Response	Frequencies	Percentage
Strongly agree	0	0.0%
Agree	01	2.2%
Not Sure	02	4.4%
Disagree	28	62.2%
Strongly disagree	14	31.1%
TOTAL	45	100%

Table 4.10 above indicates that 28 (62.2%) of the respondents agreed with the acceptance of disabled children by the community, fourteen 14 (31.1%) of the respondents strongly disagreed, while there was no respondent who strongly agreed. Two 02 (4.4%) of the respondents were not sure whether children with disability are accepted by the community or not. Twenty-eight 28 (62.2%) of the respondents disagreed with the idea while only one 01 (2.2%) agreed that children with disability are accepted by the community. It can be revealed that majority of the respondents in study disagreed that children with disability are accepted by the community.

**Table 4.9 Disabled children are protected from abuse**

Response	Frequencies	Percentage
Strongly agree	01	2.2%
Agree	03	6.7%
Not Sure	03	6.7%
Disagree	30	66.7%
Strongly disagree	08	17.8%
TOTAL	45	100%

Table 4.9 shows that out of 45 respondents, thirty-eight 38 (84.5%) disagreed with the statement that disabled children are protected from abuse while only 04 (8.9%) agreed with the statement. The few 03 (6.7%) were not sure that disabled children are protected from child abuse. The majority of respondents on this table disagreed with the idea that disabled children are protected from abuse.

**Table 4.10 Disabled children have the ability to perform personal and domestic tasks**

Response	Frequencies	Percentage
Strongly agree	02	4.4%
Agree	26	57.8%
Not Sure	0	0.0%
Disagree	13	28.9%
Strongly disagree	04	8.9%
TOTAL	45	100%

Table 4.10 above indicates that 28 (62.2%) of the respondents agreed with the statement that disabled children have the ability to perform personal and domestic tasks. Furthermore 17(37.8%) agreed with statement while no respondents were found that were not sure whether the disabled children have the ability to perform personal and domestic tasks or not. It can be revealed that majority of the respondents in study agreed that children with disability have the ability to perform personal and domestic tasks.

#### 4.2.2.2 The rights of mentally disabled children

This portion presents the the rights of mentally disabled children. The information in this sub-section are presented in graphical and tabular forms and followed by a discussion of the findings.

Table 4.12 shows that 32 (71.1%) agreed with the idea that disabled children have rights to education. Few respondents, 04 (8.9%) disagreed that disabled children have rights to education. 06 (13.3%) of the respondents were not sure whether disabled children have rights to education. No respondents strongly disagreed and only 03 (6.7%) strongly agree. The study revealed that the majority of the respondents agreed that disabled children have rights to education.

**Table 4.11 Mentally disabled children have employment opportunities**

Response	Frequencies	Percentage
Strongly agree	01	2.2%
Agree	16	35.6%
Not Sure	14	31.1%
Disagree	12	26.7%
Strongly disagree	02	4.4%
TOTAL	45	100%

According to this table, 16 (35.6%) of respondents agreed that mentally disabled children have employment opportunities while 12 (26.7%) disagreed with the statement. From out of 45 respondents 14 (31.1%) were not sure whether mentally disabled children have employment opportunities or not. Only 01 (2,2%) strongly agreed that mentally disabled children have employment opportunities and only 02 (4,4%) strongly disagreed with the idea. Majority of the respondents in this study agreed with the statement that mentally disabled children have employment opportunities.

**Table 4.12 Disabled children have rights to education**

Response	Frequencies	Percentage
Strongly agree	03	6.7%
Agree	32	71.1%
Not Sure	06	13.3%
Disagree	04	8.9%
Strongly disagree	0	0.0%
TOTAL	45	100%

Table 4.12 shows that 32 (71.1%) agreed with the idea that disabled children have rights to education. Few respondents, 04 (8.9%) disagreed that disabled children have rights to education. 06 (13.3%) of the respondents were not sure whether disabled children have rights to education. No respondents strongly disagreed and only 03 (6,7%) strongly agreed. The study revealed that the majority of the respondents agreed that disabled children have rights to education.

**Table 4.13 Mentally disabled children have access to health services**

Response	Frequencies	Percentage
Strongly agree	02	4.4%
Agree	28	62.2%
Not Sure	03	6.7%
Disagree	11	24.4%
Strongly disagree	01	2.2%
TOTAL	45	100%

From 45 of the total population of the study, 28 (62.2%) agreed that mentally disabled children have access to health services. Furthermore 11 (24.4%) disagreed with the statement. Only 3 (6.7%) of the respondents were not sure whether mentally disabled children have access to health services or not. Only 02 (4.4%) strongly agreed while 01 (2.2%) strongly disagreed. According to the statement the majority of the respondents agreed that mentally disabled children have access to health services.

**Table 4.14 Mentally disabled children have rights to belong to a family**

Response	Frequencies	Percentage
Strongly agree	03	6.6%
Agree	29	64.4%
Not Sure	02	4.4%
Disagree	11	24.4%
Strongly disagree	0	0.0%
TOTAL	45	100%

Table 4.14 shows that out 45 respondents, 29 (64.4%) agreed that mentally disabled children have rights to belong to a family while 11 (24.4%) of the respondents disagreed with the idea. Few respondents, 2 (4.4%) were not sure whether mentally disabled children have rights to belong to a family or not. No respondents strongly disagreed with the statement and only 03 (6.6%) strongly agreed. The study revealed that majority of the respondents agreed that mentally disabled children have rights to belong to a family.

**Table 4.15 Government protects rights of disabled children**

Response	Frequencies	Percentage
Strongly agree	03	6.7%
Agree	18	40.0%
Not Sure	02	4.4%
Disagree	19	42.2%
Strongly disagree	03	6.7%
TOTAL	45	100%

From the total population of 45 respondents, 19 (42.2%) disagreed that Government protects rights of disabled children and 3 (6.7%) respondents strongly disagreed with the idea. 18 (40.0%) agreed with the statement and 3 (6.7%) strongly agreed that Government protects rights of disabled children. Only 2 (4.4%) of the respondents were not sure with the statement. The majority of the respondents in the study disagreed that Government protects rights of disabled children.

#### 4.2.2.3 The coping strategies of mentally disabled children

This section provide a description of the the coping strategies of mentally disabled children, and the information in this sub-section are presented in graphical and tabular forms and followed by discussions.

**Table 4.16 There is special training for children with mental disability**

Response	Frequencies	Percentage
Strongly agree	06	13.3%
Agree	31	68.9%
Not Sure	01	2.2%
Disagree	06	13.3%
Strongly disagree	01	2.2%
TOTAL	45	100%

According to this table 31 (68.9%) of the respondents agreed that there is special training for children with mental disability while 06 (13.3%) of the respondents disagreed and only 01 (2.2%) strongly disagreed with the idea. Only 01 (2.2%) of the respondents was not sure whether there is special training for children with mental

disability or not. The study revealed that the majority of the respondents agreed that there is special training for children with mental disability.

**Table 4.17 Disabled children have the ability to interact well with peers**

Response	Frequencies	Percentage
Strongly agree	02	4.4%
Agree	18	40.0%
Not Sure	03	6.7%
Disagree	15	33.3%
Strongly disagree	07	15.6%
TOTAL	45	100%

From the total population of 45, 27 (60.0%) of the respondents disagreed that disabled children have the ability to interact well with peers. 20 (44.4%) of the respondents agreed with the idea. Only 3 (6.7%) of the respondents were not sure whether disabled children have the ability to interact well with peers or not. Majority of the respondents disagreed that disabled children have the ability to interact well with peers.

**Table 4.18 Attitude of community towards disabled children is good**

Response	Frequencies	Percentage
Strongly agree	0	0.0%
Agree	02	4.4%
Not Sure	02	4.4%
Disagree	17	37.8%
Strongly disagree	24	53.3%
TOTAL	45	100%

According to this table 24 (53.3%) of the respondents strongly disagreed that the attitude of community towards disabled children is good and 17 (37.8%) disagreed with the idea. Only 02 (4.4%) of the respondents agreed that the attitude of community towards disabled children is good. Furthermore 02 (4.4%) of the respondents were not sure whether the attitude of community towards disabled

children is good or not. The study revealed that the majority of the respondents disagreed that the attitude of community towards disabled children is good.

**Table 4.19 Disabled children are accepted by their siblings**

Response	Frequencies	Percentage
Strongly agree	01	2.2%
Agree	15	33.3%
Not Sure	02	4.4%
Disagree	15	33.3%
Strongly disagree	12	26.7%
TOTAL	45	100%

From the total population of 45, 27 (60.0%) of the respondents disagreed that disabled children are accepted by their siblings while 16 (35.5%) of the respondents agreed with the statement. Only 02 (4.4%) of the respondents were not sure whether disabled children are accepted by their siblings or not. According to this study the majority of respondents disagreed that disabled children are accepted by their siblings.

**Table 4.20 Disabled children receive financial support from the government**

Response	Frequencies	Percentage
Strongly agree	0	0.0%
Agree	07	15.6%
Not Sure	02	4.4%
Disagree	09	20.0%
Strongly disagree	27	60.0%
TOTAL	45	100%

Table 4.20 shows that 27 (60.0%) of the respondents strongly disagreed that disabled children receive financial support from the government and 09 (20.0%) of the respondents disagreed with the idea. Only 07 (15.6%) agreed that disabled children receive financial support from the government. Few respondents, 02 (4.4%) were not sure whether disabled children receive financial support from the government or not. According to this table the majority of the respondents disagreed that disabled children receive financial support from the government.



## 4.3 ANALYSIS OF DATA COLLECTED THROUGH INTERVIEW

Presentation and analysis of the results on the external difficulties facing mentally disabled children is done in this chapter. Data collected using this interview was analyzed using thematic analysis and the information was presented in a narrative form.

### 4.3.1 Question 1: What are the external difficulties facing mentally disabled children?

#### Respondent 1:

With regard to this question, the respondent replied that the external difficulties facing mentally disabled children are discrimination and not accepted by other siblings.

#### Respondent 2:

From this question, the respondent replied that the external difficulties facing mentally disabled children are discrimination and speech problem.

#### Respondent 3:

The respondent in this question replied that the external difficulties facing mentally disabled children are that people are giving him funny names.

#### Respondent 4:

With regard to this question, the respondent replied that the external difficulties facing mentally disabled children are lack of financial support and discrimination.

#### Respondent 5:

From this question, the respondent replied that the external difficulties facing mentally disabled children are lack of financial support and not accepted by the community.



#### 4.3.2 Question 2: What are the rights of mentally disabled children?

**Respondent 1:** replied that the coping strategies of mentally disabled children are isolation and crying from the above question. From the above mentioned question, the respondent replied that the rights of mentally disabled children are the right to good transport.

**Respondent 2:** The reply of the respondent in this question is that the rights of mentally disabled children are the right to education and good nutrition.

**Respondent 3:** The respondent in this question replied that the rights of mentally disabled children are to be given adequate food.

**Respondent 4:** With regard to this question, the respondent replied that the rights of mentally disabled children are the right to employment.

**Respondent 5:** In this question, the respondent replied that the rights of mentally disabled children are the right to nutrition.

#### 4.3.3 Question 3: What are the coping strategies of mentally disabled children?

**Respondent 1:** From this question the respondents stated that the coping strategies of mentally disabled children are anger, crying and sharing problems with her mother.

**Respondent 2:** From the above question, the respondent replied that the coping strategies of mentally disabled children are fighting with people.

### **Respondent 3:**

The respondent replied that the coping strategies of mentally disabled children are isolation and crying from the above question.

### **Respondent 4:**

The reply of the respondent in this question is that the coping strategies of mentally disabled children are isolation and failure to interact with other people.

### **Respondent 5:**

With regard to this question, the respondent replied that the coping strategies of mentally disabled children are sharing problems with parents.

## **4.4 CONCLUSION OF THE STUDY**

The study established that there were several factors that led to external difficulties facing mentally disabled children in the community. The community and the Government have to play their roles with regard to this challenges. The Government must be able to answer all the challenges that mentally disabled children are facing. Disabled children have rights that are similar to other children so they must be treated equally without any discrimination.

The first objective of the study wanted to investigate the external difficulties facing mentally disabled children but the study found out that some of the mentally disabled children cannot communicate well with other people. The majority of mentally disabled children have transport problem. Mentally disabled children are maltreated by the community. They are not accepted by the community and by the siblings. Mentally disabled are not protected from child abuse.

The information which was received through interview was that mentally disabled children are being discriminated and are being given funny names by the community members and by family members. Some of the disabled children have speech problems. In this study it was also found that mentally disabled children lack financial support.

## FINDINGS, CONCLUSION AND RECOMMENDATION

### 5.1 INTRODUCTION

In the previous chapter, the researcher presented analyses and interpreted data collected through questionnaire and interview. Data collected through questionnaire was presented in tabular format, frequencies and percentages and followed by a synthesis of the findings. Data collected through interviews was analysed using thematic analysis and the information was presented in a narrative form. In this chapter, the results are discussed. Conclusion and recommendation are also provided in this chapter.

### 5.2 MAJOR FINDINGS OF THE STUDY

The major findings of the study will arise from the objectives of the study which were; to investigate the external difficulties facing mentally disabled children; to assess the rights of mentally disabled children; and to explore the coping mechanism of mentally disabled children.

#### 5.2.1 External difficulties facing mentally disabled children

The first objective of the study wanted to investigate the external difficulties facing mentally disabled children but the study found out that some of the mentally disabled children cannot communicate well with other people. The majority of mentally disabled children have transport problem. Mentally disabled children are maltreated by the community. They are not accepted by the community and by the siblings. Mentally disabled are not protected from child abuse.

The information which was received through interview was that mentally disabled children are being discriminated and are being given funny names by the community members and by family members. Some of the disabled children have speech problems. In this study it was also found that mentally disabled children lack financial support.

## 5.2.2 The rights of mentally disabled children



The second objective of the study was to assess the rights of mentally disabled children and the findings of the study was some of the mentally disabled children have no employment opportunities, no right to education, not accessing health services, some do not stay with their parents but instead they stay with their granies while their siblings stay with their parents. The study also showed that the rights of mentally disabled children are not protected.

The researcher on the rights of mentally disabled children found out that mentally disabled children have the rights to adequate transport. Right to education, right to nutrition and employment.

## 5.2.3 The coping mechanism of mentally disabled children

The third objective of the study was to explore the coping mechanisms of mentally disabled children and the findings of the study the majority of the mentally disabled children are unable to interact well with peers. The study also found that mentally disabled children are not accepted by siblings and the attitude of the community towards mentally disabled children is negative.

The study also found out that mentally disabled children turn to isolate themselves from others because of their disability. Some of mentally disabled children defend themselves by fighting people and develop aggression. Some of the mentally disabled children become angry and some start crying. Some disabled children are coping well because they share their problems with their parents.

## 5.3 RECOMMENDATION OF THE STUDY

In order to improve the external difficulties facing mentally disabled children, the researcher offers the following recommendations:

- The Department of Health, in consultation with other relevant departments and the South African Federal Council on Disability, should facilitate the development of a National Inter-Sectoral Disability Prevention Strategy that will set national norms and minimum standards for the prevention of disabilities.



- The Department of Education in consultation with the South African Federal Council on Disability, universities and other stake holders, work together to develop national policy guidelines and minimum norms and standard for the provision of educational rehabilitation services. This should include the reorientation of rehabilitation personnel to work within regular schools as a source to teachers and the provision of career guidance and vocational skills training programs.
- Department of Education should also, in consultation with the department of arts, culture, science and technology, the Deaf Federation of South Africa and other stakeholders, facilitate a process for the development of a comprehensive education policy to promote and protect equal education opportunities for children with communication disabilities and to protect their language medium.
- Department of Labour, with consultation with the departments of welfare and health, the South African Federal On Disability, trade unions and other stake holders, develop national guidelines and minimum norms and standards for the subsidisation of: sheltered workshops within the ordinary work environment, adaptations and support mechanisms in existing vocational training centres to make them more inclusive and responsive to the needs of people with disabilities.
- It is noted that disabled people's organisations at present receive limited state funding despite their impact on the lives of disabled people, and that such funding is restricted to the provision of subsidies for services and professional posts such organisations should be acknowledged.

#### **5.4 RECOMMENDATIONS FOR FUTURE STUDIES**

The researcher recommends that for future studies the role of social workers to children with mental disabilities should be highlighted and the disability grants should be taken into serious consideration.

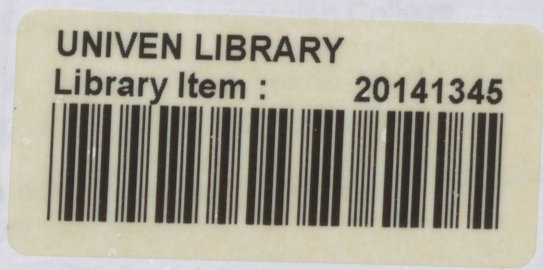
## 5.5 CONCLUSION



The study focused on the external difficulties facing mentally disabled children. The objectives of the study were to investigate the external difficulties facing mentally disabled children, to assess the rights of mentally disabled children and to explore the coping mechanism of mentally disabled children. The researcher used both quantitative and qualitative methods. Questionnaires and interviews were used to collect data from the respondents.

Literature review included legislative framework of mentally disabled children, theoretical framework of mentally disabled children, causes of disability, types of mental disability, rights of mentally disabled children, challenges facing children with disabilities, the reaction of parents towards the disabled child, public attitude towards a disabled child, coping strategies of mentally disabled children and government intervention for disabled children. Ethical considerations were observed by the researcher throughout the study.

The findings of the study have revealed the following conclusions on external difficulties facing mentally disabled children: Mentally disabled children are discriminated and given funny names, they are not accepted by the community and the siblings. They have transport problems and employment problems. Some of the mentally disabled children cannot communicate and interact well with other people. Mentally disabled children develop some coping skills such as isolating themselves, fighting people, anger and crying. Therefore the government and the community should improve their roles in the care of children with mental disability.



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SCHOOL OF MANAGEMENT SCIENCES  
OFFICE OF THE DEAN

7 May 2014

The District Senior Manager  
Department of Education  
VHEMBE DISTRICT MUNICIPALITY

Dear Sir/Madam

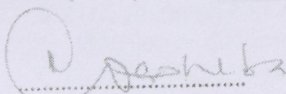
REQUEST FOR PERMISSION TO COLLECT INFORMATION FOR STUDIES (MASTER OF PUBLIC MANAGEMENT: MATUMBA K.B. (STUDENT NO.: 11606765).

The above matter refers.

We hereby wish to confirm that K.B. Matumba is a registered Master of Public Management student at the University of Venda. She is researching on the following topic: **"External difficulties facing mentally disabled children in Grace and Love special school in Vhembe Municipality, Limpopo Province"**

In order for her to complete her studies, we request your department to provide her with the information that she might need for her study project. As an institution of higher learning, we believe that the research she is undertaking will yield the results that might also assist your department. We for this reason encourage your department to provide her with the necessary information that will be collected through structured questionnaire and interviews from your department. We undertake that whatever information will be provided to her will be solely used for her studies.

We hope that you will find this to be in order and therefore, anticipate your assistance.



Professor M.P. Khwashaba  
Deputy Dean: School of Management Sciences



University of Venda

SCHOOL OF MANAGEMENT SCIENCES  
PRIVATE BAG 3555, THOHoyANGOU, 0950,  
LIMPOPO PROVINCE, SOUTH AFRICA  
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FAX: 015 962 4749



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
**RESEARCH AND INNOVATION**  
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:  
**Ms KB Matumba**

Student No: 11606765

PROJECT TITLE: External difficulties facing mentally disabled children in Grace and Love special School in Vhembe Municipality, Limpopo Province

PROJECT NO: SMS/14/PDN/05/2803

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT.	ROLE
Prof MP Khwashaba	University of Venda	Supervisor
Mr E Mahole	University of Venda	Co-supervisor
Ms KB Matumba	University of Venda	Investigator - Student

ISSUED BY:  
**UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE**

Date Considered: April 2014

Decision by Ethical Clearance Committee Granted

Signature of Chairperson of the Committee: .....

Name of the Chairperson of the Committee: Prof. G.E. Ekosse



University of Venda

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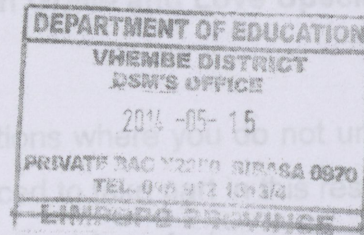
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PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF  
**EDUCATION**

**VHEMBE DISTRICT**

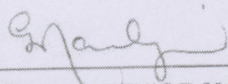
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ENQ: RAVELE N.P  
TELL: 015 962 1029

PROFESSOR M.P KHWASHABA  
DEPUTY DEAN  
UNIVERSITY OF VENDA  
SCHOOL OF MANAGEMENT SCIENCES  
PRIVATE BAG X 505  
THOHOYANDOU  
0950



**REQUEST FOR PERMISSION TO COLLECT INFORMATION FOR STUDIES  
(MASTER OF PUBLIC MANAGEMENT: MATUMBA K.B (STUDENT NO: 11606765)).**

1. The above matter bears reference.
2. Kindly be informed that permission has been granted for Matumba K.B to collect information for her research at Grace and Love Special School in Vhembe Municipality.
3. The researcher is however required to comply with the following conditions:
  - 3.1 There is need to inform both the Circuit Manager and the School Principal in advance when the school is visited for the purpose of conducting such a research
  - 3.2 The research should be conducted after school hours to avoid disruption of teaching and learning.
  - 3.3 Confidentiality regarding research subjects should be adhered to
4. We wish the researcher success in her endeavors.

  
\_\_\_\_\_  
DISTRICT SENIOR MANAGER

14/05/2014  
\_\_\_\_\_  
DATE

Thohoyandou Government Building, Old Parliament, Block D, Private Bag X2250, SIBASA, 0970  
Tel: (015) 962 1313 or (015) 962 1331, Fax: (015) 962 6039 or (015) 962 2288

**The heartland of southern Africa - development is about people!**

EXTERNAL DIFFICULTIES FACING MENTALLY DISABLED CHILDREN IN  
GRACE AND LOVE SPECIAL SCHOOL IN VHEMBE DISTRICT, LIMPOPO  
PROVINCE

P.O Box 66  
VHUFULI  
0971  
21.11.2013

Mark x on the box applicable to you  
Dear Participant

SECTION A: PERSONAL INFORMATION

I am a student who has registered a degree of master of public management at the University Of Venda. I am conducting a study which is focusing on the **“External difficulties facing mentally disabled children in Grace and Love Special School in Vhembe District, Limpopo province”**.

Feel free to answer the questions and ask questions where you do not understand. You must bear in mind that you are in no way forced to take part in this research and thus may choose not to, and you will not be penalized for refusing. Unfortunately no compensation will be given to participants.

Your co-operation in this regard is highly appreciated.

Thanking you.

Matumba K.B (Mrs.)

Cell: 0721245783

Teachers	
Parents/guardians	
Learner	

4. Qualifications

Studying	
National Certificate	
National Diploma/Degree	
Post Graduate Certificate	



**EXTERNAL DIFFICULTIES FACING MENTALLY DISABLED CHILDREN IN GRACE AND LOVE SPECIAL SCHOOL IN VHEMBE DISTRICT, LIMPOPO PROVINCE**

Mark **x** on the box applicable to you

**SECTION A: PERSONAL INFORMATION**

**1. Gender of the respondents**

Male	
Female	

**2. Age of respondents**

Less than 10 years	
11-15 years	
16-20 years	
21 – 30 years	
31 – 40 years	
51 and above	

**3. Position of respondents**

Teachers	
Parents/guardians	
Learner	

**4. Qualifications**

Studying	
National Certificate	
National Diploma/Degree	
Post Graduate Certificate	

**SECTION B: DIFFICULTIES FACING MENTALLY DISABLED CHILDREN**



Items	External difficulties facing mentally disabled children					
		Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
5	Children have the ability to communicate.					
6	Disabled children have adequate transport.					
7	Disabled children are treated like normal children.					
8	Children with disability are accepted by the community.					
9	Disabled children are protected from abuse.					
10	Disabled children have the ability to perform personal and domestic tasks.					

Items	The rights of mentally disabled children					
		Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
11	Mentally disabled children have employment opportunities.					
12	Disabled children have rights to education.					
13	Mentally disabled children have access to health services.					
14	Mentally disabled children have rights to belong to a family.					
15	Government protects rights of disabled children.					



Items	Coping strategies of mentally disabled children	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
16	There is special training for children with mental disability.					
17	Disabled children have the ability to interact well with peers.					
18	Attitude of community towards disabled children is good.					
19	Disabled children are accepted by their siblings.					
20	Government support disabled children financially.					

**THANK YOU FOR YOUR PARTICIPATION**

3. What are the coping strategies of mentally disabled children?

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## INTERVIEW SCHEDULE

### EXTERNAL DIFFICULTIES FACING MENTALLY DISABLED CHILDREN IN GRACE AND LOVE SPECIAL SCHOOL IN VHEMBE DISTRICT, LIMPOPO PROVINCE

1. What are the external difficulties facing mentally disabled children?

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2. What are the rights of mentally disabled children?

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3. What are the coping strategies of mentally disabled children?

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THANK YOU FOR YOUR PARTICIPATION