

Cultural Perspectives of Disability and Its Effects on the Education and Rehabilitation of Children with Disabilities in Francistown, Botswana

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ABSTRACT

This study discusses Cultural Perspectives of Disability and Its Effects on the Education and Rehabilitation of Children with Disabilities in Francistown, Botswana. Majorly, this study aims at exploring the perspective of three basic component parts of a society namely: family members, neighbours and the religious leaders. This study comprises of 45 participants who are residents of Francistown, Botswana. Face to face interview is used as a data collection technique. Purposive sampling and snowball are used to select the participants. The study finds out that disability in Botswana is mostly associated with sociocultural factors such as witchcraft; ancestors and God's will or test. Language and Religion are found to have both positive and negative effects on the education and rehabilitation of children with disabilities. The severity of the child's disability influences the attitudes of the respondents towards children with disabilities. It is concluded that culture influences people's perceptions about disability in Botswana. Therefore, there is need for the services to adopt a culturally sensitive approach.

Keywords: Disability, culture, perspective, children with disabilities, education and rehabilitation.

INTRODUCTION

Throughout history, there has been scarce information on cultural perspectives and disability, most of the literature tend to give more insight on how people with disabilities were treated in the past (Gaad, 2004). The lives of people with disabilities are influenced by certain factors, such as religion, ethnic and their first language; few studies have been conducted to show how these factors influence each other (Stienstra, 2002). According to Burcu (2011), the disability that a particular person has can be influenced by the cultural and social environments they live in, since the cultural meanings attributed to the persons

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with disabilities are learnt through socialization as people interact with one another. Usually, people will understand a certain phenomenon such as disability and develop ideas towards it given their cultural background and the way they understand disability will differ from one culture to another depending on their beliefs (Burr, 1995).

Internationally, there are policies that have been designed to promote inclusion and integration of people with disabilities into the mainstream society (Yazbeck, McVilly and Parmenter, 2004). The general responses to people with disabilities has an impact on the likely success or failure of policies aimed at increasing their social inclusion and rehabilitation (Scior, 2011). Most of the time culture acts as a barrier to the education, rehabilitation and recovery of children with disabilities (Fallot, 2001). It has been proved that culture contributes to the exclusion and labelling of children with disabilities (Gaad, 2004a). Certain beliefs that are held by particular societies may delay early diagnosis of the disability and the rehabilitation process (Masasa, Irwin-Carruthers and Faure, 2005). A study conducted by UNICEF (2009) has shown that among the children with disabilities, less than 5% of them are attending school.

These labelling and exclusions make it difficult for children with disabilities to utilize the educational and rehabilitation services designed for them (Okasha, 2003). Children with disabilities are usually the ones who experience more stigma and exclusion because of the inadequate knowledge about disability and negative attitudes from their communities and families (WHO, 2012). Abosi (1999) observes that it is not easy to come up with educational services for children with intellectual disabilities or all disabilities in general, thus, it is important to first understand the way a particular society conceptualizes disability and their attitudes towards people living with disabilities.

The World Health Organization and the World Bank (2011) have estimated that over a billion people in the world live with disabilities. In Botswana, 4.4% of the population comprise of people with disabilities, physical disabilities being the highest (Botswana welfare core indicators survey, 2013) and Hlalele, Adeola, Okeawo and Muleta (2014) vividly observe that the number of children with disabilities in Botswana is not known, but 8264 children with disabilities are still in school, 748 dropped out of school while 2285 had never attended school. It has also been observed that even though the government of Botswana has introduced rehabilitation centres, inclusive education and special education centres, there is still a gap in the rehabilitation and learning of children with disabilities (Mukhopadhyay, Johnson Nenty and Abosi, 2012). This is due to the attitudes, beliefs, ideas, meanings and values held by the Botswana community. The cultural perspectives in general have been linked to delayed education and rehabilitation of children with disability, hence there is need for this study.

Studies have shown that this problem is not only peculiar to Botswana but in other countries. Every culture has some explanations on why some children

are born with disability and the roles family and community members are expected to play (Lamorey, 2002). Daley, (2002) has argued that it is not appropriate to assume that the treatment interventions developed for different disabilities in the Western World can be generalised to other societies in the world, hence, there is need to understand how a particular society view disability before trying to implement the available intervention strategies. African countries usually associate disability with witchcraft, bad luck, punishment and evil spirits. Available literature from a study conducted in Kenya by Good (1987) has also proved that majority of the people believe that disability is caused by witchcraft and evil spirits. As disability is seen as a curse or punishment from God the Masai tribe of Kenya usually kill children with disabilities (Barton and Armstrong, 2008). Some cultures associate disability with guilt, shame and fear, such cultures tends to hide children with disabilities, this in return deprive children living with disabilities their right to education and good health (Gaad,2004). People with disability are often subjected to discrimination and exclusion leading to limitation of their choices and rights (Horner Johnson *et.al*, 2002).

This study is relevant in Botswana and other countries because it might help practitioners like special education teachers, speech therapists, disability specialists, clinical social workers, psychologists and psychiatrists to understand the cultural perspective of disability and its effects on the education and rehabilitation of children with disabilities in Botswana. The study may also help disability practitioners to come up with ways on how to integrate culture into rehabilitation and educational services. The research findings may add to the existing body of knowledge in many professional areas in respect to the cultural perspectives of disability and its effects on the education and rehabilitation of children with disabilities.

METHOD

This research used a descriptive approach. It is cross sectional because data were collected from a specific point in time from the respondents. This study used qualitative research method. This method was suitable because it helped the researcher to collect more detailed information regarding this study. Face to face interview was used as instrument for data collection. The interview guides were written in English and Tswana which are the two main languages used in Botswana. The interviews were conducted at Francistown, Botswana after a permit was obtained from the Ministry of local government and rural development in Botswana. The respondents were interviewed in their homes. A voice recorder was used to record the responses and later the audio taped interviews were fully transcribed into written texts.

A total of 45 participants who are residents of Francistown in Botswana participated in this study. The participants comprised 15 family members, 15

neighbours and 15 religious leaders. 20 of the participants were female while 25 were male. They were selected using purposive and snowball sampling. The researcher identified a suitable respondent who later recommended another respondent.

Data Analysis: Miles and Huberman (1994) method was used to analyse the data. Audio taped interviews were fully transcribed into written texts. The researcher started by writing all answers for every question and for each respondent from the tape recorder. The next step included selecting information that are relevant to the questions, taking into consideration the aim and objectives of the study. The responses were grouped into common themes and other unique themes, which helped the researcher to write the findings and later interpret the findings, make recommendations and draw conclusions

Ethical Consideration: A permit to conduct the research was offered by the government of Botswana, Ministry of Local government and rural development. Participation in this study was done voluntarily. Anonymity was achieved in this research as the respondents did not identify themselves when answering the interview questions.

RESULTS AND DISCUSSION

The Construction of Disability in Botswana: In order to understand the construction of disability in Botswana the questions that were asked under this objective covered definition of disability, causes, types of treatment, possibility of person with disability being rehabilitated and disclosure of the child's disability.

The definition of disability: The findings from the respondents have proved that the word disability is defined in different ways. A number of common definitions that arose among the respondents include the following; the first being inability to perform certain task due to the body structure or impairment. The definition was common among majority of the respondents. The second definition that emerged was, disability means not being fit either physically or mentally. This theme was common among family members who have children living with mental disability and cerebral palsy. Few neighbours used this definition. When it comes to the religious leader's majority of them used this definition to describe disability as compared to neighbours and family members. The third definition that emerged was that disability is a punishment. This definition was common among the religion leaders. Disability is a test from God was the fourth definition that arouse from this study. This definition was present from all the three groups of the respondents. The respondents asserted that disability is a test from God to see if the community can accept those who have different qualities and structures.

The causes of disability: Respondents were asked to provide their understanding or perception on the factors associated with the causes of disability. The causes of disability varied from one respondent to another. Themes that arouse include; God's will or test, witchcraft, difficulty during delivery, genetic, accidents, and substance and drug abuse. Even though majority of the respondents associated disability with socio-cultural factors, there were few of them who associated it with the biomedical factors, the biomedical factors included accidents, genetics and substance abuse. Majority of the respondents (48.8%) stated that there is no specific cause of disability according to their culture but rather one can be born with a disability because of God's will or test. The respondents discussed that since disability is one of those unpredictable phenomenon it is hard to link it to certain factors hence only God can be the answer to the disability.

The treatment and rehabilitation of children with disabilities: All of the 45 respondents that were interviewed have stated that based on the possible socio-cultural and biomedical cause of disability, it is better to combine the traditional and modern treatment. Some of the respondents discussed that it is difficult to separate the spiritual aspect from a human being's life; as such it is always better to include the traditional treatment so as to complement the modern treatment. The study found out that the respondents stated that children with disability maybe rehabilitated based on the severity of the disability, it was mentioned that those with mild disability are more likely to recover. One of the interesting responses under this theme arose from a 63 year old religious leader, thus:

“in Botswana, for us to understand a certain phenomenon, first of all we use the knowledge from our culture which include our beliefs, customs and values and later on, that is when we can involve the scientific reasoning, for example if one happens to have a child with disability they might consult with those who provide traditional treatments like priests or traditional healers before involving the trained specialists. Therefore, I believe that it is high time the professionals and religious leaders started to work together.

The disclosure of the child's disability

The question relating to the disclosure of the child's disability was present among the interview questions of family members and their neighbours. The study found out that family members do not view disability as a hidden issue, all of the interviewed family members stated that after their children were diagnosed with disability the first person they told were family members and later neighbours and friends. The neighbours also confirmed that the child's disability was not hidden as they learnt about the child's disability immediately after the diagnosis or after they moved into the neighbourhood. The findings of this study reveal

that disclosing the child's disability makes it easy to seek help from those you disclose to, in time of need. A mother to a child with learning disability disclosed that:

“we live in the time when disability is no longer a hidden issue in Botswana like in the olden days, therefore it is important to disclose the child's disability to those people who have a close relationship with us like our family, friends and neighbours, so that they can be our pillar of support in hard times”.

The influence of language on the attitudes of family members, neighbours and religious leaders towards children with disabilities: The main aim of this objective was to find out how language influences the attitudes of the respondents towards children with disabilities. This objective started by exploring the word used to refer to disability and to people with disability in Botswana. The study found out that the word used to refer to disability in Botswana is *“bogole”*. The findings of the study confirmed that there has been a change of terminology used in referring to people with disabilities in Botswana, before they were called *“digole”* meaning disabled, currently they are referred to as *“banalebogole”* meaning people with disabilities, while children with disabilities are referred to as *“bana ba banalebogole”*. It was found out that in Tswana language there is a doctrine of *“botho”* which translates to humanness in English, the respondents stated that this doctrine encourages them to be kind and generous to strangers and those who are not fortunate enough such as people with disabilities. They discussed that this doctrine helps them to be willing to help and improve the lives of children with disabilities by offering possible assistance where necessary. All of the respondents stated that language has an influence on how they perceive children with disability. It was found out that language influences their attitudes towards children with disabilities. That language encourages the respondents to; respect and love, support and care for children with disabilities. There are some of the Tswana proverbs that promote positive attitudes towards children with disabilities. A neighbour to a child with hearing impairment stated that there is a saying that *“O se tshege yo o oleng mareledi a sa le pele, this implies that you should not make fun of someone who is in a difficult situation because tomorrow it can be you, as such, I choose to be supportive and caring towards children with disabilities.*

All of the interviewed respondents explain that proverbs like *“mabogo dinku a thusana”* which means people should help each other in times of need, encourage them to be supportive and caring towards children with disability. The study also found out that all of the interviewed respondents confirmed that their language can also influence the development of negative attitudes towards children with disability. The findings of the study have also shown that some of the respondents associated language with labelling children with disabilities

because certain disabilities do not have specific Tswana words therefore people end up using the characteristics of the disability to describe the child with that disability.

Religions and their views about disability in Botswana: In Botswana, two religions are being practised namely; Christianity and Botswana traditional religion. The study found out that Botswana traditional religion view disability based on the word of mouth as they do not have holy books. The traditional leaders discussed that disability in their religion is considered to be caused by evil spells, witchcraft and punishment from ancestors . The traditional leaders who participated in this study stated that they are guided by the ethics, norms, values, rituals and social traditions when it comes to helping people with disabilities. The traditional leaders explained that certain disabilities can be cured through the use of spiritual interventions. Botswana traditional religion view disability as a pitiful situation and perceives people with disability as victims of punishment or witchcraft. The knowledge about disability in Botswana traditional religion is being passed from one generation to another through the process of socialisation. The Botswana traditional religious leaders explained their religious believe that if the ancestors are responsible for the disability, then there is need to do some rituals or sacrifices to please the ancestors. The traditional leaders explained that there are certain children who used to have disability that were completely healed. For example one traditional religious leader explained that:

“Some of the disabilities like mental disabilities are divine in nature because some of those children might see things that are not visible to everyone, as such, it takes someone like me who can connect with the spiritual realm to help such children”.

All the Christian respondents who participated in this study explained that in christianity, disability is viewed as a sacred matter , because during biblical times, there were people with different types of disabilities. The religious leaders explained that in the old testament, disability was perceived as a bad thing and people with disabilities were not allowed to approach the holy places while in the new testament people with disabilities were allowed to enter holy places and their healing also started in this testament. The study found out that in christianity, there are many teachings about disability. Some of the teachings show how people with disability were treated by the community and how religious leaders treated them. The results show that christians are taught to love everyone regardless of their differences because love is the greatest among all commandments.

Effects of religion on the education and rehabilitation of children with disabilities

This study found out that religion has both positive and negative effects on the education and rehabilitation of children with disabilities.

Positive Effect: Some of the positive effects that were identified by respondents include, is brings about hope, help in the recovery process and acceptance. Table 2 shows that majority of the respondents (18 out of 45) are of the view that religion brings about hope when they are going through difficult times as it is their source of support . Almost all the respondents who are family members stated that after their children were diagnosed with certain disabilities they consulted with religious leaders for guidance. The family members stated that their beliefs helped them to have hope that their children will recover in future, hence, encourages them to enroll their children in the schools and rehabilitaion centres. The neighbours and religious leaders stated that belief is one of the important aspect of every culture as it helps one during the dark hours of life, they were of the view that their religions have helped children with disabilities to recover and become successful in life. The religion also assured family members and the children to cooperate with the therapiest and also for the family members to ensure that they get the best education and rehabilitation services. An uncle to a child with cerebral palsy states that:

"Church is my source of hope because whenever I am stressed or whenever the child is feeling down about her condition we seek help from the pastors so as to help us to cope well".

One neighbour also states that *"religion gives children with disabilities hope that there is bright future ahead of them despite their impairments"*. Most of the interviewed family members state that their religion helped their children in their recovery process, practices like meditation, prayer and singing help some children to stabilise when they are stressed, angry and in pain. After they stabilise, they usually take their treatment or therapy without difficulties. There were few family members who asserted that their children became better after being helped by the religious leaders. A sister to a girl with mental disability explained that *"my sister sometimes become better after getting help from the religious leaders, things like use of herbs, prayer and rituals help her to be better"*.

Almost all the interviewed religious leaders, stated that prayer and performing certain rituals are some of the things that help in the healing process of children with disability. All of the interviewed religious leaders stated that they once helped someone with disability before. The leaders stated that they usually pray or perform rituals to children with disability to help them to recover. It was found out that religion help children with disabilities and their family members to accept the situation. Majority of the family members stated that it was not easy to accept the disability of the child because at first they questioned the existence of God, they usually ask the question "why me God?". With time religion helps them to cope as well as to accept their children's disabilities. The neighbours respondents stated that the disabilities of the children encouraged them to remain strong and committed in their faith. The respondents stated that acceptance comes with the responsibility to comply with the services offered to them like special education,

inclusive education and therapies. A mother to a child with Autism says that:

"My beliefs gave me the courage to accept the child's disability and also for the child to accept that he is living with autism, without acceptance, it is hard to enroll the child in the educational or rehabilitational programme".

Negative Effect: Eventhough there are those who stated that religion has positive effects towards the education and rehabilitation of children with disability, there are some who observed the negative effects. The interviewed neighbours and family members are of the views that the cultural beliefs in Botswana bring about the negative effects which include; barrier to recovery and exclusion.

The theme "disability" was common among family members and neighbours. Ten family members and nine neighbours have seen religion as a barrier or hindrance to the recovery of the children with disability. Respondents associated religion with stigma and discrimination that comes with the construction of disability. Thus, some children with disabilities are being hidden in their houses and ended up neither attending schools nor receiving the appropriate medical treatment. Some family members linked this barrier to recovery with exclusion; as there were just few services put in place for children with disabilities and this discourages most members not to seek help. A neighbour to a child with hearing impairment was of the view that: *"Our religion in most cases hinders the education and rehabilitation of children with disabilities due to the myths associated with disability"*. Similarly, a cousin to a girl with cerebral palsy stated thus:

"Religion, nowadays can be misleading, some preachers may tell you that the child is being bewitched which later disturbs the education and the rehabilitation process as the family members will be moving from one pastor or traditional doctor to another, and by the time they take the child to the trained professionals it might be too late".

Exclusion: Six of the interviewed family members were of the opinion that their cultural belief is the reason why children with disabilities have been left out for a long time. They stated that the belief that disability is God's will, have made some of the family members to be reluctant to seek help from professionals, and not to advocate for the education and rehabilitation of the children. They explained that this is the reason why there are few educational and rehabilitation centres in Botswana for children with disability.

The relationship between the attitudes and beliefs of family members, neighbours and religious leaders and the severity of the disability: The results of this study show that the severity of the disability has an impact on the attitudes and beliefs of family members, neighbours and religious leaders. The study found

out that the family members whose children have mild disabilities or those who can perform certain chores for themselves usually display positive attitudes towards the child's disability as this was shown by how they responded after the diagnosis. Most of them showed positive emotional reactions after the diagnosis. Those family members who displayed positive attitudes are those who had hope that their children will become successful despite the disability. Some of the family members had courage to seek help instead of feeling sad and sorry for the child. The study also found out that family members were of the view that they do not know if they will have the same perception if the child had a different disability because each and every disability is unique. Below is one of the captured comment by a sister to an intellectually impaired child.

"I think he is better as compared to other types of disabilities because he can differentiate some objects and words, if you give him some instructions to do something he can follow them easily".

Those family members whose children have severe disability explained that it was difficult to accept the child's disability because most of the time, they had mixed feelings ranging from, anger, guilt, shock, stress, to denial and many other psychological concern. There were some who were concerned about the child's future and at most times pondered on such questions as who will take care of the child when the parents are dead or old? Will the child become successful in life? Will the child be able to go to school? And will he or she be able to marry? A family member to a child with severe cerebral palsy noted:

"I think my child needs special treatment as compared to others, because, I have to carry him wherever he wants to go, feed him because he cannot use his hand to hold, caring for him can be a burden to some people, so, I decided to leave my job so that I can take care of him full time".

The study found out that all neighbours displayed positive attitudes towards children with disability. This was shown by the roles they play in the lives of children with disabilities. All the interviewed neighbours stated that a child with mild disability is easy to accept because there is hope that they will recover if he or she gets appropriate treatment. The neighbours also stated that those with severe disability take time to build a relationship with them because one has to find the right communication technique to use when approaching them. The religious leaders stated that they believe that there are certain disabilities that are better, looking at the every day functioning of the children with disabilities. They continued to explain that those ones with mild disabilities are easily accepted and coped with.

The relationship between the attitudes and beliefs of family members, neighbours and religious leaders and the gender of the child with disability:
All of the interviewed respondents were of the view that the gender of the child

with disability does not impact their perspectives regarding the education and rehabilitation of children with disability. However, 45% of the interviewed family members were of the view that the girl child should be given special attention, since the girl child is faced with certain challenges including violence and abuse.

Impact of the child with disability on the perception of the family members and neighbours about disability: The study has found out that a child with disability have changed the perceptions of family members and neighbours about disability. All the interviewed family members were of the view that they never had close relationships with children with disabilities or people with disabilities. Some said that they only used to see them from a distance, some felt sorry and pity for them while some people address them with derogatory names such as mongol, retards and crazy. Those who hitherto had negative views about disability now change their perception towards people with disabilities in general. The family members explained that they have learnt that disability is unpredictable. They stated that having a child with disability has helped them to treat people with disabilities fairly and to love them unconditionally. A neighbour to a child with hearing impairment opines thus:

"I used to see them as children who are suffering and would probably have a rough future because of unavailable opportunities for them to learn. The child with disability have made me realise that sometimes we do feel pity for people with disabilities and forget that they are also capable of doing great things through the skills they acquire, I believe that there is need for disability awareness in Botswana in order to bring about the positive perceptions about disability in our communities.

Family members' perception about the child's disability: Family members of children with disabilities have different opinions when it comes to their children's disabilities. Majority of the respondents (90%) were concerned about the child's future; they pondered on questions such as: Will my child be able to study, get married? who will take care of my child when I am old or dead? Will my child be successful in life? Some of the parents were concerned about the poor constructions of buildings, roads and vehicles that do not accommodate people with disabilities, they mentioned that this makes it difficult for them to take their children to school or to rehabilitation centres especially those with physical disabilities. It was every family member's wish to see the child recovering, 53% of the respondents were hopeless about the future of their children while 47% were hopeful that the special education and rehabilitation centres will help their children to learn survival skills that will help them in future when they are dead. Some respondents such as a father to a child with hearing impairment noted thus: *"It pains me a lot not being able to communicate with him through a language*

he understands since I do not know sign language". Similarly, another family member to a child with cerebral palsy noted:

"having to move her from one place to another, it leads to physical pain in my body as a caregiver, even if she has a wheelchair, the corridors and buildings are poorly built, I still have to lift her up".

The data revealed that disability in Botswana is mostly constructed based on the socio-cultural factors. This can be explained by the fact that majority of the people gain their knowledge through socialisation as they interact. Therefore, despite the person's educational background, he or she can still associate disability to the socio-cultural factors. Religious leaders tends to link disability to punishment, curse or God's will because their perceptions about disability are influenced by their religious beliefs. Lastly, disability was defined as a test or gift from God, this can be justified by the fact that there is a belief that everything happens due to God's plan. This finding is similar to that of Croot, Grant, Cooper and Mathers (2008) who discuss that Pakistani families living in the United Kingdom perceived disability as a gift from God, it is believed that the child with disability comes with blessings from God. The family members who took part in this study argued that since they do know what could have caused the disability of their children, they think that God's will or test is the best explanation. The family members who attributed or linked disability to God's will or test from God are those whom the cause of their children's disability is unknown like autism. The finding of this study further correlate that of Croot, Grant, Cooper and Mathers (2008).

Witchcraft is also one of the causes that were discussed. They argued that enemies usually cast spells on to unborn babies. Family members who held this perception are those whose children developed disability after they passed the infancy stage, hence, their justification is that someone is responsible for the disability because their child was born normal. Some linked disability to evil spirits and witchcraft due to their beliefs. The results are similar to that of Ashman and Selway (1998), who explain that in Sudan it is believed that disability was caused by evil spirits from jealous people and usually the child with disability was left to die as it was believed that the child was possessed by the devil and their bodies were normally burned. The study has shown that ones' educational level does not impact how they perceive disability, this proves that in Botswana, knowledge about disability is socially constructed through the social processes or socialization as explained by the social constructionism theory. Despite disability being constructed based on the socio-cultural factors, there are those who associated the causes of disability with biomedical factors like complicated pregnancy, accidents, substance and alcohol abuse. This can be explained by the fact that some respondents argued that they are willing to learn about disability from the biological point of view, as such, they do a little bit of research.

The study has confirmed that language is an important element of culture

that has a greater influence in the lives of children with disability. Burr (1995) has argued that in social constructionism language is very important because it helps during the social interactions to gain knowledge about a certain phenomenon and how people will interpret that phenomenon. This was also confirmed by the multicultural perspective which states that language is one of the most important component of culture as it influences people's behaviours, decisions and attitudes (Rogers, 1996). Those who took part in this study have argued that language has an impact on their attitudes towards children with disabilities, they revealed that language encourages them to respect and love, care and support children with disability. The findings have shown that there was change in the derogatory-related names about disability, unlike before, which hitherto was "digole" disabled, now changed to "banalebogole" people with disability. The change in name can be associated with positive attitudes towards children with disabilities.

This study has also revealed that language has its own negativity, since it does not have specific names for certain disabilities, as such, people tend to use characteristics of those disabilities that are labelling to describe a particular disability. The result of this study cohere with that of Coleridge (2000) who discussed that, most of the traditional societies do not have a specific word for disability in their own language, as such they tend to derive the word disability from the English words like impairments, handicap and disability. The absence of specific disability names in Tswana language can be linked to the shortage or poor services offered to children with disabilities because generalizing all disabilities with one word makes it difficult to focus on specific disabilities.

Botswana traditional religion and Christianity are the foundation on how disability is constructed in Botswana, as they are the major sources of the belief system. Christianity view disability as a sacred phenomenon and advocates for the equal treatment of people with disability. The Christian organizations help the children with disabilities by offering certain services, such as, making donations. In Christianity, it is believed that certain disability can be healed, because, in the Bible, some people with disability were healed. This can be explained by the fact that, the New Testament which focuses on the teaching of Jesus has brought about a shift in the conceptualization of disability; this is proven when Jesus allowed people with disabilities in the temple, so that they may be healed of their disabilities (Schuelka, 2013). Botswana traditional religion associates disability with ancestors and witchcraft and believes that children with disability can be healed. Similarly, Magesa, (1997) discussed that African beliefs are the basis of our everyday life because even though an African can be a Christian or Muslim, they will still cherish the values, beliefs and traditions of the African traditional religion. Therefore, it can be argued that Botswana traditional religion forms the basis of the ideas and knowledge about disability in Botswana. Botswana traditional religion just like other African beliefs influences the mistreatment of people with disability through the way it perceives disability.

Furthermore the study looked at the effects of religion, found out that religion has both positive and negative effects towards children with disability. The positive effects include; brings about hope, help in the recovery process and acceptance. Whenever people are faced by an unexpected circumstances, religion becomes their source of hope where they look for answers, this has been confirmed by the finding of this study as the respondents revealed that religion gives them and the children with disabilities hope. The findings of this study are consistent with that of Manion and Bersani (1987) who discussed that religious beliefs helps with coping skills, as it brings about hope to the individuals with disabilities. The respondents argued that if someone has hope that their condition will improve, then they will be able to adhere to therapies and also cooperate well with the professionals. The beliefs of family members also bring about hope which makes it easy for them to enroll their children in schools or rehabilitation centres. Having hope is also linked to the help seeking behaviour of the family members.

Religion also helps in the recovery process, through some practices that are used like meditation, prayer and spiritual rituals. Meditation helps children with disability to calm down when they are angry, stressed or hurt, making it easy for them to cooperate with their care givers and therapists. Similarly, Olasoji, Uyboko and Arotiba (2007) also disclose that culture usually determine the treatment that will be used to heal or to minimize the disability, traditional healers and religious leaders treat children with disability through, spiritual cleansing, sacrifices to please the ancestors, herbals and prayer. The study has revealed that beliefs of the family members have an impact on the education and rehabilitation of children with disabilities because some of the respondents were of the view that religion helps their children to stabilize therefore they preferred the use of traditional treatment. Religion can also be linked with the recovery process considering the fact that the study found out that disability is associated with the sociocultural factors and therefore, the preferred treatment becomes the traditional one.

Religion is also linked with the acceptance of disability by the children with disabilities and their relatives. The support that children with disabilities get from their religious denominations help them to accept their conditions which makes it easy for them to cooperate with their professionals. Religion also brings about hope and coping skills which enables one to accept his or her disability. The explanations why one has disability by one's religion also helps with acceptance. Similarly, being a member of a certain religious group can help one to adhere to his or her treatment because there will be support system which will help to reduce stress, sorrow and shame as one will develop a sense of belonging (Moreira-Almeida, Lotufu Neto and Koenig Harold 2006). The negative effect of religion is that it acts as a barrier to the recovery process. Recovery is an important element in the lives of children with disabilities. However, the respondents have indicated that religion tends to act as a barrier to the recovery

of children with disability. The finding of this study is in line with that of Mbah-Ndam (1998) who discusses that cultural beliefs act as a hinderance to the recovery of children with disabilities because disability is usually associated with punishment, curse or witchcraft, this later leads to the abondment , isolation and exclusion of children with disabilities.

Religion is associated with the barrier to recovery in Botswana in the sense that as soon as the child is diagnosed with a particular disability the family members usually opt to seek help from the religious or traditional leaders, as shown by the finding of this study. The family members will be moving from one religious or traditional leader to the other leading to late professional intervention which might make it difficult for the child to recover even if the disability was not severe. Based on how religions found in Botswana construct disability, children with disabilities can be excluded from getting the right educational and rehabilitation services.

The attitudes of the respondents towards disability vary according to the severity of the disability. Family members displayed both positive and negative emotional response after the diagnosis of their children. The severe the disability is, the higher the chances of displaying the negative attitudes. Coleridge (2000) confirms this finding by explaining that, the discrimination is also associated with the nature or the severity of the disability, as it influences the way people think about disability and their attitudes in general. The respondents argued that people with mental disability are prone to discrimination as compared to those with physical disability. Similarly, Lau and Cheung (1999) found out that majority of the respondents in Hong-Kong discriminated against people living with intellectual disabilities more as compared to other disabilities; they stated that, it is better for people with intellectual disability to live in rehabilitation hostels away from the community. Mild disabilities have been associated with positive attitudes.

This study's findings is in contrast with that of Westbrook, Legge and Pennay (1993) who explained that if the person with disability is a female or a girl, the discrimination is even worse because it is believed that they do not have any value in the society. This study has revealed that the gender of the child with disability does not affect the respondents' attitudes towards that child's education and rehabilitation. Rather, the respondents argued that they treat the girls with disabilities with special care as a way of protecting them from danger in their community. The girl and the boy child with disability are both allowed to benefit from the services offered to them. The respondents have argued that, in Botswana, the gender of the child does not matter anymore. The study has revealed that a child with disability can change how one perceives disability. The respondents have claimed that having a close relationship with a child with disability has enabled them to change the way they perceive disability, their perceptions altered from negative to positive.

Table 1: The causes of disability

Causes	Frequency	Percentage (%)
God's will/test	22	48.8
Witchcraft	10	22.2
Difficulty during delivery	3	6
Accidents	2	4
Genetics	6	13
Substance Abuse	2	4
Total	45	100

Source: Survey, 2016

Table 2: Findings related to bring about hope

Respondents	Frequency	Percentage
Family members	5	27.8
Neighbours	3	16.6
Religious leaders	10	55.6
Total	18	100

Source: Survey, 2016

Table 3: Findings related to the recovery process

Respondents	Frequency	Percentage
Family members	3	17.7
Neighbours	1	5.8
Religious leaders	13	76.5
Total	17	100

Source: Survey, 2016

Table 4: Findings related to acceptance

Respondents	Frequency	Percentage
Family members	9	25.7
Neighbours	11	31.4
Religious leaders	15	42.9
Total	35	100

Source: Survey, 2016

Table 5: Findings on the barrier to recovery

Respondents	Frequency	Percentage
Family members	10	52.6
Neighbours	9	47.4
Total	19	100

Source: Survey, 2016

CONCLUSION AND RECOMMENDATIONS

In conclusion, it can be argued that the perspectives about disability in Botswana are largely influenced by the belief system. This is because, more people associate disability with the socio-cultural factors. Since early intervention is important to the prevention of disability, one way of promoting it is having a clear understanding on how a particular community view disability will help to come up with the best strategies to addressing disability issues in that particular community will be through broadening the understanding of the biomedical aspect of disability, which includes the treatment interventions that are meant to help the children to recover. Disability awareness can also help to eradicate the discrimination and stigma associated with disability, reduced stigma and discrimination and this may contribute to increase in the recovery process as the children with disability will be able to utilise the services that cater for their needs.

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The children suffering from intellectual disability should be provided a special curriculum for their education. Certain extra curricular activities like Yoga, music; dance, art and craft etc. can be introduced to these children as they can learn to interact while doing these activities. Physical training must also be given to them which may include drills, games and sports. Their communication skills can be improved by using sign language. The institute offers training courses like Early Intervention, Rehabilitation Psychology, Special Education and Disability Rehabilitation. These courses are innovatively structured. There are 5 Certificate Courses, 4 Diploma Courses (DSE (MR), DVR, DECSE, and DCBR). The paper considers the birth of a child with disability as a crisis and traumatic situation for parents. It focuses on the importance of cooperative orientation in the upbringing process, both for the child's mental health and social adaptation and for overcoming the crisis and making post-traumatic personal growth in the parents possible. Cultural-Historical Psychology. Publisher: Moscow State University of Psychology and Education. ISSN (printed version): 1816-5435. ISSN (online): 2224-8935. Psikhologicheskaya nauka i obrazovanie [Psychological science and education], 2014, no. 1, pp. 98-109. Leontiev D.A. Chelovek i zhiznennyi mir: ot ontologii k fenomenologii [Man and the world of life: from ontology to phenomenology]. Education. Children with disabilities are less likely to start school and have lower retention and promotion rates irrespective of where they live. In both low- and high-income countries, significant differences in rates of primary school completion are found between children with disabilities and those without (WHO & WB, 2011; UN, 2018e). Divided ministerial responsibility, with education of children with disabilities in some countries handled by separate ministries such as Health, Social Welfare, Social Protection, or Special Education or shared among ministries; b. Lack of legislation, policy, targets, and plans Disability is largely defined by the sociocultural context in which it is perceived and in relation to the atypicality with which a person identified as having a disability participates in ordinary activities of daily living. The ways in which social others perceive the category of disability influences access to resources for participation, so that some disabilities may result in more restrictions to participation than others. Rehabilitation interventions for people with disabilities seek to maximize quality of daily life in typical community settings. Communities as participation environments differ in the extent to which they are structured to enable the full inclusion of others who may have disabilities.