

AN INVESTIGATION INTO THE COMPLIANCE OF THE UNIVERSITY OF KWAZULU-NATAL WITH ARTICLE 9 (ACCESSIBILITY) OF THE CONVENTION ON RIGHTS OF PERSONS WITH DISABILITIES: A CASE STUDY OF HOWARD COLLEGE

By

Velenkosini Thubelihle Zitha

A dissertation submitted in fulfillment of the requirements for the degree of Master of Social Science in Public Policy in the School of Social Sciences, Faculty of Humanities, University of KwaZulu-Natal, Howard College Campus.

SUPERVISOR: Dr Bheki R Mngomezulu

JUNE 2014

ABSTRACT

The last treaty from the United Nations at the moment is the Convention on Rights of Persons with Disabilities (CRPD). This convention is embodied on the social model of disability which is the model that was designed by persons with disabilities themselves. The motive for this model is to fight stigma, stereotypes and people's perceptions about disability.

One of the fundamental rights set out in CRPD is Article 24 (b) which focuses on the development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential; and (c) which enables persons with disabilities to participate effectively in a free society (CRPD, 2006). This came after realizing that persons with disabilities globally are denied access to schools and other educational facilities. This article serves as a correction of these past injustices

However, these envisaged goals cannot be achieved if the physical environment and the attitudes of society are not responsive to the needs of persons with disabilities. Hence, all too often persons with disabilities are discriminated against or isolated and excluded from society. They are perceived as persons who are incomplete, sick and in need of care. Stereotypes, stigma and apartheid doctrine culminated to black people in South Africa being double marginalized. This resulted to persons with disabilities not enjoying their rights which are entrenched and guaranteed in the constitution.

Given the aforementioned, this research dissertation aimed to investigate the compliance of the University of KwaZulu-Natal (UKZN) with the existing disability legislation that is currently in place in South Africa, following the Convention on Rights of Persons with Disabilities which assesses their access to education and other facilities on an equal basis with others. The qualitative research method was employed whereby 14 students with disabilities participated and one university personnel. A sample of 14 students with different types of disabilities revealed that UKZN is not responsive to the needs of students with disabilities. There are also other factors that were mentioned in line with UKZN's unfriendly environment towards students with disabilities. The majority of respondents reported that there are many barriers that hinder them to have access to information, lecture halls/theatres and to actively participate in university activities. At the end of this dissertation recommendations are made as to how the play field can be leveled in order for students with disabilities to have equal access to all university facilities like all other students.

DECLARATION

I hereby declare that this dissertation titled “An investigation into the compliance of the University of KwaZulu-Natal with article 9 (accessibility) of the Convention on Rights of Persons with Disabilities): a case study of Howard College” is my original work and has not been submitted in any form for any degree or diploma at any university. Where use was made of the works of other authors, these have been acknowledged in the text.

Signature_____

Mr. Velenkosini Thubelihle Zitha

As the candidate’s supervisor, I have approved this dissertation for submission

Signature_____

Dr Bheki R. Mngomezulu

DEDICATION

To Sarah Nobuhle Zitha (My Mother), Sibonelo Innocent Nkabini and Rev Fr. John Mugagga who supported me financially and spiritually throughout my university years.

ACKNOWLEDGEMENTS

I owe a vast debt to more people than I can mention. Firstly, I would like to take this opportunity to thank all those who have been with me through the good and the bad times, more especially my Mother UmaMngomezulu. Mother, you have been everything to me. You raised me alone; you've been a mother and a father to me as well as my fellow brothers and sisters. You ALWAYS emphasized the importance of education and the existence of God to us. I am pleased that today I have managed to complete a Master's degree through your motivation and support. I thank you for everything, my mother.

To Buntu, my dearest daughter, I know at the moment you are too young to understand but I know that one day you will. I would like you to read this document one day and see the need to do more than what your father has done. This is what I am saying to you: "where I have done wrong, do NOT repeat those mistakes, but where I have done right you must excel."

To my supervisor, Dr. B.R Mngomezulu, Dlakadla thank you very much for your unconditional and ongoing support, guidance and correction. Without your guidance I wouldn't be here today. We have walked a very long journey from Honours to Masters. I am sure that we are going to PhD. together as well. Thank you profusely Msuthu!

To Londiwe Gugulethu Precious Caluza, you have been my rock; you always had faith in me and always encouraged me not to lose hope. Without your unending love and words of wisdom I would not have completed this task. Thank you profusely "bafinos."

To my comrades and friends: Dr. Benedict Thin'so Ntshangase Mr. Bongumusa Arrange Mchunu, , Nokuphila Patience Makhanya, Ngomuso Nonjabulo Sabela, and Thanduxolo Praise-God (aka "Bacijile") Mamba. Without you Comrades and friends I would not have been where I am academically. Thank you profusely for your support. Salut!

Above all, I thank the Lord Almighty and All-Powerful, for carrying me through from the beginning until the end. *Umsebenzi awuqalile impela uwufezile* [He has indeed finished the job He started]!

TABLE OF CONTENTS

ABSTRACT	ii
DECLARATION	iii
ACKNOWLEDGEMENTS	v
ACRONYMS AND ABBREVIATIONS	vii
CHAPTER 1	1
BACKGROUND AND THE PURPOSE OF THE STUDY	1
CHAPTER 2	12
LITERATURE REVIEW	12
Table 2. 1: The prevalence of disability in South Africa by race	15
Table 2. 2: The prevalence of different types of disabilities in South Africa.....	15
Table 3. 1 Inappropriate vs. appropriate terminology.....	26
CHAPTER 3	42
THEORETICAL FRAMEWORK	42
CHAPTER 4	54
RESEACH METHODOLOGY AND METHODS	54
CHAPTER 5	61
DATA ANALYSIS AND DISCUSSION	61
Table 5.1: Participants' Age and Gender	62
Table 5.2: Type of impairment and Number of Participants	63
CHAPTER 6	86
CONCLUSION AND RECOMMENDATIONS	86
APPENDICES	97
APPENDIX II: INTERVIEW GUIDE FOR UNIVERSITY MANAGEMENT PERSONNEL.....	101
APPENDIX III: INFORMED CONSENT DOCUMENT	102

ACRONYMS AND ABBREVIATIONS

ANC	African National Congress
CRPD	Convention on Rights of Persons with Disabilities
DoE	Department of Education
DoHE	Department of Higher Education
DU	Disability Unit
DPSA	Disabled People South Africa
DWCPD	Department of Women, Children and Persons with Disabilities
FET	Further Education and Training
HC	Howard College
NP	National Party
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Act
PWDs	Persons With Disabilities
SA	South Africa
SAHRC	South African Human Rights Commission
STAT SA	Statistics South Africa
UKZN	University of KwaZulu-Natal
UN	United Nations

CHAPTER 1

BACKGROUND AND THE PURPOSE OF THE STUDY

The beautiful part of writing is that you don't have to get it right the first time, unlike say, a brain surgeon. You can always do it better, find the exact word, the apt phrase, the leaping simile. – Robert Cormier

1.1 Introduction

The culture of human rights in South Africa was foreign during the apartheid regime. People's rights were grossly violated, more especially those of the broad majority (blacks). In the same vein, persons with disabilities' rights were violated more than anybody else's. It is safe to say that blacks who were disabled were double marginalized on racial/ ethnic and disability grounds. Persons with disabilities were living at the periphery of the society because they were discriminated against and excluded from the mainstream of the South African population. This is because of “negative perceptions of disability that have been predominant throughout history, resulting in deeply felt beliefs, often unconsciously held” (<http://www5.cuhk.edu>). Person with disabilities were and continue to be feared and viewed as non-humans or regarded as a curse from God, especially if the disability was/is severe. Bryan (1996: 6-7) points out that “these attitudes served to separate the ‘non-disabled’ from the ‘disabled,’ which further disenfranchised persons with disabilities” and by so doing their rights are further violated.

In South Africa as in much of other countries around the globe abuse including physical and sexual abuse against persons with disabilities, primarily women and children are rife. The violation of rights of persons with disabilities was rife during colonialism and apartheid. That is when their voices were permanently not heard. It can be said that their plea was falling into deaf ears of government. Often persons with disabilities were treated as objects of charity and they did not have the privilege to participate in their own development. The ramification of the horror of apartheid led to persons with disabilities being deprived of a myriad of rights, such as the right to education and access to information and so on. For persons with disabilities to enjoy some of their rights, this was informed by personal interest in disability issues by other people or

organizations. Mthukrishnan (2003: 3) acquiesces that “in South Africa, during the nineteen sixties and nineteen eighties it was the goodwill of individuals and organisations that provided basic education and social support for persons with disabilities.” Government could not provide for persons with disabilities because they were viewed as persons who cannot be educated and contribute in any way to society.

Prior to 1994 the allocation of resources was monitored using the colour-coded system other than equitable needs-based system. This colour-coded system was orchestrated to provide skewed development that tended to neglect black people including persons with disabilities. Schools and other (post-secondary) academic institutions were not responsive to the needs of persons with disabilities. Because of this, students with disabilities could not enroll to these institutions just like their able-bodied counterparts. Persons with disabilities were prohibited to attend schools or any academic institution because they were regarded as sick and in need of care.

When political parties such as the African National Congress (ANC) and the National Party (NP) agreed to negotiate a Constitution aimed at providing a bridge from a dark and divided society to a harmonious and prosperous country; Where government is based on the will of the people and where every citizen is equally protected by law there was a glimmer of hope that the country was on the verge of reaching a state of normalcy. South Africa committed itself to social justice as a foundation of society where there would be egalitarianism and tranquility. This meant that South Africa would be a barrier free-zone since policies that aimed at correcting previous injustices were drafted and implemented. Policies that were designed from then were in proper consultation with the disability sector and the United Nations standard rules on the equalization of opportunities for persons with disabilities. This was done with an intention of promoting and protecting the rights of persons with disabilities in South Africa.

In spite of the new disability policies that were designed in line with the United Nations standard rules, which intended to promote inclusive society, these policies did not produce the expected outcomes. As such, persons with disabilities continued to be discriminated against and excluded from society. For example, having access to education and information for millions of South Africans with disabilities are still a dream that they are not certain whether it will come true or not. And for those who were fortunate to go to special schools their wishes to further their studies is uncertain as the institutions of higher learning are infested by myriads of barriers that

could hinder them to enroll or actively participate should they get accepted to study. Given the aforementioned this thesis is an investigation into the compliance of the University of KwaZulu-Natal (UKZN) with article 9 (Accessibility) of the Convention on Rights of Persons with Disabilities (CRPD) using Howard College Campus as the research site. The study used this case study to establish both the nature and extent of the challenge of lack of compliance to national policies by public institutions such as universities. In essence, the study sought to establish if indeed UKZN complies with the legislation regarding persons with disabilities.

1.2 Statement of the problem

This study focuses on students with disabilities who are already on the system (registered) at the University of KwaZulu-Natal. This study broadly looks at the challenges that are faced by students with disabilities as far as access to UKZN facilities and information is concerned. Furthermore, the study examines the experiences of a group of students with different disabilities who are currently studying at UKZN-HC against the principles enshrined in the university policy.

The situation of disabled people has remained unchanged since the advent of democracy within South Africa, save for a few legislation changes which are fraught with problems at implementation level (Guthrie & Sait, 2001). This often resulted to the majority of persons with disabilities being denied access to educational institutions such as schools, FET's and universities. The majority of persons with disabilities are living at the margins of society and they are illiterate and unskilled. As a culmination to this they cannot compete for jobs in the labour market with their able-bodied counterparts. In this "unfavorable atmosphere are varied manifestations of poverty of which low income, lack of access to resources, poor nutrition, poor living conditions, voicelessness, powerlessness, and lack of education are some of them" (World Bank, 2001; de Klerk, 2005; Mbuli, 2001; Ozoemena, 2010).

Persons with disabilities continue to remain poverty stricken in South Africa, even though there are protective measures such as the Bill of Rights and the Constitution that seek to protect and promote their rights. They are facing exclusion from mainstream society and difficulty in accessing services which will enable them to exercise their basic rights such as education, participation and so on. The continuation of violation of rights of persons with disabilities is

because people with disabilities are still regarded as outcasts in Africa as a whole. They are still denied access to services on equal basis with others. Despite the significant portion, research has documented that persons with disabilities were and continue to be denied access to social services including access to institutions of higher learning.

For many people with disabilities, their reduced opportunities for education, training and employment contribute to their increased exposure to poverty and poor living conditions (Guthrie & Sait, 2001). Should the aforementioned not be addressed persons with disabilities will still live at the margins of society not being extricated from the jaws of poverty. Since the majority of South African universities are still untroubled by the problem of physical inaccessibility, this means that opportunities for persons with disabilities to access education are greatly reduced. The aforementioned will culminate to persons with disabilities not being able to compete for jobs in the labour market and to be more prone to poverty.

Research has documented that since 1994 there has been an influx of students with disabilities into South African universities. This is despite the existing barriers that impede them to meaningful and active participation and to compete with their able-bodied counterparts. Furthermore, research shows that there are numerous barriers that persons with disabilities face in universities, which are not raised by disabilities themselves; but are rather created by the social environment. In this view, people with disabilities face barriers because they have to negotiate an environment which was not designed for them, and if they are to enjoy equality of access it is this deficit in the environment which must be overcome (Tinklin & Hank, 1999: 184). Grocery and associates (2009) are of the view that societal and individual ignorance and negative attitudes significantly impede access to social services for persons with disabilities.

Moreover, a number of South African universities, and UKZN is no exception, have disability policies that are crafted in line with the CRPD and universal access. However, what is more concerning is the implementation of these policies. It can be argued that these policies are fraught with implementation problems since they do not bear fruitful results. The researcher is a student in one of the oldest universities in South Africa and also works as a student assistant at the Disability Unit office. It has come to his attention that in fact there are numerous lecture theatres or halls, sport facilities, residences and other facilities that are not accessible by students with disabilities at UKZN. This information was obtained by conversing with students on their

frequent visit to the Unit. Inaccessibility is one of the major barriers to persons with disabilities' participation in life. An example can be given whereby a student who is a wheelchair user can experience problems of accessing a particular venue due to a flight of stairs. This will culminate to the person in question not being able to report in person for lectures or tutorial or practicals. If a student cannot access a lecture theatre or any facility that he or she uses for academic purposes that will automatically hinder that student to have access to information. This could lead to unsatisfactory academic performance and as a result this might lead to academic exclusion.

Furthermore, inaccessible curriculum is one of the problems that are visible in universities as far as students with disabilities are concerned. Many lecturers or teachers are not trained to teach classes which encompass students with disabilities. Furthermore, there is a shortage of assistive devices that could enhance teaching and learning processes. Historically access to and responsiveness to learning needs of students with visual impairment has not been easy nor was it a priority of the pre-1994 government and educational institutions in the country (Vaughan, 1979; Office of the Deputy President, 1997; Department of Education, 2001). This is because persons with disabilities were viewed as persons who cannot in anyway be taught, learn or contribute to society.

There are myriads of barriers which are evident in almost all South African universities. These barriers play a huge role in the academic performance of students with disabilities. Often, these barriers lead to poor academic performance of students with disabilities since they hinder them to have access to facilities that play a crucial role in their academic life, such as libraries (information), LANS, and others. These barriers do not only impede their academic success but also compromise the right to free movement, independent living and access to information. Fittingly, the aforementioned barriers play a huge role in hindering students with disabilities to meaningfully participate and compete with their able-bodied counterparts.

Research Problems

Briefly, the research problems of this study are:

- Lack of access to university facilities by students with disabilities (physical access); and
- Not enough resources to cater for students with disabilities;

To gain more insight with regards to access to the University of KwaZulu-Natal facilities by students with disabilities, the researcher then decided to pursue an investigation into the compliance of the University of KwaZulu-Natal with article 9 (Accessibility) of the Convention on Rights of Persons with Disabilities (CRPD): A case study of Howard College Campus. To measure the participants' perception of disability and the implementation of article 9 of the Convention on Rights of Persons with Disabilities, the researcher conducted interviews with 6 female students and 8 male students and also interviewed the Coordinator of the Disability Unit at the University of KwaZulu-Natal (Howard College Campus). Further details are provided under the methodology chapter.

1.3 The Need for the study

Discrimination and exclusion of persons with disabilities culminated to a cogently thought through response by the international community to this state of affairs which was characterized by inter alia stereotypes, stigma, and exclusion towards persons with disabilities. The response was epitomized by the drafting and adoption of the United Nations Convention on Persons with Disabilities (UN-CRPD). The purpose of the Convention on Rights of Persons with Disabilities (CRPD) is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities (Article 1). According to the United Nations (2006), around 10 per cent of the world's population, or 650 million people, live with a disability. Persons with disabilities are the world's largest minority, (Ibid, 2006). It must be noted that persons with disabilities are amongst the most marginalized people throughout the world.

The rights of persons with disabilities are clearly entrenched and guaranteed in chapter two of the Constitution, the Bill of Rights. Contrary to the popular belief, persons with disabilities do not fully enjoy their rights and freedoms that they are entitled to compared to their able bodied counterparts. Given the aforementioned, research has documented that persons with disabilities in South Africa do not fully enjoy their right to access to information, disability grants and the educational facilities as they should. This is a serious concern which prompted the study.

With the acknowledgement and concession that South Africa has ratified and signed the Convention on the Rights of Persons with Disabilities, it follows then that South Africa is legally bound by its contemplated provisions. To-date, many of the obligations imposed by the Constitution have been fulfilled and the country is progressive in its attempts to fulfill others. For instance, while on the one hand the country battles with the realization of socio-economic rights, on the other hand Chapter Nine institutions (within the Constitution) are fully fledged and functional. It is also commendable that every citizen in South Africa is equal and that steps to remedy the apartheid legacy which played a huge role in the dehumanization of persons with disabilities are being implemented at various levels and in both the public and private sectors.

Given the aforementioned, South Africa has a progressive legislation regarding the inclusion of persons with disabilities in the workplace, in education and in mainstream health services. Fittingly, the Constitution of South Africa, 1996 (and more particularly the Bill of Rights) prohibits all forms of unfair discrimination, entrenches the right to equality and provides for measures to address past imbalances” (Fotim, 2007: 19). This can be read in conjunction with the Promotion of Equality and Prevention of Unfair Discrimination Act, 2000 (PEPUDA) which has broader equity application and creates the so-called Equity Courts. The aforementioned Act does not only include the promotion and protection of rights of persons with disabilities, but also the previously marginalized groups, such as women and children. With regards to students with special needs the South African Department of Higher Education crafted and published the education White Paper 6: special needs education covering inclusive education. However, this paper has limited reference to the higher education system and is almost silent on the issue of students with disabilities.

Given the aforementioned, there are a number of Acts and other instruments that were adopted to address the imbalances of the past in South Africa. However, what is more concerning is the enforcement of these instruments which is highly and glaringly uneven. To date, nothing much has been done to ensure that institutions of higher learning are accessible by students with disabilities. Unresponsive higher education environment and facilities to students with disabilities are a quandary that leads to students with disabilities not to actively participate in class tutorials and practicals on an equal footing. Attitudinal barriers accompanied by inappropriate terminology towards persons with disabilities are glaringly ubiquitous and it is

evident in many South African universities. This culminates to students with disabilities being hindered to meaningfully participate and compete with their counterparts because of these existing barriers.

Moreover, each university is at a different level of addressing this endemic problem. After all, because one cannot do justice to the topic by looking at the situation nationally given the time and resources available to the researcher, it became necessary to decide on one case study and use it to establish both the nature and extent of the problems faced by students with disabilities at universities by investigating whether the chosen research site complies with government legislation. It is in this context therefore that the Howard College of the University of KwaZulu-Natal was chosen as the research site for the present study.

1.4 Research Questions

The questions to which this study hoped to find answers were the following:

- How accessible are the university of KwaZulu-Natal facilities by students with disabilities?
- How do students with disabilities cope with the barriers they face when trying to access university facilities?
- Are there difficulties they face in accessing support services or any other university facilities?
- Do students with disabilities have any suggestions on how the manner of accessing university facilities could be improved by the university?
- Does the University management take into consideration the suggestions of these students when policies regarding disabilities are drafted and implemented? If so, how?

1.5 Conceptual framework

1.5.1 Access: from the general glance access can be understood to mean having access to any given space. For the purpose of this study the term will be understood to mean..... if you have access to a building or other place, you are allowed or able to go into it. This is a very broad term

that can refer to so many things, such as: access to education, buildings, leisure, sports, employment, public spaces.

1.5.2 Accessibility: Generally accessibility refers to the ability to gain access or entry in any building, vehicle, and sport field and so on by anybody. For the purpose of this study accessibility is defined as: To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
- (b) Information, communications and other services, including electronic services and emergency services.

1.5.3 Ableism: We use the term ableism to describe the belief that people with disabilities are inferior to nondisabled people because of their differences.

1.5.4 Barriers: Things that control or prevent advancement access

1.5.5 Barrier-free-zone: Covers a wide range of architectural hazards encountered by people with disabilities.

1.5.6 Persons with disabilities: Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others.

1.6 Chapter Outline

1.6.1 Chapter One: Background and the Purpose of the Study

This chapter describes the general problem this thesis is addressing, the purpose of the study, questions that were utilized in accumulation of data are clearly set out and key concepts are defined – followed by the chapter outline.

1.6.2 Chapter Two: Literature Review

This chapter takes into consideration the existing body of knowledge on the subject of the present study and tries to unpack the challenges that are faced by students with disabilities with regards to access to institutions of higher learning in South Africa and in other countries. The aim of this Chapter is threefold. First, it looks at what has been covered in the existing literature on the theme of the study to avoid repeating what is already known. Second, it assesses available sources by identifying their strengths and weaknesses in the manner in which they have handled the subject of the present study. Third and lastly, the Chapter states how the present study will fill the gaps that exist in the literature.

1.6.3 Chapter Three: Theoretical Framework

This chapter explores relevant theoretical concepts around the implementation of Article 9 (Accessibility) of the Convention of Rights of Persons with Disabilities. Furthermore, this chapter defines and states the relevance of human rights based approach and how this approach guided this study.

1.6.4 Chapter Four: Research Methodology

This chapter consists of research methodology and methods that guided this study. The chapter critically discusses the processes of data collection during the course of the present study. Herein the nature of the study is clearly stated whether it was qualitative or quantitative, types of research philosophies that were used, how data was analyzed, and the number of participants who formed part of the study. The ethical issues are also discussed under this chapter.

1.6.5 Chapter Five: Data Analysis and discussion of findings

In this chapter, this is where the collected data is analyzed and results are presented. Data is analyzed and discussed according to themes. Thereafter, the recommendations are made in line with the results that were obtained. The overall conclusion of the study is then provided.

1.6.6 Chapter 6: Conclusion and recommendations

This chapter's main focus is to now draw a conclusion based on the findings of the study after doing data analysis. It further, goes on to look at the recommendations that the author makes based on findings.

1.7 Summary

This introductory chapter has provided background information on how the study was conceived. Importantly, it has also provided the broader (international and national) contexts within which the present study should be understood. Most importantly, the chapter includes the problem statement that this thesis envisaged to investigate with the hope of coming come up with the solutions to the problem. Further, the questions that the study sought to answer were briefly outlined in this chapter as well. The structure of the entire thesis is also briefly outlined herein in order to prepare the reader's mind-set.

The following chapter looks at the existing body of knowledge on the subject matter. The main aim of this chapter is to see what has been covered by previous studies, identify gaps and later on make a case for the need of this study.

CHAPTER 2

LITERATURE REVIEW

The greatest part of a writer's time is spent in reading, in order to write, a man will turn over half a library to make one book. – Samuel Johnson

2.1 Introduction

This chapter draws primarily on the history of disability focusing on international and local developments on the concept. Furthermore, the purpose of this chapter is threefold. Firstly, it looks at what has been covered in the existing literature on the theme of the present study to avoid repeating what is already known. Second, it assesses available sources by identifying their strengths and weaknesses in the manner in which they have handled the subject of this study. Third and lastly, the chapter states how the present study will fill the gaps that exist in the literature as contribution to existing knowledge.

2.2 Disability in History

Each and every country around the world has its own beliefs and fallacies when it comes to disability. This makes disability a global phenomenon. History is replete with examples of disabled people worldwide being ridiculed, killed, and abandoned to die or condemned to permanent exclusion in asylums (Pritchard, 1963). This is evident all over the world and it has been happening for many centuries. Anang (1992) cited by Kisannji (1993) claims that the Greeks abandoned their disabled babies on hillsides to die while early Chinese left their disabled people to drown in rivers. The aforementioned proves that disabled persons were treated as if they were not humans; their rights to dignity, education, vote and other social rights were often overlooked. Furthermore, Coleridge (1993) traces through history the killing of people with disabilities, beginning with the Spartans who killed disabled persons as a matter of law; the endorsement by Martin Luther to kill disabled babies because they were 'incarnations of the devil'. Fittingly, the English eugenicists eliminated disabled people under the Darwinian evolution theory of the 'survival of the fittest' and the Nazi Euthanasia Programme under Hitler exterminated disabled people as they could not make any contribution to society (Coleridge, 1993)

Given the aforementioned, it can be argued that these awful and inhumane practices are still practiced in some African cultures today. For example, in Tanzania it is strongly believed that “the blood and bones of an albino would bring people wealth and prosperity” (Alexander et al, 2009: 8). Within the same context in Ghana it is believed that persons with disabilities bring misfortune to the family and community as a whole (Mahama, 2012). Nevertheless, what is common about the above mentioned cases is that once a person is noted that he or she has a disability the chances of that person being killed are very high.

In light of the above, one has to contextualize and look closely at disability in a South African context. It is evident that the rights of persons with disabilities were grossly violated more during the apartheid era than during the post-apartheid era. Arguably so, it must be vividly remembered that South Africa was a parliamentary state and governed as such. South Africa was characterized by gross human rights violations and deep divisions. During this time, the concept of human rights was foreign. While other countries boasted with progressive constitutions which sought to lay foundations for democratic societies and advancement of human rights, the same could not be said for South Africa. During this time the rights of persons with disabilities both blacks and whites were grossly violated. Howell *et al*, attest to the aforementioned by stating that,

It is important to recognize that under apartheid all disabled people, black and white, were discriminated against and marginalized because of their disability and had very limited access to fundamental socio-economic rights such as employment, education and appropriate health and welfare services (Howell et al, 2006: 5).

Cock (1989) points out that these barriers operated against both races as far as disability is concerned during the apartheid era. However, it is worth noting that black disabled people were doubly discriminated against and marginalized. To elaborate on the above further, they were discriminated against on grounds of colour and disability. Given the fact that the apartheid system was a color coded system that intended to impede blacks from accessing decent social services, the apartheid system therefore resulted to blacks who were disabled being double marginalized. Jackson (1994: 6) states that “this is most clear in areas such as education, where it is legal to exclude people from participation in valued schools”. It can be seen in architecture,

where people from the devalued group are excluded either by signs under apartheid, or by steps and other physical barriers for people with a disability.

Fortunately, this state of affairs changed when political parties agreed to negotiate a constitution aimed at providing a bridge from a dark and divided society to a harmonious and prosperous country where government is based on the will of the people and where every citizen is equally protected by law. To provide for this ideal society, the Constitution was adopted as the supreme law, thus replacing parliamentary sovereignty. Section 2 of the Constitution clearly provides that the Constitution is the supreme law of the Republic; law or conduct inconsistent with it is invalid and the obligations imposed by it must be fulfilled. Howell *et al*, (2006) state that the new constitution was especially important because it extended basic human rights to all citizens for the first time in South African history; it gave all people the right to vote and outlawed unfair discrimination against any person on a number of grounds.

To-date many of the obligations imposed by the Constitution have been fulfilled and the country is progressive in its attempts to fulfill others. For instance, while on the one hand the country battles with the realization of socio-economic rights, on the other hand Chapter Nine institutions are fully fledged and functional. It is also commendable that every citizen is equal and that steps to remedy the wrongs of the past are being implemented. However, one area of concern is that relating to persons with disabilities, and their inclusion in the society and all other spheres of life.

2.3 Prevalence of Disability

South Africa is faced with multiple concurrent challenges as far as the issue of disability is concerned. In South Africa, as in many other developing countries, information on the prevalence rates of disability is fragmented and unreliable (Stats SA 2005; Office of the Deputy President 1997). Devoshini (2008: 28) states that “in South Africa there are unfortunately no reliable statistics on the prevalence and nature of disability due to amongst other things, the differences in the definition of disability as well as the criteria used to assess the nature and severity of disability.” This has a great negative impact on the manner in which issues that affect PWD are addressed. However, this gap is likely to be closed by the recent (2011) census for which data is not yet readily available. For this reason, this study [therefore] utilised the 2001 census figures which are also less reliable. In the Country Report on CRPD (2012) it is

mentioned that “the 2001 census revealed that approximately 2.3 million people were said to be living with a disability. This constituted 5% of the total population of South Africa.” Table 1 below shows the prevalence of disability according to race:

Table 2. 1: The prevalence of disability in South Africa by race

Population Group	Number	Percentage
African	1 854 376	5.2%
White	191 693	4.5%
Coloured	168 678	4.2%
Indian	41 235	3.7%
TOTAL	22 559 82	17.7

Source: STATs SA, 2001

The table below shows the prevalence of different types of disabilities that are found in South Africa.

Table 2. 2: The prevalence of different types of disabilities in South Africa

Disability	Number	Percentage
Communication Disability	75 000	0.2%
Emotional Disability	269 000	0.6%
Hearing Disability	314 000	0.7%
Intellectual Disability	206 000	0.5%
Physical Disability	558 000	1.2%
Multiple Disabilities	257 000	0.6%
Visual Impaired Disability	577 000	1.3%
TOTAL	225 6000	5.1%

Source: 2001 National Census (STATs SA)

Disability in South Africa is classified into seven different categories as shown in table 2.2 above. According to the 2001 population census cited in Mavuso (2013), visual disability has the highest prevalence (32%) followed by physical disability (30%), hearing disability (20%),

emotional disability (16%), intellectual or learning disability (12.4%) and communication disability (7%) (StatsSA, 2005).

2.4 Obstacles/Barriers to Access and Participation for Students with Disabilities

2.4.1 Physical access

Kochung (1994: 146) states that “barriers that limit a person’s full participation include; negative attitude, discriminative policies and practices, and inaccessible environments as a result of these barriers, students with disabilities are being excluded from accessing higher education.” This plays a huge role in discouraging pupils who are still in high schools to enroll in institutions of higher learning because the environment is not at all friendly towards them. Kochung further, states that environments where higher education institutions are situated are not disability friendly and the facilities within the community that they are expected to use are also inaccessible. The majority of research documented that PWDs encounter hefty challenges as far as accessibility in institution of higher learning is concerned. Little is known, however, about the experiences of the students themselves (Hurst, 1996) and about how this attention is affecting their day-to-day experiences in higher education (Tinklin & Hall, 2006: 183). Under representation of students with disabilities is often due to physical access that limits them to participate actively and meaningfully. This results to students with disabilities in higher education being a heterogeneous group comprising people who have physical/sensory disabilities (Shelvin et al, 2004: 16)

Mazoooue (2011) states that, all higher education institutions in South Africa (SA) are required to increase the number of learners with special education needs that they allow to enroll and must have plans in place to show how they are going to do this. Therefore, all education facilities in the country must be accessible by students with disabilities. As noted by some scholars, college and postsecondary vocational programs are positively related to employment and success for both disabled and nondisabled individuals (Fairweather and Shaver, 1990). Having access to institutions of higher learning plays a pivotal role for both disabled and non-disabled persons to equip themselves with knowledge and skills. However, this right and privilege is somehow compromised for persons with disabilities since the majority of universities in South Africa are not fully inclusive. Within higher education, contributory factors to the lack of participation

include pervasive difficulties such as physical access, lowered expectations and poor level of awareness (Borland & James, 1999; Chard & Couch 1998; Collins, 2000; Holloway, 2007; Tinklin & Hall, 1999).

Due to the increased sensitivity in this country the Department of Education crafted White Paper 3 and later amended it to be White Paper 7, which deals specifically with transformation in the higher education system. The objective of this White Paper was and still is to fight against unfair discrimination and to implement strategies and practices which are designed to overcome inequalities orchestrated in the past. This is important as it sets the framework for how the needs of students with disabilities must be responded to by the system as a whole and by individual institutions (Fotim, 2007: 20).

Given the aforementioned, South Africa adopted a number of international human rights legal frameworks with an intention to promote equality through administrative measure, especially for those who are living with a disability. However, this does not seem to have untroubled many institutions from being inaccessible by students with disabilities. Then this leaves a lot to be desired. The South African Human Rights Commission (2002: 5) argues that there are myriads of barriers that ‘prevent them from enjoying their full civil, political, economic, social, cultural and development rights’ which are still visible. Physical, attitudinal and curricula barriers are some of the barriers that impede students with disabilities to meaningfully and actively participate while they are at the university. Research evidence has shown that the levels of student support and guidance, architectural design, are not of high quality and this leads to students with disabilities being denied access to universities.

Studies have revealed that ”Depending on their particular impairment, most of the students experienced barriers to accessing their education relating to the physical environment or teaching and learning (or both) at some point during their studies” (Tinklin *et al*, 2004:1). The type and severity of disability has a unique impact on an individual's ability to participate fully and effectively on an equal basis with others in the society (Mavuso, 2013: 16). As a culmination of the above, unsatisfactory academic performance by students with disabilities is evident. Poor planning and lack of sufficient care for their special needs deprive them of their right to quality education that they deserve. It goes without saying that the interests of persons with disabilities are acutely affected in the broad social arena and universities are not immune to this practice.

Adapting to a new environment for a person who is disabled is more challenging than that of a person without any disability. The environment might not be responsive to the needs of students with disabilities hence this will hinder them to participate meaningfully when compared to their able bodied counterparts. In that sense, people with disabilities are at a disadvantaged position compared to their able-bodied counterparts.

Given the abovementioned, it must be borne in mind that physical access to any institutions by persons with disabilities is not a standalone right. It is intertwined with other rights and should thus be addressed in conjunction with those rights. That being said, Article 9 (Accessibility) can be read in conjunction with article 19 (Living independently and being included in the community). As far as independent living is concerned, it often refers to provision of housing that is economically and physically accessible by persons with disabilities. Le Grand, (1982: 23) states that “housing is generally regarded as one of the basic provisions for human existence and as a primary factor in determination of quality of life and contented living.” In light of the aforementioned, this may also apply to students with disabilities in universities whereby residences ought to be accessible so that they can live independently. In light of this fact, Devoshini (2008: 28) argues that “in order to participate fully in society disabled people should be able to live with and among others.” This [therefore] calls for the department of student housing in all institutions of higher learning to ensure that all residences must be accessible especially those that are meant for students with disabilities.

It must however, be noted that what often leads to students with disabilities not to have access to university facilities is lack of knowledge amongst university management and students with disabilities themselves. Generally, this can be caused by insufficient knowledge about appropriate infrastructure designs and available technology to make adaptations is another significant technical barrier (Groce *et al*, 2011: 618). This call for universities to conduct empirical research study and proper agenda setting meetings must be arranged. These must include key staff members and students with disabilities to discuss cross-institutional strategies. By so doing this will authenticate the process and possibly students with disabilities will be extricated from a quagmire of inaccessibility and lack of independent living.

It is worth noting that some institutions are responding to the government’s call to fight and eradicate the existing barriers. For example, UKZN is attempting to comply with this hence it

has drafted and adopted the transformation charter that includes the rights of students with disabilities. However, what is concerning is the enforcement of this charter and other university policies regarding disability. Given that UKZN-HC was the research site for this study, therefore the university's policy instruments were considered. This included anti-discrimination policy for equal opportunities that were designed to specifically address the injustices that are often faced by students with disabilities on campus.

2.4.2 Access to curriculum and assessment

The education system, and methods used when teaching and learning is taking place are predominately in favor of those who are able-bodied. Hence, originally education and educational facilities were only designed for persons living without disabilities. Hence it was believed that persons with disabilities are not educable and they cannot contribute to society. For a number of centuries persons with disabilities were regarded and treated as “objects of welfare or medical treatment rather than holders of rights” (United Nations, 2007: 4).

Of great concern, is that there are not enough resources to cater for people with disabilities and therefore they are not fairly assessed as compared to students who are not disabled. One may point out that, originally, the majority of educational institutions were designed to cater only for able-bodied persons. Hence the majority of educational institutions are not furnished to cater for people with disabilities. Teaching and learning methods in many universities in the world are said to be excluding persons with disabilities especially those with visual impairments. Tanklin et al (2004: 2), argues that some lecturers, particularly in older universities, felt that adjustments to teaching practices would lower standards and give unfair advantage to disabled students. This culminates to lecturers not devoting too much time to students with disabilities because they are of the view that all students must be treated equally and no special attention must be given to certain students.

In addition, if students with disabilities do not have similar access to the curriculum and assessment procedures like their able-bodied counterparts this means that the quality of education of the former is somehow lower in standard than that of the latter. It has been asserted that “barriers can be located within the learner, within the site of learning, within the education system and within the broader social, economic and political context.” (DoE, 2005: 7). In this

regard Hegarty *et al*, (1981) posit that if the purposes of educating pupils with special needs in ordinary schools are to be achieved, two conditions are necessary: they must, broadly speaking, have the same curricular access as their peers; and specialist provision to meet their needs must be available. However, this cannot be said about many South African universities which are accepting students with disabilities to study in their institutions, yet they fail to provide for their needs.

2.4.3 Attitudinal barriers

Societal attitudes “have tended to separate people with disabilities, denying them full societal participation. Isolation and unfamiliarity have, in turn, in a pernicious cycle, led to stereotypical attitudes toward persons with disabilities and ableism” (www.lyceumbooks.com). It can be argued that this is caused by society’s lack of interest in understanding disability and often leads to persons with disabilities being excluded and hidden from society. This is a consequence of attitudinal and environmental barriers, both within higher education and external to it, “which preclude and diminish the possibility of students participating within that process” (Department of Education and Science (DES), 2001: 63 cited in Shevlin, 2004). It is a well-known fact that persons with disabilities live on the margins of society. It has been argued that, the presence of discrimination against marginalized groups in society might suggest an insufficient understanding of them, as they are seen as different from the rest.

Given the fact persons with disabilities are excluded from society this hinders them to have authentic participation or express their views on all matters affecting them. It can be argued that exclusion, discrimination of persons with disabilities is against the objectives of national and international obligations as specified in various reference documents including the South African Constitution, the Integrated National Disability Strategy (INDS) and the Convention on Rights of Persons with Disabilities to mention a few. Admittedly, the South African constitution and other policy documents provide explicit mandate on inclusive society and authentic participation of persons with disabilities in all matters that concern them. In light of the above, it is of cardinal importance to state that South Africa is a participatory democracy, whereby every citizen is expected to participate. Ramphele (2012) argues that “no democracy can thrive without the active participation of its citizens (Ramphele, 2012: 147). The aforementioned does not only refer to persons who are not disabled to participate but also include persons with disabilities.

However, given the fact that persons with disabilities are still living at the margins of the society they are [therefore] automatically excluded from participating despite the legislation and policies that are there to circumvent this from materializing. Moreover, the South African constitution clearly outlines that everybody is equal before law. This means that there are no citizens that are better than others in anyway. However, access to public and private facilities by persons with disabilities still remains a hefty challenge.

Furthermore, Groce *et al*, (2011:619) state that “social barriers vary in different cultures; however studies from many countries report that persons with disabilities often face stigma and discrimination from others when using both household and public facilities.” Fittingly, persons with disabilities are hidden from society because they are viewed as different and by so doing their rights are compromised and grossly violated. In particular, their right to access education is grossly violated in this regard. Children with disabilities do not wish to be sent to or attend school because they are in fear of being laughed at or discriminated against. Mthukrishnan (2003: 14) argues that “disability therefore becomes a term used to describe functional limitations that interfere with the person’s ability to perform.” Persons with disabilities are regarded as incapable persons to learn or be educated and become useful in the society they live in. They are judged based on their disabilities not based on their capabilities which they are often not given a chance to prove that they can use to contribute in society.

Subsequently, it can be argued that if lecturers are not trained to teach persons with disabilities this might have a huge negative impact on student’s academic success. This may sometimes culminate to students with disabilities being separated and categorized according to their disabilities and totally separated from other students altogether. For example, Mthukrishnan (2008: 14), states that “Learners were separated and placed in special schools, such as schools for the blind, schools for the deaf: schools for the physically impaired.” Aptly, this is because teachers were not mentally fit and trained to teach students with disabilities. A research report published by Human Rights Watch documented that "mainstream schools deny many such children admission, ask them to leave, or fail to provide appropriate classroom accommodations to help them overcome barriers related to their disabilities," (Human Rights Watch, 2013: 7). Fittingly, it can be argued that a majority of schools and teachers are not yet prepared to

implement inclusive education policy and they still perceive students with disabilities as uneducable or people who cannot be taught or learn.

Over and above, persons with disabilities can enroll in colleges and universities. Those with mobility impairments may even find physical barriers surmountable on some campuses. But the attitudes of some in the campus community may create profound challenges to their ability to be successful (Kroeger and Schuck, 1993a). The efforts that students with disabilities may put in trying to feel included in university community “might be difficult to achieve for those who encounter unwelcoming attitudes of exclusion or insensitivity” (Hall and Belch, 2006: 14). Shelvin et al, (2010: 18 citing Collins (2000) reported that students with disabilities identified attitudinal issues as the most significant barrier to progress. Tinklin & Hall, 1999; Holloway, (2001) acquiesce that students with disabilities encountered a wide variety of responses from academic staff, ranging from supportive to unhelpful. Given the aforementioned this means that students with disabilities must find ways to adapt at universities hence disability is regarded as a personal problem. Shelvin (2011:18), reported that “positive staff attitudes were informed by personal interest in disability issues, rather than institutional training or policies.” This can be said to be out of goodwill rather than being principle based. Howell (2005: 2) acquiesces: “people, who carry out various activities in a different way from others or with some form of assistive device, including students in higher education, are seen as abnormal and inferior and thus dependent on goodwill initiatives and interventions to compensate for their perceived deficits.” In light of the above, it can be argued that students with disabilities at times receive help from staff not because they ought to assist them, but because it is from the goodness of their hearts.

A culture of exclusion of persons with disabilities is not something new; it dates back to the times of great enlightenment philosophers who believed that persons with disabilities are not capable of learning and contributing to society in anyway. For example, a well-known Greek philosopher Aristotle, pronounced people as “deaf and dumb”, because he felt that deaf people were incapable of being taught, of learning, and of reasoned thinking. Gannon, (1980) points out that Aristotle’s way of thinking was that if a person could not use his/her voice in the same way as a hearing person, then there was no way that that person could develop cognitive abilities. This attitude towards persons with disabilities is still practiced and evident in the 21st century.

This is despite the fact that people are now more educated than the people who lived in the past centuries. Howell (2006: 6) argues that:

To overcome inequalities which have socio-economic roots requires more than changing attitudes: it requires addressing the structural conditions that lead to such inequalities. Thus in the case of the institutional environment in higher education we need to consider both the attitudinal and the structural barriers (and their interconnectedness) that create the conditions in which disabled students are hindered from participating equally in the process of teaching and learning.

Furthermore, as long as inequalities and exclusion of persons with disabilities are still in existence persons with disabilities will always feel inferior and further marginalized. This will perpetuate dependency of persons with disabilities to able-bodied persons. Ghosh affirms to the aforementioned, that:

Disability is equated with helplessness, dependency and incompetence at all social interactions, and disabled people are subjected to isolation, lack of social support and social networks, low social esteem and a concomitant feeling of powerlessness. The able-bodied community uses prototypical portrayals of disability for legitimising the social exclusion of the disabled people (Ghosh, year: 16)

Naidoo (2010) argues that the social model takes account of disabled people as part of our economic, environmental, and cultural society. It must be borne in our minds that culture is a social arrangement that is characterized by multiple laws and norms that guide a certain number of people living in certain proximity. Therefore, culture can view disability as a 'taboo' and that often culminates to a culture being discriminatory. This is because culture may lead to persons with disabilities being viewed as 'other' or persons who are passive and as objects of charity that are deemed to be always grateful to receive help from others because they cannot help themselves. Silvers (1998), argues that the inequality visited upon persons with disabilities is rooted in social practices that are far from demonstrating their competence. Disabled people have been isolated and have had little opportunity to portray their own experiences within the general

non-disabled culture because of the interaction between people with disabilities, and stigmatizing social values and debilitating social arrangements (Hahn, 1988; Morris, 1992).

Congruently, Tinklin et al (2004) state that disabled students pose particular challenges to higher education not only in terms of gaining physical access to buildings, but also in relation to much wider access issues concerning the curriculum, teaching, learning and assessment. The existing body of knowledge points out that “students with disabilities identified attitudinal issues as the most significant barrier to progress” (Shevlin et al, 2010: 18 citing Collins, (2000). On the contrary, Collins (2000) further reported that lecturers identified lack of physical access and assistive technology as the greatest obstacle. Fittingly, it can be argued that the lack of institutional support may be a contributory factor that may minimize academic success of students with disabilities.

It is worth noting that society fears and at the same time feels pity for persons with disabilities. However, it can be argued that the pity stereotype is born out of ignorance. Often this results from uneducated society about disability issues hence they lack pure understanding as far as disability is concerned. This culminates to persons with disabilities not being entitled to adequate education and jobs. A common societal image of persons with disabilities is that of pitied or pitiful individuals: people whom no one would envy, persons no one would want to be (Shapiro, 1993). Aply, “not only are they marginalized economically, but there is also a lack of interaction between non-disabled students and them, thus leading to misconceptions and discrimination, leaving them to feel ostracised in society” (<http://www5.cuhk.edu>). Furthermore, it can be argued that persons with disabilities feel like they are intruders on able-bodied person’s space. Furthermore, “the lack of good educational credentials coupled with social stigma against them in society makes it hard to get steady or high-paying jobs, as employers are not keen to hire them” (Chua, 2007: 19). The same could be said about universities that they are not educated enough about issues of disability. They discriminate students with disabilities on disability grounds. Hannifin et al (2007: 437) citing Borland et al, argues that “contributory factors to the lack of participation include pervasive difficulties such as physical access, lower expectations and poor levels of awareness.” In light of the aforementioned, this means that society is not educated about issues of disability. Persons with disabilities are still viewed as objects of charity that cannot do anything other than to beg and be dependent on others for their survival.

Moreover, since it is noted that attitudes are the major inhibiting factors in the participation of persons with disabilities, various governments implemented various mechanism to curb this culture of discrimination from escalating any further. This is tried out by enacting laws, policies and educating society about disability. It can be argued that “despite anti-discrimination legislation and pro-inclusion government policies the persistence of attitudinal barriers has been cited as a major inhibiting factor in the participation of people with disabilities” (Konur, 2002; Ryan & Struhs, 2004).

Furthermore, inappropriate terminology is another major concern that excludes and undermines persons with disabilities. Language is a system of representation that people use to communicate such concepts as ideas, emotions, and beliefs (Thomas, Wareing, Singh, Peccei, Thronborrow, & Jones, 2004). It provides a foundation for social identity (McGroarty, 1996). Historically, the language used to describe disability has been negative and exclusionary (www.lyceumbooks.com/pdf/Disability.com). Fittingly, inappropriate terminology can be classified as or be linked with attitudinal or social barriers. Inappropriate terminology used when referring to persons with disabilities is still on the rise. The major cause of this is just bodily differences. This means that persons with physical disabilities are labeled according to their physical disabilities.

Bodily differences often result to able-bodied persons viewing themselves as better than those living with a disability. From this originates the inappropriate terminology that is often used when referring to persons with disabilities. By inappropriate terminology we mean the words that are not proper to be used when referring to a person with a disability. These are unacceptable derogatory terms that may impinge on the dignity of persons with disabilities. It is worth noting that the social model is greatly associated with stereotypes, stigma, isolation and all negative sorts of things that persons with disabilities face. Aptly, inappropriate terminology can be linked with one of the aforementioned ways. There are many words / phrases that are commonly utilized in IsiZulu language that degrade, undermine and / or can be regarded as an insult to any person and mostly to persons with disabilities.

The list includes words such as:

IsiZulu	English (Isingisi)
Isinqekle	Crippled
Isithuli	deaf and dumb
Impumputhe	the blind
Ikhalandlanzi / Isishawa	an Albino

Source: Compiled by Author.

The words are in IsiZulu and directly translated into English; they can be referred to as inappropriate terminology in both languages. Some of the aforementioned words mean that persons who are called by these words are stupid or helpless. These words are socially constructed and as a result they tell how the societies view persons with disabilities. The word Blind for example, in IsiZulu means stupid depending on the context one is using it in. However, all too often what comes first in one's mind that hears it, is the negative meaning of the word.

The table below clearly shows the appropriate and inappropriate terminologies in English.

Table 3. 1 Inappropriate vs. appropriate terminology

Inappropriate	Appropriate
The Disabled	A person who cannot see/ with visual impairment
The handicapped	Person with disability
Wheel chair bound	Wheel chair user
Deaf and Dumb	Hard of hearing

Source: Compiled by author.

The above table clearly outlines often used inappropriate terms used when referring to persons with disabilities. Society uses these words because they are not taught that they have a negative meaning and they are not acceptable by persons with disabilities because they do not define who they are. But they label them as persons who are in need of care and helpless. A story is told by the social worker in Togo where she states that "In my community, children who have cerebral palsy and cannot stand are called snakes because they lie on the ground," Manuel, a social worker in Togo, said. To eliminate such a child, ceremonies are organized at the river, where the

child is left to drown and it is said that the snake is gone” (Al Jazeera.com). In Sierra Leone, it is common for a child who is blind or suffering from polio to be branded a "devil".

In South Africa for example, after the realization of the use of inappropriate terminology, the government took a step by trying to correct this. The DWCPD is working with government departments to correct harmful and negative terminology contained in legislation and policy documents through a legislative audit and the finalization of the National Disability Rights Policy. (DisabilityRights@dwcpd.gov.za). This is a first step towards the right direction and perhaps it must be passed on to society as a whole with an intention to ensure that inappropriate terminology is never used.

2.5 Towards a barrier-free society

The Constitution of the Republic of South Africa stipulates that the State is obliged to “respect, protect, promote and fulfill” the rights of all South Africans to ensure equal access to services (Constitution of the Republic of South Africa, 1996). Fittingly, in South Africa everybody has a right to access education, disabled or not disabled. This means that all the existing barriers that impede persons with disabilities to access social services must be completely removed. Persons with disabilities must have access to social amenities on equal level as others. Appropriately, since South Africa signed and ratified the CRPD this means government must translate into action the obligations to respect, protect, and fulfill them as stipulated in the CRPD. This includes, ensuring that all facilities are accessible by persons with disabilities and society is educated about disability rights and freedoms.

2.5.1 National Developments

South Africa was ruled by the apartheid government for 46 years (1948-1994). This means that the natives were suffering the burden of being black for all these years. Their only sin was the color of their skin. Prior to the horror of apartheid, the oppression of black people had been present since European involvement in the 17th Century (Jackson, 1994: 4). Correspondingly, In the Apartheid era, policies and practices were designed to perpetrate inequalities along racial lines (Bhengu, 2006: 11). In light of this fact, persons with disabilities who were black were subjected to double marginalization. This was because they were both black and disabled. It must

be vividly recalled that persons with disabilities faced stigma and discrimination both in their respective households and in public.

However, this state of affairs came to an end when the apartheid policy was properly dismantled on April, 27, 1994. To non-white South Africans this meant that this victory would bring about change where the colour-coded system would be banished and needs-based system would be implemented. For persons with disabilities, this also meant a lot for them hence they were doubly marginalized by the system. Proper dismantling of apartheid to them meant that South Africa would be an inclusive and a barrier-free-zone society.

As a response to gross violation of the rights of persons with disabilities the United Nations drafted and adopted the CRPD as a guideline document. The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity (Article 1). CRPD will be discussed at length in the following heading. The Convention on the Rights of Persons with Disabilities came to force on 3 May 2008” (DisabilityRights@dwcpd.gov.za). South Africa ratified and signed the convention in November 2007. This does not necessarily mean that South Africa commenced to acknowledge, promote, protect and priorities the rights of persons with disabilities in 2007. But the enforcement of disability rights in South Africa dates back to the early 1990s. Given the above fact, “in 1992, after a lengthy process of consultation with disabled individuals and their organizations, the Disability Rights Charter of South Africa was launched by Disabled People South Africa and Lawyers for Human Rights” (South African Human Rights Commission Report, 2002: 17). This was supplemented by the new Constitution which was adopted in 1996 which explicitly admonished unfair discrimination on disability grounds.

The signing and ratification of the CRPD meant that the South African government is now bound by the provision of the convention. To many this meant that South Africa was taking a direction towards becoming a more inclusive society than before. Aptly, for an inclusive society to be visible this requires the South African government to comply with Article 4 (b) to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities (Article 4, pg. 5). If the state manages to implement Article 4 this will mean that persons with disabilities

will be able to easily, safely, and appropriately use any service that is used by everyone else at their own discretion. These aspects of society include access to transport, buildings (Clinics, Schools, Universities), and other services that are available to society.

It can be argued that in compliance with the provision of the CRPD the South African government in 2009 established the Ministry / Department of Women Children and Persons with Disabilities (DWCPD). The fundamental reason for the establishment of this ministry was to “promote the realization and protection of the rights of women, children and people with disabilities” (DWCPD, 2012: 6). Fittingly, its mandate is not that different from that of the South African Human Rights Commission, which is to protect and promote the rights of persons with disabilities. The DWCPD also focuses on monitoring government departments. This ministry ensures that government departments adhere to the national disability policy which seeks to “focus on the promotion of universal access and addressing all forms of discrimination against people with disabilities including the promotion of efficient and effective service delivery.” (DWCPD, 2012: 13).

Moreover, it can be argued that in South Africa it is evident that the implementation of CRPD is gradually being enforced, although it is moving on a very slow pace. One may attest to this by stating the fact that; “the right of persons with disabilities to participate in the development, implementation and evaluation of all legislation and policies through their recognized organizations of and for persons with disabilities, is well established in South Africa.” (Country Report, 2012: 5). In addition, self-representation of persons with disabilities in matters that are affecting their lives is highly encouraged. In light of the above, this means that the views and concerns of the disability community are taken into consideration by policy makers.

The South African government set itself a target of employing at least two percent (2%) of persons with disabilities in both private and public sector by March 2013. Unfortunately, this goal was not achieved. One may argue that this might be because some employers are not yet prepared to recruit persons with disabilities in their respective institutions. Furthermore, the lack of good educational credentials coupled with social stigma against them in society makes it hard to get steady or high-paying jobs, as employers are not keen to hire them (Chua, 2007: 19).

2.5.2 International Developments

2.5.2.1 The Convention on Rights of Persons with Disabilities (CRPD)

The impetus of the establishment of the CRPD was “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity” (Article1). This was after the realization of gross violation of the rights of persons with disabilities throughout the world. CRPD is the first international treaty to deal exclusively with the rights of persons with disabilities” (Johannes, 2006: 3). It embodies a paradigm shift in the understanding of the rights of persons with disabilities and anchors the human rights approach to the subject. It must be clearly understood that during the drafting process of the CRPD, it was stated t

hat the CRPD was not meant to introduce new rights. Rather, it was argued, the Convention would restate rights existing in various international human rights instruments with a view to making them relevant to persons with disabilities (Megret, 2008: 495)

The Convention came into force on 3 May 2008, and already 112 nations have ratified it, which means they have agreed to be bound by its provisions. This includes South Africa which agreed to be one of the first countries to implement the CRPD in their sovereign states. Moreover, state parties are expected to use their available resources to ensure that the CRPD is implemented so that persons with disabilities will take part in community activities on an equal level with others, without being discriminated against on grounds of disability. For this to be a success the “CRPD provides States Parties with guidelines for national-level implementation and monitoring” (United Nations, 2006: 7).

It must be noted that persons with disabilities are the world’s largest minority and it is estimated that eighty percent (80%) of persons with disabilities are from developing countries (United Nations, 2006:1) and they are part of the poorest people in the world. It can be argued [therefore] that disability and poverty link somehow. According to the World Bank (2006) it estimates that 20 per cent of the world’s poorest people are disabled, and tend to be regarded in their own communities as the most disadvantaged (World Bank, 2006). Therefore, “by protecting persons with disabilities, the Convention plays a role in protecting some of the most vulnerable people in the world by ensuring their economic, social and political rights” (United Nations, 2006: 4). This

requires state parties to enforce the CRPD in order for the aforementioned to be accomplished. CRPD was the culmination of a cogently thought through response by the international community to the state of affairs which was and still is characterized by inter alia stereotypes, stigma, and exclusion towards persons with disabilities.

The convention in question consists of 50 articles and amongst them there is article 9- Accessibility which this study investigated in relation to UKZN's accessibility by students with disabilities.

2.5.2.2 Standard Rules on the Equalization of Opportunities for Persons with Disabilities

On the 20th of December 1993, the United Nations facilitated the drafting of the standard rules for the equalization of opportunities for persons with disabilities. This draft aimed to provide the state parties with clear guidelines on actions that they need to take as far as rights of persons with disabilities are concerned. Of great importance is inclusion of accessibility of all organizations by all peoples. This includes persons with disabilities hence the standard rule is advocating for them. The second objective of the standard rule outlines that: “the process through which every aspect of the organisations of society is made accessible to all is a basic objective of socio-economic development” (Standard rules, 1993: 1)

This objective clearly outlines that all public and private facilities must be made accessible to everyone regardless of their race, gender, ethnicity, and disability. This objective calls for equal access to facilities such as schools, banks, sport fields, buildings (public and private). If governments take heed to this objective and try their level best to achieve it, this will result to all places being accessible by all. This instrument led to the development of the convention of rights of persons with disabilities on a later stage.

2.6 Legislation and Policy

After very serious deliberations between the African National Congress (Freedom movement) and the apartheid government in the early 90s “the culmination of the work of the Constitutional Assembly was the adaptation of a new Constitution on 8 May 1996” (Howell et al, 2006: 46). It is noteworthy to stipulate that South Africa was characterized by gross human rights violations and deep divisions. The constitution that was adopted was meant to correct the colonial and apartheid legacy. Hence the South African Human Rights Policy Document states that the

respect of human dignity, the achievement of equality and the advancement of human rights and freedoms are some of the founding values of the Constitution that was adopted in May 1996 (South African Human Rights Commission: Policy Document, 2006: 71). These founding values culminated to the South African Constitution to be globally recognized as being progressive and applauded. The Constitution of the Republic of South Africa entrenches and bestows an obligation on the state to progressively realize the implementation of human rights within its available resources. That includes education for persons with disabilities now well known as 'Inclusive Education.' To strengthen the aforementioned, the legislative and administrative reforms to ensure compliance with international standards symposiums on disability are often held. It can be argued that these gatherings serve as monitoring and evaluation mechanisms.

Muthukrishnan (2002:24) states that at present "concerted effort to avoid and redress discrimination against students with disabilities and to actually facilitate the integration and learning of students with disability at higher education facilities are underway". This is done through conceptualization, design, consultation and implementing policies and enacting laws that seek to protect and promote the rights of students with disabilities. The aforementioned instruments were designed to promote equality.

There are numerous pieces of legislation that seek to protect the rights of students with disabilities in South Africa, such as the Bill of Rights; which expressly prohibits unfair discrimination on the basis of disability (Bhabha, 2009: 219). And again, the Promotion of Equality and Prevention of Unfair Discrimination Act, which also fully guarantees and protects the rights of persons with disabilities, was enacted in 2000. The supporting Green Paper for post school education and training of 2012 is one of these applauded pieces of legislation that seeks to promote and protect the rights of persons with disabilities. These pieces of legislations clearly stipulate that discrimination on disability grounds will not be tolerated in any sector in South Africa (could it be private or public). It must be noted that if anyone violates the next person's right, he or she will face the full extent of the law.

2.6.1 White Paper on Higher Education 6 of 2001

The impetus of the White Paper on Higher Education was to “transform to redress past inequalities, to serve a new social order, to meet pressing national needs and to respond to new realities and opportunities.” (White Paper on Higher Education 3, 2001:3). Given the above, this thesis broadly includes the White Paper on Education 6 of 2001 which is an amendment of the White Paper on Higher Education 3 of 1997.

With special attention to a piece of legislation that deals specifically with students with disabilities, the White Paper on Higher Education 6 of 2001 by the Department of Education, it stipulates that:

The principle of equity requires fair opportunities both to enter higher education programmes and to succeed in them. Applying the principle of equity implies a critical identification of existing inequalities which are the products of policies, structures and practices based on racial, gender, disability and other forms of discrimination or disadvantage, and a programme of transformation with a view to redress. Such transformation involves not only abolishing all existing forms of unjust differentiation, but also measures of empowerment, including financial support to bring about equal opportunities for individuals and institutions. (DoE, 1997: Principle section 1.18)

Correspondingly the education White Paper 6 states that

In higher education institutions access for disabled learners and other learners who experience barriers to learning and development can be achieved through properly coordinated learner support services, and the cost-effective provision of such support services can be made possible through regional collaboration. Institutional planning is now a critical part of national planning for higher education, and higher education institutions will be required to plan the provision of programmes for learners with disabilities and impairments through regional collaboration. This is now a requirement of the National Plan for Higher Education (DoE, 2001: 27)

2.6.2 The Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) of 2000

Congruently, the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) 2000 criminalizes any act or conduct that is discriminatory on various grounds mentioned on the Act including disability. Section 9 of this Act talks more broadly about the prohibition of unfair discrimination on disability grounds. It stipulates that subject to section 6, no person may unfairly discriminate against any person on the ground of disability, including

- (a) Denying or removing from any person who has a disability, any supporting or enabling facility necessary for their functioning in society;
- (b) Contravening the code of practice or regulations of the South African Bureau of Standards that govern environmental accessibility;
- (c) Failing to eliminate obstacles that unfairly limit or restrict persons with disabilities from enjoying equal opportunities or failing to take steps to reasonably accommodate the needs of persons.

Devoshini (2008: 30 citing the South African Human Rights Commission Report (2002: 21)) enunciates that the Act rules that the promotion of equality is the responsibility of persons operating in the public and private domains which include and are not limited to the government, the private sector, parastatals and the community at large. In light of the above fact, for this to be achieved society must be taught about the rights of persons with disabilities. And the implementation of these policies must be closely monitored and evaluated to ensure a proper and fruitful implementation.

It can be argued that despite South African constitutional guarantees of freedom, easy access to all facilities and protection of the rights of the minorities, persons with disabilities have become the country's most vulnerable citizens. They continue to be victims of marginalization, killings, blasphemy beliefs, abuse and ignored. For example, a number of cases have been reported where students with disabilities were complaining about various issues that hinder them to participate meaningfully on campus. Barriers such as inaccessibility of campus shuttles, lecture theatres, discrimination on disability grounds, and so on and so forth.

2.6.3 Skills Development Act (SDA), No. 97 of 1998

Devoshini argues that (2008: 30) “one of the purposes of the Act is to improve the employment prospects of people previously disadvantaged by unfair discrimination, and to redress those disadvantaged through training and education.” This includes persons with disabilities to have access to information and institutions of higher learning.

2.6.4 Universal Access

Universal access means that individuals should be able to move from home to the community and to public buildings without barriers in their way (Economic and Social Commission for Asia and the Pacific (ESCAP), 1995:1). In light of the aforementioned, if barriers are completely removed persons with disabilities will be able to take part in everything that is happening in their respective communities on equal level with others. Mavuso (2013: 7) argues that “universal access entails that access to services and treatment should be based on the principles of equity and freedom.” Therefore, this calls for the removal of all barriers that hinder persons with disabilities to access to education and information on equal basis with others. Universal access calls for governments to “make use of research to understand and address the barriers disadvantaged groups face in accessing services, as well as non-health sector approaches that could help to improve their conditions” (United Nations 1995, n. p.).

It can be argued that universal access and article 9 (accessibility) of the CRPD cannot be separated hence they both put emphasis on the removal of barriers for persons with disabilities. These instruments promote living independently and being included in the community of persons with disabilities by trying to foster the removal of architectural barriers. The strategic objectives of these instruments are to eradicate barriers that hinder persons with disabilities to fully exercise their democratic rights on equal levels with others. This will maximize the chances of PWD to be independent and fully enjoy their right to privacy and dignity which are often impinged.

Admittedly, since the dawn of democracy in 1994, South Africa has been identified as one of the countries in the world with a robust constitution and strong policy framework that ensures that the needs of persons with disabilities are well taken care of. Integrated National Disability Strategy (Office of the Deputy President 1997) stipulates that,

People with disabilities seldom receive recognition for the significant experiences they gain overcoming daily barriers in their environment. In acknowledging a broader range qualifications and acquired knowledge, the National Qualifications Framework will give people with disabilities better access to formal education and the job market.

Integrated National Disability Strategy (office of the Deputy President 1997), further states that persons with disabilities will “receive education and training in as normal an environment as possible” This means that all barriers that are visible in all educational facilities in South Africa will be removed. The South African Constitution also provides for accessible buildings which must be built in line with the CRPD articles and universal access. Within the constitution, there is National Building Regulations of 1986, Section S, which relates specifically to more accessible building designs (South African Bureau for Standards (SABS), 1990). It is worth noting however, that building accessible building in line with the Act might be costly and as a result building construction tends to turn a blind eye on Section S’s provisions. The South African Human Rights Commission (2002: 8) cited in Devoshini, (2008: 33), highlights that, currently insufficient enforcement of Section S by building control officers has led to the majority of public buildings in South Africa being inaccessible as also evidenced strongly in the Greater Durban Metropolitan Area (GDMA).

Despite these robust and well-crafted policies and laws by the South African government the policy objective are often not met. It can be argued that thus far, government through its street level bureaucrats it is failing to transform these policies into concrete realities so that persons with disabilities can enjoy their right to access to information and education on equal levels with others.

2.6.5 UKZN policy on students and staff with disabilities

The University of KwaZulu-Natal was formed through a merger between the University of Durban Westville, University of Natal and Edgewood College in 2004. This major was not a very easy journey for both universities since they used to cater for different races specifically and respectively. A merger between these two institutions meant that their policies had to be revised

or new policies must be conceptualized, designed, voted in and adopted and implemented altogether.

Given the above brief history, it is necessary and of paramount importance to state that one of the new policies that were designed and adopted at the time was the students and staff with disabilities policy. It can be argued that this policy was a cogently thought through decision to eradicate barriers that hindered full access of students with disabilities in this infant university. The formulation of this policy was in line with environmental policy which “provides a framework for preventing violations of the human rights of disabled people wherever they are” (Seyama, 2009: 29). The University of KwaZulu-Natal designed and adopted this policy on students with disabilities with an intention of “making tertiary education and the working environment universally accessible and inclusive for all students and staff including those with disabilities.” (University of KwaZulu-Natal Policy on Students and Staff with disabilities, 2004: 2).

Furthermore, the UKZN policy states that “the University commits itself to the removal of cultural, physical, social and other barriers that prevent people with disabilities from entering, being employed, using or benefiting from the University.” (University of KwaZulu-Natal Policy on Students and Staff with Disabilities, 2006: 2). In light of the above, the University of KwaZulu-Natal is bound by the constitution of the Republic to take reasonable measures or steps within its available resources to realize human rights as enshrined and entrenched in the constitution. This bestows a duty on UKZN to build accessible buildings by everybody including persons with disabilities. The UKZN policy on disability is in accordance with Section 54(1) (a) of the Employment Equity Act No.55 of 1988 and is based on the grounds of rights of people with disabilities (UKZN, 2004).

Concomitantly, it can be argued that UKZN is concerned about the access of students with disabilities hence universities are institutions where teaching and learning takes place. And these institutions are in compliance with universal access principles. [Therefore] by drafting and adopting this policy the university was in compliance with the existing legislation that emphasizes access to information. Furthermore, it can be argued that the University of KwaZulu-Natal is also championing the Access to Information Act No 2 of 2000 which was enacted with the intention to foster a culture of transparency and accountability in public and private bodies by

giving citizens the right to access information. Ideally, the operation of this Act should result in transparency and access to information regarding the services provided to every citizen in this country including persons with disabilities.

Moreover, it is worth noting that in South Africa there is a huge gap between policy formulation and its implementation. Regardless of how well designed the policies may be but the enforcement of them is highly uneven. Mubangizi (2008), is of the view that, “policy objectives have not as yet been, and could hardly be, transformed into concrete realities for disabled people. This is partly exacerbated by the application of poorly considered designed solutions.” This leads to policy failure whereby the policy does not serve the purpose it was designed for. Fittingly, Section 8 of the Policy on Student and Staff with Disabilities 2004 states that:

Responsibility for implementation of the policy will vest with every member of staff. All Deans and the Heads of Support Divisions are accountable to the Vice-Chancellor and shall be required to cooperate fully with the Diversity Manager and Executive Director Equity to ensure compliance with this policy (UKZN 2004).

Given the above, it can be argued that often participation of the target group is not always lively. They are often excluded as they do not sit in university council where these policies are debated and adopted. One may argue that this is against the DPSA motto which says “Nothing about us without us.” It can be argued that if students with disabilities are treated well in their respective universities they are likely to succeed. One may state that if universities are responsive to the needs of students with disabilities in every way, then there is no reason for students with disabilities not actively participate and compete with their counterparts.

2.6.6 Case studies of students with disabilities (Mthukrishnan, 2003)

2.6.6.1 Case study 1: Lillian's Experiences

Lillian was in her second year, studying social science subjects at the time of the project. She uses a wheelchair, sticks and her car to get around. Lillian chose her higher education institution mainly because it offered relatively good access to people with mobility difficulties. There are ramps into all the buildings that Lillian uses. Once inside, however, she is faced with a series of closed fire doors which she has to get through. If she has to push a door open, she can just about

manage that with her foot. If she has to pull a door, that is a trickier process from her chair. Sometimes she has to open both sides of a double door in order to get through, which makes the process even more difficult. There are several lifts but she sometimes has to take circuitous routes to get from the accessible entrance to the lift. When Lillian wants to use the library, she can access the ground floor, but all the books are on upper floors. There is a lift, but it is too small for her to turn her wheelchair around in, so she has to reverse out. Once upstairs, the book stacks are too close together for her to get her wheelchair between them. She sometimes leaves her chair and walks, but she finds this tiring and prefers not to do it for any length of time. Lillian's institution has stated a commitment to improve the accessibility of its physical environment. Adapting the physical environment can be costly, however, and those arguing for change accept that many other priorities compete for funds. Because it is unlikely that the obstacles which Lillian faces daily will be removed in the near future, she has been personally equipped to get around them. Using the DSA she employs a fellow student as her helper. He opens doors for her, gets books out of the library and uses the photocopier for her because it is too high for her to use comfortably from her wheelchair.

What can be deduced from Lillian's case is that there are many obstacles that exist in the physical environment that causes frustration to people with mobility difficulties. This results to persons with disabilities not to be able to independently move around and be able to access other university facilities without any aid from a helper needs to be paid. It can be argued that in Lillian's case her autonomy and right to privacy is at times compromised. Notwithstanding, the existing obstacles, it is however, noteworthy to acknowledge the efforts that the universities are sometimes trying to do to ensure that students are equipped with mechanism to move around. This means however, that the environment remains intrinsically disabling (Tinklin & Hunk, 1999) because it doesn't allow them to move around without being mentored first.

2.6.6.2 Derek: A Case Study on Low Vision and Specialized Software Support (University of Washington 3, 2001)

Derek was a new student with very limited vision, studying Japanese and political science at the University of Washington. He used large print text and a computer with enlarged images, and a large screen with reduced glare to access his study material. Derek made contact with the Disabled Students Support Services advisor and an assessment of Derek's needs was conducted.

The Disabled Students Support Services advisor contacted Derek's professors two months in advance of the upcoming semester. Derek was able to obtain reading lists for three out of four courses. These texts were then produced in large print prior to the classes. Further accommodations included the provision of a large monitor, screen magnification software, glare guard and a talking, grammar, spelling software for his computer in accessing his study material. In addition, the student's instructors also received written guidelines from Disabled Students Support Services advisor regarding Derek's individual needs, e.g. handouts in large print. Moreover, Derek had preferential seating in the front of the class and was permitted to tape record his lectures.

This case study shows how some other students can be taken care of regardless of the barriers that exist in institutions of higher learning. Staff can make teaching and learning process an easy and enjoyable journey for students with disabilities although this might impede them from excising their own style of studying.

2.7 Chapter summary

The existing body of knowledge does not encompass the robust solutions that will address the problem of exclusion of persons with disabilities. This hinders persons with disabilities to participate in their own development on an equal level with others. The literature does not also tell us how persons with disabilities can be included in society by having control of resources and institutions. Where pointers are made, the discussion is limited to the theoretical and policy levels. Very little substance is provided.

Given the identified gaps in the existing body of knowledge, it is of cardinal importance to come up with robust and practical solutions to address the problems faced by persons with disabilities, especially those based at institutions of higher learning. This study addressed these challenges by collecting authentic empirical data using philosophies that are tested for reliability and validity. Consequently, pertinent results were obtained which are different from those of the previous studies in the sense that they demonstrate the nature and extent of the problem from a practical viewpoint which enabled realistic and practical recommendations presented at the end of this dissertation.

In the foregoing discussion it is clear that there are numerous barriers that still hinder persons with disabilities to participate meaningfully in society. Despite the fact that there are instruments or mechanism such as CRPD, PEPUDA, and many more that were designed to protect and promote human rights, the violation of rights of persons with disabilities is still visible. It becomes apparent that the street level bureaucrats who enforce these policies and laws must be educated on how to enforce them to circumvent these instruments from being declared as failed. Continuous amendments of laws and policies, their monitoring and evaluation must be encouraged in order for their objectives to be achieved. It is on this premise that the current study was conducted and many more should be.

The next chapter focuses on the fundamental theories of disability which shaped this study. The theories or models in question are Medical and Social Models of disabilities. Their relevance to the study will be discussed and explanation on how they were applied in the presented study will be provided. Furthermore, the Human Rights based approach on disability forms part of the theories utilized in this study. Its relevance and application will also be explained accordingly.

CHAPTER 3

THEORETICAL FRAMEWORK

All human beings are equal in dignity and rights and that they are entitled to their human rights without distinction of any kind- United Nations

3.1 Introduction

Theoretical framework is one of the key aspects of any academic research project. Among other things it demonstrates that the author does not operate in isolation but links the study to the existing body of knowledge. In a nutshell, theoretical framework provides the context within which the study is to be understood. Labaree (2013) states that a theoretical framework is used to limit the scope of the relevant data by focusing on specific variables and defining the specific viewpoint (framework) that the researcher will take in analyzing and interpreting the data to be gathered, understanding concepts and variables according to the given definitions, and building knowledge by validating or challenging theoretical assumptions. Appropriately, theoretical framework is the most imperative component of the study. It serves as the guide towards correct direction of the study.

Since this study deals with persons with disabilities (herein referred to as students with disabilities) it employed related theories that explain in depth the issues of persons with disabilities. Theories that are employed in this study are models of disabilities (medical and social model of disability). The study also touched briefly on human rights based approach since education is the core of this study and it is also a right. Therefore, three theories were utilised in this study respectively. This chapter focuses on those theories and justifies their relevance to the study.

3.2 Models of Disability

Disability models are the mechanisms used by scholars in an attempt to explain the changing social perceptions about disability and disabled people. Ghosh (2012), states that these models emanate from the western hemisphere where persons with disabilities took a lead in claiming or demanding their rights. According to Oliver (1996), initially there were just two models: the

individual model, which looked at disability as a personal tragedy and of which medicalization was an important component, and the social model. With the rise of the medical profession in the late 19th and early 20th century, the medical model began to dominate views of disability (Midgley, 1993: 446).

3.2.1 Medical Model

In many instances persons with disabilities are viewed as persons who always require medical attention. Howell argues that “a person who has some kind of physical or sensory impairment is seen as being incapable of undertaking various activities in ways which are regarded as normal” (2005: 1). Fittingly, “such notions of disability imply that people who have impairments will always be seen as inferior, or second rate, or inherently flawed” (DPSA, 2001:10). Furthermore, this model dominated the understanding of disability for a long period of time, with the emphasis being placed on the vulnerability of disabled people. In addition, “disability was linked to a disease which needed to be cured and crucially, the people who had expertise to talk about the needs of disabled people were medical practitioners who were given the role by society of caring for the sick and disabled people” (SAHRC Equality Report, 2012: 34).

Ghosh, states that the medical model explains physical, sensory or cognitive disabilities in terms of biological or physiological deficits that denoted the influence of a medical etiology, and stressed the causal relationship of the origins and outcomes of various types of disabilities (2012: 5). Ghosh (2012: 6), further states that the main focus of the medical model is the disability as it relates to certain parts of the body, like the eyes, ears, legs, joints etc. and not the individual with an impairment. It must be noted however, that the concept of disability is highly contested which leaves anybody who defines disability to use what he or she thinks is correct. Some authors do acknowledge persons with impairment as persons with a disability because disability can be acquired at any stage in life and that injury may hinder one to perform certain duties by him. The culmination of this is that of persons with disabilities being given a prescription that they have to have which will enable them to become better.

Gosh (2009) citing Shakespeare (2006) acquiesced that “diagnostic labels are attached to people with different disabilities, and disabled people come to be seen as that group of people whose bodies do not work, or look different, or act differently, or who cannot do productive work”.

Howell argues that “such understandings of disability are premised on value judgments about what is normal and what is not” (2005: 2). Fittingly, it can be argued that most persons with disabilities are not given a chance to prove themselves that they can actually execute their duties without any obstacles should the necessary equipment to do so is made available. However, a blind eye cannot be turned on some naked facts such as; persons with disabilities all too often require special instruments or equipment to execute their duties. Perchance, it is of cardinal importance to state that even though persons with disabilities may execute their duties as expected the actual pace or duration of doing that work must be taken into consideration depending on the nature of disability.

Moreover, Shukraj points out that “the language associated with this model includes terms such as: impairment, disability, handicap, diagnosis and treatment. Such medical terminology, and the diagnosing of persons with disabilities, labeled them as persons who are in need of help and care.”(2008:78). As noted before, this culminates to persons with disabilities being handed over to medical practitioners to care for them. In light of this fact of persons with disabilities being handed over the two professional care givers, Hahn and Lonsdale affirm the aforementioned by postulating that the responsibility for such people is then handed over to medical and paramedical specialists for interventions designed to correct either the medical complications or the functional limitations of impaired individuals (Hahn 1985, Lonsdale 1990). And Lawson (2009:1) acquiesces: “A predictable consequence of a medical model understanding of disability is the segregation of disabled people. If they cannot be made normal then they must remain abnormal outsiders unable to cope with the real world.”

Given the aforementioned, persons with disabilities are mostly regarded as abnormal and often viewed as subjects who cannot make strategic decisions about and for themselves. Naidoo (2005) points out that the medical model of disability which has emerged from various negative stereotypes relies on false dichotomy of ‘normality’ and ‘abnormality. The society view people with disabilities as objects of charity that are not able to do anything constructive. In institutions of higher learning, staff and other students feel pity for them because they are viewed as helpless. They are viewed as people who need other people in order for them to survive. They are often regarded as people who cannot survive in some certain settings, for instance in instructions of higher learning. The medical model and the issues surrounding health and the handicapped

played a vital role in shaping and characterizing special education (Shukraj, 2008: 77). It subjugated peoples thinking about disability. This led to institutions for students with disabilities being created and referred to special schools which would only cater for them.

Appropriately, “the medical model was prescriptive about what bodies were acceptable to the broader society and played a role in marginalizing and silencing persons with disabilities and in keeping them hidden from society” (South African Human Rights Commission Equality Report, 2012: 34). The medical approach raises the question of normality, both in the sense of performing and conforming to a certain standard from which disabled people deviate. (Ghosh, 2012: 9). For one to be accepted by society he or she must be regarded as normal and if not that person will suffer marginalization, exclusion, and dehumanization.

Some authors hold the view that the model itself assumes that it is neutral in relation to particular political agendas but it can be shown historically to have marginalized and disempowered learners and students with disabilities. This model can be said to have neglected the rights of persons with disabilities. Their rights were and continue to be infringed and grossly violated because the model views persons with disabilities as the ‘other.’ Shukraj (2008: 77) claims that “it can be deduced therefore that the medical model has contributed to the development of the separate special education system.” When persons with disabilities attend normal schools they are viewed differently. Hence there are no special universities that are designed for persons with disabilities anywhere in the globe. This includes South Africa.

To-date the notation that persons with disabilities are just objects of charity is still in existence and believed by too many. Sullivan points out that under this model it is thus easy for people with disabilities to be viewed as weak and defective, needy and dependent (since they are assumed to require the aid of medical professionals), and generally incapable of getting good jobs, living on their own or participating fully in society (Sullivan, 2011: 9). In light of the above, it can be said that this is evident in institutions of higher learning where students with disabilities suffer extreme exclusion because of who they are. Howell points out that “People who carry out various activities in a different way from others or with some form of assistive device, including students in higher education, are seen as abnormal and inferior and thus dependent on goodwill initiatives and interventions to compensate for their perceived deficits” (2005: 2).

Perhaps the more intrusive, policies and legislation still allow people to view persons with disabilities in a way that they are dependent. Thus, often persons with disabilities are regarded as persons who are always in need of care, even if they are not. This raises a number of questions about their eligibility of living independently in a world that seems to be run by the so called able-bodied or non-disabled persons. Furthermore, it can be argued that persons with disabilities who are at the tertiary institutions are still faced with exclusion because they are thought that they are not physically well and mentally fit to be in tertiary institutions. Therefore, they will not cope with their studies in this irresponsive environment. It can be argued however, that “Effective policies in these areas will play a vital role in any society in enabling disabled people to live independently” (Lawson, 2006: 3). Formulation and implementation of such policies will enable persons with disabilities to exercise their right to free movement like others.

Congruently, physical access is one of the major barriers that hinder students with disabilities to have meaningful participation and to compete with their able-bodied counterparts in Universities or in any institutions of higher learning. It can be argued that if students with disabilities are not able to move around freely on campus this might impact negatively on their academic performance. It is evident that the South African government has enacted some policies to ensure that institutions of higher learning are inclusive.

Shevlin (2004: 17) argues that “despite some progress, physical access constitutes a crucial issue as many teaching spaces are inaccessible.” Within higher education contributory factors to the lack of participation include pervasive difficulties such as physical access, lowered expectations and poor level of awareness (Borland & James, 1999; Chard & Couch, 1998; Collins, 2000; Halloway, 20001; Tinklin & Hall 1999). Shevlin et al (2004) allude to the aforementioned by pointing out that, students with physical/sensory disabilities encounter so many practical difficulties that their ability to study can be undermined. It is worth noting that, all of the abovementioned have a negative impact on academic success of students with disabilities in institutions of higher learning. Thus the ramification of this is associating students with disabilities with failure while the obstacles that hinder them to have access to useful facilities are entirely not responsive.

Over and above, it is worth noting that some South African Universities were built during the times of apartheid where gross violations of human rights especially of persons with disabilities

were at the peak. The National building Regulation and Standard Act 107 of 1977 did not cater for persons with disabilities and this Act hasn't yet been amended. The culmination of this Act which could be said to be drafted and adopted based on stigma, stereo types and lack of creative reasoning is still evident even today in institutions of higher learning. This therefore led to these institutions not to be responsive to the needs of students with disabilities. Even though there are policies that have been crafted to circumvent students with disabilities to be excluded from institutions of higher learning, the predicament that the country is faced with is that of implementation of these policies which is going on a very slow pace.

Most importantly, the medical model is still dominating the thinking and behavior of the society towards persons with disabilities. As mentioned earlier/above, this culminates to persons with disabilities being continuously viewed as sick people who are always in need of care. Chen and Chu, (2011: 241), postulate that, "in this model, the disabled individual is categorized and defined by physical or intellectual capacities that are judged to be below the normal level." Chen and Chu (2011 citing Sunderland et al. 2009) argue that this illuminates to the primary moral criticism of the medical model: it represents people with disability as being defined by personal deficits and as being morally and socially equivalent to children. It can be argued that this leads to persons with disabilities being dependent on able-bodied persons.

3.2.2 Social model of disability

From the outset it is of cardinal importance to unpack the nature of this model and its relevance to this study. The Social model of disability was discovered by persons with disabilities themselves. Fuller et al, (2004: 304), acquiesce that "the social model of disability was developed by disabled people to more accurately represent their day-to-day experience rather than the medical model which it seeks to challenge." Congruently, Baron et al (1996 citing Fuller et al, 2004) point out that the medical model is premised on the notion that disability relates to an individual's impairment whereas the social model places an emphasis upon societal constraints and barriers to participation. It can be argued that "these include the design of buildings and vehicles, the structure and operation of organizations and the hostile or mistaken attitudes of individuals towards them" (Lawson, 2009: 4). The Social model theory "is appropriate for the purpose of this study, because it offers a way to understand both subjective experience and social process" (Chen and Shu, 2011: 242).

Basingstoke and Macmillan, (1990: 17) state that “the importance of these social factors in the exclusion of people with impairments is highlighted in the social model of disability which reserves the term ‘disability’ specifically for exclusion resulting from societal barriers.” Once a person is identified that he is living with a particular disability, the society will feel pity for him and some stereotypes about disability will be used and as a result exclusion will occur. Mthukrishnan (2008: 18) argues that “it is suggested that obstacles to education, employment and social relations exist, not because of individual incapacities but due to the physical and attitudinal barriers, socially and politically constructed by the environment.” As a result, “societal factors operate to exclude” (Lawson, 2009: 4), persons with disabilities.

Persons with disabilities are fighting tirelessly to eradicate these factors that seem to exclude them from active participation and being viewed as the ‘other’. As Brisenden states that, “we are seen as abnormal because we are different we are problem people lacking the equipment for social integration” (Brisenden, 2007: 175). Fittingly, disabled people are seen as weak, pathetic and in need of sympathy when they are referred to as 'cripples (Brisenden, 2007: 174). Often the door to privileges and opportunities is shut on them purposefully because they are viewed as “outcast in a society that demands conformity to a mythologized physical norm (ibid, 2007: 175). This has a great negative impact on individual’s personality or self-esteem. And it also results to persons with disabilities regarding themselves as passive, to live up to the image of themselves as objects of charity who should be always expecting and seeking help from others even if it is unnecessary.

Brisenden (2007) argues that this teaches persons with disabilities a conditioned uselessness, which is not based upon their actual physical or intellectual capabilities, but upon the desire to them he further believes that they are drain upon society’s resources. Mostly, this culminates to persons with disabilities being excluded from all spheres of social life (Ibid, 2007:175). On the other hand government and other human rights institutions are trying to improve the environment to suit and respond to the needs of persons with disabilities. The South African government is trying to ensure a barrier free society for all persons with disabilities in all spheres of life. However, this is compromised by the stigma and the attitudinal barriers that are still in existence in the society. Society is not educated about disability issues hence persons with disabilities are still viewed as the other.

Moreover, one may argue that stereotypes and traditional or cultural practices still play a major role in the exclusion of persons with disabilities. For example, in Tanzania there is a huge prevalence of children being born albinos. As a result albinos are often killed because it is believed that “the blood and bones of an albino would bring people wealth and prosperity” (Alexander et al, 2009: 8). More similar cases are reported in other countries in Africa whereby persons with disabilities are hunted. In Ghana infants are killed right after they are born once they are noted that they will live with a particular disability. For example, “babies born at the same time from some misfortune that befell their family—were considered “spirit children,” as in “possessed by evil spirits.” To fix that, “concoction men” would make the babies drink poison. And then they would die (<http://www.psmag.com> . Accessed on 27 October 2013)

This is because disability is regarded as a taboo in their culture and communities. What can be deduced from the aforementioned is that culture is playing a huge role as a determining factor whether one will live or not. The GMC posits that traditional models of disability foreground medical diagnosis and impairment, whereas more contemporary social models denote the problem as societal rather than individual. From this social perspective, disability is understood in terms of the barriers which prevent individuals with impairment from taking full part in higher education (Cook et al, 2012: 565)

Fotim (2009: 23) acquiesces: “traditional attitudes and stereotyping of the abilities of learners still lead to exclusion and reinforcement of the notion that learners with disabilities do not have a future in higher education”. This is the consequence of the stereotype that is embedded in the core of society that persons with disabilities cannot do anything constructive. However, persons with disabilities are no longer tolerating the abuse and negativity that they receive from society. They try so hard to make their way to the top regardless of what the society thinks of them. Mthukrishnan (2003: 18) argues that “this model insists on the social validation of disabled people's place in society” where persons with disabilities will have access to education, information, private and public facilities on equal level with others.

The barriers constructed by the society are the main limitations for people with disability, not their physical or intellectual impairments (Chappell et al. 2001; Sunderland et al., 2009). As far as higher (university) education institutions are concerned, there has been some evidence that these institutions are trying to ensure that students with disabilities are well taken care of. This is

done “to ensure that students are challenged to provide an atmosphere that is supportive and encourages academic success.” (Baker et al, 2009: 309). Baker et al citing Houck et al stipulates that however, “the label of disability may influence faculty members’ expectations of students and there may be a general lack of sensitivity to the needs of students identified as having a disability (Houck, Asseline, Troutmer & Arrington, 1992). In light of the above, it is evident that the university staff still holds some stereotypes that can be a barrier to students with disabilities’ success.

In some studies, faculty exhibited behaviors that can compromise the classroom climate for students with disabilities. This included behaviors such as directing negative statements toward students about their disabilities and accommodations or questioning the legitimacy of the student’s request for accommodations (Beilke, 1999; Jensen, McCrary, Krampe, & Cooper, 2004; Kurth & Mellard, 2006). By so doing, this culminates to students with disabilities feeling like they do not deserve to be in this setting because of who they are. This also leads to negative thinking that they did not earn being in University hence their legitimacy is being questioned.

Given the aforementioned arguments, it is clear that students with disabilities are still socially excluded in universities. They are still viewed as the other, the people who are always in need. Stigma toward persons with disabilities is caused by ignorance and prejudice. It can be argued also that it is further perpetuated by society’s lack of interest in learning more about disability and the issues of disability. This culminates to exclusion, discrimination and lack of participation of persons with disabilities. While persons with disabilities can do extremely well when they are given any horizon, they will go an extra mile to push the boundaries of performance. If societies perceive persons with disabilities as competent and having potential for success, we will recognize the strengths they possess and that they can use to empower themselves. Hence the social model is advocating for the persons with disabilities. Basing its argument on their experiences rather than what the society think of them.

3.3 Human rights-based approach

The Human rights-based approach on disability forms part of the theories that were employed to guide this study. The primary purpose of employing this method was based on the premise that

the rights of persons with disabilities are grossly violated in a number of ways. The Human rights based approach is based on international values and standards set out in the Universal Declaration of Human Rights and other international human rights treaties (Griffin 2006). Linked to this study is the Convention on Rights of Persons with disabilities (CRPD). It seeks to achieve a specific objective: the promotion, protection and full and equal enjoyment of all human rights by persons with disabilities and respect for their inherent dignity. (Article 1, CRPD).

The human rights-based approach advocates for equal rights for all peoples including persons with disabilities. It advocates for recognition of rights and quality life of persons with disabilities. Pachauri (2009) cited in Mavuso (2013) states that the rights-based approach as a framework advocates that services are accessible to all segments of the population. It also emphasizes the promotion of quality of life and free choice for all individuals, especially those who are vulnerable because of poverty, stigma, marginalization and violence (Pachauri, 2009; Department of International Development, 2004).

This human rights-based approach is a conceptual theoretical framework based on international values and standards, set out in the Universal Declaration of Human Rights and other international human rights conventions (United Nations, 2006:15). One of the most imperative objectives that are entrenched in the Universal Declaration of Human Rights and the Convention on Rights of Persons with Disabilities (CRPD) is the promotion of quality life and free choice for all individuals, especially those who are vulnerable because of poverty, stigma, marginalization, violence and other characteristics. It is evident that persons with disabilities do not have full access to institutions of higher learning because these institutions are not responsive to their personal needs.

O'Connell stressed that education goes far beyond the classroom and a certificate. He describes it as a human right as with knowledge and education come the power for decision-making, increased levels of health, employment opportunities, a decrease in the many inequalities between South Africans and a stronger, functioning society. In contrast, without education, we lack a foundation for development and progress and thus limit South Africans' potential for growth (<http://www.ngopulse.org>). A central principle of a rights-based approach is equitable access and non-discrimination (Griffin 2006). In light of the aforementioned, government in this regard maybe compelled to enforce proper education that will be beneficial to its citizens and its

growth. One may argue that by citizens it means everybody within the boundaries of a particular country including the previously marginalized, such as persons with disabilities, women and children. Pachauri affirms to the above by stating that the human-rights approach to access compels governments “to ensure equity in access to services and address the wider discriminatory policies and laws that can constrain access” Pachauri (2009: 4). Education is fundamental human rights that will help persons with disabilities to extricate themselves from menacing poverty that they are often found in.

In light of these robust facts by O’Connell and his associates, it is of paramount importance to state that, this right is the most imperative one, more especially for persons with disabilities. Hence they have been deprived of it for so many years to access it on equal levels with others. Given the fact that persons with disabilities form part of the society in South Africa and the constitution of the Republic provides for their rights, it is then of cardinal importance that the government uses its available resources to ensure that persons with disabilities have access to education on equal basis as others. The human-rights based approach to access compels governments “to ensure equity in access to services and address the wider discriminatory policies and laws that can constrain access” (Pachauri, 2009: 4). Given the aforementioned, the state must use its limited resources to ensure that South African universities and colleges are a barrier free environment. This will enable persons with disabilities to enjoy their right to movement, independent living, and access to information and this will stimulate their sense of belonging.

It is imperative to acknowledge the fact that education is a human right, a right that doesn’t have limits / boundaries to specific individuals but to everybody, therefore no one must be stopped from enjoying exercising this right. Fittingly, the South African Constitution of 1996 stipulates that, “everyone has the right to have access to health care services, including education”. The State is obliged to “respect, protect, promote and fulfil” the rights of all South Africans to ensure equal access to services (Constitution of the Republic of South Africa of 1996). This includes persons with disabilities and the elderly. The theories discussed here provide the context within which the present study should be understood.

3.4 Chapter Summary

It is clear from the aforementioned that the medical model of disabilities played an integral role in shaping the way persons with disabilities are viewed. To-date persons with disabilities are viewed as persons who are sick and in need of care. The exclusion that is evident today was and still is orchestrated by this model. Often we hear that persons with disabilities must attend special schools where they will be well taken care of. This forgets that there are no special companies or government departments that will only employ persons with disabilities. On the other hand the social model is advocating for inclusion of persons with disabilities hence it was founded by persons with disabilities themselves. This model is an articulation of the concerns of persons with disabilities. Given the above, persons with disabilities are still discriminated against and excluded by social barriers that hinder them to lead a meaningful life.

Moreover, the human rights-based approach tries by all means to ensure that persons with disabilities have access to all amenities that will enable them to lead a decent life. This includes having access to education and access to information at all times and at equal level with others. In the light of the discussion thus far, the theoretical framework chosen for this study is appropriate and useful for our understanding of the plight of persons/students with disabilities. The Human rights-based approach is utilized in study because education is a human right and anything that poses a threat to access to education must be thoroughly examined and addressed.

The next chapter comprises of the research methodology and methods that were utilized to collect data. There are some other methods and instruments which were utilized to ensure that the confidentiality and anonymity of participants were fully protected. Overall, the following chapter looks broadly at the methods used to collect and analyze data and guarantee the confidentiality of participants in every way possible.

CHAPTER 4

RESEACH METHODOLOGY AND METHODS

The discipline of the writer is to learn to be still and listen to what his subject has to tell him. –

Rachel Louise Carson

4.1 Introduction

Research methodology and methods are the backbone of any study. This chapter encompasses instruments that were utilized when empirical data was collected for this study. According to Oliver (1992), research on disability has had little influence and has made no contribution to improving the lives of disabled people. Zarb (1992:127) acquiesces: “Research has done nothing to contribute to the empowerment of disabled people.” Persons with disabilities are no longer keen to partake in any research because it doesn’t improve the quality of their life nor make them in anyway feel included in the agenda setting or society.

However, for any study of this nature to be conducted it has to involve participants who will participate in it. In order to have pertinent and reliable results the researcher must use appropriate mechanisms that have been proved to be reliable, valid, and unbiased; by so doing that will authenticate the findings of the study. It must be vividly remembered that this study is an investigation into the compliance of the University of KwaZulu-Natal with article 9 (Accessibility) of the Convention on Rights of Persons with Disabilities (CRPD). For pertinent results to be achieved appropriate philosophies and appropriate data collection strategies were used.

This chapter defines and expands on the methods employed in the study and also sets out the rationale behind the selected methodology. The manner in which the philosophies were used and methods for data collection utilized are stipulated herein. This study contained empirical evidence which was collected through the participation of students with disabilities at the University of KwaZulu-Natal as primary informants. 14 students with disabilities participated in the study and a DU coordinator who was based in Howard College was also interviewed.

4.2 Research Design

According to Selltiz, Deutsch and Cook “A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure” (1962: 50). According to Kumar, “through a research design you decide for yourself and communicate to others your decisions regarding what study design you propose to use, how you are going to collect information from your respondents’ (2011: 94). For this study to produce authentic, pertinent, reliable and valid results it was decided that the qualitative research method would be most appropriate. According to Polit and Hungler, (1994: 13), “Qualitative research is based on the premise that knowledge about humans is not possible without describing human experience as it is lived and as it is defined by the actors themselves.” Smit cited by Shukraj (2003) asserts that qualitative research has “a naturalistic character and assumes that social reality is constructed by individuals and the society they live in”. Shukraj (2003) points out that the object of qualitative research methods is to understand social phenomena through the responses of the selected respondents participating in the research. Furthermore, Terreblanche, Kelly and Durrheim (1999) cited in Mavuso (2013) affirm that qualitative researchers want to make sense of feelings, experiences, social situations, or phenomena as they occur in the real world and therefore want to study them in their natural setting. The study investigated the experiences and perceptions of students with disabilities regarding access to the University of KwaZulu-Natal. For this to be achieved the qualitative research method was employed.

It is worth noting that techniques that have been tested for their validity and reliability when conducting a qualitative study are case studies, documentary sources, interviews, and questionnaires. These are examples of qualitative method techniques. These techniques allow the researcher to interact with the participants in the study at all times unlike in the quantitative research method which focuses on quantitative data sets which are generally represented in numerical figures. Moreover, it must be noted that this study utilized the in-depth interview technique when the data was collected because the aim was to solicit the views and feelings of the people directly affected by physical disabilities.

It must be borne in our minds that the primary objective of this study was to investigate whether or not the University of KwaZulu-Natal conforms to Article 9 of the CRPD. It must be taken into

consideration as well that this study will include the experiences, interests and the challenges faced by students with disabilities at the UKZN-HC as far as accessibility is concerned. For example, this study authentically investigated the experiences of persons with disabilities regarding access to university facilities such as LANs, residences, lecture theaters, and other related facilities.

Moreover, the descriptive research method had to be considered, given the fact that some of the issues that were raised in this study were sensitive in nature, involving feelings and the living conditions of the participants (students with disabilities). Dawson et al, (2003:3), states that “descriptive research attempts to describe systematically a situation, problem, phenomenon, service or programme, or provides information about, say, living condition of a community, or describes attitudes towards an issue.” Bogdan and Taylor (1998: 135) affirm to the above mentioned by asserting that “of course, any good qualitative study, no matter how theoretical, contains rich descriptive data: people own written or spoken words, their artifacts, and their observable activities.” These views guided this study.

4.3 Sampling Method

The research study was carried out at Howard College, Durban. The site for the research was primarily chosen because it is accessible to the researcher and it encompasses more students with disabilities than any other campus of the University of KwaZulu-Natal, which has five campuses.

Qualitative studies usually employ a form of non-probability sampling, such as accidental or purposive sampling, as well as snowball sampling and theoretical sampling (Sarantakos, 1993). Given the above mentioned, this study employed purposive or judgmental sampling method. According to Kumar (1999:162) “the primary consideration in purposive sampling is the judgment of the researcher as to who can provide the best information to achieve the objective of the study”. Therefore, the fundamental reason for choosing this method was because the identified population contained the characteristics that are highly likely to produce valuable information and the population is directly affected by the subject (Article 9 of the CRPD). Brown and his associates argue that one of the advantages of utilizing judgmental sampling method is that it allows the researcher to home in on people or events which are good grounds for believing will be critical for the research. Denscombe (1998: 15) acquiesces that one advantage of using

purposive or judgmental sampling is that “it allows the researcher to home in on people or events which are good grounds for believing will be critical for the research”. This premise guided the choice of this sampling method.

4.4 The selection and the characteristics of the subjects

Students who formed the sample group were selected based on the researcher’s judgment. Those students were:

- Registered students at the University of KwaZulu-Natal, Howard College Campus.
- The students had the following disabilities:
 - Cerebral palsy
 - Blind
 - Partially Sighted
 - Osteogenesis imperfecta
 - Osteogenesis imperfecta 3
 - Polio
 - Quadriplegic

Fittingly, it must be acknowledged that this study did not focus on one type of disability but on disability as a whole. Therefore, disability in this study was used as a blanket term. This means that every student who has a disability could be part of the study. It is of cardinal importance to state that UKZN has five campuses but the study was restricted only to Howard College Campus because it encompasses lots of students with disabilities than any campus in UKZN. The majority of students with disabilities are enrolled in these disciplines College of Humanities, Law and Management Studies. These are the colleges that encompass the majority of students with disabilities in UKZN. Although these colleges exist in both Pietermaritzburg and Durban campuses, but Howard College has more students with disabilities than Pietermaritzburg.

The researcher being a student assistant at the DU in HC campus was [therefore] prone to meet students with disabilities as they visited the DU office on regular basis. In light of the fact that the researcher was a student assistant at the DU, he was able to identify students who fit the criteria outlined above. Students, who fall under the criteria outlined above, were asked to form

part of this study. After their consent the objectives of the study were clearly explained to them and the interviews were conducted with informants in their suitable time.

4.5 Sample Size

The target population for this study was students with disabilities. The sample size was 8 male students and 6 female students with disabilities. These figures were informed by the time available to the researcher to conduct the study. In addition to these informants, the disability Unit Manager and one personnel from the senior management of the University of KwaZulu-Natal were included on the list of respondents.

4.6 Data Collection Technique

There are multiple ways of collecting data when a study is being conducted. Fittingly, this study employed in-depth interviews with students with disabilities and university management who are closely working with them. In-depth interviews were useful for this study because they allowed respondents to express their views, perceptions and opinions regarding their access to the University of KwaZulu-Natal, Howard College Campus, drawing from their own experiences. In this regard, interviews were preferable to the use of questionnaires, so that the emotions, experiences and feeling of the respondents could be adequately explored and captured, rather than just being reported in a word or two (Denscombe, 1998). The aforementioned technique was employed, which was aimed to be of assistance in reducing biases that sometimes come with the predetermined answers as respondents are free to express their opinions. Of great importance, it must be acknowledged that in-depth interviews are useful for data collection as the in-depth interview “merely extends and formalizes conversation” (Greef, 2002: 282).

Given that this study touched on sensitive issues of students with disabilities it was anticipated that during the process of acquiring data from the respondents they might become emotional and uncomfortable. To circumvent any drop-out from the study and participants to be secretive the appropriate space and techniques to calm the respondents down were appropriately implemented.

4.7 Data Analysis and Presentation

The interpretive analysis was used to analyze the data that had been collected. The objectives of interpretive research is to “piece together people's words, observations, and documents into a

coherent picture expressed through the voices of the participants” (Jessup & Trauth 2000:12). Data was arranged thematically and the results were presented in the form of discussions, tables and charts (depending on the nature of the responses that was provided by respondents).

4.8 Ethical Issues

This study did not involve persons who are mentally incapacitated although they also form part of persons living with a disability. This was a deliberate decision taken to avoid complicating the logistical arrangements of the study and to avert a situation whereby questions would be raised about the credibility of data obtained from such people. Furthermore, the university does not authorize studies about persons with this kind of a disability. As stated above, only students from the University of KwaZulu-Natal, Howard College Campus participated in this study.

4.8.1 Anonymity

The personal information of the respondents was withheld (such as names and surnames of the respondents) and it was never used in the final analysis. The respondents who took part in this study remained anonymous and this was ensured by using coding where applicable, for example, respondent A, B, C. Given the fact that the researcher recorded the interviews using the tape device respondents were rest assured that the information would remain in the hands of the researcher and never be shared with anyone else. They were assured that tape records would be destroyed once the researcher had used the information for the study. This is in accordance with the University of KwaZulu-Natal Policy which states that “students rights to privacy shall be respected and information disclosed shall be treated with due regard to issues of confidentiality and propriety” (UKZN disability policy, 2006: 9). Furthermore, respondents were informed about the fact that the information they have given will be utilized only for the purpose of this study and that their anonymity will be hundred percent well-looked-after. This is in line with the consent form that was presented or read out to the informants prior to the interview sessions and issued to them for signing as part of confirming their verbal consent.

4.8.2 Informed Consent

Students who participated in this study were students with disabilities, who are currently registered and studying at the University of KwaZulu-Natal, Howard College. It is of great importance to acknowledge the fact that this study is coded red meaning it deals with one of the vulnerable groups who can be taken advantage of. However, in accordance with ethical principles of research, none of these respondents were forced to participate, nor were they coerced with the promise of some benefit upon agreement (Muthukrishnan, 2003: 39). From the outset, the terms and conditions which are in line with the university policy were outline to them. Each participant was asked to sign the consent form that guaranteed his or her anonymity and that his or her participation was on voluntary basis therefore option to terminate their interview at their discretion was also explained intensively.

4.9 Limitations of the Study

One of the limitations that were encountered was that students with disabilities were used to the researcher because they often interact with him during their frequent visits to the disability unit at the same institution. Therefore somehow they were not comfortable to disclose or answer the questions openly. However, being assured by the researcher that their responses were needed strictly for the purpose of the study they opened up and responded to the questions asked.

4.10 Conclusion

This chapter comprised of a very detailed description of philosophies that were utilized which enabled the researcher to effectively collect data. The chapter explained the qualitative method in-depth as it was a method used to collect data from the participants. The chapter also highlighted the purposive or judgmental sampling method that was employed to select a sample and the reasons behind this decision. The following chapter will be a discussion on the research results and contextualization of collected data so that meaningful conclusions could be drawn in chapter five. _.

CHAPTER 5

DATA ANALYSIS AND DISCUSSION

Nothing about us without us- DPSA

5.1 Introduction

The purpose of this chapter is to analyze and discuss empirical data obtained from the respondents about the subject matter which investigated whether or not UKZN complies with the existing disability legislation. The chapter further presents the findings in a qualitative format in line with the decision espoused in the research proposal which was prepared before the study was conducted and subsequently reiterated in the methodology chapter above. In total, 14 interviews were conducted with the informants and one interview with a representative from the university, who is a coordinator of the disability unit. It must be noted that in most instances the respondents' quotes are presented verbatim and in italics with an intention of distinguishing them from the general discussion of other findings.

Furthermore, other information, such as general observation and other documents used by the researcher were utilized as secondary data. The data collection process happened over a period of about a month and two weeks (or over a month and a half). In quest of analyzing data that was acquired, this was done by categorizing sections distinctively into four. This was further broken down to prominent themes namely, profile of respondents, general problems, limitations and difficulties encountered, services provided by support structures and the attitude of the University Community towards students with disabilities.

5.2 Profile of the respondents

The envisaged sample at the beginning of this study was 20 respondents. However, in total only 14 in-depth interviews were conducted due to some students with disabilities not willing to share their experiences and some of students had a very tight schedule. The study employed a slightly heterogeneous sample with respect to age, gender, level of study, and nature of disability. Of that sample, 8 participants were male and 6 were female. It is worth noting,, however, that according to Census 2001 it reported that there are more women with disabilities than men in South Africa.

The rationale for having different students who are doing different degrees and at different levels of study was to present their experiences and try to understand their lived experiences at various times and contexts regarding access to UKZN facilities at Howard College Campus.

Data collection for this study was done in the evenings during the week. This was because during the day students were busy with their academic lives; therefore the researcher could not get a chance to interview them during the day. At UKZN, approximately 99.99% of students who stay at residences are blacks. This led to all the participants to be Africans (Blacks) and South Africans. There are no international students with disabilities enrolled at UKZN. All participants were registered students at the University of KwaZulu-Natal, Howard College Campus for the academic years 2013 and 2014 respectively. Furthermore, all participants were residing in different university residences reserved for students with disabilities. It is worth noting that 90 percent of the participants did their primary and high (secondary) school education in special schools while the remaining 10 percent attended mainstream schools.

5.3 Age

The majority of the participants were relatively young students between the ages of 16 and 25 years. This shows that the majority of students with disabilities who are currently at universities are relatively young. Table 5.1 will show the number of participants in this study according to their gender and age.

Table 5.1: Participants' Age and Gender

Age in years	Females	Males
	%	%
16-25	4	4
26-30	1	4
31-Above	1	0
TOTAL	6	8

Source: Compiled by author

5.4 Times when the impairments/disabilities amongst the respondents were incurred

The majority of the respondents were not born disabled but they acquired a disability as they grew up. Only five out of fourteen were born with a disability and the rest acquired it as they grew up due to a number of causes. It is worth noting that those who were not born disabled acquired the disability at a very young age. 90 percent of the participants highlighted that they were younger than ten years of age when they became disabled.

5.5 Nature of disability

Students who participated in this study had different impairments, therefore their needs are different; so is the kind of assistance they require from the university. Table 5.2 below shows different types of disabilities or impairments that the participants had and the number of students with that impairment.

Table 5.2: Type of impairment and Number of Participants

Impairment	Number of students
Blind	6
Partially Sighted	1
Cerebral palsy	3
Quadriplegic	1
Polio	1
Osteogenesis imperfect	2
TOTAL	14

Source: Compiled by Author

It must be borne in mind that all the participants in this study had different disabilities, which means that their special needs differ from one student to another. Therefore, that requires the university to ensure that each and every one of them is catered for based on his or her disability.

It must be further noted that all of the participants in this study were keen to be involved in many things that other students partake in such as sports (Tennis, cricket, and basketball), gym and so on and so forth. Some of these students, especially those who are visually impaired were involved in sports like blind cricket which the university does make available to them. However,

it is noteworthy to state that it was impossible for others (such as those who are wheel chair users and crush users) to be involved in sports because the environment is not responsive to their needs. This means that the environment does not entirely cater for them. It must be borne in mind that these students are charged the same amount of fees as other students even though they do not have equal access to these facilities on equal basis with others. This was presented as a concern by a number of participants who felt let down by the university.

These participants were more than willing to engage with other students in any form be it academic discourse, social engagements and personal matters. It can be argued that this also plays a pivotal role in maximizing their independence and somehow develop their interpersonal skill. In essence, despite their various disabilities, the participants felt that they should be treated like all other students. However, they were of the view that they should be afforded such an opportunity by the university which should ensure that their disabilities are catered for to enable them full participation in university activities like all other students.

5.6 General problems, limitations and difficulties encountered by students with disabilities.

A number of challenges were highlighted by the informants as impediments to their full participation in their education and other university activities. Out of myriad challenges that they come across, lack of environmental/physical access and access to information and technologies were hefty ones and often cited. Almost every participant highlighted this as a major challenge or barrier that hinders him or her to actively participate and have equal access to facilities with others.

- **Access to university facilities (libraries, lecture theatres, and residences)**

Respondents showed a great understanding of what the university was all about and what is expected from them as university students. They knew that as students they ought to report for lectures, tutorials and practicals so that they can earn their duly performed certificates well known as 'DP mark'. However, the vast majority of the participants reported that there were many barriers that hindered them to access lecture theatres. This hinders them to attend lectures and tutorials as their able bodied counterparts do. Lack of physical/environmental access to lecture theatres further segregates students with disabilities from other students. This makes it hard for them to access information and interact with other students and lectures on equal basis

with others. It was reported that all too often elevators, particularly in MTB, which are meant primarily for persons with impairments but also open for usage by those who are abled are usually out of order, thus making it difficult for them to access lectures and tutorials as well as some lecturers' offices for consultation. One respondent mentioned that,

Most of the lecture rooms have stairs and the library as well. Most of the time lifts are not working which makes it difficult for us to go and attend lectures and to even go and consult our lecturers (Ngizwe¹ #male).

One female respondent expressed the same concern and said,

I believe that the first priority for UKZN is to ensure that we study but we are unable to attend most of the lecturers because lecture theatres are not accessible. There are lots of stairs all over the campus. Since we are experiencing load shedding, lifts do not work, in fact most of the time they do not work we are unable to attend. At the end of the day we are expected to pass.....how? (Nomaphinifa #female)

“Ey! Ey! Ey! Let’s not even go there because these people do not take us very seriously. These elevators only work sporadically and I have not attended economics this month. This is because they have moved economics from Howard College to Westville campus. I tried to travel by bus but the bus driver told me that I cannot use the bus because there is no one who will take me off from my wheel chair and put me on a bus seat. If it happens that I make it to Westville I cannot access the venue where economic lecture is held because there are stairs and ramps are too steep and lack accessible handrails, so I am afraid of even attempting to use it because I will fall. (Nozizwe #female)

Students with disabilities feel that somehow the university does not care about them and their special needs. They are of the view that it is their duty to find mechanism that will empower them to cope with obstacles that they come across at the university. This comes after numerous reports about elevators that are out of order, too steep ramps for wheel chair users and a campus that is disorienting with a myriad of obstacles on the pathway.

¹ All the names used on this data analysis chapter of the study are false

Furthermore, respondents reported that even if they can make their way to lecture theatres they are still faced with numerous obstacles that limit their participation in class. It was reported that some lecturers often forget that they have students with visual impairments or total blind students in their classes. For example, some lecturers when explaining things they do it so fast. One respondent (Mduduzi) explained,

At times lecturers will go extremely fast and they do not put notes on the learning site.... (Mduduzi #male)

Other respondents stated that when they query this behavior of lectures, the lectures argue they won't be given any special care because they are disabled. This in some way demotivates students with disabilities to go for consultations because they are regarded as persons who need special attention that they do not deserve.

A more similar experience was reported by another respondent Nokulonda, who stated that when a lecturer was asked if it would be possible to change a venue to a more accessible one she [the lecturer] answered by saying,

Why would we change a venue for just one disabled student? What is it that is so special about her? (Nokulonda #female [words of a lecturer])

Given the aforementioned, this takes us back to a previous chapter (chapter 3), where it is stipulated that the medical model plays a huge role in perpetuating arrogance and stigma about persons with disabilities amongst those who are not. Parsons, Dreeban and Inkeles, (cited in Peters, 1993), states that such statements lend credibility to the fact that the medical model has negatively impacted on learning for visually impaired students. Because the medical model focused on the deficits in the learner rather than the educational systems, there has been a failure in addressing the shortfalls in reasonably accommodating these students' with special needs, in this case lecturing techniques. Often students with disabilities are regarded as sick and as people who should not be at the university but at home being given extra care. This only doesn't serve as a barrier to access to physical environment and information but also as a bad attitude towards students with disabilities and has a long-lasting psychological impact to the students.

Furthermore, given that a majority of respondents in this study studied in special schools, therefore they are used to an environment that is responsive to their needs. An environment that is inclusive, whereby they were provided every support that they required be it electronic books which enabled them to study efficiently, jaws, proper mobility orientation and so on and so forth. However, the same could not be said about UKZN where all books at the libraries are in hard copies and can be read by only those who can see. A respondent who is greatly affected by this reported that

The main library is full of books which are in visual format not digital. As for me when I need to make use of the book I need to get someone who will read it for me or I must it take it to DU which is a process that delays me, because the DU takes long and here I am sitting wasting time while other students are submitting their assignments

The above response clearly shows that students who are blind in particular are faced with a myriad of obstacles, from mobility to inaccessible information. And nothing is actually done to correct these problems with an intention to ensure that these students have physical and easy access to information as stipulated in the university disability policy.

Other respondents who are not blind but wheel chair users complained about the doors that they cannot open when there is no one to assist them. One respondent expressed her discontentment by saying,

Some lecture venues are not accessible; the handles are sometimes too high for us to reach (Nokuzola #female)

This prevents her from accessing lecture theatres since she cannot open doors for herself and enter the lecture hall/theatre. It can be argued that this is an infringement of her right to free movement and access to buildings as guaranteed in CRPD and the constitution. [Therefore] for this student to gain access to these venues she must always have someone who will always accompany her to assist her on this regard. This means that she should hire someone to assist her because there is no student who can always be beside her to open up doors for her wherever she goes because that student too has to attend lectures elsewhere. A more similar experience can be deduced from Lillian's case whereby she stated the following:

Lillian was in her second year, studying social science subjects at the time of the project. She uses a wheelchair, sticks and her car to get around. Lillian chose her higher education institution mainly because it offered relatively good access to people with mobility difficulties. There are ramps into all the buildings that Lillian uses. Once inside, however, she is faced with a series of closed fire doors which she has to get through. If she has to push a door open, she can just about manage that with her foot. If she has to pull a door, that is a trickier process from her chair. Sometimes she has to open both sides of a double door in order to get through, which makes the process even more difficult. There are several lifts but she sometimes has to take circuitous routes to get from the accessible entrance to the lift. When Lillian wants to use the library, she can access the ground floor, but all the books are on upper floors. There is a lift, but it is too small for her to turn her wheelchair around in, so she has to reverse out. Once upstairs, the book stacks are too close together for her to get her wheelchair between them. She sometimes leaves her chair and walks, but she finds this tiring and prefers not to do it for any length of time. Lillian's institution has stated a commitment to improve the accessibility of its physical environment.

Adapting the physical environment can be costly, however, and those arguing for change accept that many other priorities compete for funds. Because it is unlikely that the obstacles which Lillian faces daily will be removed in the near future, she has been personally equipped to get around them. Using the DSA she employs a fellow student as her helper. He opens doors for her, gets books out of the library and uses the photocopier for her because it is too high for her to use comfortably from her wheelchair.

Given the above case study, it came to the researcher's attention that the issue of access to information was a very sensitive one, since students with disabilities regarded themselves as students who are excluded and taken advantage of.

The interviews conducted revealed that lack of access is the greatest barrier to their academic success at the university. Ninety percent of respondents reported that it is a predicament for them to access lecture theaters because of stairs and lifts which are often out of order. This proves lack of sufficient understanding of issues regarding disability and efficiency from the university which claims to be inclusive while it doesn't take very good care of its students with special needs.

Respondents indicated that they were unhappy about the broken facilities on campus that hinder them not to attend their respective lectures. They also remarked that even if they report this to disability coordinator at the disability unit nothing gets done. Like any other student, respondents expected that their grievances be promptly attended to.

You see we are always complaining about these lifts yet nothing gets done. This is why I now regard DU as a toothless dog when it comes to issues of physical access here on campus (Ngizwe #male)

- **Access to residences**

UKZN reserved some of its residences for students with disabilities. Those residences are made more accessible by these students. In fact not that those residences that are reserved for students with disabilities are built in a special way but the only discrepancy between them and other residences is that they are closer to campus. The respondents indicated that there is only one floor that could be said to be accessible to them, not the entire residence. This keeps the number of students with easy access limited.

The majority of students with disabilities expressed their discontentment with the residential setting which keeps them away from other students. They argued that this somehow compromises their healthy relationship with others and makes them feel further segregated and regarded as ‘the other’.

One respondent said,

Why are we grouped together as if we are different from other students, this is some form of discrimination. All residences must be made accessible by everyone because we also do have friends who are not disabled (Benedict #male)

The former University of Natal before it became the University of KwaZulu-Natal in 2004 was not a self-catering university. Students were served their meals in a dining hall. When the university was transformed not much was done to ensure that students with disabilities will be able to cook and clean for themselves. The university also did not put in place any mechanism that would enable these students to lead a normal and independent life free from any barriers. To a great extent their freedom of movement, privacy and independence was compromised and

impinged. With regards to their residences for instance, respondents indicated that those who are wheel chair users could not reach stoves when they want to cook because plates are too high and therefore not easily accessible.

One respondent stated that,

I have never cooked before in my life but when I got here that was my first encounter with the pot and a stove. I nearly burnt myself with oil because the stove was too high and I could not reach the pot. There are no aunts who can help us cook, often we eat take-away and that is not healthy (Muzokhona #male)

Similar experience was reported by a female respondent Likhona and she said,

I nearly got burnt by oil this other day because when I was trying to cook, the stove was too high for my reach so I couldn't properly cook. (Likhona #female)

Respondents are of the view that the manner UKZN builds are designed is not responsive to the needs of the students with disabilities. Hence their right to living independently and being included in the community is grossly violated. For example, kitchens, television rooms and bathrooms are not user friendly. Furthermore, respondents also indicated that not all levels in these residences that are regarded as inclusive or accommodative to students with disabilities are accessible. Respondents highlighted that the toilets are built with no provision to sit. This requires them to come up with a mechanism that will enable them to utilize a toilet sufficiently. They reported that they find this inconveniencing.

Other respondents stated that,

These toilets do not have toilet safety frames that assist in getting up from the toilet, so the chances of getting hurt are very high (Nozizwe #female)

Whenever I want to use a toilet more especially when I am on campus I have to go a very long way because in Shepstone building for example there is no toilet that I can use. So I have to go all the way from Shepstone to Student Union (SU) so that I can use a loo (Benedict #male)

In chapter three of this thesis it was mentioned that the University of KwaZulu-Natal was built for able-bodied persons. During its building phase persons with disabilities were never on the plan of the architects. This is consistent with claims that all buildings at the University of KwaZulu-Natal and other public spaces were solely built for ‘normal people. It is therefore imperative to make the public and outdoor environment more accessible to disabled people at the University of KwaZulu-Natal which would significantly improve the quality of lives of disabled people in general.

However, it must be noted that some (even though relatively small number) of respondents stated that physical access and access to information at times entirely lies on the nature of disability. A student who has a cerebral palsy or polio and uses crutches when walking may not encounter many barriers that are encountered by a student who is a wheelchair user or blind. The former may be able to circumvent some of the barriers to access that a wheelchair user may not because of the equipment, s/he utilizes when moving around campus.

- **Access to the clinic, sport fields, gym, and other facilities**

Transport

Initially few respondents were affected by lack of accessible university transport since the majority of them were attending at Howard College campus only. However, for those who travelled from Howard to Westville and back on a daily basis, access to transport was among the major factors that contributed immensely to limited access to information at UKZN on equal basis with others.

As mentioned earlier, UKZN has five campuses; four of them are in Durban (Howard, Westville, Medical School and Edgewood) and one campus is in Pietermaritzburg. Amongst these campuses two of them share several courses; those are Westville and Howard College. There are courses that are done in both campuses and students are allowed to register them. Students from Howard College sometimes attend their classes in Westville and vice versa. Some of the students with disabilities who reside in HC have some modules that they have to attend in Westville given the structure of their degree(s). Respondents reported that there are multiple obstacles that prevent them from accessing university transport. Students with disabilities are not allowed to

use the inter-campus shuttle as it was not accessible. That resulted into students with disabilities not having equal access to transport and information.

One respondent reported that,

I have not attended economics this month. This is because they have moved economics from Howard College to Westville campus. I tried to travel by bus but the bus driver told me that I cannot use the bus because there is no one who will take me off from my wheel chair and put me on a bus seat. If it happens that I make it to Westville I cannot access the venue where the economics lecture is held because there are stairs and ramps are too steep and lack accessible handrails, so I am afraid of even attempting to use it because I will fall. (Nozizwe #female)

A case of a student from the University of Stellenbosch who was refused entry into a bus by a driver because he claimed that dogs were not allowed to enter the vehicle could be used as an example.

If students face such hefty challenges as far as access to university transport is concerned, this means that they have to pay for their own private transport to take to another campus. In case of a student from Howard College who wants to go and attend a lecturer or a tutorial in Westville, who cannot travel by bus had to hire a cab. The cab costs her approximately R150 a trip.

I had to hire a cab (Ukhezo cab) to take me from Howard and to Westville because it was clear that I was not going to attend my economics lecture and tutorials if I do not. The university doesn't care about me at all, whether I make it to class or not and how. (Nozizwe #female)

- **Access to healthcare facilities on campus**

With regards to access to healthcare, respondents had mixed feelings about access to these facilities. Both negative and positive remarks were made about access to healthcare facilities at UKZN.

Students with disabilities reported that they had trouble accessing healthcare services facilities and access to adequate rehabilitation services and devices that are available on campus. Some of

the respondents indicated that these facilities are located in a place that is very hard to reach, especially by those who are wheel chair users. Furthermore, healthcare workers were reported to be not well informed about disability issues. Female students in particular reported that health professionals do not regard them as people who are capable of having families one day.

One respondent reported that,

A nurse refused to assist me with the family planning process; she repeatedly asked how am I sexually active as I am not well? (Bathandwa #female)

This shows how troubling attitude towards persons with disabilities by healthcare professionals can be like. Even in an environment where one could least expect such a propensity from qualified personnel who are working in an institution of higher learning. In chapter 3, we have discussed the issue of the medical model at length and outlined its consequences, whereby Lawson (2009:1) points out that “medical model understanding of disability is the segregation of disabled people; if they cannot be made normal then they must remain abnormal outsiders unable to cope with the real world”. It is clear that meaningful reforms are essential in South Africa so that students with disabilities have access to healthcare facilities on equal basis with others.

Furthermore, access to campus clinic is a quagmire for students with disabilities, as HC is made up of myriad of stairs, especially in Shepstone building where campus clinic is situated. It is worth noting that there are no elevators that could assist them to reach the campus clinic more easily. A student who is on wheel chair has to go around campus and use another entrance of the university in order to access the clinic. Accessing healthcare facilities on campus is impossible for students with disabilities. The following quotes illustrate this point vividly:

To some of us, campus clinic is something that does not exist; I always take a cab to King Edward when I am in need of primary healthcare because I know campus clinic is not accessible (Bathandwa #female)

I don't even bother myself by trying to go to campus clinic because it takes me forever, going around and round as if I don't know where I am going. It's better because I am still on my parent's medical aid (Nokulonda #female)

Access to health care facilities on campus for students who are blind was not necessarily a quagmire as they are able to climb down the stairs to the clinic, which is something that a wheelchair user could never do. A number of blind and partially sighted respondents, who were the majority participants in this study, indicated that they were comfortable about visiting campus clinic as it was easily accessible to them. Again, a number of blind students in particular explained that they were hardly ill-treated by healthcare workers at the campus clinic. They indicated that they were treated with respect and they hardly waited on queues if there was any. The following quotations explain in-depth the aforementioned:

I seriously do not encounter any problems when I have to go to the clinic. The nurses are very friendly and they understand me as a person who is blind. I am not treated differently and I always feel welcome. (Benedict #male)

Even though I don't often get sick but I have been to the campus clinic once or twice since I have been here, trying to reach the place for me was not a problem because I was told to go further down in Shepstone building until I reach the last level by the parking, and the nurses there were ok, I was welcomed with warm hands and I jumped the line and left early so 'nje' yah.....it was ok (Muzokhona #male)

Mina (I) can get to a clinic alone although there are too many steps and they could be a problem at times. But the clinic for me was ok, other than that some nurses think we are not capable of doing other things like having children, in fact that think we are going to increase people who are disabled (Mduduzi #male)

5.7 Services of supporting structures (Disability Unit and Residence Assistance and Matron)

Within the interviews that were conducted the questions that were utilized included questions which asked about the services rendered by the Disability Unit whether or not students with disabilities find the unit adequate. A synopsis on how the disability unit of the University of KwaZulu-Natal operates will be provided below and then the responses and analysis will follow.

The disability unit at the University of KwaZulu-Natal is under the department of student services. Yearly, the unit gets funds from the university to run the unit. Among other things that the unit utilizes its budget for is to buying equipment, repairs (computers and braille machines) and salaries of staff. Often all persons who are employed by the Unit are Masters and Post-doctorate students and they are employed on contract basis, which expires at the end of every semester.

With respect to the familiarity of respondents with the disability unit, all respondents acknowledged having knowledge about the existence of the unit. The interviewer asked how they got to know about the unit and the majority stated that they learnt about the unit through its coordinator. Others were informed by former high school teachers about it. All of the participants have utilized the disability unit since the first day they arrived at the university. All participants were also familiar with the services rendered by the disability unit and they affirmed its pivotal role that it is playing in their academic and residential lives.

The follow up question on their familiarity with the services that the disability unit renders, was whether or not the unit renders adequate services. Different views on this subject transpired as participants had different disabilities and experiences. As six out of 14 participants were blind, they expressed their discontentment with the quality of their study materials that is prepared by the unit. Students who are blind relied heavily on the disability unit because they have no other alternative to resort to as far as their study materials were concerned.

In addition, it has been enormously reported that the university is not sure whether the disability unit must be operational or not. This often results to delays in terms of allocation of budget and hiring staff members that will assist students with disabilities. Given the aforementioned, students end up not receiving their notes and other study materials on time because the Disability Unit is dysfunctional. Given the predicament that students with disabilities find themselves in, of not receiving their study materials on time, this culminates to their assignments being late and they get penalized for that. They are often left with no option other than to resort to alternatives such as asking their friends for assistance or hiring personal assistants. This is not always possible hence this heavily lies on the goodwill and availability of other students. Hiring a personal assistant requires one to have an inflow of cash so that he or she can pay for the service rendered by the assistant.

A number of respondents highlighted that they had to wait longer period to receive their study materials. It was further highlighted that the cause of this quagmire was that the Disability Unit was understaffed and this culminated to student's study materials having myriad of mistakes. It must be noted however, that the respondents had different views and feelings about the accessibility of the DU. The following quotations illustrate how inaccessible some of the respondents think DU is:

The disability unit is not at all accessible. It starts working in April while the academic year commences in February and in June during or around our exams it stops working. The staff is on contract and their contracts are terminated right at the time we need them the most, so I regard it as something that is not accessible... it's just on and off (John #Male)

It takes disability unit very long to give us our work back, for example a lecturer may give you an assignment that's due on the 25th, the Disability Unit will scan the readings and give them to us maybe on the 25th of which is a due date and at that time some students would have consulted about the assignment...so in short they take long to give us our work (Simon #male)

I strongly believe that this understaffed and this leads to many errors being done because these people are rushing when they are scanning and editing our books, because we on the side are rushing them because we have to study so that we can be on par with other students (Bathandwa #female)

It depends on the individual Thuba (Researchers other name). I will be honest with you; I don't think that DU is effective and progressive. They have no direction. We need some people who will fight for the interests of persons with disabilities not someone who will side with those who think they understand disability. They scan our books, they do the bare minimal for one to have a stepping stone but not all of us. (Mampintsha #Male)

Often students with visual impairments complain about lot of errors from the documents that are scanned and edited by DU. A number of respondents showed their discontent with the quality of service that is rendered by the disability unit. This serves as a barrier for students with

disabilities to access information on equal basis as others. It must be borne in our minds that the disability unit “offers specialised services to students with disabilities in order to facilitate access and integration of students.” (Fotim, 2011: 9). If the service that is rendered by a support structure that is meant to uplift students with disabilities encompasses myriad of flaws, this means that the access to information is greatly compromised.

Another male respondent stated that,

If UKZN cared about the quality of service that provides to students with disabilities especially those who are blind and with visual impairments they would have partnered with library of the blind to produce a digital book. The disability unit does not give good edits compared to professionally edited books. Jaws that we use for reading pick up these errors that are made at the disability unit and it is irritating (Ngizwe #male)

I am not at all happy. I wish I can deregister all of my modules for this year..... Eish!!! This year is more challenging than other years. My study material is always late, or the DU is not working and when we ask, we are told that the University is not in support of this unit (Nomaphifina #female)

However, not all respondents had similar experiences and also something negative to state about the services rendered by the Disability Unit. Some had a very good story to tell about the services that the DU renders or delivers to them. One female respondent highlighted that,

DU does its best but they are understaffed and over worked. Thanks to them for making my life in this university more comfortable (Nokuzola #female)

Disability Unit is accessible, however they cannot do all things and that is not their fault. Although there are difficulties but this structure is accessible (Nyembezi #Male)

5.8 Attitudes of the University Community

When respondents were asked about the university community’s attitudes towards them, they responded by saying that there’s too much arrogance and lack of understanding as far as disability is concerned. Mthikrishnan (2003: 56) in her findings got the same response whereby

she found out that “the subjects responded that there is ignorance amongst the student population on the capabilities, potential and independence of visually impaired students. They are perceived as students with deficits or incomplete people.”

One respondent, Abigail reported that

They think we are not capable of being independent and do things for ourselves. This is not helping. They feel sorry for us. Those who help us are those who feel sorry for us. They just want to help without asking, I prefer someone who asks than the one who feel sorry for me. (Nomaphinipha #female)

Mina (I) am treated like any other guy so I don't feel discriminated in any way by anybody, even those I sometimes see that those with server disabilities are treated in a very bad way especially the blind. But mina cha mfowethu (But I, no my brother) I am not treated differently. (Nyembezi #male)

It can be deduced from the above that at times being treated differently lies on the nature of the disability. The more severe your disability, the more you will be looked at and treated differently. One may state that some of the students are afraid of interacting with persons with disabilities given the nature of their disability. Other students within the university find persons with disabilities looking and talking in a very funny way. Some respondents indicated that people perceive some of the disabilities as better than others. For instance a person who has a serve disability is more likely to be treated badly than the one who is not or the one with a minor disability.

One respondent stated that,

Sometimes I see that they are reluctant to talk to me because I have a speech problem so they cannot hear me properly and they laugh at me (Simon #male)

Very touching factors about stereotypes and arrogance about disability were raised by respondents. These are their almost daily experiences of being regarded as incomplete and sick persons who are in need of care. This shows how much people are still lacking understanding on issues of disability and failure to understand that persons with disabilities are not stupid as they think they are. Nokuzola stated that one of her lecturers said that

Often lecturers do favors for me and repeatedly ask if I understand what has been said, when they do that everybody looks at me differently and I could tell that they are feeling sorry for me. 'Good people I am only using a wheel chair not that I am dumb', I feel like saying that sometimes (Nokuzola #female)

However, not all participants felt and complained about bad treatment from the university community. Eight out of fourteen stated that they were fairly treated by other students and staff members of the university. In fact they enjoyed being around this community because they were not treated differently because of their disability. The comment below captures some of the feelings elegantly:

I think the thing with me is that I have trained myself and I do not depend on people. The fact that I have gone to a normal school prepared me to look after myself. So I do not need any special assistance or help from others, I am treated normally by everyone (Nyembezi #Male)

5.8 Coping mechanisms regarding lack of access

Respondents were also asked about the mechanisms they employ to cope with barriers that hinder them to have access to university facilities and be part of the teaching and learning process. Respondents had different methods of coping with whatever situation they face hence they had different disabilities. What was common among these respondents was that they all had barriers when it comes to access to lecture theatres and access to information. Different methods as mentioned before were utilized to cope with different barriers or any hefty challenges they were faced with.

We make use of the DU, they scan for us and they interact with lecturers on our behalf. We sometimes negotiate with DU so that they can talk to lecturers to change the venues that we cannot access. (John #male)

I have friends a lot of them who are not disabled, they are so helpful they bring me notes and they sign for me in lectures and provide me with all relevant information about the module that I cannot attend because of lack of access (Nomaphinifa #female)

Findings reveal that a number of respondents had a problem with accessing venues and other facilities. In order for them to cope with these barriers they had to resort to other alternatives in order for them to be on par academically with their able-bodied counter parts. This was mostly done through having friends whom they were doing the same degree or modules with. This helped because they sign for them and also inform them about what they were learning about in class. Friends also played a pivotal role with regards to accessing venues more especially for blind students who sometimes got lost on campus in quest of a lecture theatre. Respondents indicated that going with someone (a friend) who can see helps a lot because there are lot of trees, benches, and dustbins on the pathway around campus that trouble them. [Therefore] when they have someone around he or she directs them to a right pathway where they will not come across these barriers.

5.9 Suggestions to improve support services

It is a well-known fact that for persons with disabilities to be included in society the environment must be accessible. It was obvious that respondents were not happy about the architecture of HC given the current barriers that hinder them to actively participate on equal basis with others. For students with disabilities to actively participate, the existing barriers must be completely removed in every sphere of life to ensure active participation. This can be achieved through authentic participation of persons with disabilities in all matters that affect them. They must be involved in agenda setting until the final implementation of all policies. As part of this study participants were asked if there are areas that they wish could be improved at the university with an intention of improving services for students with disabilities to maximize their level of accessibility. Respondents indicated that as much as they are keen to make suggestions on what they think and feel must be done to better their lives at university they indicated that there are factors inhibiting their interest to do this. Respondents highlighted that it does not help to make suggestions knowing very well that they will never be taken into consideration when the university council sits to discuss crucial issues.

'Mina' (I), what I can say is, before we arrive here they must employ people who are going to assist us. Not that they will only start employing the support staff at the Disability Unit when the lecture's commences (Ngizwe #male)

The university must partner with the national library of the blind, so that they can get us books that are professionally edited because the DU as much as it is trying very hard to scan and edit books for there are many errors there and they are irritating (Mampintsha # male)

The majority of the respondents were of the view that the university must focus on cutting down the barriers that hinder students with disabilities to meaningfully and actively participate in university activities. Among other things they mentioned was the removal of thorny trees that are on the pathway for blind students, removal of ramps that are very steep, fixing of elevators, and so on and so forth. They argued that this will make their lives better and this will contribute to their academic success since there will be no hindrances.

Interview with Disability Coordinator

With respect to the interview conducted with the coordinator of the unit the researcher wanted to understand the university's point of view as far as access to UKZN is concerned. One of the questions that were asked was in relation to UKZN and its compliance with the existing disability legislation, CRPD in particular. The participant mentioned that the UKZN is in full compliance with the disability legislation and it abides itself with the CRPD.

Furthermore, when the university personnel were asked about if the university has any admission policy for SWD, he highlighted that UKZN does not have an admission policy. The below quotation will illustrate this further,

I think the University does not have separate admission policy...the University recognizes that SWD will experience barriers and that must put mechanisms that will enable them to participate. We are of the view that barriers are created so we must try to remove them (Coordinator)

Given the abovementioned this can be viewed as that any person who has any kind of disability may apply to UKZN and get accepted. UKZN accepts everyone who meets the criteria that is required by the university to study in it. An illuminating insight was provided by the coordinator after a follow up question was posed by the researcher, whereby the coordinator was asked

whether the university has ever rejected a person with a disability to study at UKZN or not. Coordinator responded by stating that,

No we have never turned down a student who met academic admission criteria. About 25 students here at HC have a hearing problem. It is not true that we do not accept students who are deaf and hard of hearing impairments. Those with hearing problem they use hearing aid and the ones we have never asked for interpreters. Therefore, UKZN is accessible by all students, disabled and nondisabled.

The above mentioned response from the participant clearly states that students who are deaf are actually welcomed to enroll at UKZN. One may however, ask questions if teaching and learning methods at UKZN are flexible enough to accommodate persons who are completely deaf?

Furthermore, with respect to accessible support structures those are meant to support students with disabilities. Another question was raised whether students with disabilities are aware of such structure or not. This cannot be discussed in isolation hence it is intertwined with physical access. When questions regarding physical access were asked the participant illustrated that the university is aware of all barriers that hinder students to have full access to university facilities and information.

This is quite another issue. There are number of challenges and the campus management service is told about these challenges. When it comes to lifts for example, it's a huge problem and there are no ramps and there is no strategy to build them and lifts are the only way up.

In light of the above, it can be argued that the issue of access of students with disabilities is not taken very seriously. It is not something that is in the heart of the university management. Since there are things that are reported that concerns ones mobility and yet they are not attended to promptly. With an intension to ensure that those students have full access to lecture halls and to information on equal levels with their able bodied counterparts.

When asked if there are any mechanisms in place to circumvent students with disabilities not to face any barriers with regards to access. The coordinator mentioned that the university is

currently planning to do an accessibility audit which is funded by the DoHE. The coordinator argues that,

We are aware of the fact that most lecture halls are not accessible. But there is a plan to do accessibility audit, whereby ramps will be build and other appropriate renovations will be made. DoHE has given us funding to undertake this project.

Given the aforementioned, it can be deduced from the respondents' responses that the university does not consider making UKZN accessible by all yet they accept students with disabilities to be part of the university community. This emanates from the contradiction made by the respondent where he mentioned that the university does not have a strategy to build ramps and later on he argued that ramps will be built. One may argue that it is not within the university plan to make any changes that will benefit its students with disabilities. It could be because they are a minority and they are of the view that the university cannot be transformed for few individuals.

Access to transport and healthcare facilities is another issue that affects the majority of students with disabilities at UKZN as a whole. The respondents indicated that there is no transport that caters for students with disabilities. Often they are excluded from participating in sports and other extramural activities. UKZN has an inter-campus shuttle that transports students from Howard to Westville campus respectively. One responded argued that the shuttle is not accessible by wheel chair users and she was often denied access because of her condition by the bus driver.

I can start by saying UKZN do not offer students an accessible health services, now let's forget about the disabled for a minute. A clinic is not visible and not accessible in Howard College...Transport services errrr... UKZN inter-campus shuttle service is not accessible to students who are wheel chair users. As from the 15th April 2014 we will not have accessible vehicles for students to go to Westville. And there's no alternative in place to ensure that students get to Westville campus.

It must be borne in mind that UKZN established the disability policy and the supporting structures (DU) to implement this policy. However, the implementation of this policy is not done

as it should be. The University does not comply with the disability legislation and has dismally failed to implement its own disability policy. South African jurisprudence and socio-economic rights are also justifiable, which is congruent with section 7 of the constitution. This also clearly binds the state and its institutions to take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights which are guaranteed to persons with disabilities. However, the university does recognize the needs of these students hence very often their special needs are not attended to always. It is clear that UKZN is not concerned about the rights of its students with disabilities to access education and university facilities on equal levels with others. UKZN transport and facilities are not accessible and there are no correct measures that are put in place to rectify this.

Summary

The findings revealed that accessibility at the university environment for a student with a disability involves quite a lot of factors. All respondents reported that their passion was to complete their degrees on record time without repeating any modules before they pass. However, this relied heavily on easy access to university facilities and on assistance given by the university personnel by understanding their special needs and accommodating them accordingly. It must be noted, however, that the existing barriers that hinder persons with disabilities to have access to buildings, information, and so on and so forth does not only refer to physical access but also to attitudinal barriers. One of the underlying factors that have been repeatedly reported by respondents is that of inaccessible lecture theatres and other support structures. To students with disabilities, lack of prompt action by university authorities shows how UKZN does not take very seriously the needs of its students with disabilities into consideration. Even though the university does have the policy on disability but it is its implementation is going on a slow pace and does not address their problems. Hence students go a month without attending their lectures because of the environment that is not responsive to their needs. Furthermore, it is evident that the university does not prioritize the provision of direct enablement support to students with disabilities. They often complain about facilities that are not accessible and nothing gets done to ensure that this is corrected so that they can have access to university facilities on equal access with others. It can be argued that this is gross violation of their right to free movement, living independently and being included in the community, and the right to access to information.

Given these inhibiting factors by the university that further discriminate persons with disabilities, their chances to perform well academically are greatly minimized.

South Africa has the most progressive constitution in the world. The policies on disability are applauded worldwide especially those on accessibility. However, contrary to the popular belief, this study's findings revealed that some of the institutions in this country are not accessible by persons with disabilities as it is acclaimed. As revealed in this study, access to information by students with disabilities at the University of KwaZulu-Natal is a morass. Students had to develop their own mechanism in order to gain access to information so that they can be on par with their fellow counterparts. The shortage of resources is flabbergasting and intolerable.

The findings also revealed that UKZN has failed to comply with its own disability policy and to adhere to recommendations made by the DWCPD and CRPD, since the majority of its buildings are old and inaccessible. Elevators are often dysfunctional while there are lecture halls which are on 2nd and 3rd floors where a person who is a wheel chair user cannot reach without using a lift. The campus management services do not respond promptly when these matters are reported to them to ensure that every one has access to the building.

This chapter has analyzed and presented the findings of this study. To gain this illuminating insight a number of students were interviewed and one member from the university management was also interviewed with an intention to get both parties concerned views. Information obtained from these respondents was presented and discussed in this chapter. The next chapter will be the last chapter of this dissertation whereby the conclusion on this subject matter will be drawn and the recommendations spelt out as a way forward.

CHAPTER 6

CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

This chapter focuses on the conclusion of this study and makes recommendations based on the findings. All participants in this study were students with disabilities doing their second level of study and upwards. The majority was faced with problems of accessing information, lecture theatres, and other university facilities on equal basis compared to other students. It was noted that this issue of lack of access was somehow emotional hence the participants felt like they are not doing well academically because of the barriers they were facing.

South Africa has a globally recognised and applauded constitution that entrenches and bestows an obligation on the state to progressively realise the implementation of human rights within its available resources. In light of the aforementioned, policies and laws are aligned to CRPD in order to legislate the observance of human rights for persons with disabilities. However, the implementation of these legislations is going at a snail pace. Numerous complaints were received by the South African Human Rights Commission filed by people with disabilities. The complaints are symptomatic of the obvious imbalance of access to inclusive education from early childhood development to higher education institutions. This includes inaccessibility transport, sport facilities, lecture theatres and so on and so forth. It can be argued that compliance remains a challenge and as a result people with disabilities do not enjoy the rights conferred by the Constitution. It is of cardinal importance to point out that a huge gap remains between progressive policies and implementation in this country.

The underlying factor that was repeatedly mentioned by respondents was that of lack of access to information and to other facilities. The Access to Information Act No 2 of 2000 was enacted with the intention to foster a culture of transparency and accountability in public and private bodies by giving to the right of citizens to access information. Ideally, the operation of this Act should result in transparency and access to information regarding the services provided to both able bodied persons and persons with disabilities. Some participants could access the aforementioned but the majority could not. Respondents indicated immensely that UKZN HC is not accessible. The environment (physical access) is not responsive to their needs. It was noted

that the campus is geographically situated on a hill and this led to architecture of all buildings to have many stairs and ramps for wheel chair users and generally the entire campus is very steep. For students who are blind benches and thorny trees on their pathway seemed to be a very troubling factor when they were moving around campus. To some degree this impinged their right to free movement and living independently within the university community, because every time when they move around campus they require assistance from others even if they are not keen to do so. Furthermore, blind students voiced their grievances about the study material that takes longer period to get to them from the DU. They pointed out that when using their study material from the DU it comes into their attention that such material comprises of enormous errors. Mthukrishnan (2003) reported similar findings. The limitation and consequent delays in obtaining texts and study materials in accessible format, suggests that there is lack of integration and inclusion of students with visual impairments in the academic activities of the University. This became a serious concern.

The research findings also revealed that the university is not willing to free itself from the problem of inaccessibility by students with disabilities. Given, the responses provided by university personnel interviewed, it is clear that proper implementation of UKZN disability policy is likely to cost the university a small fortune. One may argue that this may be a threat to its continued triumph of its income, which abhorrently reward some university personnel while condemning students to inaccessible information, university facilities and failure.

6.2 Recommendations

As a point of departure it is of cardinal importance to take into consideration the findings of this study which are stated above. There is a lack of awareness about disability issues among students and university staff. This is one area that requires great improvement with an intention of extricating UKZN from creating a disabling environment for students with disabilities through their actions. One prominent issue that was raised on findings was that the university community utilizes inappropriate terminology when addressing persons with disabilities. Attitudinal barriers and inappropriate terminology utilized when referring to persons with disabilities could be closely linked together. This calls for awareness raising programmes about disability whereby university community will be taught at length about disability and how they are expected to treat persons with disabilities.

Admittedly, South Africa has good enabling education and access to information policies; however, this is not always translated into programmes and practices, to enhance access to universities and other educational facilities for persons with disabilities. The same can be said about UKZN as far as inaccessible environment is concerned. Inaccessible physical or built environment and study materials were often cited. One may argue that it is now the time for the University of KwaZulu-Natal to adhere to UN and government's call to make South Africa a barrier free zone where persons with disabilities have equal access to all facilities on equal basis with others. This can be accomplished by lessening the existing barriers, such as attitudinal barriers, environmental/physical access barriers, and inaccessible information and so on and so forth. This can be done through awareness programmes whereby students and university staff are thoroughly taught about disability issues.

UKZN should partner with the library for the blind which produces audio books and proper brailled books for persons who cannot see. This library consists of professional personnel who are trained to convert normal books to audio and edit them. This could be of great assistance to students who are visually impaired as they will not wait longer periods for their study materials from the Disability Unit.

Moreover, for students with disabilities to have access to lecture halls on equal levels with others, timetables department in collaboration with DU must plan this. Details of students with special needs should be submitted to timetables department, with an intention of making it a point that they allocate lectures with those students to more accessible venues.

Often barriers to access to all university facilities by students with disabilities are related to negative attitudes by the university community due to lack of basic knowledge about disability. The only possible remedies that will untroubled UKZN from being a discriminatory environment is by teaching its community about disability and through awareness programmes as mentioned above. This will build the university at large to introduce a module that will compulsory to the university community (staff and students) about disabilities. This will help in fighting against exclusion, discrimination and stigma that people have about persons with disabilities.

- **Were the Research questions answered by this study?**

All research questions were answered and the hypothesis of the study was proven to be correct. The findings revealed that UKZN is not accessible by students with disabilities in every aspect of the word. This means that UKZN is not structurally and physically accessible. There are too many physical barriers that hinder students who are disabled to freely have access to university facilities. For example, a number of students with disabilities who participated in this study complained about objects that trouble them when walking or moving around campus. Objects such as dustbins, desks and too many steps were problematic for students who are blind. These objects compelled students who are blind to always be accompanied by those who can see. This limits them to enjoy their right to independent living and right to privacy. Given the fact that the majority of the students interviewed in this study were not trained to use a cane(s) or they were not used to it but were still learning how to use it. That compelled them to always ask their friends to accompany them when going somewhere around campus.

HC has too many steps and too little ramps for wheel chair users. Therefore, wheelchair users are somehow in mobility quagmire because they cannot move freely around campus. These students cannot access lecture halls because there are no ramps and alleviators are often out of order. There are no other mechanisms put in place by campus management to ensure that these students reach their respective lecture theatres properly and on time as they are expected to. It becomes their problems that they have to solve for themselves.

Moreover, students with disabilities lodged complaints about the university not being responsive to their needs and that plea fell into deaf ears; as the university is still untroubled by inaccessible venues, discrimination, pity and social stigma by university community. Technology (such assistive devices) for them to use on campus is not accessible and the same could be said about study material. For example brailled documents for those who cannot see and properly working elevators for wheel chair users. It can be argued that the aforementioned means UKZN does not take the views and grievances of its students with disabilities seriously. The view of university management is that they are doing all they can to accommodate students with disabilities but concede that there are still a few challenges which the university has to contend with – one of which is funding whose ramification is lack of staff to perform certain duties. All in all, there is

enough evidence to suggest that students with disabilities receive a raw deal from the University of KwaZulu-Natal (Howard College).

BIBLIOGRAPHY

- Alexander A, Michael, G., and Edilsa R. 2009. *Hocus Pocus, Witchcraft, and Murder: The Plight of Tanzanian Albinos*. International Team Project.
- Anang, T.B. 1988. "Disablement, Disability and the Nigerian Society". *Disability, Handicap and Society*, 3, 71-77.
- Aljazeera.com *Africa's disabled cursed by apathy and abuse*. <http://www.aljazeera.com/Services> [Accessed on: 07 January 2014].
- Bhabha, F. 2009. *Disability equality rights in South Africa: Concepts, interpretation and the transformation imperative*. Johannesburg, South Africa. University of the Witwatersrand Press.
- Brisenden, S. 2007. *Independent Living and the Medical Model of Disability*. *Disability, Handicap & Society*. <http://www.tandfonline.com/loi/cdso19> [Accessed on: 22 September 2013]
- Chua, M.H., and Yeo, I. 2007. *When Therapy Bills Prove Hefty*. Straits Times
- Coleridge, P. 1993. *Disability, Liberation and Development*. Oxford: Oxfam.
- De Klerk, B. J. (2005). "Worship, Prayers and Poverty". *The Ecumenical Review*, 57 (3), 342-357.
- Denscombe, M. 1998. *The Good Research Guide*. Buckingham: Open University Press.
- Department of Welfare. 1997. *White Paper for Social Welfare*. Pretoria: Government Printers.
- Department of Education. 2001. *Education White Paper 6 Special needs Education: Building an inclusive education and training system*. Pretoria: July.
- Department of Women Children and Persons with Disabilities. 2012. *Policy Document*. <http://www.dwcpd.gov.za/> [Accessed on: 12 December 2013]

- Fair-weather, J. S., and Shaver, D. M. 1990. "A Troubled Future? Participation in Postsecondary Education by Youths with Disabilities". *Journal of Higher Education*, 1990, 61(3), 332– 348.
- Foundation of Tertiary Institutions of the Northern Metropolis. 2009. *Disability in Higher Education*. Report
- Fuller, M., Healey, M., Bradley, A., and Hall, T. 2007. *Barriers to learning: a systematic study of the experience of disabled students in one university*. University of Gloucestershire, UK. <http://www.tandfonline.com/loi/cshe20> [Accessed on: 22 September 2013]
- Gannon, J. R. 1980. *In Deaf Heritage: A Narrative History of Deaf America*. NB Incomplete
- Gomm, R. 2008. *Social Research Methodology. A critical introduction* Place: Palgrave Macmillan publishers
- Gosh, N. 2012. *Disabled Definitions, Impaired Policies: Reflections on Limits of Dominant Concepts of Disability*. Kolkata: Institute of Development Studies.
- Grant, K., Strode, A., and Hannass-Hancock, J. 2009. *Disability in National Strategic Plans on HIV and AIDS. A review on the national response to the interrelations of disability and HIV in Eastern and Southern Africa*. Durban: Health Economics and HIV/ AIDS Research Division.
- Greeff, M. 2005. "Information collection: Interviewing". In De Vos, A.S., Strydom, H., Fouche, C.B. Holstein, J.G. and Delport, C.S.L. (eds). *Research at grass roots: For the Social Sciences and Human Service Professions*. Pretoria : Van Schaik Publishers.
- Groce, N., Izutsu,T., Reier,S., Rinehart, W., and Temple, B. 2009. *Promoting sexual and reproductive health for persons with disabilities: WHO/UNFPA guidance note*. WHO and UNFPA.
- Groce, N., Bailey, N., Lang, R., Trani, J. F., and Kett, M. 2011. *Water and sanitation issues for persons with disabilities in low-and middle-income countries: a literature review and discussion of implications for global health and international development*. London, UK :University College London,

- Hall, L. M and Belch H. A. 2000. *Setting the Context: Reconsidering the Principles of Full Participation and Meaningful Access for Students with Disabilities*.
- Howell, C., Chalklen, S., and Albert, T. 2006. "A history of the disability rights movement in South Africa". In Watermeyer, B., Swartz, L., Lorenzo, T., Schneider, M. and Priestly, M. (eds) *Disability and Social Change – A South Africa Agenda*. Cape Town: Human Science Research Council Press.
- Howell C. 2006. "Disabled Students and higher education in South Africa. In: Disability and Social Change: A South African agenda". In Brian Watermeyer, Leslie Swartz, Theresa Lorenzo, Move down.
- Jessup, L.E. and Trauth, M. 2000. *Understanding Computer-Mediated Discussions: Positivist and Interpretive Analyses of Group Support System Use*.
- Kisanji, J. 1993. "Special Education in Africa". In: Mittler, P., Brouillette, R., & Harris, D. (eds.) *World Yearbook of Education 1993: Special Needs Education*. London: Kogan Page.
- Kumar, R. 1999. *Research Methodology: a Step-by-Step for beginners*. London: Sage.
- Labaree, R. 2013. *Organizing Your Social Sciences Research Paper*. University of Southern California Press. Retrieved on August, 29th, 2013. <http://libguides.usc.edu/content.php?pid>
- Pahad, E. G. 2001. *Address at the Towards a barrier free Europe for citizens with disabilities expert meeting*. Sweden: Linkoping Hall. Retrieved on 01September, 2011 from <http://www.thepresidency.gov.za/show.asp?type=sp&include=minister/sp/2001/sp0425.htm&ID=51> [Accessed on: 12 August 2013]
- Polit, D.F. and Hungler, B.P. 1994. *Nursing research principles and methods*. 3rd edition. Philadelphia: Lippincott Company.

- Marguerite Schneider, Mark Priestley (Eds). *Disability and Social Change: A South African Agenda*. Cape Town: HSRC Press.
- Mavuso, S.S. 2013. *Access to sexual and reproductive health services for persons with disabilities: a case study of Clarendon home for persons with disabilities*, Masters Dissertation University of KwaZulu-Natal, Durban, South Africa..
- Mazoue, P. 2011. *The academic challenges facing deaf students at Durban University of Technology*. Masters Dissertation. University of KwaZulu-Natal, Durban
- Mbuli, B.N. 2008. *Poverty reduction strategies in South Africa. Master of Commerce Dissertation*. University of South Africa, Pretoria, South Africa.
- Mégret, F. 2008. *The Disabilities Convention: Human Rights of Persons with Disabilities or Disability Rights?* Human Rights Quarterly, Volume 30, Number 2, May 2008, pp. 494-516. Published by The Johns Hopkins University Press
- Moyo, S. 2013. *Access to Productive Resources: The Catalyst to Rural Women's Poverty Alleviation: A case of South Africa*. UNISA
- Mthukrishnan, S. 2002. *An Exploration of the Barriers, as Experienced by Visually Impaired Students Studying at the University of Natal*.
- Naidoo, A. 2010. *Students with Disabilities Perceptions and Experiences of the Disability Unit at the University of KwaZulu-Natal: Howard College Campus*. Faculty of Humanities, Development, and Social Sciences
- Ozoemena, R. (2010). *Poverty alleviation strategies in South Africa: creating dignified living for women through socioeconomic justice and development*.
- Pachauri, S. 2009. *Ensuring Access to Reproductive Health: A Health Systems Perspective*.
- Republic of South Africa, (1990): *Code of Practice on accessibility of buildings to disabled people* Pretoria: South African Bureau of Standards (SABS).
- Republic of South Africa, (1998): "Employment Equity Act No. 55."

- Schulze, M. 2010. *Understanding the United Nations Convention on the Rights of Persons with Disabilities. A handbook on the Human Rights of the Persons with Disabilities.*
Place: Handicap International Publishers
- Seyama, L. D. 2009. *Information Seeking Behavior of Students with Visual Impairments: A case study of the University of KwaZulu-Natal, Pietermaritzburg Campus.* Information Studies Programme, School of Human and Social Studies, Masters Dissertation, University of Kwa-Zulu Natal, Pietermaritzburg, South Africa
- Shelvin, M., Kenny, M., and Mcneela, E. 2010. *Participation in higher education for students with disabilities: an Irish perspective.* Education Department, Trinity College, Dublin, Eire. <http://www.tandfonline.com/loi.cdso20> [Accessed on 23 September 2013]
- South African Human Rights Commission. 2001. *Policy Document*
- South African Human Rights Commission *Equality Report*.2012. Commentaries on Equality, Disability Gender, Race and LGBIT Issues.
- Stein, M. A. 2013. *The United Nations Convention on the Rights of Persons with Disabilities.* Cambridge: Cambridge University Press
- The Open University. 2006. *Models of disability. Students in higher education. The Higher Education Academy. Faculty attitudes and students with disabilities in higher education: a literature review.* College Student Journal. www.open.ac.uk/inclusiveteaching/pages/understanding-and-awareness/models- [Accessed on: 15 August 2013]
- Tinklin, T. & Hall, J. 1999. "Getting round obstacles: students with disabilities' experiences in higher education in Scotland", *Studies in Higher Education*, 24(2), 183–194.
- United Nations Fund for Population Activities. 2005. *State of World Population.* <http://www.unfpa.org/swp/2005/english/ch4/index.htm> [Accessed on: 15 august 2013]
- United Nations. 2006. *Frequently asked questions on a human rights-based approach to development cooperation.* New York: UN

- United Nation. 2006. *United Nations Convention on the Rights of Persons with Disabilities*. (Online). DESA. Available from: <http://www.un.org/millenniumgoals>. [Accessed on: 02 August 2013].
- United Nations. 2006. *Fact Sheet: Some Facts about Persons with disabilities*. <http://www.un.org/disabilities/convention/pdfs/factsheet.pdf>. [Accessed on: 06 November 2013]
- Vaughan, V.H. 1979. *The story of the South African National Council for the Blind: 50 Years of Service 1929-1979*. Pretoria: The S.A National Council for the Blind.
- World Bank. 2004. *HIV/AIDS and disability: capturing hidden voices: Report of the World bank/Yale University Global Survey on HIV/AIDS and disability*. Washington, DC: World Bank.
- WorldBank *Development Report*. 2000/2001. <http://siteresources.worldbank.org/INTPOVERTY/R> [Accessed on: 24 November 2013].
- Zarb, G. 1992. *On the road to Damascus: first steps towards changing the relations of disability research production, Disability, Handicap and Society*.

APPENDICES

APPENDIX I: INTERVIEW GUIDE

INTERVIEW QUESTIONS FOR STUDENTS WITH DISABILITIES

DEMOGRAPHIC INFORMATION

1. Gender

Female		Male		Other (Please Specify)	
--------	--	------	--	------------------------	--

2. Age

17-25		26-30		31-and above	
-------	--	-------	--	--------------	--

3. Marital Status

Mr.		Mrs.		Ms.		Miss	
-----	--	------	--	-----	--	------	--

4. Nature of disability? (Such as Blind, partial sighted, etc.)Were you born with a disability?
Yes..... NoIf no, when did you acquire it?

5. What degree are you doing?

.....
.....

6. What is your level of study?

.....

Content Questions

7. What is your definition ‘disability’?

.....
.....
.....
.....
.....

8. As a student with a disability do you find Howard College campus accessible?

Yes		No		Maybe	
-----	--	----	--	-------	--

If No, Please proceed to question 10.

10. Are there any barriers that hinder you to participate meaningfully in lectures? Yes.....
No.....

If yes, How?

.....
.....
.....
.....
.....

11. How do you as a student with a disability cope with these barriers that you have just mentioned to ensure that you participate like all other students?

.....
.....
.....
.....
.....

12. How accessible are the support structures (e.g. the Disability Unit, Residence Assistant, the Matron, campus clinic, transport etc.)?

.....
.....
.....
.....
.....

Suggestions to improve support services

17. What are your suggestions to the university to improve services for students with disabilities to maximize their level of accessibility and address their academic needs?

.....
.....
.....
.....

18. According to your information as a student, do you think that students' concerns and views are in any way taken into consideration by the university management?

.....
.....
.....
.....
.....

APPENDIX II: INTERVIEW GUIDE FOR UNIVERSITY MANAGEMENT PERSONNEL.

1. Does UKZN have a disability Policy?
1. Does the university comply with CRPD terms and conditions?
2. How does the university select students with disabilities for admission?
3. Does the university cater for certain kinds of disabilities? If yes, which are those?
4. Are there support structures available to such students at UKZN (Howard College)? If so, what are they?
5. According to your information, are these structures accessible?
6. Which mechanisms has the university put in place to ensure that students with disabilities have easy access to venues such as lecturer theatres, residences and LANs?
7. What hinders UKZN from offering more services to students with disabilities and what could assist in improving this situation?
8. How accessible is the university transport and health care facilities?
9. How does the Disability Unit (DU) ensure that students with disabilities freely move around campus?
10. How does the university ensure that SWD do not feel excluded from the university community?

APPENDIX III: INFORMED CONSENT DOCUMENT

Dear Participant,

My name is Velenkosini Thubelihle Zitha (207525221) I am a Masters candidate studying at the University of KwaZulu-Natal, Howard College. The title of my research is: An investigation into the compliance of the University of KwaZulu-Natal with the Convention on Rights of Persons with Disabilities (Article 9) Accessibility: A case study of Howard College Campus. The aim of the study is to determine whether or not UKZN is complying with the existing disability legislation and also to investigate the challenges that students with disabilities face when they are on campus regarding accessibility. I am interested in interviewing you so as to share your experiences and observations on the subject matter.

Please note that:

- The information that you provide will be used for scholarly research only.
- Your participation is entirely voluntary. You have a choice to participate, not to participate or stop participating in the research. You will not be penalized for taking such an action.
- Your views in this interview will be presented anonymously. Neither your name nor identity will be disclosed in any form in the study.
- The interview will take about 45 minute's maximum.
- The record as well as other items associated with the interview will be held in a password-protected file accessible only to myself and my supervisors. After a period of 5 years, in line with the rules of the university, it will be disposed by shredding and burning.
- If you agree to participate please sign the declaration attached to this statement (a separate sheet will be provided for signatures)

I can be contacted at: School of Social Sciences, University of KwaZulu-Natal, Pietermaritzburg Campus, Scottsville, Howard College Campus, Durban. Email: 207525221@stu.ukzn.ac.za

Cell: 0786023502

My supervisor is Dr B. R Mngomezulu who is located at the School of Social Sciences, Howard College Campus, Durban of the University of KwaZulu-Natal. Contact details: email kizulu@yahoo.com Phone number: 0723511947

The Humanities and Social Sciences Research Ethics Committee contact details are as follows:
Ms Phumelele Ximba, University of KwaZulu-Natal, Research Office, Email: ximbap@ukzn.ac.za, Phone number: +27312603587.

Thank you for your contribution to this research.