

**THE UNIVERSITY OF HULL**

**Voices, disability and inclusion: a case study of students' narrated learning experiences.  
Focus on service provision and support for disabled students in higher education in  
Zimbabwe**

**Being a thesis submitted in partial fulfilment of  
the requirements for the degree of  
Doctor of Education  
in  
The University of Hull**

**BY**

**Partson Musosa Phiri  
M.Ed (*Hull*); B.Ed. (EAPPS) (*Z'bweOU*)**

**(14 January 2013)**



**ABSTRACT OF THESIS SUBMITTED FOR THE Ed.D. DEGREE**

**BY**

**PARTSON MUSOSA PHIRI**

**ON**

**Voices, disability and inclusion: a case study of students' narrated learning experiences.  
Focus on service provision and support for disabled students in higher education in  
Zimbabwe**

The provision of special education for disabled students has seemingly improved in African countries during the past decade (UNESCO, 1997) and more options for studies are being offered. Although a number of disabled students enrol in universities, there seems to be a lack of appropriate action in providing equal opportunities for them. In general, higher educational institutions are not well prepared to accommodate disabled students, although there are exceptions.

Many universities around the world, are already accommodating disabled students, and are progressively embracing principles of inclusion, as the diverse student body has increasingly begun to challenge the previously assumed approaches to meeting their service provisions and support. The adoption of the UNESCO, Salamanca Framework and the Dakar Framework for Action at the two *World Conferences* in 1994 and 2000 respectively, affirmed the notion of Inclusive Education as one fundamental key strategy to address issues of support, provisions marginalization and exclusion in education. The Frameworks brought challenges on higher education, in particular, in terms of strategic planning to ensure compliance, as well as redefining how provisions may be organised to better meet the needs of students. Within this context, concerns about the student experience have also become more prominent, with questions about support and service provision for disabled students being raised.

In recent years, emphasis has been placed on exploring how students can contribute to their own learning and the development of educational practice. However, less emphasis has been given on how disabled students can contribute to policy reform in educational settings.

This thesis explored aspects of contributions of disabled students in a higher education institution in Zimbabwe regarding issues of provision and support for inclusion. This is an area that deserves investigation not only at the micro level, but at the meso (national) levels

of nation states, because it provides a potential platform to think more strategically about inclusive policies and practices.

Notably, very little is known in Zimbabwe, about disabled students' experiences of inclusion in higher education. It has been observed that describing experiences of disabled students without consulting the students themselves is not an easy task (UNESCO, 1997). The implication of this therefore, is that disabled students' voices need to be sought. It was therefore, through such a case study that disabled students' voices were engaged in order to get to know a bit about these students' experiences in a higher educational institute. The findings of this study therefore, seemed to indicate that attempts at inclusion in higher education in Zimbabwe are not supported by appropriate attitudes, motivation and adequacy of services and provisions which policy and legislation should undergird

## **ACKNOWLEDGEMENTS**

I wish to express my sincere thanks to Dr. David Plowright, my mentor and supervisor, for supporting me in my efforts to explore the inclusion of disabled students in a higher educational institute in Zimbabwe and for his encouragement, dedication and expertise. I thank him sincerely for his valuable advice, vision, patience and insights and general supervisory role.

I sincerely wish to acknowledge the support I received from my financial sponsors, The All Saints Educational Trust, and The Wakeham Trust. Most importantly I would like to acknowledge the role of Mrs Heather Ewart Durie and the late Tim Robertson, of the Glebe, for the initial impetus to these studies. All these people made a profound contribution to my pursuance of my studies and my stay in the United Kingdom possible.

I also wish to acknowledge and thank Dr CP (he/she may wish to remain anonymous) of the research case study site (SU) for the role he played as a 'gate keeper'. Without whose assistance, access to the study site would not have been possible. The assistance was a great relief.

I also sincerely thank the students who voluntarily participated in this study. I wish them the best in their chosen careers. I also thank my colleagues and academic friends Joseph Chidindi Joseph Sayi, Lawrence Siziba and Dr Tsitsi Chataika for their constant goading.

Lastly, my thanks go to my mother, and to my wife, Tendai and children, Avon, Zanelle, Lindiwe, Aibongwe, Amanda and LaVonte, for the patience dedication and encouragement. I missed you at most times I needed you by my side.

## **Dedication**

*For my Late Father*

### **Declaration**

I declare that the work presented in this thesis: '*Voices, disability and inclusion: a case study of students' learning experiences. Focus on service provision and support for disabled students in higher education in Zimbabwe*' is my own work, that it has not been submitted before for any degree or examination in any other university, and that the sources that I have used or quoted have been indicated and acknowledged as complete references.

## **CONTENTS**

<b>CHAPTER</b>	<b>PAGE</b>
<b>1 Introduction</b>	<b>1</b>
<b>Thesis outline</b>	<b>2</b>
<b>2 Introducing the participating students</b>	<b>5</b>
<b>Participant GW</b>	<b>6</b>
<b>Participant EG</b>	<b>6</b>
<b>Participant LC</b>	<b>6</b>
<b>Participant LR</b>	<b>7</b>
<b>Participant RA</b>	<b>7</b>
<b>Participant SM</b>	<b>8</b>
<b>Participant TC</b>	<b>8</b>
<b>Participant TM</b>	<b>8</b>
<b>Participant TMZ</b>	<b>9</b>
<b>Summary</b>	<b>10</b>
<b>3 Setting the scene: the background and thesis agenda</b>	<b>11</b>
<b>A historiography of the research field area</b>	<b>11</b>
<b>Description of the research site</b>	<b>12</b>
<b>Admission Policy</b>	<b>13</b>
○ <b>Normal Entry</b>	<b>13</b>
○ <b>Special and Mature Entry</b>	<b>14</b>
○ <b>Disability Policy</b>	<b>14</b>
○ <b>The Policy Context</b>	<b>14</b>
<b>The Research Questions</b>	<b>17</b>
<b>Aim of the Study</b>	<b>18</b>
<b>Significance of the Study</b>	<b>18</b>
<b>Views on disability in other contexts</b>	<b>18</b>
<b>The definition and views on disability in Zimbabwe</b>	<b>21</b>

○	<b>The Traditional Model of Disability</b>	<b>22</b>
○	<b>The Medical Model of Disability</b>	<b>23</b>
○	<b>The Rehabilitation Model of Disability</b>	<b>24</b>
○	<b>The Social Model of Disability</b>	<b>25</b>
	<b>Summary</b>	<b>26</b>
<b>4</b>	<b>Development of special education: extermination to inclusion</b>	<b>28</b>
	<b>First Phase: Era of Extermination</b>	<b>28</b>
	<b>Second Phase: Era of Institutionalisation</b>	<b>30</b>
	<b>Third Phase: Era of Integration</b>	<b>33</b>
	<b>The Shift: From Integration to Inclusion</b>	<b>34</b>
	<b>What is Inclusion/Inclusive Education?</b>	<b>37</b>
	<b>Types of Inclusion Models in Zimbabwe education system</b>	<b>38</b>
	<b>Summary</b>	<b>39</b>
<b>5</b>	<b>Literature review: disabled students in higher education</b>	<b>40</b>
	<b>An Overview</b>	<b>40</b>
	<b>Inclusion in Higher Education: A Global View</b>	<b>40</b>
	<b>Inclusion In higher Education: The United Kingdom context</b>	<b>41</b>
	<b>Inclusion in Higher Education: The USA context</b>	<b>47</b>
	<b>Inclusion in Higher Education: The Australian context</b>	<b>50</b>
	<b>Inclusion in Higher Education: The Canadian context</b>	<b>56</b>
	<b>Inclusion in Higher Education: The South African Scenario</b>	<b>59</b>
	<b>The Past</b>	<b>60</b>
	<b>The Present</b>	<b>61</b>
	<b>Summary</b>	<b>64</b>
<b>6</b>	<b>The Methodology</b>	<b>66</b>
	<b>What is a Case Study?</b>	<b>66</b>
	<b>Types of Case Study</b>	<b>67</b>
	<b>Sampling Strategy</b>	<b>68</b>



	<b>Methodological considerations</b>	<b>69</b>
	<b>Theoretical Framework</b>	<b>70</b>
	<b>The Research Design: Why use the intrinsic case study</b>	<b>72</b>
	<b>The Framework stages described</b>	<b>73</b>
	<b>Stage One: Preliminaries: <i>Foregrounding and information collation</i></b>	<b>74</b>
	<b>Some Limitations</b>	<b>74</b>
	<b>Gaining Access and ethical considerations</b>	<b>76</b>
	<b>Stage Two: Evidence collection: Narratives-<i>Listening to the Voice</i></b>	<b>77</b>
	<b>Method 1: The Narrating Voice</b>	<b>78</b>
	<b>Method 2: Transcribing</b>	<b>80</b>
	<b>Procedure for Analysis</b>	<b>80</b>
	<b>Method 3: The Location: Artefacts observation</b>	<b>81</b>
	<b>Stage Three: Evidence Analysis and Interpretation: ‘<i>Debunking the voice</i>’ and the argument against computer assisted evidence analysis.</b>	<b>82</b>
	<b>Triangulation, Validity and Reliability Issues</b>	<b>84</b>
	○ Triangulation	<b>84</b>
	○ Validity and Reliability	<b>85</b>
	<b>Application of Triangulation for Credibility and Transferability</b>	<b>86</b>
	<b>Acknowledgement of Bias</b>	<b>87</b>
	<b>Reducing Researcher bias</b>	<b>87</b>
	<b>Challenges to the case study research</b>	<b>88</b>
	<b>Summary</b>	<b>89</b>
<b>7</b>	<b>Evidence analysis and interpretation: enabling or disabling institutional practices</b>	<b>90</b>
	<b>Accessibility of the Infrastructure</b>	<b>91</b>
	<b>Availability and Accessibility of Resources</b>	<b>94</b>
	<b>Teaching Methods</b>	<b>99</b>

	<b>Summary</b>	<b>103</b>
	<b>Recommendations</b>	<b>103</b>
<b>8</b>	<b>Evidence analysis and interpretation: attitudes to inclusion</b>	<b>105</b>
	<b>Disabled students' perceptions of staff attitudes</b>	<b>106</b>
	<b>Disabled Students' perceptions of peer students' attitudes</b>	<b>109</b>
	<b>Summary</b>	<b>112</b>
	<b>Recommendations</b>	<b>112</b>
<b>9</b>	<b>Evidence analysis: motivational factors and coping strategies</b>	<b>114</b>
	<b>The motivating factors</b>	<b>115</b>
	<b>Coping Strategies</b>	<b>118</b>
	<b>Summary</b>	<b>120</b>
	<b>Recommendations</b>	<b>120</b>
<b>10</b>	<b>Empirical conclusions from the research</b>	<b>122</b>
	<b>Research Question 1: Accessibility of Infrastructure:</b>	<b>122</b>
	<b>Availability of Resources:</b>	<b>123</b>
	<b>Research Question 2: Disabled students' perceptions of staff attitudes</b>	<b>123</b>
	<b>Disabled students' perceptions of peer attitudes</b>	<b>124</b>
	<b>Research Question 3: Motivation factors: Intrinsic factors</b>	<b>124</b>
	<b>Motivating factors: Extrinsic factors</b>	<b>125</b>
	<b>Coping Strategies</b>	<b>125</b>
	<b>Generalizations</b>	<b>126</b>
<b>11</b>	<b>Conclusion: reflection and limitations</b>	<b>128</b>
	<b>Potential areas for further research</b>	<b>128</b>
	<b>References</b>	<b>130</b>
	<b>Appendices</b>	
	<b>A: Ethics Committee Approval Letter</b>	<b>146</b>
	<b>B: Example of Interview transcript</b>	<b>147</b>

<b>C: Introductory Letter</b>	<b>154</b>
<b>D: Response Letter to Volunteer Participants</b>	<b>155</b>
<b>E: Example of Participant's Consent Form</b>	<b>156</b>
<b>F: Example of Witness Statement Form</b>	<b>157</b>
<b>List of figures</b>	
<b>Fig. 3.1.</b>	<b>Map of Zimbabwe-Towns and neighbouring countries 11</b>
<b>Fig. 6.1</b>	<b>Adaptation of Carspeckens' Framework 73</b>

## **ACRONYMS**

<b>ACRONYM</b>	<b>DEFINITION</b>
ADA	Americans with Disabilities Act of 1990
‘A’ Level	Advanced Level
DDA	Disability Discrimination Act
DfES	Department for Education and Skills
DoE	Department of Education (South Africa)
DED	Disability Equity Duty
DRTF	Disability Rights Force (UK)
EFA	Education for All
et.al.	and others
GOA	Government Accountability Office
HEFCE	Higher Education Funding Council for England
HEI	Higher Educational Institution
IDEA	Individuals with Disabilities Education Act
KU	Anonymous name for the HEI study site
ODA	Ontario Disability Act
ODP	Office of the Deputy President
OECD	Organisation for Economic Co-operation and Developm
SENDA	Special Educational Needs and Disability Act
SHEFC	Scottish Higher Education Funding Council
UK	United Kingdom
UNESCO	United Nations Educational Cultural and Scientific Orga
USA	United States of America
USAGAO	United States of America Government Accountability O
UZ	University of Zimbabwe
WHO	World Health Organisation





## CHAPTER 1

### INTRODUCTION

This thesis explored narrative of disabled students' experiences in a Higher Education Institution (HEI) in Zimbabwe with regard to service provision and support for inclusion. Students' experiential contributions in educational development is an area that deserves investigation, not only at the micro level, but also at the meso (national) level, because it provides a potential platform to think strategically about more inclusive policies and practices.

However, not much is known in Zimbabwe about disabled student's experiences of inclusion in higher education; it has been observed that 'it is not easy to describe experiences of disabled students without consulting the students themselves' (UNESCO: 1997:2), thus prompting the assumption that, most probably, disabled students' voices are not sought and listened to. It is, therefore, through a case study such as this present one that disabled students' voices were engaged to deduce something about their experiences in higher education. The findings of this study seemingly support a held assumption, but further provide a persuasive depiction of disabled people's trials to adjust and survive (Bynoe *et al.*, 2012) in an educational system that [probably] fails to provide what is desperately needed.

The provision of special education for disabled students has seemingly improved in African countries during the recent decades (UNESCO, 1997), and more options for students are being offered; inclusive education being one of them. Although disabled students enrol in universities, there seems to be a lack of appropriate action in providing support and services for them. In general, HEI seem not well prepared to accommodate them.

Many universities around the world are already including disabled students, and are progressively embracing principles of inclusion (Slee, 2011), as the diverse student body has increasingly begun to challenge the previously assumed approaches of meeting their service provisions and support. The adoption of the UNESCO, Salamanca Framework (UNESCO, 1994) and the *Dakar Framework for Action* (UNESCO: 2000) at the two *World Conferences*, in 1994 and 2000 respectively,

affirmed the notion of Inclusive Education as one fundamental key strategy to address issues of support, provisions, marginalization and exclusion in education. The frameworks brought challenges to higher education, in particular in terms of strategic planning to ensure compliance, as well as redefining how provisions may be organised to better meet the needs of students. Within this context, concerns about the student experience have also become more prominent, with questions about support and service provision for disabled students being raised as to whether disabled students have a voice in their education at all. Hence, in recent years, emphasis has been placed on exploring how students can contribute to their own learning and to the development of educational practices, because less emphasis has been given to how disabled students can contribute to policy reforms in educational settings; an issue which underpins the reasons for doing this study.

### **The Thesis outline**

*Chapter one* is a preamble to the thesis. It introduces the reader to the structure of the thesis.

*Chapter two* introduces the students who volunteered to participate in this study. Short biographies of the students and snippet views of their disability and how they came into higher education are presented.

*Chapter three* presents the background contexts undergirding this study. Firstly, the geographical context in which the study takes place, secondly, the global policy context and lastly the research questions that emanate from the policy context. The aim of the study is derived from the research questions. The significance of the study is outlined. Lastly, disability models, as tools through which disability is construed, are discussed. The relevance and implications of these disability models to higher education are presented.

*Chapter four* discusses the background against which the study of inclusive education is embedded. The history of special education in general is outlined. An illumination of the history of special education in other countries, including Zimbabwe, is also made. It is noted that special education is a concept evolved through phases, from isolation, institutionalisation, integration, through to inclusion. It is through these



phases that education systems have developed different ways of responding to disabled students and to students who experience difficulty in their learning. In some instances special education was provided to supplement the regular education system, but in other instances it was entirely separate (UNESCO, 2005). Inclusive education, as it is known nowadays, is one concept that has its roots in special education. These phases are discussed in order to contextualise the current study into its proper perspective in present times, where challenges confront the inception of the inclusive education concept.

*Chapter five* presents the global literature around inclusive education in higher education. The literature highlights the evidence that, despite efforts by some developed countries to promulgate policies in order to achieve inclusive practices and at the same time increase the positive learning experiences in higher education, disabled students are not listened to in the policy making process for the service provision and support they need. The underlying held notion, therefore, is that disabled students lack a 'voice' in processes towards policy making in higher education. This line of thought is pursued in an attempt to address the aim of this study by answering the research questions outlined in chapter three.

*Chapter six* presents the methodology and research design. The research design outlines the methodology for information collection and information management, and the procedures for evidence analysis. An argument against the use of computer assisted evidence analysis is also presented.

*Chapter seven* presents an analysis of the evidence that was an indicator that adduced whether higher education practices are enabling or disabling to the inclusion of disabled students. In the summary, recommendations on probable steps for widening inclusive practices are made.

*Chapter eight* presents an analysis of evidence that indicated the types of attitudes that were positive to the inclusion of disabled students in a HEI. In the summary recommendations on probable steps for improving positive attitudes to inclusive practices are made.

*Chapter nine* is in two parts. Firstly, it presents evidence of the factors that impel and motivate disabled students to proceed into higher education. Secondly, the chapter presents an analysis of the evidence that indicates that disabled students have adopted strategies to cope with the demands and challenges in a higher educational institute. In the summary, recommendations on probable intervention steps for increasing motivation and for encouraging coping strategies in inclusive educational practices are made.

*Chapter ten* draws on the evidence presented in chapters seven, eight and nine. It is a synthesis of the direct and circumstantial evidence from which empirical conclusions are inductively generated.

*Chapter eleven* is a reflection from the writer's view. It is a soul searching chapter that gives the writer an opportunity to examine if the thesis considered the participants' views without letting the writer's own views and biases interfere with the research. It is a chapter that looks back on both the life of the writer, and the life of the study. The chapter identifies gaps in knowledge that could not be investigated in this study but are potential areas for future research. Limitations of the study are outlined. *What could have been done differently? Was it really necessary?*

.

## **CHAPTER 2**

### **INTRODUCING THE PARTICIPATING STUDENTS**

This chapter introduces the nine students who took part in the study. Their lives and how they got to university (which is named KU in this study), are briefly described. Each student narrated something about their disability and some ways in which they are affected by it.

The evidence analysed in chapters seven, eight and nine was deduced from the collective narratives of the nine disabled students at KU. The narratives were considered to be the only source of information and no other sources of information were used to triangulate the students' narratives. The evidence that was deduced from the students' voices relied entirely on their perceptions of service and resource provision, and on their perceptions of both peer student and staff attitudes in the particular HEI.

Collation of the information about the students' disabilities indicated that four students had total sight loss, three had partial sight loss and the remaining two had physical mobility loss. All the students acquired the impairments after birth. For instance, one of the students with mobility loss developed muscular dystrophy while still at primary school. Muscular dystrophy is a disease that causes the body muscles to waste away and eventually stop working (Kidshealth, 2012). The other student developed Gillian Barre Syndrome; a condition which causes paralysis (Kidshealth, 2012). The students with partial or total sight loss lost their sight due to either measles or glaucoma. All the students came from poor backgrounds. All had the opportunity of attending private special schools belonging to Jairos Jiri or the different religious denominations mentioned in chapter four for their primary and secondary education. All the students attained Advanced level of secondary education. Below are excerpts from their biographies.

Efforts were made to make the names and some places in these narratives anonymous to protect their identities. However, participants were aware that in some instances, despite all efforts made to disguise their identities, it might be impossible due to the exclusive nature of their narratives. The identity of some place names, such as the

University of Zimbabwe, Margareta Hugo and Jairos Jiri, are real. The research site name was made anonymous for ethical reasons.

## **The Participants**

**Participant GW**, a first year computer science student with mobility loss said:

*I did my primary education in three different schools. I started here in G... at R... Primary School. Then I was not physically disabled. I then developed muscular dystrophy. When I was in Grade 5, I was then given a wheelchair because my muscles were now weak.*

*I then transferred to M... Primary School. But then, due to my disability, I went to Jairos Jiri, Southerton, where I completed my primary school. Then I proceeded to D... Secondary School, where I did my Forms 1 to 3.*

*At D... Secondary School I did not face any challenges. But then I transferred to L... Secondary School for my form 3, where I completed my O levels. I then went to V... F.... It was a day school. However, I was able to complete my 'A' levels and came to university.*

*My life in this university is filled with mixed feelings because... you find that... I face difficulties especially for my computer course. I have computer modules from the computer science department. So our labs are on top and there are many steps to get there. Yet we do not have any elevators. So my friends have to lift me to go upstairs (GW).*

**Participant EG** was an English Language male student with sight loss. He indicated that he was already a professionally trained secondary teacher but desired to enter university for personal development. He narrated his life course and said:

*What happened to me was that I became blind when I was in Grade 1. I was affected by measles. I was ten years old then. So in 1979 I went to C... Primary School, but I was returned home because they thought I was very young. I rejoined C... in 1983. That is when I eventually started my Grade 1, and proceeded to complete my seven year primary education there. I did my secondary education at M... High school then C... High School. I then went to H... Teachers' College and now I am the University (EG).*

**Participant LC** was an African Languages and Culture student with sight loss who said:

*I was born in 1982 in G... and I was born partially blind. I did my primary education at C... Primary School in K... where there were no disabled children. At C... Primary School it was difficult for me to carry out my studies because I was not able to read work from the chalk board. After completing my Grade 7 at C... Primary School I went to C Q Secondary School to do my*

*secondary education and there were no disabled students at this school. I failed to cope and I transferred to Margareta Hugo Secondary School in Masvingo where I did my form 2 to form four. It was better for me at this school because it was a school for the blind. When the form four results were out I went to N... Mission where I did my forms 5 and 6. I came out with 7 points at 'A' level. I was later enrolled at [K] University, but I am finding difficulties to carry on with my studies (LC).*

**Participant LR** was a female student with total sight loss. She was already a holder of a Bachelor of Arts General degree from another university and was a teacher at one local secondary school. She was at KU on a personal development programme on a graduate degree. She said the following about herself:

*L... is my first name, R... my surname. I come from M...one of the districts of the province of Midlands. I was born with my sight and later on suffered from a disease. I learnt at M... Primary School, where there is a resource centre. I went to C... High School for my secondary and high school. There is a resource centre there as well. Then, after A level, I proceeded to the University of Zimbabwe for my Bachelor of Arts General Degree. I am now employed as a teacher in G urban. I am here at the [KU] now because I am on a personal development programme on another degree programme (LR).*

**Participant RA** was a student with total sight loss enrolled for the African Languages and Culture undergraduate programme. He was in his first year, second semester. He said the following:

*My name is RA and I am a totally blind person ... when I was young... I heard there was a problem in my eyes. There was production of a lot of water in my eyes. When I enquired, I was told that it was glaucoma. So in the process of draining the waters when I was three or four years old... emm... that is when the sight began to deteriorate up to the time when I was five years old. That is when I became totally blind, I think.*

*When I began learning, I went to a school called M... K...Primary School. There, the challenges which we faced were things like resources to use. Those resources include things like Braille machines, slates and tape recorders. I went to a secondary school called J... T... High School. At that school, we were faced with the issue of school fees, a challenge which I mentioned. I then went to M... High School for 'A' level education. Then, I came here to the [KU]. Right now, since we are grown ups, we want to try and fight for rights: maybe we can be heard by the government since this is a state university (RA).*

**RA** further considered himself not disabled.

*I am not disabled. I consider myself to be a person. I am a person but I have a challenge of not being able to see.... It depends... because in a group of say*

*five... me being the fifth one, I would consider myself not disabled when they speak of things which are descriptive (RA).*

**Participant SM**, a female student with mobility loss said:

*My name is SM. I was born on 24 September 1983 at B... Hospital. I did my secondary education at Z... High in Masvingo and my upper sixth at M... High School in B.... Thereafter, I got a place at [KU] where I am studying for my degree at the moment. I attended my lectures for my degree for one semester and went for vacation. During the vacation I was attacked by a disease which affected me and I ended up in a wheel chair. I was not born disabled until this disease attacked me. I have been disabled for the past four years now (SM).*

**Participant TC** was a male student with partial sight loss. He was doing an undergraduate History Honours Degree in Education. From his narrative, it appears he was self taught secondary school education. He said the following about himself:

*I was born partially blind and because of being partially blind I faced a lot of challenges which are mainly due to the fact that I could not go to the schools which are mainly meant for sighted pupils. And, because of that, I was forced to go to boarding schools which only offer facilities for disabled pupils. And due to the fact that my parents could not afford the fees; at times I had to quit schooling and then when I got money, I would go back to school. Especially when I was doing my form 4, my parents failed to pay my school fees. I had to stay at home, reading on my own. I only had to go back to school for exams and when I wrote my exams I passed my 'O' levels and then after that, I went for 'A' levels. When I was doing my upper sixth form, again my parents could no longer afford to pay the school fees and I had to go back and stay at home, reading on my own. I only went back to school to write my exams. I passed. After that, that is when I came here. They have tried to pay my fees but at times things will be tough for them because both my parents are peasant farmers so they could not afford the fees (TC).*

**Participant TM** was an undergraduate law male student with partial sight loss. The following is his narrative of how he managed to get to university.

*My name is TM. I was born in 1973. When I was about seven years old I tried to go to school for the sighted because I am partially sighted. I tried that for about four years. Then at age twelve, I realised I could not manage because I could not see what was written on the board. I went for my eye check-ups at Parirenyatwa Hospital and was referred to Jairos Jiri School for the blind in Kadoma. So this was where I attended my primary education. From there, I went to Waddilove Institute in Marondera where I did my forms one to four. After my Ordinary level, I moved to M... High School where I did my Advanced levels. After my 'A' levels, I failed to acquire a place at university. By then, I think there was only one University, University of Zimbabwe, which could enrol students with visual impairment. So from then, I was forced to stay*

*at home until 2006, when I finally enrolled at the [KU], where I am studying law. I regard myself as a normal person, like any other person and I will struggle in my education so that I will try to contribute meaningfully... to the welfare and well being of the society in general. Generally that is my brief history (TM).*

**Participant TMZ**, a male student with total sight loss doing an undergraduate degree in English and Communication, gave a chilling narration of his background which depicts a case of double jeopardy in many ways. He said:

*My name is TMZ. I was born in M... on 6 July 1980 and I grew up in a normal state, I was not disabled initially. And I went to school up to Grade 7. I was in the first football team and I was a great footballer at the school, a forceful striker and led my team as a captain in 1996 to take the National Coca Cola championship for primary schools. The problem started at the end of form one when suddenly I could not see properly on the board and my sight was deteriorating daily. I began to see some strange things in front of me. I had to be withdrawn from school and we went to the doctor in November of that same year but it was too late and my eyes began to swell and the doctor recommended that my eyes should be removed. At first, it was not easy for me to accept this new situation. But with support from family and friends, I had to continue with education.*

*So I got comforted at last and when the dust had settled and the initial shock well gone, I re-started my education. I had to withdraw from secondary school and repeat from Grade 6 because the new school I had been introduced to at Jairos Jiri was a primary school, so that I could acclimatize with my situation and learn Braille.*

*Then at Grade 7, I got 5 units. I then proceeded to secondary school until I got to on to Form four. I passed my O level because I was comfortable with the environment. At this level, it became clear to me that I had to be someone and I had the talent to change my life. So, I decided to pursue my education to A level. But then, a problem that challenged me when I was approaching my O level was that my parents and the rest of the family died in a tragic lightning incident when I was away visiting my uncle. So, I had to start another strenuous process of reconciling with the current bad situation. Nevertheless however, I passed my O levels because they had died at the end of my Form 3 in 2000. But then I still had to pursue my A level studies.*

*I continued to A level and got 12 points. After that, I really gave it a thought of what I really wanted to do. I decided I wanted to do English because English is a prestigious subject to study because many people will even struggle with it at O level. So I thought if I did English, at least it would improve my prestige and self confidence. So up to now I am doing English and this is my fourth and final year (TMZ).*

These brief biographies into the lives of the students are presented to provide the reader with the medium within which to contextualise their narratives and experiences.

## **Summary**

This brief chapter gave a snippet view of the biographies of the students. The students appeared confident in themselves. They also believed in what they were doing in higher education. They each were motivated to succeed in their chosen careers by different factors. They all came from poor family backgrounds, but none seemed to ascribe their individual disability to traditional beliefs. They all took a medical view as the cause of their impairment. In general, the students tended to identify themselves not as disabled; indications made were that they were like anybody else, but were made to feel disabled by external factors (justification of their inclusion in the study noted on page 25). Each of the students voiced different views about issues regarding service and resource provision for the inclusion of disabled students in higher education. Chapters seven, eight and nine are dedicated to exploring these views.

The following chapter sets out the background to the thesis agenda. The chapter presents a general historiography of the research field area, but specifically, provides a description of the case study site. The undergirding policy context of the thesis is briefly outlined. The research questions, the aim and significance of this study are laid out. Lastly, a broad snippet view into the disability models, and their implications to inclusion in higher education, is provided.



## CHAPTER 3

### SETTING THE SCENE: THE BACKGROUND AND THESIS AGENDA

This chapter presents the background context undergirding the study. Firstly, the geographical context in which the study takes place. Then secondly, the global policy context. The aim of the study is derived from the research questions. An outline of the significance of the study is also presented. Disability models, as tools through which disability can be construed, are discussed, and lastly, the relevance and implications of disability models to higher education are outlined.

#### A historiography of the research field area

Geographically, Zimbabwe is a landlocked state in Southern Africa (see figure 3.1 below). It is located in the south-central region of Africa. It is separated from South Africa by the Limpopo River in the south and from Zambia by the mighty Zambezi River in the north. Botswana lies to the west and Mozambique is to the east.



Fig. 3.1. Map of Zimbabwe: Location of towns and neighbouring states; Position in Africa ([www.theodora.com/maps](http://www.theodora.com/maps))

The economy is mostly based on agriculture, mining, tourism, manufacturing and transport. Zimbabwe is home to the world's second-biggest platinum deposits, as well as vast reserves of gold, diamonds and coal. Manufacturing and mining are increasingly becoming significant. The country has a population of approximately 12 million people, of which 80 percent are black African (World Fact Book, 2006).

Within the country are two main tribal linguistic groups of people: the VaShona and the AmaNdebele. Most Zimbabweans (about 80 percent) are the VaShona, who are

ChiShona speaking. The VaShona occupy mainly the north, east and south eastern limits of the country, while the AmaNdebele occupy mainly the western hinterland. Within each of these two main tribal groupings are also many smaller cultural groups who speak dialectically similar languages. The minority cultural groups in Zimbabwe include the Shangaan, Sotho, Venda, Kalanga, Nambiya and Tonga. White people of Caucasian origin and Asians are mostly now concentrated in urban areas. Their urban concentration was necessitated by socio-political dynamics within the country. This was not, however, the case during colonial occupation; these other ethnic groups could be found anywhere in the country.

Zimbabwe was a British colony from 1890 to 1980. In 1980 the election of an African government effectively ushered in policy reforms in all spheres of governance, including education. While some policies in education may have evolved over time, others are still in place today, and new ones have been introduced. One such new introduction was that of widening access to education of all individuals, including disabled students. However, one problem identified in a study (UNESCO, 1997) was that there appeared to be challenges disabled students experienced during their learning. The nature of these experiences remain unknown, thus provoking a notion that disabled students' un-narrated experiences are a rich source of information that could be useful to policy makers in the global fight for Education for All (Slee, 2011).

### **A description of the research site**

The study of narratives of disabled students' experiences in higher education, principally contextualised at one higher educational institute in Zimbabwe (K University), was an attempt at the micro level to contribute knowledge of unknown experiences, or at least perceptions of them. In pursuance of this aim, therefore, disabled students' voiced concerns were thus sought and listened to. K University (KU) was the only site from where the disabled students provided their experiential insights and perceptions of learning in a HEI. The campus is located about 5 kilometres south east of G town in a central region of Zimbabwe.

Before the university was founded, the premises were previously a secondary teacher training college accredited to the University of Zimbabwe. For the first three years

after its inception, KU followed the curriculum from the University of Zimbabwe, but is now operating independently. KU is a mixed sex university. It is partly funded by government. Lecturer salaries are paid by government. Student funding support is offered in the form of grants, but students also pay fees to be able to undertake any course.

The degrees offered are modelled on the University of South Africa curriculum. The University offers various undergraduate and graduate degrees in all the faculties. KU has an enrolment of about 15,000 students. It follows the semester and module system. Enrolment takes place twice a year, in March and in August. Modules offered at any level in a semester are available at the same level during the next semester. This arrangement gives an opportunity to those students who at the end of a semester are required to 'carry' or 'repeat' failed modules to do so in the next semester.

Students enrolled at KU study for four-year or five-year degree programmes. They spend their third year on work based learning in industry and other relevant work places. The university emphasizes entrepreneurial skills so that graduates can either be formally or self-employed. Work based learning is a contemporary approach to teaching and learning which requires a student to put theory into practice by spending some time during the course of study engaged in 'hands on' practical experience in the relevant field. The main teaching methods while at the university, however, are mostly lectures and face to face tutorials.

The university has seven faculties, each divided into various departments. These are the faculties of: Social Science, Natural Resources Management and Agriculture, Arts, Commerce, Education, Law, Science and Technology

### **Admission Policy**

There are two routes to enrolling at KU: normal entry and special mature entry.

#### **○ Normal Entry**

A prospective student must satisfy the Entry Regulations specified in the General and Faculty of Science Regulations. The prospective student must have obtained passes

with at least a B grade in at least two 'A' level subjects for entry into the faculty of Science and Technology. Entry into an arts or commercial degree programme depends on the subjects passed, but the general admission requirement is that undergraduate degree prospective students must have passed 5 'O' Level subjects on the Cambridge School Certificate examination or equivalent, and the required passes in relevant subjects at General Certificate of Education 'A' Level or equivalent. In all cases, however, passes in English and Mathematics at 'O' level are a general requirement.

- **Special and Mature entry**

The university also recognizes lifelong learning. The same courses offered to full time conventional students are also offered to mature people who are already in employment in industry, commerce and other employment sectors who enrol on the parallel evening programmes or on block release (visiting school) basis. The mature students also have to satisfy the entry regulations. However, those in possession of 'O' level qualifications may be considered on the basis of work based experience.

### **Disability Policy**

KU does not have a specific institute based disability policy in place to guide on issues of disabled students. It relies on the generic *Disabled Persons Act 1992* (Government of Zimbabwe, 1996) as the main guide, and has used it mostly to enable disabled students to access education and acquire some form of accommodation in the HEI. The *Disabled Persons Act 1992* is legislation which deals exclusively with all disability matters, and is the only legislation in place for disabled people in Zimbabwe. It is upon the provisions of this act, therefore, that the Disability Resource Centre at KU was established.

### **The policy context**

The policy context of this study is derived from the contents of the UNESCO Report *Disabled Students at Universities in Africa* (UNESCO, 1997); a report which was a result of initiatives proposed at the 1990 World Conference on Education for All (Jomtien, Thailand), and then reiterated and reaffirmed at the World Conference on Special Needs Education held in Salamanca, Spain, in 1994, and then again at the

World Forum For Education, held in Dakar, Senegal, in 2000 (UNESCO, 2000). UNESCO commissioned an exceptional project on *Inclusive Schools and Community Support Programmes*, whose aim was to encourage action and dissemination of information on small scale initiatives at the macro-level (national) on transition to active life for all individuals in universities regardless of ability or disability; an initiative meant to ensure total inclusion of all individuals.

On the basis of the above mentioned project, UNESCO Sub Saharan Regional Office (Harare) subsequently conducted a quantitative survey on the current state of disabled students in HEI (mainly universities) in fifty five Anglophone countries across Africa. The survey was done with a view to encouraging African universities to develop their own inclusive policies and practices which embrace an active life pathway for all students. However, one of the findings of the survey was that there was lack of appropriate action in universities towards providing opportunities to disabled students to achieve that pathway (UNESCO, 1997).

The report, however, acknowledged explicitly that a limitation of the quantitative survey was that '*it [was] not easy to describe experiences of disabled students without consulting the students themselves*' (UNESCO, 1997:2). The report noted that the survey did not seek the 'voice' of the disabled students to establish concerns students might have. Hence, the admittance effectively created a knowledge gap which this study attempts to fill. Not surprisingly, though, Bell (2005:10) observed that quantitative surveys often lack 'flesh'. What lacked from the UNESCO survey were the 'rich' narrated daily experiences of disabled students in higher education. Riddell, *et al.* (2005:3) reiterate this point, and posit that in spite of growing numbers of disabled students in higher education, little is known about their daily lives and experiences and the ways in which HEI respond. Thus, Pfeiffer and Yoshida (1994) add to this and say that the inclusion of disabled students in higher education is met with various barriers which may otherwise remain unknown unless investigated.

It was from such statements, therefore, that this researcher had a hunch that there might be a knowledge gap that might need to be filled. Fundamentally for this case study, the 1997 UNESCO quantitative survey left some issues unaddressed. Specifically, it did not pin point exactly the challenges faced by disabled students in

the universities that could have the potential of creating their exclusion from HEI, especially in terms of service provision and support. This study of the experiences of disabled students in higher education in Zimbabwe, therefore, was to establish the extent to which disabled students were provided services, support and other resources that promote inclusion in HEI.

According to Mott (2004), studies done, for example in the United States, indicate that disabled students are rapidly becoming a growing minority in HEI. Their existence in higher education has tended to create a policy dilemma on how best to balance the needs and rights of disabled students with the academic rigour of curricula. Concerns about disabled students' experiences have also become more prominent (Jacklin *et al.*, 2006). Another study in the UK (Riddell *et al.*, 2004) shows that experiences of disabled students in higher education seem to indicate that this dilemma manifests in issues of equality, access to services and provisions, and participation. This is especially pertinent nowadays, where the progression of disabled students to higher education has become a more significant concern for individuals and policy makers in governments, organisations and agencies (Jacklin *et al.*, 2006). Alternative views towards disability, however, seem to impede the offer of support and services to disabled students at any educational institution because the disabled students have not been offered the opportunity to 'voice' their concerns on how best their needs can be addressed (Elliot and Wilson, 2008).

The corollary of that, has been most HEI now seem to recognise that disability issues, especially of support and service provision, cannot remain closed within a student [welfare] services arena, but must become integral of the mainstream learning and teaching framework (Adams, 2002: 8). Also, Riddell *et al.* (2004) are of the view that enabling educational environments can reduce the inequality experienced by disabled people, if enabling policy can lead to the elimination of discriminatory practices.

In this study, therefore, the inclusion of disabled students, delivery of service and support, and equitable distribution of opportunities seem important issues that cannot be ignored (Metts, 2004), especially if the assumption is borne in mind that all students, regardless of ability or disability, should have equal access to opportunities and resources, and that their concerns must be listened to. However, questions still

remain as to whether an assumption such as this could in fact translate to reality. This and other questions appear fundamental, and to find them out, there was need to listen to the affected students narrating their lived experiences in higher education.

### **The research questions**

The limitation identified in the policy context discussed above was problematic and raised the notion that there seemed to be issues of policy about disabled students' inclusion into higher education which needed further investigation. These issues seemed to lead to the thinking that the experiences disabled students encounter during their learning in higher education cannot be known unless their stories are narrated and listened to. Their experiences can then be identifiable and explainable through a narrative analysis.

Although Metts (2004) and Hagnas (2005) observe that the inclusion and participation of disabled students in higher education is now a major issue for policy makers and politicians alike, it appears, however, that the principle of inclusion in education is met with various measures of scepticism, whose nature may remain unknown unless the disabled students themselves vocalise it. Thus, undertaking this study will amplify these 'silent voices', and hence, in order to gain an understanding into these issues, the following research questions were formulated with the aim of interrogating the narrative experiences.

- ❖ *Are higher education institutional practices enabling or disabling for disabled students' inclusion in higher education?*
- ❖ *What types of attitudes are positive to disabled students' inclusion in higher education?*
- ❖ *What motivational factors impel disabled students to progress into higher education despite challenges, and what strategies have disabled students adopted to cope with the challenges to inclusion in higher education?*

These questions are inductively answered when the evidence presented by the students is analysed and examined. The methodology presented in chapter six outlines the framework, research design, and methods used to do so.

## **Aim of the study**

The aim of this study, therefore, was to examine through narrative analyses the inclusion experiences of nine disabled students in one higher education institute in Zimbabwe;

- *To establish the extent to which support and service provisions promote the inclusion of disabled students in higher education in Zimbabwe.*

Bearing in mind the background context and the assumption undergirding this study, it was hoped that consulting and listening to disabled students narratives would provide an understanding of the extent to which the higher education sector implemented the recommendations of the 1997 UNESCO survey, especially in meeting the objective of developing inclusive policies and practice.

## **Significance of the Study**

Education in general and higher education in particular, can be a predictor of career opportunities for development and gainful employment, which can lead to meaningful quality of life (Friedman, 1997; Foreman, 2009). Hence, the inclusion of disabled students in higher education in particular is increasingly becoming topical in most education systems throughout the world (Alqaryouti, 2010). The corollary of this has been a marked increase of disabled students in higher education and that has tended to be of concern to policy makers and planners alike (Alqaryouti, 2010).

This case study of nine disabled students' experiences in higher education in Zimbabwe highlights issues regarding implementation of inclusive policy and practice. The findings can, therefore, hopefully contribute to the already existing body of knowledge used to bring about positive inclusive policy reform in higher education in Zimbabwe. Although it is noted that findings from case study research tend to be difficult to generalise over larger populations (Bassey, 1999), it is hoped that the findings can be used experientially to feed into other studies, and can be applied on the basis of 'best fit' to address issues in other settings.

## **Views on disability in other contexts**

Disabled people have been represented through different models by western society over time and these models have tended to be an accepted way of thinking about



disability. A model can be viewed as a tool for understanding an issue. Models can be described as simple representations of the real things (Llewellyn and Hogan, 2000). In Zimbabwe disability has been modelled similarly. Disability has been depicted in views ranging from just being special, to veneration, reverence, revulsion and rejection as well as other less respectful depictions (Butler, 1990). Clapton & Fitzgerald (1997) encapsulate this depiction in a very succinct manner. Thus they say:

*Black bodies, white bodies; male bodies, female bodies; young bodies, old bodies; beautiful bodies, broken bodies - right bodies and wrong bodies. Historically, our bodies have framed our futures and explained our past; our bodies write our stories. But it is not our bodies per se which write the story; rather it is the way in which we, as a society, construct our bodies which shape our history and our future. Bodily difference has for centuries determined social structures by defining certain bodies as the norm, and defining those which fall outside the norm as 'Other'; with the degree of 'Otherness' being defined by the degree of variation from the norm. In doing this, we have created an artificial 'paradigm of humanity' into which some of us fit neatly, and others fit very badly (Clapton & Fitzgerald, 1997).*

Indeed, it is 'the other' body differences which Clapton and Fitzgerald (1997) refer to that are, in fact, disabled bodies, and have over time been represented progressively by the development of the disability models. The intention of disability models is solely to achieve an understanding of 'disableness'.

'Disableness', which is referred to in this thesis as 'disability', has been construed and defined differently in literature (Brett and Kavanagh, 2008), but despite the widespread use of the term, there is no agreed universal definition (Oliver, 1990). The notion of disability is complex and has been widely debated. Much of the debate has tended to place disability into either a medical paradigm or in a social one. However, neither paradigm has been able to capture the understanding on disability adequately, because the notion of disability is complex to conceptualise. It can, perhaps, be either a phenomenon or an experience, or both.

The debate of categorising disability is long and winding (Finkelstein, 2001), and the labelling of disability as either 'medical' or 'social', has been over-emphasised. The debate tends to introduce the notion of a dichotomy. Yet, the dichotomy of being medical or social cannot capture the complexity of disability as a phenomenon

(Shakespeare, 2009). Crudely defined, disability can be viewed as a predicament. It is defined by one's life path. It probably can only be construed as an experience.

Probably the lack of a precise universal definition could be the reason why in the preamble to the United Nations *Convention on the Rights of Persons with Disabilities* (United Nations, 2006), the definition of disability is absent. Probably also, this lack of a universal definition may have led individual signatory nations, Zimbabwe included, to merely agree to recognize disability as an evolving concept (United Nations, 2006). Hence, disability now tends to be context-specific, and individual nations have tended to frame definitions to suit their local understanding.

For instance, the definition of disability in Egypt (Abdel-Nour, 1973) is not the same as the definition in China, Zimbabwe and so forth. In Egypt a person with a disability is defined as:

*The citizen that one or more disabling barriers have resided in, which weakened his/her ability and made him/her in serious need for outside help or institutional support based on scientific and technological basis to render him/her to normal level or as close as possible to normal level* (Abdel Nour 1973: 157).

Whereas in China, a person with a disability is defined as “a person who has lost all or part of his/her ability to perform normal activities due to loss or impairment of psychological or physiological functions” (World Bank, 2001). Likewise, in Zimbabwe there is also a way of defining disability, which is largely contextualised in the language, culture and traditions of the indigenous people. However, modernity has tended to influence thinking around disability, and the English definition of disability in Zimbabwe now tends to have a blend of western views.

Notably, the view and definition of disability in developed nations, such as the US and the UK, is different to the definition of disability in the other contexts. The definition of disability in the west has tended to shift from time to time to embrace the ever widening disability spectrum. Definitions of disability now tend to include ‘hidden’ disabilities such as dyslexia, dysgraphia, dyscalculia, diabetes, epilepsy, Aspergers syndrome, autism and other not so conspicuous conditions. The wide disability spectrum appears to be encouraged by disability disclosure which tends to attract monetary and other benefits. For students in HEI in particular, disability

disclosure tends to bring additional resources which are otherwise not available to other students.

Whereas in contrast, it is noted that the definition of disability is not the same in the whole of Africa, as individual nations within the continent tend to perceive disability differently. The disability spectrum has, therefore, tended to remain narrow and perceived at the level of the observable characteristics of disability; for instance, the blind, the speech and hearing impaired, and physically disabled persons, as well as those with significantly observable cognitive impairments.

### **The definition and views on disability in Zimbabwe**

Conditions such as dyslexia, autism and so forth are not currently recognised disabilities in educational circles in Zimbabwe. This is not to say these conditions do not exist; their non-recognition could probably be an indicator of a deficit in disability diagnosis and assessment systems in the developing world in general, and Zimbabwe in particular. The perception and definition of disability in Zimbabwe probably could be a reflection of this disability diagnosis deficit. In this thesis, therefore, the functional definition of disability favoured was that taken from the National Disability Survey conducted in Zimbabwe in 1982, which said a disability is '*a physical or mental condition, which makes it difficult or impossible for the person concerned to adequately fulfil his or her normal role in society*' (Zimbabwe Department of Social Services, 1982: 8). This definition appears appropriate as a reference point, especially when applied to the disabled students in HEI in Zimbabwe.

As noted earlier, disability in Zimbabwe has of late largely been contextualised within western models which have since evolved as an attempt to develop a thinking frame on how to conceptualise disability in current times. The medical model and the social model of disability seem to be prominent in the work of professionals, including those working in higher education. Additionally, other disability models also exist, but tend to be of little prominence. Examples of the other disability models include: the rehabilitation model, the traditional model, the religious or moral model. The medical and social models of disability seem to be primarily used in the policy making process and have tended to influence higher education policy and practice in previous years.

However, the traditional model seems to be culturally embedded among most societies in Zimbabwe. This cultural embedment seems to have been noted in the attitudes of the personnel involved with disabled students in higher education who participated in this study, and seems to have implications for some aspects of support and at the local level.

- **Traditional Model of disability**

Developing countries, like those in Sub-Saharan Africa, arguably tend to have a higher belief in the metaphysical and spiritual, communal and hierarchical socioeconomic structures, lower levels of formal education, and lower levels of development (Brown, 1991). This socio-cultural context is important for the study and the subsequent understanding of support and service provision (Brown, 1991) for disabled students in general and in particular, inclusive education in higher education. Brown (1991) postulates that the traditional view of disability in Zimbabwe, thus, tends to be understood within these structures. The view is deeply and culturally embedded.

The VaShona and AmaNdebele people of Zimbabwe tend to hold similar attitudes and beliefs towards disability and disabled persons (Monk and Wee, 2008). These attitudes are still prevalent and strong today. There is also an element of stigma and stereotype attached to disability (Monk and Wee, 2008), as some disabled students in this study narrated the different causes of disability in their own instances. For example, one of the disabled students indicated that some disabilities are seen as a result of witchcraft and ancestral spirits;

*They just believe it's a curse from God and sometimes they believe it is a result of witchcraft. Like in my case they believed it was a result of witchcraft. Though I suffered from measles, they still believed there was some kind of witchcraft from relatives (LR).*

Studies done in Zimbabwe on disability seem to qualify this notion and note that disability is often associated with witchcraft (Department of Social Services, 1982; Burck, 1989; Chimedza, 1999). In other instances, there is a belief that disability results from promiscuity by the mother during pregnancy (Addison, 1986). Another belief is that disability could also be a punishment by ancestral spirits (Addison, 1986).

Some disabled people are seen as being possessed by evil spirits. Chimedza (1999) observed that deaf people's speech defects perpetuate this perspective. There is also a common mythical belief called '*nhodzera*' in Shona that pregnant women should not look at or associate with disabled people or they may give birth to a disabled child. Similar beliefs and attitudes towards disability seem to be found cross-culturally, for example, in Nigeria (Onwegbu, 1977), and Zambia (Phiri, 1979).

Agegnehu (2000) asserts that in Ethiopia, negative attitudes towards the causes of disability impact negatively on: (1) the benefit of inclusive education, (2) the potential of disabled students and (3) the possibility of rehabilitation of some disabled students. The writer further maintains that in the developing world disabled persons often live without dignity, victimized by beliefs that they are possessed by evil spirits, or as proof of divine retribution.

However, even in traditional English society, these views seem to be prevalent (perhaps debunking the notion that beliefs in developed societies about disability can only be contextualised through natural-scientific explanations). Shakespeare (2009), for instance, narrates how traditional English society still believes that a goblin exchanged a child with a goblin baby in a pregnant woman as a way of rationalising the birth of a disabled child.

Generally, society reacts with horror, fear, anxiety, distaste, hostility and patronising behaviour towards disabled people before any attempt to rationalise onsets. This seems to have led to discrimination and prejudice against disabled people due to the many associated myths and stigmas. Such attitudes seem to have been experienced by the disabled students interviewed in this study and may have implications for support and service provision in higher education in Zimbabwe, as exemplified by what one student said:

*Then when I went to the faculty, the people who were there, in particular the administrator of the time noticed that I was blind. After trying to assume how I was going to cope with my studies, they tried to turn me down (TDM).*

#### ○ **The Medical Model of Disability**

The medical model came about as a result of European industrialisation and the advances in science and medicine (Oliver, 1990). Disability has since then been

viewed as a premise of the medical fraternity. The site of disability was an individual's body and efforts to eliminate, intervene or ameliorate the effects of disability were focused on the individual. As a result, the notion of disability was constructed upon a medical vocabulary (hence most rubric in disability studies is medical). The notion of a normal body has since been used to identify disabled people. Using a graph as an illustration to plot statistical distribution of 'normal bodies' within a given population, the medical model holds that people who tend to deviate *slightly* from the 'norm' are considered '*probably more or less (normal) than others*' and those who deviate *considerably*, are '*definitely more or less (normal) than others*' in, for example, intelligence, precision of vision, hearing, mobility, and other body functions. Such people have tended to be categorised as the disabled population.

It is probably that this is the category of people whom Clapton and Fitzgerald (1997) cited earlier, saying they 'fit very badly', but critics of the medical model such as Shakespeare (2009) have tended to say that, in general, society does not think in terms of numbers or statistics because these sometimes cannot be easily related to in daily life. As such, the medical model tends to construe people as 'objects', or 'inanimate items', and therefore, is subjective, panoptic, oppressive and contributes to the further segregation of disabled people.

In educational terms, the medical model frames the participation of disabled students as a problem at the level of the individual. As an individual problem, participation is enabled through strategies that minimise deviation from normalcy, primarily through medical intervention. A student with hearing loss, for example, can have the problem corrected through the use of hearing assistive devices such as hearing aids or cochlear implants. In addition to medical intervention, coping strategies that enable the student to fit in with the academic environment may be encouraged.

#### ○ **The Rehabilitation Model of Disability**

The Rehabilitation model is in some ways similar to the medical model. It regards the disabled person as one in need of services from a rehabilitation professional, such as a physiotherapist, occupational therapist or speech and language therapist, who are relied on to provide therapy, training, counselling or other services to ameliorate the deficit caused by the disability. Traditionally, the rehabilitation model came into prominence after the Second World War, when many disabled American war veterans

required re-introduction into society. The present Vocational Rehabilitation System in the US is designed along this model (USGAO, 2009). It appears also that some country's disability legislation, for example the Disabled Persons Act in Zimbabwe (Government of Zimbabwe, 1996) had foundations in post war response to the sudden emergence of a section of the population who were disabled by war and conflict. However, disabled people were critical of both the medical model and the rehabilitation model because they argued that while medical intervention may be required by the individual, at times it may be naive to use the medical and rehabilitation models as appropriate locus for disability policy formulation in general, and for higher education in particular. Disabled people argued that they are quite capable of fulfilling their role in society, and the practices of confinement, institutionalization and medicalization that accompany the rehabilitation of disability are not to be accepted.

Students who, according to the researcher's view, were 'disabled' and included in this study revealed during the interviews that they in fact considered themselves 'not disabled' and were quite capable of fulfilling their role in society. Regardless of that assertion, however, the researcher considered the functional definition of 'disability' in Zimbabwe (offered on page 21) and maintained that these students had conditions consistent in making '*it difficult or impossible for them to adequately fulfil their normal role*' independently in the HEI and, therefore, *were* disabled. Due to this they could not, at that point, be excluded from the study.

#### ○ **The Social Model of Disability**

Recently, disability has been viewed through a social model. It has been construed as both a social problem and political issue. The social model concentrates on the social and physical environment. It tends to question issues of participation, unequal rights, discrimination, and oppression. It also asserts that society disables people by erecting barriers to independence and, therefore, the management of disability within the social model requires social action (Riddell *et al.*, 2007: 16).

In educational terms the social model frames the participation of disabled students as a problem at the level of the social and physical environment. As a social and environmental problem, participation is enabled through strategies that modify the social and physical environment. The participation of a student with hearing loss, for

example, is enabled through modifying the learning space to include note takers, interpreters and audio tapes, and to encourage academic lecturers to employ teaching strategies inclusive of students with hearing loss.

*Why are models of disability discussed here?* Disability models provide the medium of thinking and help the reader to contextualise the argument of this thesis. Disability models can underpin the support and services offered to disabled students at any institution. They can have fundamental implications on the way policies are formulated, implemented, monitored and evaluated, and consequently also on how the institutes manage resources and materials, both financial and human, and the teaching and learning processes. Models can also help policy planners to examine the way in which HEI might respond to issues in the context of funding, access and participation.

However, it should be borne in mind that the medical model has tended to dominate modern thinking on disability (Riddell *et al.*, 2007) in terms of access, participation, funding and service provision for disabled students in higher education, as Barnes and Mercer (2004) found out in their study of the English and Scottish higher education sectors, and as Howell (2006) observed in South Africa.

With this understanding, the literature review in chapter five, which should be read with this background knowledge of disability models, will examine the trends internationally on how legislation in selected countries has tended to respond to the call for a policy of inclusion in Higher Educational Institutes. The review will also examine how these policies were generated, articulated and implemented, and the extent to which the disabled students' 'voice' was sought and listened to (Elliot and Wilson, 2008).

## **Summary**

This chapter examined the policy context of the study from which underpinning assumptions of the study were derived. The research questions were formulated and the aim of the study outlined. The significance of the study was also clarified.

Views on disability as represented by different models were examined. The implications of such views to disabled students' support and service provision in higher education were briefly discussed.



Chapter four that follows traces the development of special education-from extermination to inclusion through the ages around the world.

## **CHAPTER 4**

### **DEVELOPMENT OF SPECIAL EDUCATION: EXTERMINATION TO INCLUSION**

This chapter provides the background against which this study of inclusive education is embedded. Contextualising inclusive education in Zimbabwe cannot be complete without a narration of the history of the special education in general. Although special education began in the European context, developments there were later to immensely influence trends in the development of special education in other countries, including Zimbabwe. Special education as a concept moved through phases, from isolation, institutionalisation, integration, through to inclusion, and it is during these phases that education systems explored different ways of responding to disabled students and to students who experience difficulty in their learning. In some instances special education was provided to supplement the regular education system, but in other instances it was entirely separate (UNESCO, 2005). Inclusive education, as it is known nowadays, is one concept that has its rudiments in special education. These phases of development are discussed in order to locate the current study into its proper perspective in present times, where challenges confront the inception of the inclusive education concept.

Although special education in Zimbabwe developed separately, there seems to have been coincidental similarities to the phases of development of special education in terms of tendencies and behaviours towards the education of disabled people in both the European and African contexts (Bunch, 1982). In both contexts, however, the eventual establishment of special education could be viewed as having been a harbinger to inclusive education.

#### **First Phase: Era of Examination**

Gearheart, *et.al*, (1992) describe the first phase in the development of special education as the 'era of extermination'. This phase was characterised by the segregation, isolation and extermination of disabled people (Bunch, 1982). The era encompassed the period from the ancient Greek (Barnes: 1997:14) and Roman empires (Bunch, 1982), to the beginning of institutionalisation of disabled people in Europe. During this first phase, disabled people were misunderstood because peoples' attitudes were very radical towards them (Bunch, 1982). Early societies typically

shunned disabled people. Due to fatalistic tendencies among some societies, there was characteristic isolation and extermination of disabled people (Bunch, 1982; Pang & Richey, 2006). Among the early Greeks, with their emphasis on the perfect body and 'sound mind', infanticide was common (Barnes: 1997:14). In Sparta, for example, disabled individuals 'were exposed to the elements to die' (Rothstein, 1971:24). Other disabled people were thrown off cliffs, mountain sides, drowned in crocodile infested rivers or simply left to die (Rothstein, 1971:24). In other societies, there was a prevalent general belief that disabled people were monsters and *stupes*, incapable of self protection (Bunch, 1982).

Similarly, in Zimbabwe during this era, although it came centuries later, superstition was rife and characterised by the extermination of disabled children, as illustrated by the story of the 1915 Chibi woman (Chibi being a district in Zimbabwe) who was ordered by her husband to drown their blind child in a crocodile infested river because he was considered a burden to the family (Addison, 1980). This example of the Chibi child seems to embody the general cultural practices of Africans, especially among the VaShona and the AmaNdebele people of Zimbabwe, towards disability, which, according to Grol (2000), were influenced by the African cultural context. Up to present times, these cultural practices seem to affect the welfare and support of disabled people, as evidenced from narratives of the disabled students interviewed in this study. One said:

*Some people will not be at liberty to help you because some had myths. They would think that maybe, if you help a disabled person you will also become disabled (LR).*

Harmful and fatal cultural practices toward disabled people are still found: for example in Nigeria (Onwegbu, 1979), Jordan (Turmusani, 1999), Zambia (Phiri, 1979) and Zimbabwe (Malinga, 1999).

In many of the cultural contexts, Zimbabwe included, cultural and traditional beliefs tend to embody and shape societal perceptions on issues and responses that result from them. Therefore, society's negative perception of disability can result in the social exclusion of disabled people. During the era of extermination, disabled people, according to Barnes and Mercer, (2004:4) were given 'non-human liminal status'.

Disability was largely associated with a higher belief in the metaphysical and spiritual (Brown, 1991).

Among the ChiShona and the SiNdebele languages of Zimbabwe, terms referring to 'a disabled person' are '*chirema*' and '*isilima*' respectively. Both terms literally mean a 'stupe' incapable of self help and socially unhelpful (Malinga, 1999:274). To an indigenous Zimbabwean, therefore, a disabled person was one who could not do anything for themselves. A disabled person was considered to be one on the margins of being human and non-human (Turmusani, 1999; Devlinger, 1998). Consequently, for too long disabled people were perceived by society as lacking clear social role functions (Turmusani, 1999:103). Disability was viewed as a form of punishment by some ancestral spirit unhappy with the family, or a result of bewitchment from some family enemies (Addison, 1986; Kisanji, 1995). In most cases the target of the exclusion and punishment tended to be the family, or the disabled person who would suffer on behalf of the family.

Hence, communities became ritualistic in dealing with the birth of a disabled individual within the family and cleansing ceremonies were held to 'cure' or 'heal' the disabled person in an effort to dispel the spirit (Chimedza, & Peters, 1999). An example from Zimbabwe which typifies these practices, still found in some rural communities, comes from one disabled person who said;

*I was taken up a mountain and I was left overnight on the mountain on my own. They were to collect me the following morning, traditional rituals were performed. It was expected that was the way of really helping me out. It was terrible* (Chimedza, 2001:157).

In most cases, one was left to die (Turmusani, 1999). In isolated cases, however, for instance in Ethiopia, disabled people were revered and enjoyed sympathy, support and empathy from their families and communities, because they were considered semi-divine.

## **Second Phase: Era of Institutionalisation**

By the Middle Ages in Europe the plight of disabled people had still not improved and Rothstein (1971:24) reports that disabled people were treated as fools to be used as 'amusement tools' in courts of the nobility. The church became the first institution

to provide care for disabled people, although the development of techniques associated with special education did not emerge until the European Renaissance period, with its emphasis on human dignity (Rothstein, 1971). The spread of Christianity, and the philanthropic association of the Christian faith with disabled people, seemed to positively shift society's thinking about disability. Several references of this association which abound in the Bible seem to insinuate this, but the following extract from Exodus appears to encapsulate all:

*Moses said to God "Please Lord, I am not a man of words, neither formerly nor since you've been speaking to your servant, because my mouth and my tongue are clumsy." And God said to him: "Who made man's mouth? Who makes him dumb or deaf or seeing or blind? Is it not I the Lord?" (Exodus 4:10-11).*

Such associations probably seemed to help positively change people's attitudes towards disabled people. Bunch (1982) observes that the Roman Catholic Church, among others, was particularly noted for its philosophy and largesse towards disabled people. Christian philosophy and largesse was evidenced by the veneration and reverence of disabled people within communities. The Catholic Church provided asylum for disabled people, although it has been argued that this gesture had nothing to do with the educational support and provision of special educational opportunities, but rather had much to do with protecting them from the ills of society (Garwood, 1983; Balasundaram, 2005).

Initial significant efforts to improve the education of disabled people came in the mid-16<sup>th</sup> century (Rothstein, 1971). Pedro Ponce de Leon of Spain was the first to successfully teach deaf children to speak, read, and write (Rothstein, 1971). His methods were apparently replicated by Juan Bonet, who in 1620 published the first book on the subject (Eleweke, 2011). This work aroused great European interest in the education of deaf people, so much so that by the late 1600s John Bulwar published in England an account of his experiences of teaching deaf persons to speak and to lip read. Much effort was put into developing teaching systems for deaf students (Eleweke, 2011).

Meanwhile, there was no serious attempt made to educate students with visual impairments until the late 18th century. An earnest effort to develop special education

for people with cognitive impairments is often traced back to Itard (Lane, 1976; Shattuck, 1980). Itard was a French physician and otologist who made attempts to socialise and train Victor, the feral boy found in the forest of Aveyron living an animal like existence, to speak, read and write (Lane, 1976; Garwood, 1983). In the book, *The Wild Boy of Aveyron*, Itard's six year attempts at training, teaching and socialising Victor are chronicled (Lane, 1976; Shattuck, 1980). Itard's work with the boy highlighted the possibilities and challenges of educating a person with mental and emotional impairments (Lane, 1976; Shattuck, 1980; Garwood, 1983). These efforts later led to the development of special education methods that were to influence other people like Maria Montessori (Lane, 1976; Balasundaram, 2005:4). By the 20<sup>th</sup> century, Bunch (1980) notes, special education had become universal in most developed countries.

Special education, thus, became a specialized branch of education which provided instructional services to individuals who would otherwise not receive maximum benefit from mainstream educational practices or access to mainstream instruction because their disabilities prevented them from procuring it. Special institutes were thus introduced to cater for the emergent branch of education. Special provisions and services included: special teaching techniques, materials, equipment, facilities, and assistive services.

Similarly, in many African countries like Zimbabwe, the education of disabled students began as 'Special Education'. Grol (2000) observed that in Zimbabwe, special education for students with blindness was followed by special education for deaf students, and this was in turn followed by special education for students with physical disabilities soon afterwards. For instance, Margareta Hugo from the Dutch Reformed Church founded the Copota School for blind students. This was later followed by the establishment of other philanthropic educational institutes. Notable among them were Jairos Jiri Institutes, which provided education for students with all types of disabilities (Grol, 2000). Jairos Jiri as an organisation still operates in Zimbabwe today and some of the disabled students who participated in this study received education at some of these Jairos Jiri Institutes.

### **Third Phase: Era of Integration**

Institutionalised special education practices were moved into the mainstream of education through an approach called integration. 'Mainstream' education means the education provided to the 'so called' non disabled students. Integration of disabled students in mainstream education has been topical in the rubric of special education for the last three decades (Avramidis, Baylis and Burden, 2000). The main challenge with integration was that 'mainstreaming' had not taken place concurrently with changes in the organisation of regular education, especially in the curriculum, teaching and learning strategies. This absence of organisational change was later to prove to be one major barrier to the successful execution of inclusive education policies.

When in 1978 the United Kingdom's Warnock Report (DES, 1978) highlighted the need for change to provide opportunities for disabled students to have access to education in mainstream education (Booth and Potts, 1983) the term integration was brought into the forefront of educational policy issues. With widespread advocacy of integration, many in education viewed the new concept with unease. Great fear came from special education teachers, who thought that the system of special educational institutes they had helped to build would be dismantled and students' special needs may go unmet (Gearheart *et al.*, 1992:5). Also, regular education teachers felt that they lacked the requisite skills and competence to educate students with special needs because integration was construed as referring to the return of '...all disabled students from segregated special educational institutes to the regular classroom' (Gearheart *et al.*, 1992:5). The concept, therefore, appeared to get a mild reception.

Despite the mild reception, integration meant that disabled students had to be accommodated in the nearest educational institute within their neighbourhood, alongside their able peers. Indeed, the concept seemed to be a wise educational policy move, despite its threatening nature. However, Barnett and Kubzems (1992) note that the concept of integration became mandatory through legislation in some developed countries, such as the United States, Britain, Australia and Scandinavian countries, during the 1970s. In Zimbabwe, the *Education Act 1987* mandated Education for All (Government of Zimbabwe, 1987).

However, in Zimbabwe, the policy of integration was viewed to mean any of the following aspects:

- **Physical integration:** that attempts to reduce the physical distance between the able and disabled students (e.g. through the special classroom to the resource unit) (Hadebe, 1995).
- **Social integration:** that reduces the social distance and encourages the spontaneous contact between the able and disabled students (e.g. sporting activities) (Hadebe, 1995).
- **Functional integration:** that encourages the sharing of resources, such as music, sports, gardening or physical education (Hadebe, 1995).
- **Transitional integration:** that narrows the distance between the learning unit and the ordinary classes with the involvement of both the class teacher and the specialist resource teacher (Hadebe, 1995).
- **Full integration:** where the disabled student learns in the ordinary class but does not have access to any resources in the special classes or the resource unit (Hadebe, 1995).
- **Societal integration** attempts to expand the social interaction of disabled student to embrace the whole society (Hadebe, 1995).

However, regardless of the intentions of any of these forms of integration, disabled students seemed to continue to be labelled and marginalised. Such an argument provided a compelling case for inclusive education settings that located any discussion on this notion in a social-ethical context, which tended to be strongly focused on values about social justice and human rights. It was the basis of such contemporary thinking that separate systems of education had been challenged both from a human rights point of view, and from an effectiveness standpoint (Grol, 2000: UNESCO, 2005). Hence, human rights movements lobbied and argued in favour of the total inclusion of disabled people into all aspects of their life, including education (Grol, 2000). Consequently, the concept of inclusive education became part of a broad human rights agenda, which candidly argues that all forms of discrimination, segregation, and categorisation are morally wrong.

### **The shift: From Integration to Inclusion**

Inclusion as a philosophy can be deeply disturbing because it challenges unexamined notions of what is 'ordinary' or 'normal', a perspective of thinking not discussed in this thesis. The notion of inclusion in this thesis is framed within the broader



international context around the United Nations Organisations' agenda of 'Education for All' (EFA); which was inspired by the World Conference on Special Needs Education in Jomtien in 1990. This inspiration was due to the fact mentioned above that integration was wrong, and also that for some time there appeared to be growing international consensus that disabled students were being left out of the mainstream education systems of many countries (Alqaryouti, 2010), including Zimbabwe. As well, for several years too many organisations had undertaken work with the broad aim of improving the quality of education. Most of these activities and projects, such as the setting up of special education programs, awareness raising activities among educators and community surveys, could be seen as working towards the United Nations "Education for All" agenda, as part of the Millennium Development goal (Haikin, 2009). Such initiatives, which came under a variety of banners: '*Minimum Standards for Education in Emergencies*,' '*Rights Based Education*,' '*Child Friendly Schools*' and the '*Inclusive Schools and Community Support Programmes*' (UNESCO, 1997: Haikin, 2009) to name a few, had achieved little.

A stronger consensus was that all individuals, despite their differences and diversity, have a right to equality of resources and to be educated together (Peters, 2004). Hence, over the past twenty years or so, countries, including Zimbabwe, shifted attention from integrated education policies and paid greater attention to inclusive education at all levels, including higher education. (OECD, 2003). Thomas (1997) optimistically asserted that an emergent demand for inclusive education would:

*certainly happen increasingly over the first part of the new century... The desegregationist and anti discriminatory political environment is now international and it seems impossible that its direction will be reversed (1997:106).*

That demand was thus fulfilled when UNESCO proposed the concept of inclusive education in 1990 at the World Conference on Education for All in Jomtien, Thailand (Peters, 2003). The subsequent "World Conference on Special Needs Education" in Salamanca, Spain in 1994 passed *The Salamanca Statement on Principles, Policy and Practice in Special Needs Education* (UNESCO, 1994), which, for the first time, formally adopted the concept of "Inclusive Education", and mandated all countries to implement inclusive education.

*The Salamanca Statement on Principles, Policy and Practice in Special Needs Education* (UNESCO, 1994) provided a framework for thinking about how to move policy and practice forward. It identified inclusive education as the means by which ‘Education for All’ may be achieved (UNESCO, 2005). This inclusive education policy framework was re-affirmed and ratified by the *Dakar Framework for Action for Education for All: Meeting Our Collective Commitments Conference* in Senegal (ActionAid, 2000). The conference proclaimed that every person has unique characteristics, interests, abilities, and learning needs, and that “those with special educational needs must have access to regular education which should accommodate them with ‘a person-centred pedagogy capable of meeting those needs’ (Peters. 2003:9). The Salamanca Statement also asserted that educational systems that take into account the wide diversity of persons’ characteristics and needs are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all (Peters. 2003: 9).

Although many countries, including Zimbabwe, had implemented integrated education, an initiative similar to inclusive education, before this conference, the basic tenets of inclusive education were recognized immediately by each country after this concept was put forward. Several countries initiated inclusive education, the impact of which are growing daily and have achieved some positive results. However, according to Bengt Lindqvist, the United Nations Special Rapporteur on Human Rights and Disability, in a report to the United Nations Children’s Education Fund (UNICEF):

*A dominant problem in the disability field is the lack of access to education for both children and adults with disabilities. As education is a fundamental right for all, enshrined in the Universal Declaration of Human Rights, and protected through various international conventions, this is a very serious problem. In a majority of countries, there is a dramatic difference in the educational opportunities provided for disabled [students] and those provided for non-disabled [students] (Peters, 2003:1).*

It is against such a background, therefore, that this study is to investigate the extent to which service provisions and support for disabled students in higher education to achieve inclusive practices was mooted, and it is also within this theoretical thinking

that this study of ‘voiced’ experiences of disabled students in higher education in Zimbabwe was conducted.

### **What is Inclusion/Inclusive Education?**

Inclusion is an educational philosophy and approach that serves as a compass, guiding educational institutes in their journey to creating caring, supportive, and effective learning environments and communities (Stainback and Stainback, 1990).

Inclusion aids the provision of all students with community membership and greater opportunities for academic and social achievement. Inclusion is about making sure that each and every student feels welcome and that their different needs and learning styles are attended to and valued.

Inclusive education, therefore, according to Mittler (2000), means the provision of a framework within which *all* students, regardless of ability, gender, language, ethnic or cultural origin, can be valued equally, treated with respect and provided with real learning opportunities. Inclusive education is about participation and equal opportunity for all. Inclusion requires the transformation of learning contexts. Inclusion entails a process of reform and restructuring of the educational institute as a whole, with the aim of ensuring that all students have access to the whole range of educational and social opportunities offered by the institute. This may include the curriculum on offer, the assessment and assessment procedures, recording and reporting of students’ achievements, the tuition approach and classroom practice, sport and leisure, and recreational opportunities (Mittler, 2000:2). This process of transformation has not only had radical implications for ‘systemic change’ at national policy levels (Mittler, 2000:5), but also international engagement. The wider social context of inclusive education, at both national and international levels, is a crucial element in the understanding of inclusion in education in general, and in higher education specifically. However, most critical is the understanding of inclusion from the perspective of those directly affected by the philosophy. Listening to the opinions of disabled students in higher education, therefore, becomes paramount.

## **Types of Inclusion Models in the Zimbabwe education system**

From an analysis of the inclusive practices in the Zimbabwean education system (Mpofu, 2000; Mnkandla and Mataruse, 2002), it is noted that the term inclusive is interchangeably used to mean integration, probably, an indication of how Zimbabwean academics have changed the rubric in trying to conform to global trends; even though, in some cases, the descriptions hardly suit the practices (Chataika, 2007).

The current shift to inclusive education in Zimbabwe has meant that the participation of disabled students in education was categorised under the following four ‘inclusive’ models:

- Locational inclusion,
- Inclusion with partial withdrawal from ordinary classroom settings,
- Inclusion with clinical remedial instruction, and
- Unplanned inclusion (Mpofu, 2000; Mnkandla & Mataruse, 2002).

An educational institute can use several of these options with special needs students as required, or depending on the options availability.

*Locational inclusion* is when profoundly disabled students attend mainstream education and are taught the set curriculum in a secluded resource room (Mpofu, 2000). This type of inclusion is not feasible in higher education, and is available only at primary education.

In *clinical inclusion* and *inclusion with partial withdrawal* models, students take the full curriculum in mainstream classrooms and receive clinical remedial instruction as needed. The designation ‘clinical’ refers to the fact that instruction is designed to target the student's specific learning difficulties, rather than the broader curriculum competencies (Mpofu, 2000). Both types of inclusion models are features of primary education and not of higher education in Zimbabwe (Ministry of Education and Culture, 1987).

The most prevalent type of inclusive education model in higher education is *unplanned inclusion*. In unplanned inclusion, disabled students are exposed to the full curriculum in mainstream education settings. In addition, disabled students learn and

socialise with non-disabled peers, thereby making it possible for the two groups to understand each other more, and in most cases, realise each other's potentials and limitations (Chimedza, 2001; Engelbrecht, 1999).

## **Summary**

This chapter considered the history of the development of special education from extermination to inclusion. It noted that although the developments occurred in different contexts and at different times over the ages, there seemed to be a similar pattern in the development phases, namely; extermination, institutionalisation, integration and inclusion. It was during the later phases of this development that education systems evolved to explore different ways of responding to disabled students and to students who experienced difficulty in their learning.

Although special education in Zimbabwe developed separately from the rest of the world, it appears that in Zimbabwe and the other contexts, the era of integration could be viewed as having been a harbinger to inclusive education. It is noted that the notion of inclusion can be framed within the broader international narrative around the United Nations Organisations' agenda of 'Education for All' (EFA), which was inspired by the World Conference on Special Needs Education in Jomtien in 1990. This inspiration was due to the fact that, for some time, there appeared to be a growing international consensus that disabled students were being left out of the mainstream education systems of many countries; but a stronger consensus emerged that all individuals have a right to be educated together (Peters, 2004).

Chapter five that follows is a literature review of countries that seemingly embraced inclusive education and have been the vanguards of the inclusive education philosophy. The country contexts illustrate fair inclusion policy and practice. However, the illustrations were considered adequate to showcase the lack of consultations with disabled students by those in authority, and that the 'voice' of the disabled students does not have primacy in policy development. The illustrations help to highlight the challenges that disabled students encounter in higher education. It also illustrates that little emphasis has been given to how disabled students can make contributions to their own learning and the development of educational practices.

## CHAPTER 5

### LITERATURE REVIEW: DISABLED STUDENTS IN HIGHER EDUCATION

#### An Overview

This literature review reveals that the ‘voice’ of disabled students is not listened to in the formulation of policy and the implications of practice regarding the inclusion of disabled students in higher education in the contexts of different countries. The findings of the case study of nine disabled students in a HEI in Zimbabwe in the later chapters, seven to nine, provide the evidence of that.

Typically, however, policy relevant to inclusive education begins with a declaration, such as the *Salamanca Statement*, the *Convention on the Rights of the Child* or the *United Nations Standard Rules on Equalization of Opportunities for Persons with Disabilities* and can be followed by a framework for action as implementation guidelines. However, in between declarations and frameworks can be found a broad spectrum of policy and practice critical to implementing Inclusive Education, depending on the individual contexts in which this may be happening.

#### Inclusion in higher education: A Global View

This chapter argues that despite efforts by some developed countries to promulgate policies to achieve inclusive practices, and at the same time increase the positive learning experiences in higher education, disabled students are not listened to in the policy making process for the service provision and support they need. The underlying assumption is that disabled students lack a ‘voice’ in processes of policy making in higher education.

Inclusive education can be defined as a developmental approach seeking to address the learning support needs of all students (Stainback and Stainback, 1990; Mittler 2000), and in the case of this study, disabled students, who it is suggested are vulnerable to marginalisation and exclusion (UNESCO, 2005). A broad conception of inclusive education addresses support, service provisions and other learning needs of disabled students and students with learning difficulties (UNESCO, 2005). Inclusive education also means that higher educational institutes can provide good quality

education to all learners, irrespective of the varied abilities. Inclusive education means that all learners will be treated with respect and assured equal opportunities to learn together. Thus, according to Flecha (1999):

*Equality is a more general objective than diversity, difference, and choice. Equality includes the right of everyone to choose to be different and to be educated in their own difference. (1999: 77)*

Inclusive education can be viewed as a practice that is important. Examples of positive experiences, which showcase that inclusive education can most certainly address quality issues in higher education are, therefore, fundamental. Countries that embraced the *Salamanca Statement* (UNESCO, 1994) should certainly demonstrate this fundamental inclusive education aspect. Although the selected countries' contexts appear to have demonstrated significantly developed inclusive policies in their higher education sector, a cursory review of literature from these countries seems to indicate that disabled students are not consulted and listened to during the inclusive education policy making processes. This literature review, therefore, considers the extent to which the selected countries consulted and listened to the 'voices' of the disabled students in efforts to set up inclusive education policy and practice frameworks in higher education.

The review of programmes that have up to this point implemented with regards to service provisions and support for disabled students highlights the lack of consultation with disabled students. In doing so, an attempt is made to link with regards to the inclusion of disabled students in higher education institutes in Zimbabwe.

The review will look at literature from Britain, the USA, Canada, Australia and South Africa as examples of countries with reasonably developed inclusive education policies, practices and settings that can be useful to tease out themes and issues which are hidden in the narratives of disabled students.

### **Inclusion in higher education: The United Kingdom Context**

Service provision and support for disabled students can be a very daunting and demanding task to organisers and may put a strain on the provision of, and access to, human, financial and material resources, staff training (on awareness of diversity),

needs identification, risk assessment and maintaining a consistent referral system, as well as a vibrant counselling service for emotional and personal support.

In the period before 1993 there was evidently little or no interest in the United Kingdom to coordinate these efforts at the national level and to increase access and participation of disabled students in higher education (Hall and Tinklin, 1998). Support was found mainly at an individual level, rather than at the institutional level (Tinklin, Riddell and Wilson, 2004). This is also evidenced by the *Warnock Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*, which went no further than to say, 'Some universities and polytechnics have taken steps to enable students with disabilities to pursue courses of higher education' (Warnock, 1978:177). Higher education in the United Kingdom was to a large extent inaccessible to disabled people and any adjustments made were a result of the negotiations with disabled students, staff and other students (Hall and Tinklin, 1998). Disabled students generally negotiated teaching modifications, extra time for assignments, tests and examinations, and amanuensis for tests notes (Hadjikakou and Hartas, 2007). In some instances, physically disabled students negotiated with peers to be carried up a flight of stairs to lecture rooms on the upper floors because there were no escalators in the building (Leicester and Lovell, 1997), a practice also found in higher education in Zimbabwe, as narrated by disabled students who participated in this study.

The Warnock Report (1978) was, however, the first official publication to chart the direction of post-16 education for disabled students in the United Kingdom. The recommendations of the Warnock Report were widely received and adopted throughout the 1980s (Stowell, 1987). In part, the Warnock Report said;

*We believe that the young people with whom we are concerned have much to contribute to society, although society has all so far all too often failed to recognise this. Our approach for preparing such young people for adult life, whatever the nature or degree of their severity, disorder or other difficulty is based on the view that they should be given the chance to reach the highest level of achievement possible for them' (1978, Para. 10:3: 163).*

Despite the lack of national strategic planning to support inclusion, the education of disabled students in further and higher education thrived and expanded (Stowell, 1987). A lot of effort was made to accommodate disabled students. There was a



negotiated flexible curriculum designed by the Further Education Unit (FEU). For some time, higher education institutes seemed to accept this trend of events and disabled students became involved in the lives of the institutes in a process called 'integration' (discussed in chapter four).

In the early 1990s the concept of integration was replaced by the philosophy of inclusion, which was pushed by the government's commitment to the *Salamanca Statement* (UNESCO, 1994). However, it is noted that the importance accorded to international conventions by the different nation states tended to vary widely. Although the UK was a signatory to the United Nations conventions, it was initially not overly keen to implement the inclusive education provisions. This seemed to be evidenced by the absence of a national policy to tackle the problem of social exclusion at local levels.

However, it was essential to use the provisions of the international conventions in the local struggle for inclusion. The United Kingdom, therefore, eventually recognised the conventions and ratified the *United Nations Convention on the Rights of the Child* in 1991. When the *Salamanca Statement* was effectively endorsed in 1994, the UK disseminated it through the Green Paper, *Excellence for All* (DfES, 1997) and the subsequent *Meeting Special Education Needs: A programme for Action* (DfES, 1998). From then on, the UK made concerted efforts to improve access, participation and opportunities for disabled students entering higher education (Brennan and Shah, 2003); although this was slow in coming (Jacklin et al., 2007).

It was not until 1993 that the Higher Education Council for England (HEFCE) and the Scottish Higher Education Funding Council (SHEFC) began to provide funding for the specific purpose of improving the provisions for disabled students in HEI (Tinklin et al., 2004) (funding is an element which appears to be lacking in Zimbabwe). The government appointed Disability Rights Task Force's (DRTF, 1997) final report, *From exclusion to Inclusion*, recommended that the *Disability Discrimination Act* (DDA) should be extended to education. This led to the inclusion of Part IV to the DDA and the enactment of the *Special Educational Needs and Disability Act 2001* (SENDA). These instruments made it illegal for HEI to discriminate against disabled people in the UK. In part the DRTF (1999) notes that:

*Disabled people must have the right to pursue their education without unfair discrimination. What value do we place on education when a disabled person has rights against discrimination under the DDA when going to the cinema, but not whilst at school or college? We have recommended a range of new legal rights against unfair discrimination and duties on education institutes to make reasonable adjustments to allow access for disabled people (1999:23).*

The main provisions of SENDA (2001) covered all publicly funded institutes of learning and providers of post-16 education. Hitherto to the enactment, a HEI could bar a disabled student from enrolling at the institute (Jacklin et al., 2007). The act brought fundamental reforms because it proposed institutional responsibilities to anticipate the needs of disabled students so as not to place them at a substantial disadvantage in accessing educational provision and services provided by educational institutions, a proactive move which may have been a disadvantage to some disabled students as the anticipation could be done without due regard to individual disabled student's needs. The act made discrimination on the grounds of disability unlawful (Riddell et al., 2004), and this was fair to all students. Further reasonable adjustments were required in respect to the provision of auxiliary aids and services.

From September 2003 to September 2005, institutions were required to be compliant in their inclusive policies in terms of physical adjustments to the architecture and environment (Jacklin, et al., 2006). It became the prerogative of HEI to review and adopt policies and procedures that put in place provisions well in advance of the arrival of disabled students on the HEI campus. This seemed to be good practice to emulate; however, the same cannot be said of higher education sector in Zimbabwe.

Although, the implementation of the DDA tended to be ad hoc in practice (Adams, 2003), it did have a significant impact on strategic planning and compliance by HEI. In certain cases, the DDA redefined how provision and support may be organised for the benefit of disabled students (Adams, 2003). However, at the time, Layer, et al. (2002) observed that there tended to be no link between HEI's disability support and the calls for inclusion in HEI. The lack of a linkage was later, compounded by the introduction of the Disability Equity Duty (DED) in 2006. The DED was meant to ensure that all public bodies in the UK pay due regard to the promotion of equality to, and inclusion of, disabled people in all aspects of their lives, including education. This institutionalised approach to equity meant a blanket provision of services and support

to all, and in education it meant *all* students; hence the focus on individual disabled students' need was lost.

However, the introduction of the DDA, SENDA and the working of the DED seemingly brought changes to the operations of HEI (Morley, 2003), but the context in which these changes occurred was within a dichotomous call; on the one hand, by government to implement inclusion in HEI, and on the other hand, pressure for the marketization of HEI, and demands for quality on staff (Morley, 2003). This, situation, according to Tinklin *et al.*, (2004), created a parallel demand for the development of provisions and support for disabled students in HEI, and thus the lost focus on disabled students was regained.

Brennan and Shah (2003) note that the Government white paper, *The Future of Higher Education*, attached significance of HEI to human capital investment and to the economic and social well being of the nation (Peters, 2003: 4). University education was, therefore, generally considered pivotal to a better socio-economic status (Peters, 2003: 4). Disabled students should thus not be excluded from these developments; sentiments similarly expressed by disabled students involved in this study.

Brennan and Shah (2003) also observe that there is a direct and well known employment benefit derived from accessing HEI and obtaining a degree (Department for Education and Skills, 2003; Magnus, 2006; Higher Education Funding Council for England, 2001). Narratives of disabled students in Zimbabwe who participated in this study seemed to echo the sentiment that returns derived from HEI brought not only higher wages or a professional identity, but also tended to trigger a chain reaction of positive benefits and greater involvement in one's personal and social activities. For example, there has since been documented evidence of a reduction of costs to the health delivery system which is directly linked to disabled people being better educated (HEFCE, 2001). A study by the HEFCE established that, on average, graduates tend to be more cautious of their intrapersonal health; for example, by not smoking, eating healthily, and possessing higher self esteem (HEFCE, 2001). This benefit seems to bode well with the basic tenets of the UNESCO inclusive education

agenda: promoting an active life pathway of disabled students in higher education (UNESCO, 1997).

As a result, after the introduction of the DDA, DED and SENDA, most British HEIs adopted a more proactive approach to inclusion of disabled students in higher education (Tinklin *et al.*, 2004; Hurst, 1998). Public interest in the inclusion in higher education of disabled students and other socially disadvantaged groups in the United Kingdom seemingly grew phenomenally, as evidenced by the emergence of a plethora of published academic literature in support of the inclusion policy (Stowell, 1987; Leicester and Lovell, 1994; Hall and Tinklin, 1994; Low, 1996; Higher Education Funding Council for England, 1998; Higher Education Funding Council for Wales, 1999; Hurst, 1998; Brennan and Shah 2003; Garrick Report, 1997; Department for Education and Skills, 2003; Chataika, 2007).

There were also a number of initiatives and policy developments whose aim were to support the inclusion of disabled students in HEI. The Tomlinson Report (Tomlinson, 1996), for instance, emphasized the significance of the inclusive education for HEI. Legislation, such as the *Further and Higher Education Act 1992* encouraged the Higher Education Funding Council for England (HEFCE) and the Higher Education Funding Council for Wales (HEFCW) to accomplish support systems for disabled students by providing funding to the individual institutes.

However, regardless of the efforts made to improve the quality of life and experiences for disabled students in HEI, it can be argued that most of the literature did not include the views of disabled students (Elliot and Wilson, 2008: 4), and, apparently, most ideas emanating from this literature were academic and arguably void of the ‘voice’ of the disabled students. Hence, some HEIs in the UK remained largely unbothered about including disabled students within them. Improvements, however, continue to be made in HEI and research is on-going to establish, among other pertinent issues, the gaps in knowledge in the inclusion of disabled students in HEI, as there appears to be a lack of the ‘voice’ of the disabled students in contributions to these research efforts. Nonetheless, the UK context can serve as a showcase example of a nation state committed to delivering good, inclusive education policy and practice from which other nations, such as Zimbabwe, can copy. The next section presents a

brief historical background to the policy, provision and inclusion of disabled students in higher education in the United States of America.

### **Inclusion in higher education: The USA context**

Service provisions and support for the inclusion of disabled students in higher education in the United States of America appear to have been serendipitously driven more by the civil rights agenda of the civic movement than by the need to address issues articulated by disabled students in education. Thus, the USA seemingly has a history in disability issues that is longer than that of the United Kingdom (Chataika, 2007). In the US, it was more of the civic society that drove disability issues, whereas in the UK disability issues were driven more by legislation; hence, the existence of a plethora of laws. Yet, in the US, it is only the *Americans with a Disability Act* that tends to guide the higher education system.

The first recorded significant development was in 1948 when the University of Illinois put in place services and support systems for the inclusion of disabled students (Riddell *et al.*, 2005). Disabled students have since then been a growing minority on American HEI campuses (Mott, 2004). Later progress could be directly traced to the introduction of the *Rehabilitation Act 1973*, a civil rights law requiring that public and private HEI that receive federal funding make appropriate and reasonable academic accommodations for the inclusion of qualified disabled students. Also, the *Individuals with a Disability Act* (IDEA), formerly called P.L. 94-142, required all local education authorities to provide a free, appropriate public education to all students (Gearheart *et al.*, 1982).

Real impetus for change, however, happened as a consequence of the vocal lobby of veterans disabled during the Vietnam War. The war veterans joined forces as a cohesive voice with other disability groups, organisations and agencies to call for civil rights concerns to be examined. This 'collective voice' culminated in the enactment of the *Americans with Disabilities Act 1990* (ADA); a law that is more comprehensive than the United Kingdom's *Disability Discrimination Act*, as Riddell *et al.*, (2005) observed. The enactment of ADA (1990) extended the protections of the *Rehabilitation Act 1973* and IDEA beyond the academic realm, requiring that all functions within all HEI be made inclusive. ADA (1990) states, in part:

*No otherwise qualified individual with a disability... shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance (Mott, 2004:1).*

Both the *Rehabilitation Act 1973* Section 504 and the ADA (1990) make it illegal for HEI to discriminate against students on the basis of disability. Recent research in the USA, by the Government Accountability Office (GOA) (2009), suggests that this legislative framework has had the effect of increasing the number of disabled students in HEI (GOA, 2009). According to GOA (2009), more disabled students are now pursuing higher education than in the past.

Literature on disabled students in the United States HEI seems to have moved further in addressing service provisions and support; because ADA (1990) is so comprehensive that HEI were covered by the act from the start, so that most issues affecting disabled students in higher education were addressed (Mott, 2004; Riddell *et al.*, 2005; Mole, 2008); although there appears to be little evidence of disabled students' agendas in HEI being sought and listened to (Elliot and Wilson, 2008). However, by being anticipatory and pre-emptive, most HEI in the US seemed to have moved to developing the universal design model that looked beyond current inclusion models still being emphasized by other countries (Mole, 2008). Service provision and support for disabled students in HEI seemed well embedded and systematic within individual HEI policy. This systemic embedment is exemplified by the following statement extracted from the University of Washington website *Equal Opportunity & Disability Accommodation Statement*, which in part reads:

*The University of Washington is committed to providing access and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities (University of Washington, ONLINE).*

A snippet view of other US university websites clarifies and specifies service provisions and support offered in HEI, within the legal framework of Section 504 of the *Rehabilitation Act 1973* and the ADA (1990). (In contrast, such similar information is strikingly absent from all HEI websites in Zimbabwe).

From personal experience, the operations of the above mentioned US legislation are in practice being applied even at US universities abroad; for example, the American University and the Buffalo State University, both in Kuwait, where this researcher had an opportunity of experiencing US legislation at a microcosmic level. A sample of more American university websites indicates that the issue of service provision and support for disabled students is adequately addressed in most HEI in the US.

However, there appears to be an issue emanating from the implementation of the legal framework; the interpretation and definition of the terms ‘disability’, ‘major life activities’ and ‘reasonable accommodation’. There appears to be limited literature around this issue, and it remains one of the least studied but also potentially the most significant aspect of special needs education in the US (Giangreco *et al.*, 2001: 45). However, this thesis will not delve into this issue to avoid digression.

What appears evidently lacking, though, are studies that go beyond the physical architectural accommodations and other material provisions (Programs for the Handicapped, 1984). Disabled students in American HEI now seem to have other issues related to the world of work. Benshoff *et al.* (1990) speculate that disabled students face unsatisfactory assistance from the support service programs in HEI in meeting their needs for psychological and career counselling because their needs remain unknown. Jacobson (2002: 117) reiterates this point and says that additional research should continue this exploration through more qualitative research that allows students to ‘voice’ their opinions in a less structured manner, resulting in a clearer understanding of their needs.

According to Aune and Kroeger (1997), recognition has since been made that very little research has been conducted specifically on the career development of disabled students in HEI. Yet, this is an area in which disabled students need to articulate their life stories in order to express their particular needs. As Jacklin *et al.* (2007) posit, greater understandings are needed of perceptions of disabled students and especially of their support needs. Gaps in understanding the career needs of disabled students seem apparent.

On the whole, the issue of inclusion has tended to raise the profile of disabled students within HEI in the US, despite the other numerous concerns about inclusion of disabled students in HEI. For instance, on the one hand there are concerns as to whether inclusion of disabled students in HEI does not compromise quality of instruction and the subsequent value of the qualifications (Konur, 2006:215). On the other hand, Clabaugh and Rozycki (1990) note there could also be concerns that teaching staff contribute to a generation of ‘half baked’ professionals. These controversies illustrate the rhetoric surrounding service provisions in inclusive education in general. However, they also serve to illustrate that even in developed countries such as the USA, researching students’ ‘voices’ and listening to their concerns is fundamental to the policy making processes. Perhaps, an examination of the literature from Australia might highlight this aspect more.

### **Inclusion in higher education: The Australian Context**

Typically, factors that drove both the United Kingdom and the United States to enact proactive and anticipatory legislation embracing inclusive education for disabled students in HEI appear quite different to the motivating factors in Australia. Australia still practices integration despite the rest of the world moving closer to inclusive practices. However, it appears that this model of integration has characteristics of inclusive practices and, therefore, the Australian context is taken here as a showcase example of a different approach, which a country such as Zimbabwe can learn from.

Vaughan (in Potts *et al.*, 1995: 239) identified three factors that seemed to motivate and influence the creation of integrated education frameworks for disabled students at not only HEI, but all levels of education. These were:

- a wider endorsement of the right to be educated in environments which are non-discriminatory, and which give the greatest possible ‘normal’ experience,
- a drive to develop more efficient and flexible education systems to deliver the most appropriate education, and for that education to be of a high quality,
- and, a need by educators to develop schools which have a diversity of educational and social experiences that aim to be as effective as possible for all students (1995: 238).



Although, these motivating factors, according to Vaughan (1995), seem to have taken root, and are still effective in Australia, there is currently no principle to guarantee inclusion as alluded to in legislation. The inclusion construct in Australia is still emerging, and needs much debate and research (Aniftos and McLuskie, 2003). To this, Vaughan lamented that, ‘Australians would be the first to admit that they have a long way to go in the development of inclusive [education] systems’ (1995: 239). In New South Wales, for instance, there was no move towards inclusive education (Vaughan, 1995).

Although inclusive education first emerged as a goal to equity of access and participation in education for disabled students (UNESCO, 1994), unlike the US and UK, Australia does not seem to have legislation that mandates either integration or inclusion. Instead, Australia put in place other, subtle legislation that tends to embrace the general tenets that may be related to inclusion. For instance, the national education policies do exhort social justice and equity for all Australian students (Aniftos and McLuskie, 2003), but the rights and privileges of disabled students at risk of under-participation and under-achievement are protected by the *Education Act 1989*, *Anti-Discrimination Act 1991*, *Disability Services Act 1992* and the *Disability Discrimination Act 1992 (DDA)* (Aniftos and McLuskie, 2003).

However, in 1990 the Australian Federal Government reaffirmed its commitment to the notion of equity and inclusion in its release of *A Fair Chance for All: Higher Education That’s within Everyone’s Reach* (Gale and McNamee, 1994). Like policy statements that came before it, namely *Social Justice under Labour* (1987) and *Higher Education: A Policy Statement* (1988), *A Fair Chance for All: Higher Education that’s within Everyone’s Reach*, sought to reinforce the position of equity within a system of higher education that was for a long time inaccessible to various social groups and had remained a preserve of the privileged (Anderson and Vervoorn 1983; Gale 1995).

*A Fair Chance for All: Higher Education that’s within Everyone’s Reach* (Dawkins, 1990) was dubbed a ‘revolution’ in Australian Higher Education (Power, 1998) because it brought in sweeping changes to the way higher education in general was

run. Most technical and teacher colleges merged with existing universities to create fewer institutes of higher education (Power, 1998). The government funding of these new institutes meant more control over many universities (Power, 1998). The government, through a number of its agencies, namely the National Board of Employment, Education and Training and the Higher Education Council, tried to influence policy and practice of most universities in a number of areas. For instance, the following groups in particular had been identified within the 1985 Higher Education Equity Program as disadvantaged in terms of access and participation in higher education:

- indigenous people from rural and isolated areas,
- socio-economically disadvantaged people,
- females seeking postgraduate study and participation in non-traditional courses,
- non-English speaking persons,
- disabled people (Vaughan, 1995).

*A Fair Chance for All: Higher Education that's within Everyone's Reach* was, therefore, a policy statement which the government of Australia intended to use to open access to 'equity target groups', of which disabled students was one. The government accordingly moved to establish policy in this field, including setting of objectives, numbers, targets and implementation strategies to provide and open up equity in accessing university for the groups mentioned above (Power, 1998). In the case of disabled people, one of the objectives of the policy, *inter alia*, was to increase the participation in higher education for disabled students (Power, 1998).

However, it can be argued that these objectives would have been far reaching had disabled students been consulted and their voices heard. There was an absence of this 'voice'. The following is one example which could have been avoided had disabled students been consulted. In 1996, the government of Australia allowed state universities to levy tuition fees for an additional 25% of undergraduate students above their government funded quotas. It also made it so that postgraduate courses would be offered to fee paying students only (Power, 1998). Such a move was, of course, counter to the purported objectives that the government sought to promote, and it is not clear what this might have meant, especially for disabled female students seeking

postgraduate study and participation in non-traditional courses. This confusion could have been avoided had disabled students made an input in the first instance.

*A Fair Chance for All: Higher Education that's within Everyone's Reach* laid out strategies to achieve the objectives and targets to be met. For disabled students, the statement laid out strategies that were to include the provision of:

- disability advisors to help disabled people,
- modification of materials and curriculum,
- specialist assistive technology, equipment and facilities,
- promote opportunities for distance education,
- flexible timetabling and course requirements,
- and opening up advice, information and guidance about services for disabled students (Dawkins 1990).

Cognisant of the situation in the previous country contexts already discussed (US and UK), where authorities tended to pre-empt and set out to provide services and provisions without consulting the affected students, the policy statement in Australia seemingly appeared to advise education and training providers to find out the special equipment and facilities disabled students would need early in the enrolment stage (Dawkins 1990), seemingly suggesting that an institution of higher education had to listen to the concerns of a disabled student before developing a strategy for provision. However, there seems to be a lack of evidence for this happening; such a move would have meant a departure from what occurred in the previously discussed contexts. Some Australian HEI authorities appeared concerned for disabled students; but their concerns appeared hollow and rhetorical. According to Power (1998: 17), however, the prior knowledge of any concerns 'was not particularly helpful' as the Dawkins report noted:

*Provisions and services were often expensive and... institutions could concentrate their resources by specialising in courses for students with a particular kind of disability or related group of disabilities* (1998: 17).

The implication of this appeared contrary to the popularised 'opening access to disadvantaged groups' (a clear indication of double standards). Nonetheless, however, the policy statement openly acknowledged that disabled students faced a range of frustrations and difficulties not experienced by other students (Dawkins, 1990; Power, 1998), and that disability advisors were needed to help them. As a strategy to help

disabled students, the Dawkins report ironically suggested the provision of distance education opportunities. However, it could be argued that this would not be a solution to the challenges, such as physical access and transport, disabled students experienced within HEI campuses. In fact, the suggestion meant that disabled students would never experience learning in a HEI environment. Paradoxically, the report contradicted itself and noted that;

*...distance education will not be the choice for students with disabilities, particularly those who may wish to remedy the isolation from the community that has resulted from their disabilities (Power, 1998: 17).*

With regard to the modification and adaptation of tutorial materials, and the curriculum, Dawkins (1990) candidly pointed out that ‘many materials and teaching processes in the higher education curriculum had been designed without disabled people in mind’ (Power, 1998: 17). Again, as previously alluded to in the aforementioned contexts, the above assertion was a demonstration of an incomplete understanding of the particular needs of disabled students (UNESCO, 1997: OECD, 2004); a situation resulting from the lack of the disabled students’ ‘voice’ in the policymaking process.

As if to demonstrate panopticism, patronisation and lack of regard for the disabled students’ voice, the government of Australia proceeded to commission and fund another survey into the ‘*Additional cost of Education and Training for Disabled People in HEI*’ (Andrew and Smith, 1992). The results of the survey, like most surveys, tended to be of a quantitative nature and did not capture the service provisions and support needs of disabled students in HEI as articulated by the students’ narratives. However, what was significant from the survey concerning disabled students was that, in general, supporting disabled students in HEI was expensive (Power, 1998). This revelation probably suggested that disabled students would receive some form of discrimination during their stay in HEI.

The Australian DDA (1992), introduced to protect disabled people in general against discrimination, was in 2005 extended to include discrimination in education (Aniftos and McLuskie, 2003). In spite of these intentions, research evidence seems to indicate that discrimination still remained a problem at all levels of education, including

higher education (Jackson *et al.*, 1999), even though there was an embracement of the *Salamanca Statement and Framework for Action*.

To regulate provisions and services for disabled students in HEI, the Australian Disability Standards for Education were formulated and introduced in 2005, as an addendum to the DDA (1992). These Standards clarified the obligations of the HEI and other training providers in ensuring that disabled students have access and participate in education and training without experiencing any form of discrimination (Australian Disability Clearinghouse on Education and Training, 2006). However, these Standards appear to have been implemented as a result of an observed, witnessed and felt need, and also by reviewing policies from other countries such as the US and the UK (Vaughan, 1995; Adams, 2001). However, it appears the formulation, development and implementation of this policy did not go far enough to eliminate, or at least ameliorate, the problems of access, participation and provision of resources and support for disabled students in higher education; another indicator of the lack of the disabled students' voice in the policy making process.

Powers (1998) observed that, prior to the implementation of the Australian Disability Standards for Education, there were already discrepancies in the quality of service, advice, information and support given to academic staff, which may have been a result of the direct consultations of researchers with education and training staff, and not disabled students, on issues affecting disabled students. Disabled students were entirely left out as a potential source of vital information. As noted earlier in this chapter, formulating and implementing policy in this way seems to have been a feature consistent with policy making tendencies already used in both the UK and US. Although the Australian DDA, and by extension the Disability Standards for Education, seemed to have attempted to capture and address the general service provisions of disabled students in higher education, it was still questionable as to how important the DDA, as a tool for change, was to disabled students in HEI (Shaw, 1998). The DDA appeared not to reflect the actual needs of the disabled students. Its advent did not embrace the 'voiced' needs of disabled students. This seemed to have had the effect of creating a knowledge gap in understanding the particular needs of disabled students within HEI settings in Australia as well.

## **Inclusion in higher education: The Canadian Context**

Prior to 1992, few studies existed that examined the needs of disabled students in universities in Canada (Wolforth, 1998). This is confirmed by Leitch (1998) who made a search for this literature and found little other than that published by Statistics Canada (Leitch, 1998). However, Leitch contends that it was common, though, to find isolated reports of individual organisations speculating on disabled students in HEI in Canada (Leitch, 1998).

Leitch conducted a survey of physically disabled students in 47 universities across Canada. Although this survey was fundamental in establishing estimates of the population of disabled students in HEI in 1995, it seems it did not go far enough as to establishing the extent of inclusive education practices and service provisions and support for disabled students by consulting disabled students themselves; a trend already seen as consistent with researchers of the time. Therefore, Leitch's research approach invariably seems to have left a gap in knowledge unclosed; that of understanding the needs of disabled students in HEI from the perspective of the students (an issue this thesis is grounded in).

The legal framework in Canada which guides the service provision and support for disabled students in the higher education sector is enshrined in the human rights code (OECD, 2003). The provincial law does not define discrimination but considers individual circumstances as central tenets of the human rights law (OECD, 2003). The code specifies in its preamble that, in Ontario, public policy must:

*....recognize the dignity and worth of every person and provide for equal rights and opportunities without discrimination that is contrary to law, and having as its aim the creation of a climate of understanding and mutual respect for the dignity and worth of each person so that each person feels a part of the community and able to contribute fully to the development and well-being of the community and the Province (Ontario Human Rights Code 1990: 1).*

The law stipulates that disabled people should have equal access to all resources and provisions, and is specific on non-discriminatory equal rights and opportunities in jobs, housing and services. However, *Bill 125*, which eventually became the *Ontarians with a Disability Act* (ODA) is legislation that is specific to the inclusion of

disabled persons in HEI. Universities must abide by the Human Rights Code and ODA, and are left to determine what this means for each institution.

ODA, an addendum to the Human Rights Code, is a disability specific piece of legislation that completes the Human Rights Code. It is designed to identify, eliminate and prevent all obstacles and barriers that lead to non-equalization of opportunities for disabled people, preventing them from full participation in the life of the society. HEI are required under ODA to prepare annual accessibility plans specifying their accessibility policies and implementation programmes, practices and services. Ironically, although the HEI plans must be made public, they are not enforced, and implementation is not linked in any way to provision or penalties (OECD, 2003; Stanbery, 2009), and this can be construed as an act of lip service and double standards, a situation that has already been observed in the Australian context.

Education is not specifically mentioned in the Human Rights Code, and ODA does not impose conditions for HEI. However, HEI seem responsible for providing the education and all the necessary services and support for all individuals to study and fulfil the same duties and requirements as everyone else; with dignity and without hindrance. The federal government of Canada creates institutional incentives for meeting their obligations under the human rights code (OECD, 2003). HEI are thus indirectly compelled to develop localised proactive disability policies and define all the services and provisions for disabled students (Leitch, 1998; Ontario Human Rights Commission, 2000). Hence, most HEI try to involve teaching staff in their equal opportunities policies, but seem to omit disabled students as fundamental sources of information from this process. Most HEI publish a special needs policy document that usually specifies the policies, guidelines, procedures, referral and appeals processes (OECD, 2003) (which disabled students have no input in). HEI also organise annual information sessions, develop staff training, publish a guide and try to involve teachers early in defining learning strategies. For instance, the University of Toronto published an instructor's handbook to assist in implementing the equal opportunities policy (OECD, 2003). The omission of students in the policy process in HEI in Canada can be said to reinforce the basic assumption undergirding this study, *that the voice of the disabled students is not sought and heard in matters that involve them.*

Inclusion of disabled students in HEI in Ontario can be regarded as a default standard provision, because every individual is assessed by intrapersonal abilities rather than by assumed characteristics.

However, there is an argument that the default aspect is said to cause some undue hardships for some HEI, because costs of inclusion can affect organisational viability if there was no external federal funding to make it *reasonable*, and if the inclusive policy does not meet the required health and safety standards. For HEI, concern tends to be whether any inclusion calls for, or interferes with, the organisations integrity. The Canadian system calls for HEI to prove that inclusion can be accomplished without rendering undue hardship.

By analysis, therefore, it seems, the interests of HEI in Canada take primacy over provision of services to disabled students. This is clearly demonstrated by the conditions of the human rights code and ODA, which insinuate that HEI, rather than individuals, are funded in order to serve the overall provisions of all disabled students. The OECD report notes, ‘according to the principles of the human rights code and ODA, institutions rather than individual are funded in order to serve all disabled students’ (2003: 43).

The assumption arising from this seems to allude that the Canadian government is in fact practicing double standards. They seem to be shouting back in the face of disabled students, as if to say ‘*we don’t care what your needs are, we will give you what we think is good for you*’. This might seem an unfortunate remark, but may be an indicator that little consultation goes on between government, HEI and disabled students regarding particular service and provision issues in HEI. As in the other already discussed contexts, it appears the lack of consultation and denial of the voice to the disabled students has the effect of creating gaps in knowledge: in this case, understanding the real service provision and support issues challenging disabled students’ inclusion in higher education.

In conclusion, it can be said that it is fundamental to respond to the situation existing in higher education regarding inclusion, support and service provision for disabled



students by listening to their concerns. While on the one hand, the OECD (2003) report provides a seemingly positive portrayal of the practices of HEI in Canada, regarding support and service provision for disabled students, on the other hand, there are issues that still reside in the minds of disabled students which seem in need of examining and recognition. These can only be known if disabled students' voices are listened to and their challenges known. These are concerns that also appear highlighted in the narratives of disabled students who participated in this case study in a HEI in Zimbabwe.

Other case study reports seemingly showcasing good policy and practice on disabled students in HEI abound in countries such as Finland, France, Germany (Langweg-Berhorster, 1998), and Switzerland (OECD, 2003; Hurst, 1998), but these are not examined in this chapter due to space constraints. However, an examination of literature from South Africa, a neighbouring country to the field area of this research, might provide a synoptic foregrounding of what goes on in a developing country regarding inclusion, service provision and support for disabled students in higher education, and whether policy provision accommodates the views of disabled students.

### **Inclusion in higher education: The South African scenario**

The current higher education system in South Africa emerged from an inherited apartheid system which ended in 1994. It was a system moulded and shaped by a colonial history and an apartheid ideology. The pre-independence era was characterised by racial, gender, and educational inequality within the country. Given the extent of the inequality that existed in the higher education system prior to independence in 1994, it is not surprising that there was a paradigm shift and a re-focus towards a more equitable policy of educational provision by increasing the participation of marginalised students, such as black students, disabled students and women in higher education (Howell, 2006; Department of Education South Africa, (DoE) 1996; 1997; 2001).

## **The past**

The inequalities to access and participation of disabled students in higher education in South Africa began with the inequalities that shaped the whole education system during the apartheid era (DoE, 1998). However, a shift in policy tended not only to alter the racial profile of students, but also the profile of gender, and other ‘non-traditional students’ in educational institutions (Cooper and Subotzky, 2001). Included in this category of ‘non-traditional students’ were disabled students, who were especially vulnerable to exclusion from the education system as a result of the still prevalent wider practices related to apartheid and current efforts of marketization of higher education (DoE, 1998). This category was, therefore, recognised in the governments’ policy framework ‘*National Plans for Higher Education*’ as having been historically disadvantaged (Howell, 2006), and was a target group for inclusion in the higher education system (DoE, 1998).

At the higher education level, support services and provisions were separated not only along racial lines, but also on the identification and classification of students into those regarded as ‘normal’ and those with special needs (Howell, 2006). The latter classification tended to encompass all students deemed to be unable to fit into the mainstream education system. These students, according to Howell (2006: 163), were students ‘with different abilities; learners perceived to have difficulties or behavioural problems and students in trouble with the law’. The consequence of this policy was a two tier education system; a dominant mainstream system for the ‘normal’ students and another for students with special needs.

The two systems were further divided along racial lines with limited provisions and services (if at all) for black disabled students and those with special needs (DoE, 1998). The limitations in provisions and services meant that there was a high level of exclusion, but for the few privileged disabled students other attendant problems inherent in a peripheral system seemed to emerge. The DoE (1998) identified that the curriculum offered to disabled students was inappropriate, ‘watered down’ and did not prepare students for the world of work (DoE, 1998).

Hence, the lack of adequate provision and service support for disabled students had a profound knock on effect on access and participation of disabled students in higher education. The *Integrated National Disability Survey* (INDS) of 1997 estimated that about 70% disabled potential learners were effectively excluded from education and training (ODP, 1997). The INDS could not establish precisely the extent of exclusion, and Howell (2006) seems to further suggest that higher education remained largely out of reach of the majority of disabled students.

### **The Present**

The South African higher education policy framework now has a strong equity agenda (DoE, 2001). Continued political will from the new South African Government appeared to have changed the landscape in the inclusion of disabled students in higher education. Census data from Statistics SA (2003) seems to indicate that the number of disabled learners entering the education system has improved. At the same time the implementation of a uniform and standard curriculum across the education system meant, at least, that more disabled students have the opportunity of obtaining the minimum matriculation qualification needed for progression into higher education.

Although the seemingly conducive educational environment and the potential capacity of the lower levels of the education system to support increased access and participation by disabled students in higher education are now evidenced (Howell, 2006), there appears to be many disabling barriers. For instance, there is a dearth of course and career guidance information available to disabled students; information that is necessary to enable disabled students to make appropriate choices for entry into higher education. A criticism has been raised that the minimum qualifications offered do not seem to be of sufficient quality to enable disabled students to participate effectively in higher education (DoE, 2001). Other problems seem to stem from attitudes that tend to reinforce the notion that disabled students have no future in higher education, and hence do not require guidance in making career choices. Arguably, these perceptions tend to limit human capital resource capacity building. It can be argued, however, that these perceptions are manifest because no one has taken the trouble to listen to what the disabled students say about themselves regarding

these issues. Hence, it can be said that the assumptions arising from these perceptions are unjustifiable.

Also, the rhetoric of opening access and participation seems to fly in the face of disabled students because the South African education system is, according to Howell (2006), 'inadequate'. This notion is reinforced by the DoE (2001) who assert that the education system in South Africa;

*...does not produce enough learners with the minimum entry requirements for higher education for all historically disadvantaged learners. And, most importantly, does not provide learners with services of a sufficient quality to participate effectively and succeed in higher education (DoE, 2001: 2).*

Although greater opportunities for access and participation appear to have been created, the quality of provision and services seemingly intensifies the gullibility and vulnerability of disabled students. This is because there seems to be notable double standards played by government. For instance, as Wolfendale (1996) observed, the eligibility criteria for entering higher education is determined by rigidly defined processes that are effective discriminators of the, 'eligible few from the ineligible many', and for disabled students such processes are further informed by perceptions of their fitness to practice and their identity as future disabled professional people.

Odendaal-Magwaza and Farman (1997) observed that disabled students in South Africa have reported being denied access to certain professional courses because emphasis has been put on their disability and the extent to which their impairments are perceived as limiting their capabilities to perform academically. As well as this, their problems seem to have been compounded by their experiences in the classrooms, which are directly ascribed to the inadequacy of necessary service provision and support, for example, assistive equipment (Odendaal-Magwaza & Farman, 1997). Such service and support is fundamental in creating an enabling educational environment that supports disabled students in their learning. However, it appears that there is limited attention given to the learning and teaching process and the extent to which it tends to be exclusive and marginalising to disabled learners. Perhaps the same could be said of the situation of disabled students in higher education in Zimbabwe, because blind students who participated in this study narrated similar

experiences where, for instance, the presenter would write on the board or use visual presentation such as a projector without reading out or describing the contents of the images shown. This would suggest that policymakers in South Africa, just as in the UK and Australia, and ‘in fact ...most higher education systems throughout the world’ (Howell, 2006: 166), have no understanding of the needs of disabled students. McLean *et al.* (2003) seem to corroborate this notion and acknowledge that there is indeed a lack of curriculum flexibility and a lack of inclusive education practices across the higher education system in South Africa.

Compounding this issue is the fact that service provision and learning support systems is an under-researched area (Council for Higher Education, 2005). Perhaps also, the under-researching could be a result of the lack of a vocal lobby by the disabled students to sufficiently articulate their needs to attract the attention of policy researchers. That could perhaps be an area in need of research. These factors, accordingly, seem to be key barriers to the effective and equitable inclusion of disabled students in higher education in South Africa (McLean *et al.*, 2003).

Although there appears to be a strong equity policy, which purportedly is inclusive of disabled students, the same policy ironically warns HEI against recruiting students who ‘do not have the potential to pursue further their study’ and also ‘that retain students who have no chance of success’ (DoE, 2001:26). Although the policy statement is subtle and not specific to disabled students, it seems to allude to that category of students. This rhetoric in policy appears familiar. It may also appear the potentiality of a disabled student, the likelihood of success and the chances of coping within a study programme are strongly informed and affected by such policies. In the era of globalisation, the tendency in HEI has been to emphasise teaching and learning for the development of skills and knowledge that are seen to be necessary for the attainment of goals as dictated by market forces (Howell, 2006). The burden is thus placed on individual disabled students to self assess as to whether or not they fit into the HEI regime, where the HEI makes little or no reciprocal adjustments (Riddell, 1998: 213). This means, therefore, that disabled students who are regarded as being unable to compete successfully in this market and who cannot meet the institutional arrangements, as well as lacking the skills and knowledge, are not seen as a priority in

terms of curricula responsiveness, teaching and learning support, and the allocation of resources (Howell, 2006).

This may not be surprising because the medical model of disability around which the policy of inclusion in South Africa is formulated seems to emphasize the individual deficits, and tends to influence the manner in which HEI have responded to disabled students, especially in terms of funding utilisation, teaching and learning support needs, and other service provision (DoE, 2001; Council on Higher Education, 2005; Howell, 2006).

It appears, therefore, that panoptic perceptions about disabled students' needs in HEI seem also to prevail in South Africa, just as observed in the other contexts already discussed. Not surprisingly, therefore, policies seem to be foisted on disabled students. The students' voice is not sought and listened to. Other agendas seem to take precedence in the education and welfare of disabled students in HEI in South Africa. *Would conditions be similar in Zimbabwe?* Chapters 7, 8 and 9 will highlight this question.

### **Summary**

Drawing from the literature reviewed, it appears that there are issues affecting inclusion of disabled students in HEI. Countries that seemingly practice inclusive policies in their HEI may have missed some fundamental issues. They seem, *inter alia*, to provide the needs of disabled students in an ad hoc fashion and haphazard manner. It appears also that the provision of services and resources seemingly is decided by policymakers, who themselves either may not be disabled or have little understanding of the precise needs of disabled students.

Apparently also, governments have tended to be proactive, pre-emptive and presumptuous in their approach to providing services and support for disabled students. While being anticipatory and pre-emptive may have positive effects (Waterfield and West, 2008), the process must be guided by adequate research and sensitivity to the 'voiced' needs of the affected category of students. The general lack of understanding of the needs of disabled students, it seems, has mainly been caused

by a lack of adequate research into the ‘voiced’ concerns of the disabled students, and this notion is what drove this researcher to do this study. Hence, the insight of what disabled students say are their needs in HEI is grossly myopic. This is compounded by country legislation framed along the medical model of disability which tends to guide how HEI should respond to the service provisions and support for disabled students. Given that the Zimbabwean context may not be as developed as countries discussed in the literature, it remains to be revealed what the outcome of the current case study will be. Chapter six will now outline the methodology adopted in addressing this issue.

## CHAPTER 6

### THE METHODOLOGY

In this chapter the methodology, the methods, the data analysis procedures, issues of bias, validity, reliability and triangulation are examined. The evidence to substantiate the perceived assumptions was obtained from the voiced narratives of nine disabled students at one HEI, KU in Zimbabwe. The collective narrative evidence was considered adequate to tease the three research questions outlined in chapter three. The narrative evidence provided useful insights into the experiences of disabled students with regard to their perception of service provisions and support services in a HEI in Zimbabwe. Familiarity with the specific techniques used in research is considered fundamental. The technique used in this study is qualitative. There are many diverse traditions that fall under the genre of qualitative research (Eisner and Peshkin, 1990; Yin, 1994; Denzin and Lincoln, 1994; Stake, 1995; Silverman, 2010). Within these traditions are also various research designs, models or frameworks (Plowright, 2011: 6) one might choose from. The research design chosen for this inquiry was the case study.

#### **What is *case study*?**

Lincoln and Guba (1985) lament:

While the literature is replete with references to case studies and with examples of case study reports, there seems to be little agreement about what a case study is (Lincoln and Guba, 1985:306).

This lamentation appears indicative of the lack of a precise definition of case study. Case study can be about studying ‘an individual, an event, an institution, or even a whole national society’ (Gomm and Hammersley, 2000). Usually, Gomm and Hammersley (2000:3) say, ‘a case study is research that investigates a few cases; often just one in considerable depth’. Stake (1995) observes that a case study ‘is the study of particularity and the complexity of a single case... to understand its activity within important circumstances’ (1995:xi). Case study can be applied to both quantitative and qualitative genres of research. However, in the context of this study of nine disabled students’ narrative experiences in higher education, concern exists with the case study within the qualitative genre.



## Types of Case Study

Case study is considered an ideal methodology where research is intended to be in-depth (Feagin *et al.*, 1991). Initially, case studies were primarily used in research involving sociology, but also increasingly in education. Yin, Stakes and Carspecken, among others, are considered to have wide and deep experience in the use of the case study methodology, and are noted to have developed rigorous procedures in using the case study methodology.

Fundamentally, when case study procedures are followed, a researcher will be using tried and tested methods that are as rigorous as those used in experimental studies that demand numerical data, but whose data collection and analysis methods, according to Stake (1995), tend to hide some detail. On the other hand, the design of case studies tends to bring out hidden detail from the perspective of the participant by employing multiple data sources, such as observations, asking questions and artefact analysis (Plowright, 2011).

Yin (1994) identified the following as specific types of case studies:

- *exploratory case study* (asks ‘what’ questions, sometimes considered as a prelude to social research),
- *explanatory case study* (asks ‘why and how’ questions, which may be used for doing causal investigations) and
- *descriptive case study*, (asks ‘how’ questions, which require a descriptive theory to be developed before starting the project).

Later, Stake (1995) introduced three more types of case study, namely; the *intrinsic case study*, the *instrumental case study* and the *collective case study*:

- In the *intrinsic case study*, the researcher has an interest in the case, and no attempt is made to generalize beyond the single case or even to build theories. Sampling is irrelevant and difficult to defend because it is not considered representative enough (Stake, 1995).
- The *instrumental case study* is a study when the case is used to understand more than what is obvious to the observer; it is a study in which a case is studied mainly to provide insight into an issue or to revise a previous generalization (Stake, 1995).
- A *collective case study* is where a number of cases are studied in order to investigate some general phenomenon (Stake, 1995).

In all of the above types of case study there can be single-case or multiple-case applications. Although in the present case study there were nine student cases, their voices were considered to be a single entity, and hence this study was a single case study. Each of these students' voice was considered as part of a single case; the HEI. The HEI was made a case so that the students' voiced experiences and perceptions would relate more meaningfully to the single case.

### **Sampling Strategy**

Case study researchers tend to construct cases out of naturally occurring social situations (Gomm *et al.*, 2000:3). Case study research might not involve sampling, as some major researchers in the field assert (Feagin *et al.*, 1991; Yin, 1994; Carspecken, 1996; Stake, 2000), but being case selective is one tendency of case study and case selection must be done in order to maximize what can be learned in the available time of the study. In the instance of this study, given the limited time and resources available to the researcher, it was not possible to have a purposively selected sample. The available option was to interview participants as and when they were available.

The participants were selected using a non-probability sampling strategy that generated a convenience sample, which Kemper *et al.* (2003) say is an example of a purposive sample. The sampling involved participants 'that are both easily accessible and willing to participate in a study' (Collins *et al.*, 2007: 272). The purposive nature of the sample was, therefore, due to the participants' willingness to narrate their learning experiences as students sharing the same identity label; being disabled (the main focus of the study). However, it can be said here that the precise reasons for their willingness to participate in the study were not established, and may have been driven by the expectation of improvement of conditions in the HEI. The sample can, therefore, be described as a convenience sample, because of both the ease and convenience of access that the researcher had, and the willingness of the participants to be included in the study.

Another critical factor in case study is the unit of analysis. In this case study, the unit of analysis was the experiences of service provision and support of nine disabled students in a higher educational institute in Zimbabwe. This is the level at which all evidence was zeroed in on and at which findings were derived. Typically, the unit of

analysis was the vocal narrative action and not the disabled individual or group of disabled students. At that level the focus was to listen to issues that were fundamental to understanding the experiences.

Feagin *et al.*, (1991) and Snow and Anderson (1993) observe that case studies use multi-perspectival analysis. By this they appear to mean that a researcher considers, not just the narrating voice and perspective of the participants, but also considers the artefacts in the environment and actions of the other participants, as well as the socio-dynamics that are involved in the interactions among and between the participants.

This researcher understood the importance of social dynamics at the HEI by first making observations of students' behaviour, the artefacts (which included for instance, the infrastructure, the learning environment and the equipment in the disability resource centre); then listening to the narratives, followed by the generation of meaning through dialogue between the researcher and the participant. In this way, knowledge was created, and the validity and trustworthiness were established.

### **Methodological considerations**

According to Feagin *et. al.* (1991), researcher-participant dialogue is a unique characteristic that case studies possess, as they tend to give a voice to the powerless and voiceless, and fundamentally in this study, to disabled students in a higher educational institute in Zimbabwe. This is unlike studies in sociological research, where sometimes they do studies from the viewpoint of the elite (Feagin *et al.*, 1991).

The researcher's interest in disabled students' inclusion in higher education as it was experienced meant that he was primarily interested in the 'perspectives in action' (Snow *et al.*, 1993: 22). 'Perspectives in action' are accounts or patterns of narratives formulated for a particular end in a naturally occurring situation that is part of some already existing system of action (Snow *et al.*, 1993:22). Stake (1995: 20) refers to these actions as *emic* issues. These are 'issues from the actors, the people who belong to the case' (Stake, 1995: 20). The alternative of that is 'perspectives of action' (Snow *et al.*, 1993: 22); narrative accounts constructed in response to the probes of the researcher. These tend to be affected by what Stake (1995: 20) calls *etic* issues. These are issues brought in the study by the researcher from outside. In doing qualitative

research, both actions and issues are important, and in this context, where experiences of disabled students were considered valuable, it was essential to employ more of the ‘perspectives in action’ than the ‘perspectives of action’, because the more interested a researcher is in ‘lived experiences’, the more critical the elicitation of ‘perspective in action’ is to the research (Snow *et al.*, 1993: 22).

## **Theoretical Framework**

The framework developed for this study to understand the service provisions and support for disabled students and their inclusive experiences in higher education in Zimbabwe is an eclectically blended case study. It adopted Carspecken’s (1996: 45) staged framework on the one hand, and Stake’s (1995) intrinsic case study as the overarching research design on the other. Carspecken’s (1996) staged framework offers an approach to case study research in educational settings. It has been noted as useful. Stake’s (1995) *intrinsic case study* was of interest to the researcher because this type of case study offers no attempt to generalize beyond the single cases (Stake, 1995).

The case study approach was considered pragmatic under the given research conditions. This unique pragmatic approach allowed the researcher freedom to divorce himself from holding ‘a particular philosophical position prior to beginning the research’ (Plowright, 2011: 7). According to Plowright (2011: 7), a pragmatic approach such as this encourages an attitude that is ‘more responsive, flexible and open-minded... based on answering one or more research questions to finding a solution to a problem or addressing an important issue’. Bearing that in mind, one aspect of importance in Carspecken’s (1996) staged framework is that it tends to allow the interpretation of meaning, and stresses the importance of structure in doing empirical research. This seems to be what Plowright (2011:7) also alludes to.

Carspecken’s (1996) framework has the following stages in the conduction of research:

- Preliminary Steps,
- Stage One: Compiling the primary record,
- Stage Two: Preliminary reconstructive analysis,
- Stage Three: Dialogical data generation,

- Stage Four: Describing system relations,
- Stage Five: Systems relations as explanations of findings.

Carspecken's (1996) data analysis procedures are, however, considered extremely intricate (Cook, 2005). The procedures involve adding meaning by labelling all possible connotations, including meanings that are derived from the timing, tone, gestures, and postures of each participant (Czarniawska, 2004: 1; Carspecken, 1996: 98).

Carspecken's (1996) data analysis techniques, however, are grounded on pragmatism, which defines truth in terms of consensus; which in this study was obtained by cross referencing what each participant said with what other participants narrated independently of each other. A truth claim can be defined as 'an assertion that something is right or wrong, good or bad, correct or incorrect' (Carspecken, 1995: 56). However, this truth is fallible over time, which is why Bassey (1999) says that findings from a case study can only be useful for *fuzzy generalisation*, and also why Stake (1995) prefers to say that findings can be applied as *naturalistic generalization*. The researcher also understood the importance of social dynamics by first making observations of artefacts and the behaviour of the participants, and then listening to the narratives. This was followed by the generation of meaning through researcher-participant dialogue. In this way, new knowledge was created, and the validity and trust in the new knowledge was established and enhanced. The following section will detail the stages that were followed.

Carspecken's (1996) stages were, however, scrutinised and an adaptation of the structure was developed. This section, thus, relates each stage of Carspecken's methodology to the adapted framework in order to illustrate how the study was conducted.

Carspecken (1996) suggests following the stages listed above in conducting case studies, because essentially, qualitative research is directed at the discovery of meaning, rather than cause and effect, and typically focuses on process and context. Case studies are usually conducted in their natural settings and the evidence analysis is often inductive, with the researcher focusing on the narratives, the supra-segmental

features of speech, gestures and other tendencies of the participants (Snow *et al.*, 1993).

The researcher is often the main data collection instrument, and makes no effort to avoid relationships with the participants, in an attempt to gain the insider perspective (Snow *et al.*, 1993). Case study as a qualitative approach is where the researcher tends to explore aspects and meanings of participants' culture, including values, behaviours, and beliefs. According to Carspecken (1996), the purpose of a case study is to reveal oppression and inequality, because 'we are all concerned about social inequalities and direct our work towards positive social change' (1996: 3) in order to support efforts for inclusion and to avoid contributing to oppression, as is the assumption in this study of the experiences of disabled students' service provisions and support in higher education in Zimbabwe. Carspecken (1996) notes that meaning is constituted within action and those agents are influenced by cultural conditions; for instance, the social ethics, values and norms, and the resources, economic or legal constraints that the nine disabled students in higher education in Zimbabwe who are the subject of this study might be confronting.

### **The Research Design: Why use the intrinsic case study?**

The choice of the intrinsic case study research design was arrived at after careful examination of the advantages of using case study research to address the issue of service provisions and support for disabled students in higher education in Zimbabwe. The intrinsic case study enabled the researcher to develop analytical and problem solving skills because there is a tendency to search for patterns, links and themes. This case study research design allowed for the opening up of the possibilities of solutions to the challenges that disabled students encounter in their inclusion in higher education in Zimbabwe. It also, subsequently, allowed the researcher to apply new knowledge and skills in conducting the research (although admittedly, it was a daunting task). Significantly, it made it possible to:

- explain the complex links in life experiences of disabled students in a university setting,
- describe the real-life context in which the experiences occurred,
- describe the experiences themselves, and

- explore those situations in which the experiences being evaluated have no clear set of outcomes.

As envisaged, there were significant patterns, links and themes found between and among the individual student cases and their individual situations (Stake, 2000; Creswell, 1998). Although an intrinsic case study is usually not used to build new theories, in this study there was an opportunity to consider developing theoretical propositions. By rigorously following Carspecken's (1996) framework and using Stake's (1995) research design as the preferred overarching research design, the approach provided an opportunity to inductively arrive at probable theoretical propositions (Pandit, 1996).

#### The Framework stages described

<b>Adaptation of Carspecken's Framework within Intrinsic Case study</b>			
<b>Stages in Carspecken's Framework</b>		<b>Adapted Stages</b>	
<b>Stage</b>	<b>Stage Activities</b>	<b>Stage</b>	<b>Stage Activities</b>
<b>Preliminary Stage</b>	Creating: list of research questions  Specific items for study  Examining Researcher value Orientation (biases)	<b>One</b>	<b>Preliminaries</b>  <b>Information collection</b>  <b>'Foregrounding'</b>
<b>One</b>	Compilation of primary records through collection of researcher monological data		
<b>Two</b>	Preliminary Reconstructive analysis		
<b>Three</b>	Dialogical data generation-qualitative interviewing	<b>Two</b>	<b>Evidence collection</b>  <b>'Narrative-Listening to the Voice'</b>  <b>'Artefact observations'</b>
<b>Four</b>	Describing systems Relations	<b>Three</b>	<b>Narrative evidence analysis and explanation of findings</b>  <b>'Debunking the Voice'</b>  <b>Triangulation, Validity and Reliability</b>  <b>Acknowledgement of bias</b>  <b>Reduction of researcher Bias</b>
<b>Five</b>	Use of systems relations to express findings		

Fig.6.1. Adaptation of Carspecken's (1996:45) framework

The nine students' cases were of interest to the researcher, even though they were not representative of any population and did not seem to illustrate a more general trend or problem (which of course could be refuted by the evidence gathered).

Each case was considered as an individual entity within one collective case-the KU. By making the HEI a case, this essentially made it a single intrinsic case with multiple cases within it. Intrinsic cases are not researched for the purpose of understanding the relationship of the individual case to a larger population of cases. This study made an attempt to understand each student case within the wider HEI case. Carspecken's framework, which was thus adapted to suit the local practical research condition, made this possible. Carspecken's five stage framework was adapted for use in this study, as follows:

- Stage One: Preliminaries and 'foregrounding' information collection acknowledging bias and reducing it.
- Stage Two: Narrative information generation 'listening to the Voice'.
- Stage Three: Narrative evidence analysis and explanation of findings 'debunking the voice'.

### **Stage One – Preliminaries: Foregrounding and information collation**

During this stage the researcher followed the thesis proposal plan, although admittedly, the final proposal looked a lot different from the first one; there was a shift in thinking over time. Firstly, a process of 'foregrounding' took place. This is where Carspecken (1996) recommends that a list of all things that are of interest in the research study should be created. Therefore, a tentative research topic and research questions were formulated, in order to form a semi-structured interview schedule. Other general interest questions about the research site were created, and the problem to be investigated was identified. Possible themes were derived and these would be used as probing items.

### **Some Limitations**

Two problems emanated as a result of this process. Firstly, there was the issue of how bias could be avoided, and secondly, the problem of establishing through narratives the extent to which disabled students face challenges in accessing service provisions and support in higher education. Bias was not easy to eliminate as the researcher was



studying an area he had vicarious interest in. Although Carspecken (1996) suggests that the researcher explores one's value orientations and biases as a preliminary step before entering the research field, in qualitative research a researcher is an important part of the process. Therefore, the researcher might not easily separate oneself from the area one is studying, because knowledge is created during the interaction between the researcher and participants. This separation was not easy to establish because it had been part of the plan to gather evidence from a multi- perspectival vantage (Snow *et al.*, 1993). In this situation, therefore, it was not easy to avoid researcher bias, an issue dealt with later in this chapter. Bias tended to slip into the picture even if the researcher tried to stay out of it. The second issue was framing appropriate research questions to establish the extent to which disabled students are included in accessing services and support in higher education. The solution was to create a semi-structured interview schedule and use it to probe the students once in the field. It was hoped that research questions would emerge as the probing progressed.

During stage one, an application to undertake a study was submitted to the Ethics Committee of the University of Hull. Authority was granted. The next step was to establish a suitable research site. The site was to be HEI in Zimbabwe. This meant making phone calls to all the universities in Zimbabwe and seeking suitable contacts to speak to. The following universities were contacted:

- Africa University (Mutare).
- Bindura University of Science Education (Bindura) .
- Chinhoyi University of Technology (Chinhoyi).
- Masvingo State University (Masvingo).
- Midlands State University (Gweru).
- National University of Science and Technology (Bulawayo).
- The University of Zimbabwe (Harare).

After repeated calls to each of the universities, and being referred to various people on each occasion and listening to advice, it was concluded that one university was a suitable site for the study. Major factors contributing to the suitability of the site are mentioned in chapter three under the sub-heading '*Description of the research site*'. It

was assumed that these factors would probably contribute in capturing students from wider catchment areas of the different tribal groupings.

### **Gaining access and ethical considerations**

Gaining access can be a major issue in any research. As Walsh (1998) observed, to obtain a select group of participants can depend to a large extent on one's ability to gain access into a research setting. Walsh (1998) and Saunder (2006) identify two kinds of research setting; 'closed' or 'private' and 'open' or 'public'.

A 'closed' or 'private' setting is where access is controlled by 'gatekeepers' whereas an 'open' or 'public' setting is where access is freely available but not always without difficulty, practically or ethically.

Both types of settings can either be covert or overt, contingent upon the setting (Silverman, 2001). Covert access can be obtained without a participant knowing. Overt access is based on informed consent and getting a participant's agreement through the 'gatekeepers'. For this study, the setting was closed and private, and access was 'overt'. Overt access avoids the ethical shortcomings associated with covert research.

One lecturer in the Department of English and Communication became a crucial 'gatekeeper' to gaining access to the research site, as he was instrumental in securing permission from the authority. Doing educational research in Zimbabwe, just like being a journalist, could be a dangerous venture, especially during politically charged periods, as this researcher has learnt first-hand. Therefore, getting a gatekeeper with clout, as this particular lecturer appeared to be, was a fairly good protective measure.

From then on field trips were organised. There were three trips to Zimbabwe over a period of thirty months for evidence gathering. Once at the site, sampling for the intrinsic case study was not justifiable because the sample itself was considered not representative. Therefore, in this study, prior selection of an appropriate method of sampling was irrelevant (Stake, 2000). Instead nine cases of disabled students were selected randomly at different times within the period of thirty months as opportunities arose. Informed consent was obtained from each of the disabled participants through the university's Disability Resources Department.

Each of the disabled students voluntarily gave consent and offered their narrative stories. The nine disabled students were interviewed within the thirty month period with three visits at different times. On each visit, three disabled students were interviewed. (This approach was not deliberate. It was due to unforeseen extenuating circumstance resulting from the political situation prevailing in the national context at the time).

The next step was the collection of narrative information. Often there are different methods; instruments or tools that can be used to gather information in the investigation of a research problem. However, the research methodology should address two basic tenets about the study, namely;

- How the information will be collected or generated.
- How the evidence will be analysed.

The research method should explain and clarify how the results will be obtained. There is a need to know how the information is obtained, because the method tends to affect the results. Knowing how the information was collected helps the reader to evaluate the validity and establish the reliability of evidence and the conclusions one draws from them.

### **Stage Two - Evidence Collection: Narrative *Listening to the 'Voice'***

In this thesis the term 'data' is deliberately avoided. The terms 'information; and 'evidence' are used in contrast to the alternative term 'data' because data is the precept of quantitative studies (Stenhouse, 1980: 5). However, due care is applied on the contextual use of 'information' and 'evidence', as in the context of this thesis, they mean two different things; 'information' is unprocessed and 'evidence' is processed. 'Data are standardised and attenuated at the point that they are gathered in order to make them comparable: {yet} evidence is not comparable except by virtue of a critical process' (Stenhouse, 1980: 5).

Case study, frequently, but not always, implies the collection of unstructured evidence (Gomm *et al.*, 2000), and was the case with this study of nine disabled students in higher education at KU. Evidence collection methods tend to fall into four broad categories: traditional, feminist, clinical and narrative (Holloway and Jefferson,

2000). In this case study, observations, artefact analysis (Plowright, 2010: 16), and listening to narratives and asking questions were the prime methods used. Cases are, however, not valuable only because of their problems or issues; sometimes they include solutions as well. It is from this vantage that an interrogation of the individual cases by the narrative method was done. The methods tended to provide openings for examining the inclusion experiences of the service provisions and support for disabled students in higher education in Zimbabwe.

### **Method-1: The Narrating Voice**

The narrative interviewing method is a tool for gathering information for the purpose of research through storytelling (Connelly and Clandinin, 1990). According to Holloway and Jefferson (2000) narration is the primary form by which human experience is made meaningful. The use of narrative stories is useful because stories illustrate and illuminate what is going on. Thus, each of the nine disabled student participants told their stories to illuminate the service provision and support available within the university setting, as relating to their inclusion experiences in higher education in Zimbabwe.

Narratives were used in this study as evidence collecting media because narrative is increasingly used in educational research studies to investigate the ways people experience education (Connelly and Clandinin, 1990). The notion of students' 'voice' emphasises students as active participants in research (Stenhouse, 1980; Fielding, 2001). The students' 'voice' is now increasingly becoming a topical issue in educational research (Fielding, 2001: 1). Narratives, as outcomes of the 'voice', are also increasingly seen as central to studying students' 'thinking, culture and behaviours' (Cortazzi, 1993: 5). Thus, the 'voice' is firmly linked to narratives (Cortazzi, 2004: 10). The 'voice', Goodson (1992) observed, is increasingly used by those concerned with empowerment. The use of the 'voice' emphasises the need for students to talk about their experiences and perspectives on learning in their own words as a contribution to the current debate and process of educational policy reform on the inclusion of disabled students in higher education (Riddell *et al.*, 2004; Jackin *et al.*, 2006). Bratlinger *et al.*, (2004: 199) allude that personalised narratives (by disabled students) provide insight into how support and services in higher education

are perceived by disabled people by focusing on the participants' personal meaning. Case study research can, therefore, 'give voice' to a category of people who have been historically silenced or marginalised (Snow *et al.*, 1993).

This study of the experiences of nine disabled students in higher education was essentially an interrogation of narratives to tease out the challenges encountered in the support systems and service provisions during their inclusion in higher education. The interest in the use of the narratives came about as a result of the realization that the UNESCO (1997: 2) report *Disabled Students in Universities in Africa* notes explicitly that 'it [was] not easy to describe experiences of disabled students without consulting the students themselves'. Therefore, it was felt that these experiences can only be described by the use of narratives. People do not ordinarily speak in numerical terms (Czarniawaska, 2004: 1) but narratives illustrate life experiences as, '...articulated by language, [oral or written], pictures, [still or moving], gestures, and an ordered mixture of all those substances' (Barthes & Duisit, 1975: 237). Narrative is evident in:

*...myth, legend, fables, tales, short stories, epics, history, tragedy, drama, comedy, pantomime, paintings, stained-glass windows, movies, local news, conversation... it is present at all times, in all places, in all societies; indeed narrative starts with the very history of mankind; there is not, there has never been anywhere, any people without narrative* (Barthes & Duisit: 1975: 237).

In order to get the disabled students to talk about their experiences, the researcher introduced himself to each individual disabled student in one-to-one sessions. Each participant was interviewed alone. The researcher explained the purpose of the study to each participant. A brief overview of the areas that might be of interest was discussed. Assurances of the confidentiality of the interview and anonymity of their identities were given. Each disabled student was assured that the information gathered was intended for research purposes only and no names would be passed on, nor would what they say be linked to their names whatsoever. This was done in order to gain their confidence and to be able to gather as much information as possible. The researcher also made an indication of an approximation of the time it would take to do the interview. In order to accurately record the information given, permission to record the interview was sought and granted by each participant. In addition to recording the narratives, the researcher took notes about other observable speech-associated gestures; hand and arm movements, gestures, body language and facial

features. These not only convey semantic information to a listener, but are themselves actions (Skipper *et al.*, 2007). It was found necessary to also capture, for example, the participants' mood, emotions and tension that were associated with the narrations, as the analysis would need to depend on all the available evidence (Yin, 1994).

The participants' narratives were captured by an Olympus digital voice recorder. After the narrations were made, the researcher and the participant engaged in a dialogue. The researcher intermittently asked probing questions guided by a semi-structured interview schedule. The probing was done in order to deepen understanding on an issue. The recorded voice narratives were later transferred to a Microsoft Windows 7 Personal Computer for transcription into word documents. The transcribed portraits were then given to or emailed to each participant to verify that what was on them was what they had actually said. Where clarity was required, reference was made to the participants to verify the information. Some of the verification had to be done over the phone. Verification of the transcripts contributed to the content validity; a form of triangulation (Silverman, 2001).

## **Method 2: Transcribing**

As stated above, an Olympus digital voice recorder was used to capture the narratives. The researcher transcribed the recordings and later requested the participants to verify the contents of the transcriptions. The observations made during the interviews were used to supplement the experiences reported by the disabled students. This was one way of validating some of the statements that the students had made.

## **Procedure for analysis**

Narratives recorded from the disabled students were transcribed as stated above. The researcher listened to the recordings, wrote the transcripts and re-read each transcription individually. Through this process, as the researcher developed a connection with each transcript, issues gradually emerged. The computer software, *NaturalReader 9* was also useful and allowed the researcher to listen and reflect. *NaturalReader 9* is a professional text to speech program that converts any written text into spoken words. It allows one to listen to text instead of reading the computer screen. The software was of particular assistance because as the software read aloud,

the researcher followed the written transcript and extrapolated related information which was then coded, categorised and grouped. In the process, issues and themes emerged. These were later grouped according to the assumed research questions outlined in an earlier chapter.

During the transcription stage, the researcher mentally re-enacted the experiences of the students and attempted a reconstruction of them. Every attempt was made to represent the narratives of the participants sensitively and credibly to ensure confidentiality.

After all the issues were grouped, the following broad theme areas about service provision and support, and inclusion in higher education were deduced:

- ❖ institutional practices that enable and disable inclusion in higher education,
- ❖ staff and students' attitudes conducive or not conducive for inclusion,
- ❖ students coping strategies resulting from challenging practices to inclusion, and,
- ❖ motivating factors impelling disabled students into higher education.

Each of these main theme areas had sub-themes falling under them. These are expanded and discussed in chapters seven, eight and nine.

### **Method 3: The location- artefacts observations**

Observations of the facilities, infrastructure and learning materials (artefacts) at the university were made and noted. The first interview of three disabled students' (June, 2008) was conducted in a clinic building. This location was offered by the Disability Resource Coordinator. Within this location was housed the Disability Resource centre. This was a room with computers on desks along three walls. There were no printers. One computer had internet connectivity on dial up mode. In one corner were Braille machines, which appeared in need of repair. The entrance to the building appeared in need of modification to allow wheel chair users easy access. The corridors leading to the room used as the Resource Centre were of the standard width but not wide enough to allow wheel chair manoeuvrability. There were no rails along the walls to guide students with visual impairment.

The next two interviews, for the rest of the six disabled students (November 2009 and December 2010) were conducted in another building quite detached from the main campus buildings. This appeared to be the *new* Disability Resource Centre. It seemed to have been a house converted for this purpose. At the time of the interviews, the route to the venue had trenches dug along the sides. There were also detours on the road leading to the venue. The building itself appeared almost empty. It barely had any furniture; there were no computers or brailing machines, as previously observed. There was little to suggest that the Disability Resource Centre was serving its purpose. Within the 'house', one room was being used as a lecture room by the Religious Studies Department. In another room, there was a desktop Personal Computer which appeared to work on the Windows 98 operating system on a desk in one corner. During the days of the visits, the Disability Resource Coordinator was using the computer to play a computer game. There was another desk in the corner which appeared to be used by another person who had nothing to do with the Disability Resource Centre. The room allocated for the interview had no furniture. Chairs had to be brought in from another place to allow the researcher and participants seating space. It appeared that there were no facilities to suggest that disabled students used the facility at all. Nonetheless, some disabled students were observed milling in and out of the building, but there seemed to be nothing significant that the students were seeking there.

### **Stage Three: Evidence analysis and interpretation: '*Debunking the Voice*' and the argument against computer assisted analysis**

Although the information analysis could have been computer assisted, it became increasingly clear that this would not be used. Although the use of computer software in the information analysis processes is regarded by some to add rigour to qualitative research (Richards & Richards, 1991), there is a compelling argument against the use of computer assisted analysis. It can be argued that in terms of interrogating text in more detail, computer assisted analysis is not straight forward. Brown *et al.*, (1990: 136) argue that, '...the existence of multiple meanings to words tends to lead to partial retrieval of information'. Therefore, it appears, computer assisted software analysis in qualitative studies can miss out important information. However, when one searches manually, one can find more instances of the issues sought, where the computer software might have found a handful. Computer assisted analysis can, if



desired, be combined with manual scrutiny techniques as a mixed method of qualitative and quantitative information interrogation. This is where the convergence of multiple methods in data analysis can be useful, but for this thesis, computer analysis software was found not desirable and was not used.

However, according to Yin (1994), there must be an analytic strategy that will lead to conclusions. Yin (1994) presents two strategies for general use. One of which is to rely on theoretical propositions of the study, and then to analyze the evidence based on those propositions and the other technique, which was found favourable and used in this study in order to manually develop case transcriptions, portraying their lived experiences. These transcript portraits formed a framework for organizing the findings of the case study (Yin, 1994). The original aim and objectives of the case study helped to identify some links, patterns, correspondences and themes, and to derive propositions. Yin (1994) encourages researchers to produce an analysis of the highest quality by utilizing the following four principles:

1. Illustrate that the analysis relied on all the relevant information,
2. illuminate all the major conflicting interpretations in the analysis,
3. address the most significant aspect of the case study, and
4. use the researcher's prior, expert knowledge to further the analysis (Yin, 1994).

In the information analysis procedure for this study, an attempt at satisfying the above conditions was made.

Although it was a laborious manual information management task, it was nevertheless, satisfying, enjoyable and worthwhile because it kept the researcher focussed, engaged and provided the opportunity to connect, imagine, contextualise, be inductive and reconstruct the experiences of the disabled students. The exercise parenthetically enabled the researcher to mentally dwell and live the worlds of each of the participating disabled students. The connection with the students as they narrated was so strong to the researcher that it was noted that the previously envisaged and longed for computer assisted information analysis would have detached the researcher from these lived experiences, but also created huge amounts of unnecessary information, and would have made the exercise too mechanical and artificial, probably losing this laden value (Kelle and Laurie, 1995: 3). Qualitative information,

it seems, should maintain its value for it to remain credible. Computer processing would to some extent remove this mundane but exciting aspect. The main themes identified formed the basis of the findings from which discussions in the later chapters of this thesis were generated.

### **Triangulation, validity and reliability issues**

- Triangulation

Denzin (1984) identifies the following types of triangulation:

- a) *[Evidence] source triangulation* (when the researcher looks for the [evidence] to remain the same in different contexts)
- b) *Researcher triangulation* (when several investigators examine the same phenomenon)
- c) *Theory triangulation* (when researchers with different views interpret the same results) and,
- d) *Methodological triangulation*, (when one approach is followed by another, to increase confidence in the interpretation).

Although case study research can gather qualitative information or quantitative data, these types of triangulation appear very relevant to quantitative studies. This study of disabled students' experiences in higher education in Zimbabwe gathered qualitative information. It is emphasised here that in this study, triangulation was done using only the students' interview transcripts. There was no attempt at triangulating these transcripts with other sources of information. However, whichever type of information or data is collected, issues of triangulation, validity and reliability are important to consider.

According to Stake (1995), case study can be known as a triangulated research strategy. Stake (1995) describes protocols that are used to ensure accuracy and alternative explanations as triangulation. Snow *et al.*, (1993) assert that triangulation can occur with evidence, researchers, theories, and even methodologies. Triangulation arises from the ethical demand to confirm or refute the validity of processes (Yin, 1984). In case studies, such as the present one, this was done by using multiple interview transcript information. In this case study, three types of information were collected: (i) narrative, (ii) dialogical and (iii) observational. The information collected through informal dialogue and observations at the site served as a tool to

validate the information collected from the narratives. The researcher was also able to cross reference information collected from each participant against that provided by the others. The researcher confirmed transcripts and notes by comparing and contrasting them with information gathered from the dialogic and narrative information generation.

- Validity and Reliability

Sometimes a chosen analysis strategy tends to affect the quality of the findings and the quality of the research itself. Research also depends on the validity of the findings. Researchers tend to be concerned about the clarity and claims to knowledge and will, therefore, use procedures that tend to clarify issues (Denzin and Lincoln, 1998). To obtain validity in this case study, therefore, respondent validation was applied. This was used as cases were selected at different times within the period of thirty months. It was fundamental that the patterns and links sought remained the same. That was done to enhance the validity of the findings. Validity, according to Bryman (2002: 154), is concerned with the ‘integrity of the conclusion to a piece of research’.

Reliability on the other hand, is concerned with the question of ‘whether its results are repeatable’. The terms ‘validity and reliability’, essentially, are associated with statistical measures which are a major concern in quantitative research. In qualitative research, the use of both terms has been the subject of much debate, and theorists such as Hammersley (1992) and Lincoln and Guba (1985) argue that these terms should be changed when it comes to qualitative research as measurement is not a major concern meaning different criteria should be applied. For this study of the disabled students’ experiences of service provision and inclusion in HEI in Zimbabwe, suggestions from Lincoln and Guba (1985) were followed; that is, in qualitative study it is more fitting to use the following terms during evidence analysis:

- *Credibility*- (Instead of validity) - how one attempts to establish the constructed realities of the participants and those realities perceived by one as researcher.
- *Transferability*- (instead of external validity) - the extent to which the findings can be applied to other situations.
- *Dependability*- (instead of reliability) - the stability of evidence over time or the extent to which findings may be replicated.

- *Conformability*- (instead of objectivity) - authenticity or trustworthiness of views of all the stakeholders (1985: 219).

Lincoln and Guba (1985) further advise that the following measures can increase the degree of credibility; (a) prolonged engagement in the research setting, (b) persistent observation, (c) note taking and (d) triangulation of evidence. In this study, all four mentioned measures were used in an attempt to establish the true experiences of disabled students in HEI in Zimbabwe. In addition, measures were taken to reduce bias. Qualitative researchers try to acknowledge biases and tend to account for these as a way of dealing with them. However, it appears that there can be no complete success in avoiding bias in research. An explanation of how bias was dealt with in this study is offered later in this chapter, but first the next section discusses the application of triangulation for credibility and transferability in qualitative studies.

### **Application of triangulation for *credibility and transferability***

Triangulation as a process tends to use multiple perceptions (Feagin *et al.*, 1991) to clarify meaning and verifying the replication of an observation. In this present study there was no effort in triangulating with other sources of information, except by comparing the narrative interview transcripts from the different participants. Silverman (2001: 233) corroborates the form of triangulation used in this study by proposing two forms of triangulation for validating findings;

- comparing different kinds of evidence and different methods to see whether they corroborate one another, and
- respondent validation.

Both forms of triangulation appear essentially similar to Denzin's (1984) (data) *evidence source triangulation*. Both also appear credible in establishing validity. However, findings made from a case study, such as this present one, may not claim generalizability to other settings because, the findings tend to be *fuzzy* and this tends to affect validity (Bassey, 1999). Epistemic claims to knowledge cannot be made as claims tend to be border on uncertainty (Bassey, 1999). Bassey (1999; 52) refers to general claim statements of this nature as 'fuzzy generalization'. Bassey (1999) also warns that the language used in making these fuzzy generalizations tends to be carefully selected, and is quite clearly different from that used in quantitative

research, which tends to be scientific and abstract (Bassey, 1999: 52). This is a common generalisation criticism levelled by positivists about qualitative case study. However, Stake (1994: 86) emphasises the need to design the study in order to optimise understanding of the case rather than looking for generalisations beyond the case.

Researchers may, rather, use the findings to feed into what Stake (2000) prefers to call '*naturalistic generalization*.' The expectation being that the evidence generated by case studies would often resonate experientially with a broad cross section of other researchers; thereby facilitating a greater understanding of the phenomenon (Yin, 1994; Tellis, 1997). Researchers' interpretations of the findings would be largely based on their experience (Yin, 1994) and the current researcher has almost sixteen years' experience working with disabled students in higher education. However, the findings of this present study of disabled students in higher education in Zimbabwe can be *transferable* to solve problems in other settings on the basis of '*best fit*' (Guba & Lincoln, 1989; Yin, 1994). In general, however, many qualitative researchers (as this researcher is in agreement with) tend to reject *generalizability* as a procedure common with quantitative researchers (Gomm *et al.*, 2000).

### **Acknowledgement of bias**

Bias in research tends to interfere with the accuracy of results (Riley, 1963). Bias may lead to the failure to secure credibility, dependability and trustworthiness of findings. In a research study, bias can be a result of the researcher taking a role in the study (Patton, 1990). It was acknowledged elsewhere in this thesis that this researcher had a vicarious interest in the study and, therefore, to be completely bias free was impossible. There is a tendency to impose restrictions on one's understanding of the cases and the situation within the site. Measures were, therefore, put into the research design to minimise the researcher's biased viewpoints from interfering with the study.

### **Reducing researcher bias**

To reduce bias, a conscious effort to avoid influencing the actions and interrupting the information collection from the participants was deliberately made. The researcher avoided making interjections and interruptions during the narrations and let each

participant tell their experiences freely. The researcher listened intently and waited until each participant had completed the narration to ask any probing questions. The researcher made an effort to remain focused on his main role; that of being the interviewer. This enabled him to perceive only those aspects of concern to the study. Alliances with any member of the participants were avoided, as this would have cut him off from information available to the other participants. The researcher made a conscious effort to avoid possible subjectivity by deliberately self criticising in order to reflect and analyse the situations. A consideration of 'self' as a researcher and 'self' in relation to the study was made. According to the Centre for Applied Research in Education (1994), such consideration is a precondition for reducing bias in research.

### **Challenges to the case study research**

Besides the challenge of acknowledging and reducing bias in any research, all research tends to have other attendant challenges, and this present study was no exception. Various issues got in the way. Of major concern was funding availability. The research site was in Zimbabwe, thousands of kilometres away from the United Kingdom. Hence, there was need to source additional external funding to travel back and forth. External funding could, however, not be obtained and the researcher had to rely on personal efforts. It had been originally planned that one journey would suffice for the preliminary steps and for the information collection. This, however, proved not to be possible. The political situation in Zimbabwe at the time (2008) was so unstable that any research effort was considered a risk to the researcher. Any person considered a researcher was viewed with suspicion. However, the preliminary stage and stages one and two were accomplished. Stage one and two took thirty months to accomplish. Hence, interviews were spread out during that period. The economic situation within the country created additional problem because there was hyper-inflation and obtaining resources was a real challenge. There was so much social strife that to reach out to the participants proved almost futile. The second trip, in 2009, was done at a time when institutes of higher education were just about to close for vacation. The researcher almost failed at obtaining students, as all students were busy preparing to leave for their homes. Hence, only three disabled students were interviewed. The third journey did not seem to have much challenge. Participants had

been advised of the coming of this researcher ahead of time by telephone. Hence, they were available when the researcher needed them.

## **Summary**

This chapter considered the research plan and evidence gathering process. The overall research design was established. A theoretical framework was used to approach the execution of the case study research. Three stages to approach the study were adapted from Carspecken's (1996) framework; the preliminary stage, the information collecting stage and the evidence analysis and interpretation stage. Narratives were used as the primary source of evidence gathering. The methodological considerations examined the issues of ethics and biases. Issues of triangulation, validation and reliability were also discussed. Generalization as a process was discussed and discarded as it does not fit well with case study research findings. Challenges that were encountered during this study were also cited.

The chapters that are to follow, seven, eight and nine, are concerned with analysing the narrative information gathered relating to each of the three main research questions. The information, in the end, provides the evidence that establishes *the extent to which support and service provisions promote the inclusion of disabled students in higher education in Zimbabwe*.

These next three chapters, therefore, examine one research question in at a time, and consider the evidence for service and support provision for disabled students' inclusion in HEI. The evidence was grouped as follows:

- institutional practices that are enabling and or disabling to inclusion in a higher educational institution,
- attitudes existing within a higher educational institution that are positive to inclusion of disabled students,
- motivational factors that impel disabled students to progress into higher education and strategies disabled students have adopted to cope with academic demands in higher educational institution.

Within each of these chapters, other sub-issues not listed above, are also discussed.

## CHAPTER 7

### EVIDENCE ANALYSIS AND INTERPRETATION:

#### ENABLING OR DISABLING INSTITUTIONAL PRACTICES

In higher education there is a need to promote inclusion. Inclusion can be reflected through the promotion of diversity and the offer of support and service provisions that are tailored towards the needs of all students (DRC, 2003). However, there are barriers in the form of inaccessible buildings and facilities, finance (for example, a lack of funding for special equipment or personal support needs) and lack of understanding on the issues surrounding disability which significantly affect disabled students' inclusion in Higher Education (Low, 1996). These barriers can never be understood without consulting the affected students.

Accordingly, therefore, the UNESCO (1997: 2), report was explicit in admitting '*...it [was] not easy to describe experiences of disabled students without consulting the students themselves*', thus implying that the voice of the disabled students is not listened to. This assertion has been illustrated in the literature from the different contexts already reviewed. It is against this assertion, therefore, that this chapter (and the two others that follow) present the evidence of the disabled students' descriptive experiences of learning in a higher educational institution in Zimbabwe.

This chapter presents the evidence that addresses the question: *Are higher education institutional practices enabling or disabling for disabled students' inclusion in higher education?* It presents the evidence that exposes higher educational practices that are enabling or disabling to the inclusion of disabled students. The evidence was grouped and the main theme areas that emerged were:

1. Accessibility of the infrastructure (buildings and environment).
2. Availability of resources.
3. Teaching Methods.

These issues are discussed in order to arrive at a holistic view of what disabled students said are the institutional practices that facilitate or inhibit inclusion of disabled students in one higher educational institute in Zimbabwe.



## **Accessibility of the infrastructure**

Disabled students who participated in this study voiced challenges that existed due to the environment at KU. The focus of this section, therefore, is to examine the extent to which accessibility of the HEI environment promotes the inclusion of disabled students. GW, a computer science student with mobility loss who uses a wheelchair for ambulation, expressed frustration with the environmental design. GW stated that he went to the computer laboratory but only through the empathy and help of friends who lifted him up and down the stairs. He said:

*I visit the computer lab. The computer laboratories are on top and there are many steps to get there. I have to be lifted from downstairs to upstairs and back and yet there are so many risks in doing that. You risk falling and incurring injuries, and yet if we had an elevator you would just use it. So my friends lift me to go up [and down] stairs (GW).*

GW said that he had previously tried to negotiate with the lecturers to move the lectures to a room downstairs, but the efforts were largely ignored as nothing was done. Some lecturers are so intransigent that they cannot even agree to change venues. Institutional staff knew that physically impaired students were sometimes lifted manually by fellow students up and down the stairs, but had not commented on this and had probably not communicated it to the authority. Manual lifting can be a health and safety issue. This is not something confined to a HEI in a country like Zimbabwe alone. Riddell *et al.* (2005) report of similar instances where disabled students in UK HEI had to negotiate being lifted upstairs by fellow students.

Another disabled student, SM, who used a wheelchair, narrated similar experiences. She said that she experienced problems in negotiating with staff to move lecture space to accessible areas. The process of negotiation sometimes took such a long time that, in the interim, she would be missing valuable lectures. There is 'red tape' and the protocol is lengthy:

*Lectures are difficult... because they are done upstairs and it is not possible for me since I am on wheelchair. It means that I have to talk to the chairperson and whoever is responsible for the department to shift lectures; meaning that they have to swap with other lecturers and it is a longer process. Last semester I was not attending most of my lectures and I had to take my lectures last minute... It is very difficult for me, especially when we are about to write examinations. Most of the times, I fail to attend some of my lectures*

*because I would need to follow protocol for shifting lectures whereas in the process others will be learning (SM).*

The inaccessibility to lecture rooms caused a loss of valuable time to disabled students using wheelchairs. This narrative is, perhaps, a contributory indicator of the extent to which the built institutional environment is a barrier to the inclusion of disabled students in HEI. EG, a student with total sight loss corroborated this and said:

*We have students on wheelchairs that are forced to go upstairs. At times they abandon their lectures because the lecturer would not want to change the venue (EG).*

This was another example of the intransigence of the lecturers. In his case, however, EG said that he had little problems in accessing the lecture rooms in the upper floors:

*In my case I am able because there are rails which I go following upstairs and I just use feelings that I am able to tell that I have reached a particular place. Or sometimes I just count the doors along the corridor (EG).*

However, the wall rails to which EG refers could be an indicator of the institutions' marginal attempts to make the environment accessible to disabled students with sight loss. It can also be argued that the wall rails were probably a feature of the original construction design and not an adaptation arising from the need to make the institute inclusive. The point is also made that improving the accessibility of the buildings means adapting buildings themselves, although this can be a costly business (Hall and Tinklin, 1998).

TC, though not physically disabled, empathised with the students with physical impairments, as if his own experiences are better. He said:

*Some of the lectures will be conducted upstairs whilst some of 'us' cannot move their wheelchairs from downstairs to upstairs. So, they end up losing all those lectures (TC).*

The continued intransigence of the lecturers alludes to the fact that there is another issue that needed attention; that of disability sensitisation of lecturers. Their attitude can be a barrier to inclusion in HEI. It is important that those students feel that things are generally moving in the right direction; for example, signs of a greater understanding of student needs and a more positive attitude from lecturers (Jacklin *et al.*, 2006). However, this 'feel' appears to be missing as the narratives indicate.

Disabled students on wheelchairs are not able to access the library independently. As one student said, ‘*There is a door which has no ramp and I cannot go in by myself*’ (SM). The inclusive use of the library is hampered by the inaccessible entrance. This lack of access is a major deterrent to inclusion and one that cannot be denied, even in developed countries such as the UK. For instance Riddell *et al.*, are quoted as saying:

*The main concern... appeared to be the accessibility of university buildings and the access routes between them... A combination of relatively minor access issues had the cumulative effect of hampering his independence around the campus (2005: 104).*

Such concerns, for instance in HEI in the UK context (already discussed in the literature review), have since been addressed by legislation like the DDA and the DED as well as corrective measures that have been implemented (Jacklin *et al.*, 2007). However, in the context of KU, institutional practice has not addressed this. SM said that there were also accessibility problems in the halls of residence.

*The other problem is of the way we stay in hostels. Some of the hostels do not have access for disabled students to easily move in and out because of the obstacles along the way... for example there is no space [for a wheelchair inside the toilet] and you cannot close the door (SM).*

The lack of proper toilet facilities for disabled students appears to infringe upon the students’ privacy. This issue was, however, not discussed by any of the other students and so was not pursued. However, the issue of stairs also affected the mobility of disabled students with sight loss because:

*...there are no structures in place to show a blind person that... for example... a step to show you where you are (RA).*

There was also a challenge in the open environment which tended to be disabling to inclusion efforts. RA said:

*There is a problem of mobility... As a blind person... there are a lot of trenches all over this place. So it makes it very difficult if not impossible for us to walk alone... Today, I came alone but the problem is, I don’t know what they are trying to do over there at the gate... They have put a lot of stone (RA).*

Students with total sight loss can use white canes to aid their mobility around the HEI campus. Unlike at another HEI, namely, the University of Zimbabwe (UZ), which provides support services to disabled students (Chataika, 2007), KU does not have

that facility. Students like RA could benefit from an inclusive environment such as that which is said is provided in contexts like UZ.

The built environment and its surroundings are artefacts within the research site. The architecture of the built environment can be an indicator of how inclusive an institute is. It was noted elsewhere that the HEI site of the research study was not originally built for a university. It was previously a teacher training college which was devolved into a university in 1998. The building designs reflect a pre-disability awareness era. There was little to suggest adaptations to the environment that at least could indicate that disabled students were included within the HEI. Adaptations to existing buildings for inclusivity often produces an inadequate solution for accessibility; even, for example, when the entrance to a building is made accessible for wheelchair users, obstacles may still remain inside, such as narrow passages and doorways (Hall and Tinklin, 1998). Accessibility at KU is problematic because most of the buildings are not friendly to disabled students. Engelbrecht (1999: 10) observed that it is the promotion of accessibility to all members of all buildings that is necessary if the institutions' infrastructure is to become inclusive.

The accessibility of the HEI environment can be considered contributory to an important independent living skill (Barnes, 2003), which disabled students need for the practical solutions to everyday environmental and cultural challenges (Riddell et al., 2005: 97).

An inclusive environment is one which is welcoming to all students in the institution. Therefore, ease of access to all building locations is fundamental. For example, there should be evidence of hoists on staircases, ramps on doorways, wide doorways for wheelchair access, sonorous warnings on road crossings where there is possibility of moving traffic and culture tailored ablution blocks, all of which are lacking at KU.

### **Availability and accessibility of resources**

This section examines the extent to which KU, as a higher education institution, avails resources to enable or promote the inclusion of disabled students. Availability of resources can lead to inclusion in the higher education of every student. Availability of resources can also mean equitable allocation, irrespective of race, gender socio-

economic status, ethnicity, age or disability (Nunan *et al.*, 2000). In any educational institution the availability of resources (human, financial and material) can be considered fundamental to the success of the teaching and learning processes.

Inclusion in higher education can also be construed as widening access to opportunities for the production of specific skills, knowledge and practices; for instance, for independent life at the individual level (Barnes. 2007). However, Marginson (1997) challenges this and argues that widening opportunities and making resources available might not make sharing of resources equitable in any way as those positioned to take up the enhanced opportunities are those already advantaged; in this case non-disabled students.

Disabled students who participated in this study, however, voiced varying views regarding resource availability and provision at KU. One student with total sight loss said:

*The challenge which I am still encountering to this day is the issue of resources, learning materials. Right now we use a lot of books. It is now different from high school format where we would need three or four books then you would look for someone who would volunteer [to read for you]. But right now a module... one module may need up to eight or nine books so that I can say I have researched. But the problem is that there are no Braille books. At the same time this Braille book issue could be solved by providing computers with software that is text to speech like the JAWS and so on (RA).*

The issue of non availability of Braille books was one bothering many of the disabled students with sight loss. According to Waterfield and West (2005), Braille is generally used by people who have become blind at an early age; but the majority of Braille users will also use a combination of electronic and audio methods to access written work. These combinations are useful in making the HEI inclusive. However, it is recognised that the technology for producing Braille materials is highly sophisticated and specialised. That said, a HEI dedicated to inclusion can make attempts to acquire it (Waterfield and West, 2005).

TMZ observed that:

*The learning equipment right now is in a state of disrepair. We have no Braille paper; we do not even know what we shall use to write exams. And the university is adamant in procuring paper and repairing our equipment like the recorders. We are not recording; we have no paper (TMZ).*

Despite the efforts by the students to voice their concern about the inadequacy or non-availability of Braille materials, the HEI seemed to remain adamant to correct the situation.

The lack of resources tended to be an inhibitor to inclusion. In some ways it tended to create double jeopardy for the disabled students who become helpless in the learning situation, and at the same time have no one listening to their concerns.

This above situation is encapsulated in the following citation from TM who said:

*We are just going for the lectures and listening to the lectures, yet we are expected to perform like any other student, who is not disabled, in the examination. We have communicated with the administration through writing and our documents of request have reached almost every office; at least to the registrar's office (TM).*

The statement from TM demonstrates that the voice of the disabled students was falling on 'deaf' ears. There was simply no institutional will to change the status quo. As a result, TM said that most semesters he was impelled to travel to the UZ in Harare in order to access Braille notes from other students who would have completed the same modules in law. He said:

*Textbooks are not available in Braille, so as a law student, most semesters I am forced to go to the UZ because there are people who would have already completed or there are some who are ahead of me. So I will always go there to try to hunt for notes in Braille (TM).*

This situation appeared to be frustrating and did not bode well with creating an inclusive HEI learning environment.

The lack of Braille materials at KU has since been identified and a probable solution to the lack of books in Braille was to connect computers to the internet and installing JAWS for Windows Screen Reading software or other similar assistive screen reading software. The institute connected some computers to the internet and the Disability Resource centre at KU installed JAWS software on some computers, as EG acknowledged:

*Yes, five computers have JAWS software. So it can read back, the material you have written (EG).*

However, it can be argued that this development did not result from the institute listening to the students concerns, it was probably a pre-emptive and anticipatory institutional decision implemented without students' consultation, an issue already discussed in the literature reviews of other contexts.

According to Waterfield and West (2005), there is a powerful and developing range of access technology in the form of software applications offering medium conversion, text to speech, screen reading, on-screen magnification and voice activation now available. This technology can be used to create an amenable and inclusive learning environment for students with sight loss.

The installed JAWS software was a demonstration version, a probable indication that it was free software download (as well as being an indicator of the lack of financial resources). The demonstration version had a downside for students who tended to access the internet as a research resource. TM, the law student, said:

*Yes, they have what is called Jaws Software, but unfortunately, it is a demonstration version, so being a demonstration version... I think it has a forty minute mode. So after forty minutes, it expires, then you need to restart the computer for it to restart. The dean of the faculty of Law, arranged that three computers there be fitted with that software but unfortunately because of this demonstration version nature of forty minute mode, you open the internet sometimes... usually... the internet is very slow, so that demonstration mode will expire before the material is available on the screen (TM).*

During lectures it was noted that students with sight loss tended to use brailing machines and tape recorders for taking notes. However, TM said he preferred to '*...take a voice recorder to record lectures*'. Using a portable Braille note-taker (e.g. Perkins) can be the most appropriate and quickest way for a Braille reader to take notes, especially in a higher education setting such as a university. Students had their individual Braille machines, but their use was invalidated by the lack of brailing paper. As well at times these machines were not working and in a state of disrepair.

Brailers and voice recorders are important resources for blind students. Recording devices provide a useful tool for students to record teaching sessions, although it does entail double work for the students as disabled students have to go over the recordings again and make transcriptions of notes. While recorders are a reliable resource for blind students, '*...most of the recorders are currently not working*' (LC). The non-

availability of resources was a very challenging issue at KU. The challenge also tended to affect other areas that needed support, such as teaching.

At the library, books were not easily accessible to disabled students, yet the library is the hub of all learning at any HEI. Books in the library are core resource to the success of any teaching and learning process. Therefore, fundamentally, the book resources should be easily accessible to all. Despite this, at KU, this was not the case with all students. Initially during the welcome weeks, when disabled students do the campus orientation, no attempt was made to show the students how they can access the books in the library:

*As a result, they [the staff] are forced to access the books [for us] because there is no other way to find the books without the orientation (EG).*

Additionally, the library was too small to accommodate a lot of students at one time. The use of computers at the library was limited by their number and space. One student said:

*...if you have to surf the internet, you have to book a slot, one or two days in advance. Yet, you may desire to research something required on that particular day for an assignment which would be due the following day (GW).*

Students with sight loss were having challenges in their daily quest to access various library resources. Even when someone else sourced the books for them, they still needed someone to read for them. However, students with partial sight loss indicated that they could manage reading on their own if resources were provided in large print. LC always wished the library had books in large print. For instance she said when she was accepted at the university that she ‘...*thought there was going to be materials provided in large print*’ (LC). She constantly desired that ‘...*the University could provide enough books with large print in order to serve the partially sighted*’ (LC).

LC has always had to bring any reading material close to her eyes in order to be able to read the small print, but ironically, during examination time ‘...*they provide large prints*’, she said. However, when asked if she had approached the lecturers about her daily needs, she said she never received a conclusive reply, thus meaning that her voice was ignored, no matter what effort she made to have her voice ‘carry’.



In conclusion, disabled students experience considerable challenges in their learning at this HEI. The conditions prevailing at KU in regard to making the resources accessible and available do not improve the experiences of disabled students and do not make the HEI inclusive. These challenges are compounded by the inability of staff to recognise the appropriate teaching approaches needed to ensure that the teaching and learning environment was inclusive to all students, an issue that the following section will discuss.

### **Teaching Methods**

It was evident from the narratives that a common issue that tended to feature as a barrier to inclusion of disabled students was that higher educational institute staff do not have knowledge of instructional methods for disabled students, and lack an awareness of the appropriate approaches and methods of instruction. There was need, therefore, to examine this issue, because it is an institutional onus to ensure that academic staff develop and are aware of the diversity and equality of the students enrolled (Kochung, 2011).

The lack of adequate special needs teaching expertise by academic staff was blamed squarely on the institutional practice. One student said:

*...the biggest problem is... they enrol us here but they do not orient lecturers on the needs of disabled students. Those lecturers are not trained in special education; they are just ordinary lecturers who have been former teachers at school and they have never taught anyone who is blind... and you cannot find a visually impaired person at every school. So they start with us here. [they are]... just surprised to see us in their classrooms after ten years of teaching here. And what do you expect from them? They lack the necessary professional competency to teach us. So they learn through experience [by trial and error]. For example my lecturers in English and Communication, are now beginning to understand me... in the fourth year. They have been experiencing my learning and I happen to be the pioneer in that degree programme at this university. I faced a lot of hardship because they first had to experience me, but now they work with me in a more positive manner. So the problem is with the administration. The lecturers are not the real problem although they have small problems here and there (TMZ).*

Taking into consideration what TMZ said, the diversity of students also entailed that lecturing staff needed to be aware of disabled students' needs early in their life in the HEI. They needed to be aware of students' learning styles and the special needs

education teaching approaches. Yet, from what the student said, lecturers lacked the appropriate basic knowledge of learning styles and differentiated teaching techniques. This is illustrated by what TC said.

*At times they [the lecturers] would ask a question... 'SO WHAT CAN WE DO TO PEOPLE LIKE YOU?... when you go [on] to explain your issue to them, they would just say 'SO WHAT CAN WE DO?' (TC).*

Such questions are probably an indicator that lecturers lack the requisite instructional skills of differentiation. Differentiation is about teaching and lecturers should be using all types of differentiation in order to have a variety of teaching approaches to accommodate the diverse learning styles in the classroom (McNamara, 1999).

Learning styles are different approaches, or ways of learning. They involve teaching methods particular to an individual, which are presumed to allow that individual to learn best. Most people tend to prefer an identifiable method of interacting with, taking in, and processing stimuli or information. For example, students with sight loss tend to use their auditory perception for learning as a compensatory method to the visual loss.

Lecturers, who only teach by one method, limit the learning potentials of many students in their classes, particularly those with special educational needs. All students should experience different types of differentiation in order for the lecturers and students to maximise the teaching and learning that occurs in the classroom (McNamara, 1999).

Differentiation is respectful of all students (O'Brien and Guiney, 2001). When executed correctly, it supports inclusion of all students in the HEI. It allows all students to get targeted individualized instruction in their areas of weakness and enrichment in their areas of strength. McNamara (1999) says; '...the key [to differentiation] is the flexible use by lecturers of a wide range of activities and lecture organisations' (1999: 30).

It appears, therefore, that lecturers at KU lack the knowledge and expertise of differentiated instruction, as evidenced by what they say and the way that they present lectures. Perhaps, as Tinklin *et al.* (2004b) observed in a similar study in the UK that

some lecturers probably felt adjustments to teaching practices would lower standards and give unfair advantage to disabled students.

Student LC lamented that lecturers ‘*use the chalkboard all the time*’ for lecture delivery. TC said:

*...some of the lecturers will be using the boards then... that will be a disadvantage to people with disabilities especially with us the ‘blinds’ because when the lecturer is writing something on the board they don’t mind that there are some people who don’t see on the board.*

The challenge is worsened by lecturers that write and never talk about what they write or display on the board, as RA (who has total sight loss) ‘observed’:

*What happens is, some lecturers need to be reminded that there is someone who cannot see because they would just write on the board or draw something without describing; so there would be need for me or someone to say ‘I am no longer seeing what you are doing since we depend mostly on listening instead of the visual’ (RA).*

On this issue Waterfield and West (2008) advise that lecturers should describe in words the visual aspects, tables, graphs and maps displayed on screens or boards and to avoid terms such as ‘over here’, ‘there’, ‘this one’, and so forth and instead to clearly describe what is being referred to. One other student noted the following same issue:

*Lecturers... are inexperienced especially in special needs education because they operate as if there is no one with a disability who needs special explanations, assistance and instruction, especially when they write on the board. They just write and say like ‘THIS’ word. They would not explain or spell the word. They can just say or ‘like this and this’. [Yet], ‘THIS’ or ‘THAT’ would be a word fully written and correctly spelt, but which a visually impaired cannot see (EG).*

TMZ portrayed this classroom scenario candidly and said:

*I have been struggling with that problem for the four years because I have tried to ask students who sit next to me about spellings written on the board but lecturers generally do not seem to pay any much attention to us when they write things on the board. There is only one particular lecturer, Mr X who teaches Caribbean Literature, at the second year, second semester level, who takes the pain to explain to me every word and spelling that he writes on the board. He even takes the time to understand the pace of my Perkins Brailier so that I am not left behind (TMZ).*

This particular lecturer, Mr X, appeared to be an exception at KU. The faculty the student was in happened to be the one in which most disabled students were encouraged to enrol. Ironically, it was that same faculty from where the ‘gatekeeper’ for the access came. Perhaps the productive practices of these particular members of staff from that faculty had the effect of making the administration encourage disabled students to enrol in the faculty.

The main method of lecture delivery was mass lecturing. Most lecturers preferred to use the lecture method of presentation and giving out notes. Other lecturers preferred to give students a set of notes or handouts.

*Now the problem is we will not be able to read that, as a blind student, because it seems there is no Braille translation centre over here (RA).*

One appropriate technique was to ensure that the students’ teaching and learning requirements be known in advance to help make decisions and adjustments required to make lectures accessible. Waterfield and West (2008) note that this may include gaining background information as to how the student will access teaching materials. The lecturer can make teaching materials available in advance of lectures in the students’ preferred format and make reasonable adjustments to their teaching approaches.

Perhaps, one might fuzzily generalise that there is a dearth of ideas and creativity on inclusive teaching methods among the teaching personnel at KU (and probably in Zimbabwe) which might account as to why some students with sight loss, who are themselves qualified teachers enrolled on degree programmes at KU, also used the lecture method in their own practice. For instance EG, said he used the lecture method when he teaches his classes. LR also said:

*I normally use the lecture method and also I dictate notes through my assistant. I work with a sighted assistant... Sometimes I would just lecture depending on the level of the students. If they are high school, sometimes I do lecture (LR).*

The problems disabled students meet in the teaching learning situations at KU are probably an indicator that either they have not voiced these concerns and these concerns are not known or that lecturers are just being inept by not being anticipatory

of the students' needs. Perhaps, as observed in the literature of service provision and support of other contexts, especially in Australia and USA, anticipatory approaches to disabled students' needs would be good practice for Zimbabwe HEI. This can begin with an understanding of the service provisions, learning and support needs of the disabled students.

### **Summary**

This chapter examined the institutional practices regarding accessibility of the infrastructure and availability of resources and the teaching methods provided at KU. The chapter provided the evidence that these aspects were not well catered for. Students spoke out in various ways, but it appears that the students were either not listened to or the HEI was inept at making the institution an inclusive organisation. One fundamental issue that seemed to impinge on the availability of these services and resources was probably the lack of adequate funding. (This aspect was not dealt with in depth, but it appears it can constitute an area in need of further investigation).

### **Recommendations**

From the analysis of evidence presented, it can therefore, be said that the following propositional statements can be made. It appears that:

- The infrastructure is not accessible to all students. There is a need to effect an universal design to the infrastructure and the HEI environment to enable accessibility for all students.
- The HEI is inadequately funded and this is causing a hindrance to students' learning. This has led to a paucity of resources and support services in the HEI. Adequate funding and the provision of adequate resources can maximise positive student learning experiences.
- There is a perception that both academic and non-academic staffs in the higher educational institute lack an understanding of disability issues. Lectures lack the appropriate specialist teaching methods for students with different abilities. The deficit in understanding and teaching methods is a hindrance to students' learning and can be redressed by retraining staff at the local level.

Chapter eight that follows provides the evidence that establishes the types of attitudes existing among staff and students at KU, which could promote or inhibit inclusion in HEI.

## CHAPTER 8

### EVIDENCE ANALYSIS AND INTERPRETATION:

#### ATTITUDES TO INCLUSION

An attitude can be defined as a learned mental predisposition to an act that is expressed by evaluating a particular entity with some degree of favour or disfavour (Scholl, 2002). Accordingly, an attitude can be a predisposition to react to a given situation, person, or set of cues in a consistent way. Baron and Byrne (2000) define attitudes as relatively lasting clusters of feelings, beliefs, and behavioural tendencies directed towards specific persons, ideas, objects or groups. Attitudes can be positive, negative or neutral.

Among the issues that arise from the evidence gathered in this chapter was the need for changes in attitudes within the HEI. This seems to be a difficult area that needs to be addressed, and can constitute an area of future research; however, it can be argued that staff members may find adjustments to services, support and provisions to disabled students threatening the purpose of higher education and how the teaching and learning should take place (Vouroutzidou, 2011). Nonetheless, HEI must encourage the full participation of disabled students in university life.

This chapter presents the evidence that addresses the question: *What types of attitudes are positive to disabled students' inclusion in higher education?* It presents an analysis and interpretation of the evidence that illuminates the existence of attitudes that enable or disable inclusion in higher education. This chapter, in the first instance, examines the students' perceptions towards staff attitudes, both positive and negative. In the second instance, the chapter examines the students' attitudes, once again both positive and the negative. The argument, therefore, is that attitudes need to be appropriate for the HEI to be inclusive. What the students said formed the basis of the content under discussion.

On a whole, generally, non-disabled students at the HEI had positive attitudes towards disabled students, an indicator of disabled students being accepted by peer students. It was observed also that all the disabled students had friends or companions who were non-disabled. These same students tended to offer to help disabled students in their

work. RA, a student with total sight loss, provided a snippet view of this when he said:

*I can say on scale out of ten, I think 6/10 [of students] do understand disability but there is also need for awareness to be done with the staff... because there are some comments which are being passed by staff members.*

In fact, the issue of attitudes is pivotal to the success of disabled students' attainment and achievement in higher education. There is a need for general positive thinking about disabled students from all personnel in a HEI setting. The successful provision of support and services hinges on the type of attitudes prevailing. As one student said:

*The greatest challenge so far is the lecturer attitudes towards disability. If that continues, that means disabled people will never learn freely (EG).*

### **Disabled students' perceptions of staff attitudes**

The above statement alludes to the fact that disabled students felt threatened by perceived negative staff attitudes and probably lost confidence in staff members, which might mean that even if they wanted support from staff, their voices were stifled before they could say anything. One student made an observation and said, 'even the lecturers do not seem to be accommodative of us' (TC); thus implying that, in the eyes of the lecturers, disabled students did not matter. Such perceived attitudes tend to work against the notion of inclusion. This led one student to say:

*What we need to emphasise is that the lecturers lack the right attitude towards disabled people. They lack the attitude that makes education tick for us. They treat us as sub-students, in my view: because it appears their job is to teach sighted students, not the [disabled] visually impaired students. So when we come into their classroom, we come as additional members which do not matter after all (TMZ).*

Regarding the perceived lecturer attitudes, the above statement was rather austere because some lecturers seemed to be more prepared to adjust attitudes to accommodate disabled students, even though others found it difficult.

However, some lecturers did make denigrating comments about disabled students. The lecturers seemed prejudiced about the students' capabilities. One student gave an example of this attitude. He said:



*You could be told that the fact that you are disabled does not enable you to... the fact that you are blind does not give you the ticket to be [just] given marks (RA).*

It was in situations such as this where lectures needed to show empathy, but there seemed to be a perception that disabled students could do the work as well as all others. For instance, students were expected to meet the assignment deadlines, with little or no allowance for extensions. LC, for instance, said that lecturers could refuse to mark her work if she failed to meet the deadline, yet the lecturers knew that she had a handwriting disorder, which meant she took longer than usual to write the assignments. She lamented;

*I will fail to catch up with the deadline since lecturers will refuse to accept my assignments (LC).*

It might appear the perceived staff attitudes were probably affected by various factors. One of which could be the traditional and cultural beliefs people hold about disabilities; the traditional model of disability (Addison, 1986; Burck, 1989; Chimedza, 1999). Alternatively, it could be a result of either fear about the unknown causes of disability, like the view that disability could be contagious. It could also be a result of ignorance about what a disabled person might appear like; the general misunderstanding and lack of awareness about disability (Rodis *et al.*, 2001; Milsom, 2006; Vouroutzidou, 2011). The perceived staff attitudes might also be a result of the uneasiness associated with being in close proximity to disabled people, as LR insinuated. She said:

*Besides them [lecturers] being learned, but still, they had negative attitudes towards people with disabilities. Some people might not be at liberty to help you because some had myths. They would think that maybe, if you help a disabled person, you will also become disabled (LR).*

However, regardless of the origin of these perceived attitudes, the result tends to reflect prejudice, perceptual discrimination, associative discrimination, stigmatization and negativity against disabled students (Vouroutzidou, 2011: 204). Such perceived staff attitudes probably also fend off prospective disabled students from ever enrolling at HEI, a factor that might be contributory to the under-representation of marginalised groups in universities (UNESCO, 1997; Ogunlana, 2012). TM presented a graphic image of the sort of attitudes a prospective disabled student might encounter.

*One of the problems I met was that of resistance because what happened was that after applying and having completed all the necessary registration procedure, then, when I went to the faculty, the people, who were there, in particular, the administrator of the time, noticed that I was blind. After trying to assume how I was going to cope with my studies, they tried to turn me down, but after a struggle I managed to enter (TM).*

On further probing about the nature of the struggle, it appeared there was perceptual discrimination and prejudice displayed by the administrator. TM recognised this and put up a ‘fight’. He said:

*I had to come back here to pressurise the coordinator of the department to try and explain to them... because initially they were trying to suggest that I was not properly registered; although I had filled all the registration forms and I had also paid the examination fees. So after about two days, they finally agreed to enrolling me (TM).*

It takes someone with courage to confront prejudice and discrimination in a manner described above, but in the face of struggles such as this, it is arguable that many disabled people might stand up against a prejudicial attitude like the one described by TM. Such attitudes tend not to promote equality and diversity in a HEI at all. Of course, in developed nations such as the UK, USA and so forth, there could be recourse for redress through the legal system, but it is doubtful that such a provision would exist in a country like Zimbabwe.

Negative attitudes and prejudice which might constitute institutional discrimination were also noted among non-academic staff. For instance, two students indicated that at the dining hall, the catering staff had no regard for their presence. The staff did not recognise their limitations. TMZ gave a picturesque narration of what went on at meal times that might portray the attitudes of the general non-academic staff. Rodis *et al.* (2001) reported similar attitudes and said that disabled students often felt misunderstood by both teachers and peers. TMZ corroborates this when he made the following statement:

*...the general members of staff do not understand disabled people... For example, there is a lot of pressure for disabled students at the dining hall. We cannot access that facility easily because we sometimes lose our plates... those who dish out food do not concentrate on us because there would be a lot of pressure; and sometimes [they] show a very negative attitude (TMZ).*

Barnes (1991) made a plausible observation on prejudice and discrimination when he wrote;

The type of discrimination encountered by disabled people is not just a question of individual prejudice; it is institutionalised in the very fabric of our society. Institutional discrimination is a complex form of discrimination which operates throughout society and is supported by history and culture. Historically, disabled people have been viewed with a variety of emotions including suspicion, ridicule and pity. Until fairly recently they have been excluded almost completely from all aspects of community life [including education] (Barnes, 1991: 1).

Indeed, institutional discrimination might be widespread, as alluded to by the disabled students narratives at KU. It might also be existing in most HEI in Zimbabwe and elsewhere (that may an area in need of further investigation). Barnes (1991) reports on research by the British Council of Organisations of Disabled People that revealed the full extent of institutional discrimination and prejudice against disabled people in the United Kingdom. The report showed that the negative attitudes, prejudices and discriminatory practices which effectively disallow disabled people basic human rights [of which education is one], are entrenched in the core institutions of society (Barnes, 1991: 1). As noted from TM and TMZ's narratives, this assertion may be true. Other studies that have been conducted suggest that one reason educational personnel might possess negative attitudes toward disabled students is that they did not receive adequate training regarding disability and feel unprepared to provide services to disabled students effectively (Milsom, 2006).

### **Disabled students' perceptions of peer students' attitudes**

In line with the inclusive education agenda, as previously noted earlier in this thesis, the education of disabled students should, as far as is reasonably practicable, take place in a mainstream setting. However, Vignes *et al.*, (2008: 473) observed that access to mainstream education may not necessarily guarantee their full participation, as disabled students often have limited social relationships resulting from personal, interpersonal or environmental factors (McDougall *et al.*, 2004; Vignes *et al.*, 2008). However, attitudes from peer students may play an important role in ensuring the inclusion of disabled students in a HEI setting.

A number of studies have identified reasons for negative student attitudes (Praisner, 2003). However, these are often conducted on small populations and include few

associated factors (Vignes *et al.*, 2008: 473). However, results from such studies have shown that non-disabled female students generally demonstrate more positive attitudes than their male counterparts towards their disabled peers (McDougall *et al.*, 2004) and this appeared to be reflected in the socio-dynamics observed among the students at KU.

However, at KU male students have also been known to assist their disabled peers, as was already noted by some students who experienced being lifted up and down the stairs. It was noted that each of the disabled students had a companion who assisted them in their work. Asked why this was so, EG, a student with sight loss, candidly put it forth and said the following about the other students who volunteer:

*These volunteers whom we work with are normally persons whom I do the same module... For a visually impaired person to pass; it needs such [volunteer] support... without such support... if there s no such support, what it means is that, that person would fail- no matter how intelligent the person might be (EG).*

The above assertion may be interpreted to mean that disabled students in HEI, to a large extent, depend on their non-disabled peers for the daily support in academic work (Aniftos and McLuskie, 2012). Therefore, positive attitudes from peer students were pivotal to the success of disabled students and their inclusion in higher education. One student said that other students just volunteered to assist them in taking notes, writing up assignments, reading books and surfing the internet. Volunteering for disabled students would not occur if the non-disabled students' attitudes were negative. All the students with total sight loss reported getting assistance from their sighted peers (who happened to be all female). According to Aniftos and McLuskie (2012), disabled students need such assistance on a daily basis. Regarding this, EG said:

*We have some readers or assistants who volunteer to assist. So those people would assist to read for us; just as you saw that person typing the dissertation for me. So at times they come to help (EG).*

This assistance in reading, note taking, writing up assignment and so forth is sure evidence of positive attitudes among the students. As was observed, there was camaraderie between the disabled students and their non-disabled volunteers; thus creating an atmosphere that was consistent with an inclusive environment. There was

an element of mediated learning, although no direct evidence of this was gathered. However, the rapport and cross pollination of ideas between the students seemed healthy, enviable and promoting of inclusion. Such attitudes undoubtedly help to ensure an inclusive educational community. The positive attitudes of peer students were also evidenced by the assistance students said they were offered at the library and in the classrooms. For instance, when students were asked what they did to know what lecturers put up on display, they said they depended on others. Dependency on others is an undeniable fact of life for disabled students; but it appears it may eventually lead to their loss of personal independence.

One student, LR, who had completed her previous studies at the University of Zimbabwe, indicated that the attitudes she received from fellow students, whom she depended on while there, were similar to those she was experiencing at KU. She said:

*...the situation was the same; we really had to depend on well-wishers. Our sighted guides would help us with the reading and it was even noticed by the university and they were accorded the status of being our guides and were given residence on campus because of that purpose-reading for us (LR).*

It seemed the atmosphere created by the interrelationships led to unique student communion, which tended to add value to the learning experiences. It appeared also, the relationships were a result of free will, a condition that can be necessary for an inclusive environment to thrive.

However, not all students had positive attitudes towards the disabled students. There were instances of negative attitude from the general student body. Negative attitudes were exhibited by non-disabled students. Negative attitudes by students toward their disabled peers occurred for many reasons, but empirical research has not identified any specific causes (Rodis *et al.* 2001). Regarding the negative attitudes of other students, TC said:

*It's like some of the students have not ever been to schools which have got resource centres. So, they don't understand the problems that some of us have. So there is probably discrimination from the students (TC).*

RA elaborated on this and agreed that not all students had positive attitudes:

*...40 % are very negative indeed... I would say maybe they come from areas or homes which do not appreciate the fact that a person with a disability can do something (RA).*

However, the disabled student did not say much about negative attitudes of other students. This was interpreted to probably mean that they did not want to upset the current status quo since they were privileged to enjoy dependence on the other students. It probably also meant that disabled students made lots of compromises to keep amicable relationships with all other students around them, lest the voluntary support be withdrawn. An abundance of similar conclusions could be arrived at. The following are probable propositions one can make about the attitudes of staff and students at KU.

### **Summary**

This chapter examined the evidence of the attitudes among the staff and the students. Attitudes among the staff tended to be negative towards disabled students. The attitudes tended to work against the overall intentions of inclusion. Reasons for the negativity were, however, assumed to be generally a result of lack of conscientisation of the staff about disability issues. The evidence also established that non-disabled students were generally willing to volunteer to assist their disabled peers. It was noted that female students were more positive towards their peers than their male counterparts. It was also noted that there is a plethora of literature on studies on lecturer/teacher attitudes towards disabled students, and a significant dearth of studies of non-disabled students' attitudes towards disabled students. Inductively, it appears the following recommendations which may generally also be applicable to any HEI in Zimbabwe, could be advanced.

### **Recommendations**

From the analysis of evidence presented, it can therefore, be said that the following recommendations can be made. It appears that:

- There are perceptions that staff personnel are prejudiced against disabled students in HEI. Staff prejudicial attitudes are probably an indicator of the lack of sensitive empathy. There is, therefore, a need to sensitise and train HEI staff on equality and diversity, especially on disability issues.

- There seems to be positive attitudes among the general student body. Positive attitudes among students enable disabled students to achieve while in education, because disabled students depend a lot on their non-disabled peers for support. This collaborative symbiosis should be upheld.
- Enabling ethical equality and diversity legislation needs to be enacted from which HEI can develop policies to guide staff and students. (The current Disabled Persons Act 1992 is not addressing the specific issues in Higher Education).

*Chapter nine* that follows is a two part chapter. Firstly, it presents evidence of the factors that impel and motivate disabled students to proceed into higher education. Secondly, it presents evidence that indicates that disabled students have adopted strategies to cope with the demands and challenges in a HEI.

## CHAPTER 9

### EVIDENCE ANALYSIS AND INTERPRETATION:

#### MOTIVATIONAL FACTORS AND COPING STRATEGIES

This chapter is in two parts. The first part argues that disabled students are motivated to progress into higher education by both internal and external factors. The evidence in the first instance answers the question, ‘*What factors motivate disabled students to progress into higher education?*’ In the second part, the chapter argues disabled students have adopted coping strategies to meet the academic demands of higher education as a result of limitations in their service and support provisions. That evidence presented answers the question, ‘*What strategies have disabled students adopted to cope with the academic demands in higher education?*’.

Disabled students have for long been denied opportunities to pursue higher education around the world (Konur, 1996; UNESCO, 1997; UNESCO, 1999), but now, their participation in higher education has increased in recent years (Konur, 1996; UNESCO, 1996), with, for example, about 9%, and 5% of all students in higher education in the US and UK respectively reporting some form of disability (Henderson, 2001; Higher Education Statistics Agency, 2002). Figures from African countries of disabled students in higher education have been sparse (Konur, 1996).

According to the 2002 census data, about 3% of the Zimbabwe's population is disabled. Out of this percentage, 39% are individuals between the age of 0 and 14 years and the percentage of disabled post secondary students in HEI is not known (Central Statistical Office, 2002). However, in a UNESCO (1999) snap survey of countries around the world, the existence of disabled students in HEI is recorded. In 1998 one HEI reported twenty four disabled students (UNESCO, 1999). If this could be applicable to all HEI, this might mean the existence of a sizeable percentage of disabled students in the HEI sector in Zimbabwe. This may especially be so in light of the response to the increasing demand for higher education, which has propelled the rapid expansion of the higher education sector in Zimbabwe since 1999 (Kariwo, 2007). In this current study, more disabled students were observed within the KU environment although only nine volunteered to participate. The question, therefore,



becomes *what could be the motivating factors prompting disabled students into HEI in Zimbabwe in the face of the perceived challenges that they face while in HEI?*

This study examined the motivating factors as narrated by the disabled students at KU. There were motivating factors that were both intrinsic and extrinsic. Intrinsic factors can be seen as those that are personal to an individual. Extrinsic factors can be seen as those that arise as a result of external driving stimuli. Dev (2006) conducted a study on intrinsic motivation relating to learning disabled students. He noted three psychological needs that motivated an individual intrinsically. These are, a desire to feel (a) self-determining, (b) competent and (c) connected to others. The evidence obtained from the nine disabled students in this study also allude to these needs

### **The motivating factors**

A factor that motivated the disabled students to proceed into higher education was the desire for self esteem. These desires were driven by the loath disabled students had of the life of begging that tends to characterise the daily lives of most disabled people in Zimbabwe. For instance, EG lamented the type of life that disabled people live, which he said he had no desire to follow whatsoever. He noted;

*...I was enflamed by this spirit [of learning] when I discovered that if I do not put in much effort, it would be misery to me in the end; because I discovered that many disabled people were living the life of begging. So I worked hard, until I got somebody who assisted in paying fees and this person was my teacher (EG).*

The lives of disabled people around the world have been characterised by poverty. Disability and poverty as an issue is now a global challenge (Eide and Ingstad, 2011).

Therefore, some disabled people find being educated as an escape route from the poverty stigma that tends to be associated with disability. Another student had a different agenda as to what motivated him to proceed into higher education. He insinuated that by getting a higher education qualification it might enable him to express and agitate for the rights of disabled students. He said:

*Right now, since we are now grown ups, we want to try and fight for those rights: maybe we can be heard by the government since this is a state university (RA).*

RA also seemed to extend his self determined ambitions to agitate for the rights to beyond his life at the university. He indicated that in his future career he would encourage the contiguous existence of all people, regardless of race, tribe, or disability. He said, ‘...*my profession in the future [will] be to encourage all [people] to be friendly*’ (RA).

A general trend noted was that disable students were motivated into higher education by the economic situations of their families. All nine students came from families with low economic status and which could be considered as living in poverty. The World Bank has since acknowledged that disability has often been associated with poverty (Braithwaite and Mont, 2008). It was no surprise, therefore, that the disabled students had a desire and determination to succeed in higher education and secure employment to enhance their personal and professional identities.

There were already role models available of disabled people who were in gainful employment of which they were already aware of. They knew of disabled people within Zimbabwe who became prominent and eminent persons through obtaining higher education qualifications. For example magistrates, lawyers, teachers, musicians and even judicial advocates who live with disabilities. Therefore, the desire and determination to emulate these people was great.

In the study there were already two students with total sight loss who were gainfully employed as teachers. However, it was not sought to find out if the students had an idea of other people in the world who might have been role models to them. External agencies also played a role in motivating students to progress into higher education. RA and LR mentioned that some voluntary and non-governmental organisations had a role in motivating disabled students into higher education. For instance, RA said:

*There is the pushing of the NGOs, as I have already said. They will tell you to go to school, that would be the reality because there is nothing that you will do because you are a person with a disability. You will never be able to source out money like those other sighted guy (RM).*

This was obviously a direct motivation to the students, most said, while they were still in the lower levels of the education system. However, in the case of RA, it appeared that he came from a disability aware community who perceived disabled people with

reverence and tended to motivate disabled people into education. He made the following statement with regard to this:

*In M.... township, in B... people would say that people with disabilities are educated. They keep on learning unlike those guys who are sighted; when they finish their ordinary level, they can do something,; but people with disabilities would go on to form five, six...[then]go to university and then after that you will never see them (RA).*

The implication of what RA said was that as soon as the disabled people left university, they would be absorbed by the labour market and their peers back in the townships would never see them again. This trend seemed to have the effect of motivating other disabled persons to have the determination and desire to also acquire higher educational qualifications.

LR said organisations such as the National Association of Societies for the Care of the Handicapped (NASCOH) and the Zimbabwe League of the Blind also had a role in motivating disabled people into higher education. These organisations signposted disabled people to where there were opportunities of accessing Higher education.

Generally, disabled students were also motivated to proceed into higher education by their families; perhaps as way of compensating for their disabilities. Families tended to provide the moral and financial support and motivation for their disabled members to progress into higher education. This is evidenced by what the students revealed about what their parents sacrificed to pay for their education. No other evidence of family support was obtained. However, this is an area that a future study could address.

As noted earlier, there are challenges that disabled students encounter when they enter a HEI. A further issue to address, therefore, is how disabled students manage to succeed in progressing with higher education. What strategies have disabled students adopted to cope with learning, accessing resources, services and provisions in higher education? The answer to this question is in what the students said about how they learn.

Some studies have been done on coping strategies of disabled students at the lower levels of education; but little is known of coping strategies of students in general education and [higher education] (Firth *et al.*, 2010: 78).

There were various areas in which students developed coping strategies in the context of this study. Students with sight loss had different strategies to students with physical mobility loss. These categories of students, therefore, employed different strategies of coping with their daily needs in mobility, accessing materials and in doing their academic work in the lecture rooms and on their own.

### **Coping Strategies**

The way students manage to circumvent problems in their learning can be termed coping strategies. Students with sight loss tended to depend on their sighted peers in all the academic work. As mentioned elsewhere in this thesis, their sighted peers volunteered to assist. Students with sight loss listened to other students read for them set books or modules. One student said: ‘...we have readers or assistants who ...read for us’ (EG). LR acknowledged that the way students with sight loss learn was very hard. She said:

*...fellow students would read for you from the chalkboard and they would read the books, assignments and while you are taking notes and... we learnt the hard way because we really did not have the literature needed for our studies (LR).*

What LR said tends to reflect the general trend and challenges that disabled students with sight loss went through. Learning and coping in such circumstances appears difficult, but this was the most appropriate way that students with sight loss could learn under the circumstances. All nine students reported getting assistance from others, without whose assistance learning would be insurmountable. EG reiterated this aspect of their learning when he said:

*Yes, for a visually impaired person to pass, he needs such support. Without such support... if there is no such support, what it means is that that person would fail- no matter how intelligent the person might be (EG).*

TC for instance, said he would ask the person next to him to tell him what the lecturer had written on the board and learning would proceed that way. TMZ summarised the way students with sight loss coped with their learning. He said:

*I have used a lot of approaches and antics to resolve the challenges that naturally come with the education of disabled people. For example, we do not have enough reading materials from school level up to university level; worse still at university level. We only have one voluntary library in Zimbabwe,*

*which in itself, is not able to produce all the books that we want. It is better at [primary and secondary] school because they have been producing books for other groups that have passed and those books are still being used. But they have not done anything at university level; and here we use books which are different from school books. So even if there is such a library, it may be able to contribute only about 5 to 8 percent of our education. So I had to record all my material on recorders from school up to university level. And that means I has to listen to recorded books and I had to have good relations with other students at my different institutions of learning so that they would volunteer to read for me. And I had to improve my memory and to train my mind to hold as much information as possible for as long as until we write exams.*

*I concentrate and listen to the information everyday and I just got used to the listening tactic because sometimes the recorders would be in a state of disrepair...So most of the information gathered, had to be through listening.*

*Disabled students also depended on their other sighted peers to write assignments for them (TMZ).*

One student with handwriting disorder also testified to getting help from other students to get work written. She said:

*Sometimes I will find someone to write them for me in good hand writing after I have compiled the information. Failure to get someone to do the writing for me I will submit them in my own writing (LC).*

The evidence shows that coping with learning in higher education for disabled students is a great challenge. The coping strategies do not seem to improve experiences of disabled students in higher education. Disabled students have a difficult time in education. Accessing services and resources revolves around gaining adequate patronage from peer students. What this may mean is that disabled students have to maintain very sound interpersonal relationships for their survival in higher education. In addition to this, students with sight loss also have to do a lot of relationship bargaining to gain the favour of sighted peers. However, at KU, and in Zimbabwe in particular, challenges and the way students cope can be addressed adequately by enabling legislation. Countries such as the UK have developed elaborate approaches to assist disabled students with a variety of conditions to cope in higher education (Waterfield *et al.*, 2006). There seems to be a lack political will on the part of policymakers to create inclusive education legislation relevant to HEI settings. Also, the apparent economic conditions existing in Zimbabwe appear not to be making the situation any better.

TC encapsulated the issue of developing inclusive legislation and policies by saying:

*I think I would suggest that there be policies put forward in order to make sure that there is inclusive [inclusion] in institutions like... maybe could we say schools or universities...if the policies are to say they should be inclusive, those policies should not be just be policies written on paper without enforcement. They should be enforced so that the system of inclusion would work (TC).*

## **Summary**

The chapter examined two issues: factors that motivate disabled students into higher education and the coping strategies disabled students use to navigate their higher education academic situation. It is clear that disabled students are motivated by personal interests and also by the socio-economic situation of their families. They are also motivated by role models of other disabled people who have attained successes by accessing higher education.

In terms of coping strategies in a HEI environment, disabled students depend on other non-disabled students for the success that they achieve. In all instances, disabled students cannot succeed without peer support. Enabling legislation can introduce policies that can create the inclusive environment.

## **Recommendations**

From the analysis of evidence presented, it can therefore, be said that the following recommendations can be made. It appears that:

- The survival of a disabled student in Higher education is characterised by struggles. However, disabled people are motivated to go into higher education by their desire to enhance their self esteem and to emancipate themselves from the poverty cycle associated with disabled people. Therefore, HEI should listen to the nature of the struggles in order to be prepared adequately meet the needs of the disabled students.
- For disabled students to achieve while in education, they definitely need support from able-bodied peers. However, when confronted by challenges, they can develop learning strategies as ways of coping and the HEI should enhance this by developing localised support systems.

Chapter ten that follows draws on the evidences presented in chapters seven, eight and nine and makes empirical conclusions. It is a synthesis of the direct and circumstantial evidence from which the empirical conclusions are deduced.

## CHAPTER 10

### EMPIRICAL CONCLUSIONS FROM THE RESEARCH

This chapter summarises the evidence that was presented and makes empirical findings regarding what disabled students said about services and support provisions that enhance or stifle the inclusion of disabled students in one higher educational institute in Zimbabwe. The chapter considers conclusions for each of the research questions of the study in turn.

**Research Question 1:** *Are higher education institutional practices enabling or disabling for disabled students' inclusion in higher education?*

The question set out to tease the students' narratives on issues enabling or disabling the potentiality for inclusivity of the HEI. The following issues were outstanding:

- Accessibility of infrastructure and environment.
- Availability of resources.

#### **Accessibility of infrastructure**

The infrastructure at KU was not accessible to all students. That fact made the HEI not inclusive for all students. The students experienced hardships in navigating the environment and accessing the buildings to the extent that some students lost valuable lecture time because they could not access certain areas of the HEI. There were health and safety concerns, especially when some students with mobility loss had to be lifted up and down staircases. Waterfield and West (2008) advise that all health and safety concern must be addressed without making assumptions about the capabilities of disabled students to access areas of the HEI. The ability to access all areas of the HEI is fundamental to the promotion of independence and in solving the daily environmental and social aspects of the life of a disabled student. In addition the students' concerns were not taken seriously. This was a probable indicator that their voice was muzzled and not heard. The evidence provided, therefore, is an indicator of a HEI environment that was not inclusive.



The situation on the ground, therefore, suggested that there was need for the general re-engineering towards a universal design of the environment to allow accessibility for all students regardless of disability or otherwise.

### **Availability of Resources**

The evidence provided indicated that in the HEI, students were going for long periods of time without the requisite learning material. The technology existing at the HEI was out of date. There was inadequate allocation of resources, such as computers, recorders and Braille machines. The HEI made no effort to provide even the basic assistive devices to enhance the disabled students' experiences. In terms of teaching methods, there was evidence that the academic staff lacked the appropriate knowledge of instructing disabled students, especially students with sight loss.

Waterfield and West (2008) provide a guideline of how to approach the teaching of students with sight loss. They indicate that lecturers must prepare in advance all necessary materials that may be used in a lecture; giving due regard to the individual need of every student. Lecturers have no knowledge of differentiating teaching approaches for the maximization of learning profit for all students. McNamara (1999) says that lecturers must differentiate teaching in order to maximise the potential of both teaching and learning. However, lecturers at KU have no expertise in that aspect. The teaching method employed at KU is mostly the lecture method; yet the method does not cater for all types of learners. That evidence, therefore, was a probable indicator that the teaching methods were non-inclusive.

**Research Question 2:** *What types of attitudes are positive to disabled students' inclusion in higher education?*

Research Question 2 had two aspects to address; firstly, the perceived staff attitudes and then, secondly, the perceived peer student attitudes.

### **Disabled students' perceptions of staff attitudes**

The evidence that was presented strongly indicated that students at KU perceived negative attitudes among the staff towards disabled students. Comments and the general tendencies which the students said were made by staff, were a probable indicator of these perceived negative attitudes.

Both Milsom (2006) and Vouroutzidou (2011) advocate for positive attitudes for the teaching learning process to be effective. The evidence also indicated the attitudes led to discrimination of students by both academic and non-academic staff. The evidence points to a compelling argument that the staff at KU needs to be trained in equality and diversity, especially on disability issues. However, there could also be an existence of strong traditional and cultural beliefs about disability among the staff that contributed to the perceived negative attitudes. Negative attitudes among staff can be taken as not contributing to an inclusive HEI.

### **Disabled students' perceptions of peer students' attitudes**

The attitudes among the peer students were positive, especially among female non-disabled students who volunteered to support disabled students in their academic work. The positive attitudes prevailing at KU among female students were consistent with a HEI student body that accepted diversity and equality. Attitudes of male non-disabled students were not overly evidenced, but it can be argued that their attitudes were also positive. This is deduced from the evidence provided by the students with physical mobility loss who previously experienced the benevolence from their peers who lifted them up and down staircases in order to attend lectures on floors above ground level.

**Research Question 3:** *What motivational factors impel disabled students to progress into higher education despite the challenges and what strategies have disabled students adopted to cope with challenges to inclusion in higher education?*

This question was a two part question. The first part elicited evidence to establish the motivating factors that impelled disabled students to progress into higher education. The second part elicited evidence for strategies disabled students used in coping with the academic demands of higher education.

### **Motivating factors: Intrinsic factors**

The evidence indicated that disabled students were impelled into higher education by two aspects; intrinsic motivators and extrinsic motivators. Dev (2006) conducted a study of intrinsic motivating factors and established that people are driven intrinsically by three psychological needs; a desire to feel self-determining, to feel competent and to be connected to others. All three motivators were noted, but were not being separated.

Disabled student felt the desire to self-actualise. They were driven by the desire to elevate their socio-economic status. It was noted that all disabled students came from families of poor peasantry backgrounds. Therefore, their progression into higher education was seen as an escape route from their poverty-ridden backgrounds to a better life. The desire to become notable personalities through enhanced identities was evident. That desire seems to asseverate studies done that illustrate a relationship between disability and poverty (Eide and Ingstad, 2011). This evidence, therefore, is an indicator that the disabled students' progression into higher education may be one of the ways through which disabled people could emancipate themselves and combat the disability/poverty stigma. These factors are seen as some that impelled disabled students to progress into higher education, and by extension making higher educational institute inclusive.

### **Motivating factors: Extrinsic factors**

The evidence presented also indicated that there were external motivators as to why disabled students progressed into higher education. These were noted as family, role models, and advocacy. There was evidence of students getting moral, financial and other support from family members to progress into education. Although no questions were asked relating to this, it was evident that in the background there were family members who subtly propelled the disabled students to stay in education. There was also evidence of certain named disabled people who had become notable role model personalities in esteemed professions that the disabled students admired and were envious of. Those role models worked as a motivating factor to keep disabled students in education. There is also evidence that indicated that the disabled students were motivated by advocating organisations which also most probably provided funding for the education of some of the disabled students. However, there was no evidence to substantiate that.

### **Coping strategies**

The second part of the question provided the evidence to establish the strategies disabled students used in circumventing the academic demands of higher education. The prime compelling evidence provided indicated that disabled students cannot succeed without the mutual assistance and support from non-disabled students. The

evidence indicated that for almost all aspects of their academic life, disabled students can fail their desired courses if non-disabled peers withdraw their daily support, academic and otherwise. This may be so, especially in the light that the HEI appeared to have very limited funds to secure facilities, resources and materials that can ease the life of disabled student. However, it is acknowledged that the mutual assistance and support non-disabled student provided was very valuable and made the HEI an inclusive place.

## **Generalizations**

The conclusions made in this chapter are significant. A synthesis of the evidence in chapters 7, 8, and 9, and their resonance with the conclusions, and an ensuing trustworthy consensus makes it reasonable, therefore, to draw assertions. But assertions emanating from educational settings, according to Bassey (1999:52), tend to be 'general' in nature because they are fraught with 'built-in uncertainties'; which tend to be a result of the idiosyncrasies inherent in every educational setting. No two educational setting can be exactly the same and assertions from one setting cannot exactly be applicable to another. But assertions can only be applied on the basis of 'best fit' (Guba & Lincoln, 1989; Yin, 1994), to address similar issues in other settings. Bassey prefers to call such general statements '*fuzzy*' generalizations. They are '*fuzzy*' because the likelihood of a consensus in the conclusions tends to be purely empirical. Bassey developed the term '*fuzzy generalizations*' as a way of supporting qualitative researchers to apply experientially assertions that are generated through case study research, to feed into other similar studies; Bassey thus says:

A fuzzy generalization carries an element of uncertainty. It reports that something has happened in one place and that it may also happen elsewhere. There is a possibility but no surety. There is an invitation to 'try it and see if the same happens for you (Bassey, 1999:52).

Therefore, to make the element of uncertainty clear, when making assertions, Bassey recommends using appropriate words such as 'likely', or 'maybe' (Bassey, 1999, 54).

Drawing a number of fuzzy generalisations, therefore, it is *likely* that the following *may be* successful in contributing to the creation of an HEI inclusive to all students:

1. Increasing accessibility;

2. Listening to students' voices;
3. Addressing the inadequacy and inappropriateness of resources for disabled students;
4. Providing training on special needs methods of delivering learning to develop professional teaching methods;
5. Changing negative staff attitudes to disabled students' needs;
6. Building on disabled students' perceptions of non-disabled students as having positive attitudes towards disability;
7. Acknowledging that disabled students perceive higher education as an escape route from poverty and see HE as a likely avenue through which to gain new identities and a better life;
8. Meeting the need for developing a deep institutional engagement with the needs of all students, especially those who are disabled.

It can therefore, be said that the HEI studied tended not to provide full support and provisions to promote maximum inclusion of disabled students. This conclusion may probably also apply to the other HEI in other parts of Zimbabwe. However, a replication of this qualitative study conducted on a wider scale may probably establish the extent to which all HEI in Zimbabwe are inclusive or not of diversity.

## CHAPTER 11

### CONCLUSION

#### REFLECTION AND LIMITATIONS

My interest in identifying problems that disabled students have in the service provision and support in higher education resulted from a personal reflection of my own learning experiences since I was a child at primary school through to postgraduate study level, and also by my zeal to know whether or not there could now be policy reform at both institutional and national levels in Zimbabwe. Empathy for others in similar circumstances tended to underpin this interest and zeal. From childhood, I was considered as one with a disability; a visual impairment, an inconspicuous disability that I reluctantly accepted but that which seemed to orbit around my daily existence during my school and later college life.

My learning experiences reflect the challenges of an education system that did not seem overly concerned with the education of individuals with extra needs; individuals who, due to their different functional abilities or inabilities, needed recognition and differentiated teaching, learning and enabling environments to ensure effective positive learning experiences. Such a reflection, therefore, meant that, as a researcher with a disability, disentangling my vicarious experiences from the context of the study was not an easy task. However, I had to find ways of disentangling myself to minimise bias in this regard.

#### **Potential areas of further study**

On further reflection, there are areas that I consider to have the potential for future research. For instance, there are questions why the volunteers for the disabled students tended to be only feminine. *Why were the male counterparts not overly involved in this voluntary support exercise?*

The other potential area of further study involves the questions of why disabled students have the zeal to progress into higher education and yet they tended to be dependent on other students for most of the academic work.

For a country like Zimbabwe, questions arise as to why there appears to be a dearth of new ideas in the teaching approaches for special needs and disabled students.

Legislation is silent on the provision of teaching and learning support for special needs students in HEI: hence, policy and provision in HEI at KU does not explicitly address the needs of disabled students. Perhaps the development of equality and diversity legislation specific to education at all levels may provide a guide for the creation of institute based policies and practices.

Perhaps an audit of institutional surface compliance to the inclusion philosophy and the institutional engagement on equality and diversity issues could be looked at as a potential area of study in order to inform future policy making.

In retrospect, this study was unique, because no other study of this nature in Zimbabwe seems documented. But this study could have been done in a different way. Although qualitative studies are important for investigating phenomena in educational settings, it is noted that a quantitative component could add more depth, especially at the level of data and information collection and analysis. An integrated methodology of mixed methods suggested by Plowright (2011) can be an ideal approach. Such an approach can provide the additional data that can jointly be used to make the evidence more rigorous.

## REFERENCES

- Agegnehu, E. (2000). 'Inclusion of Children with Disabilities: Situational Analysis of Ethiopia.' Paper presented at the International Special Education Congress, University of Manchester, 24-28 July 2000. [Online]. Available from <http://www.isec2000.org.uk>. (Accessed 12 July, 2011).
- Alqaryouti, A.I. (2010). 'Inclusion the Disabled Students in Higher Education in Oman'. *International Journal for Cross-Disciplinary Subjects in Education* (IJCDSE), Volume 1, Issue 4, December.
- Abdel Nour, M. (1973). *The Socio-Medical Service and Rehabilitation*. Cairo: Maktabet Al-Kahira Al-Hadithah.
- ActionAid. (2000). 'Final Draft: Dakar Framework for Action: Education for All: Meeting our Collective Commitments'. World Education Forum, Report of the Futures Group, Dakar, April, 28.
- Adams, M. (2002). 'Learning, teaching and disability: the need for a new approach', *Planet Special*, Issue No. 3, pp. 7-10.
- Addison, J. (1986). *Handicapped people in Zimbabwe*. Harare: NASCOH.
- Addison, J. (1986). *A Historical Survey of the Facilities of Handicapped Persons*, Harare: NASCOH.
- Anderson, D.S. & Vervoorn, A.E. (1983). *Access to Privilege: Patterns of Participation in Australian Postsecondary Education*. Canberra: ANU Press.
- Andrew, R. and Smith, J. (1992). *Additional Costs of Education and Training for People with Disabilities*. Canberra: Department for Employment, Education and Training.
- Anifetos, M. and McLuskie, L. (2012). 'On track towards Inclusive Education'. [Online]. Available from: <http://www.aare.edu.au/03pap/mcl03296.pdf> (Accessed 02/11/11).
- Aune, B. and Kroeger, S. (1997). 'Career Development of Students with disabilities: an International approach to defining the issues' *Journal of College Student Development*. 38 (4). pp.344-355.
- Australian Disability Clearinghouse on Education and Training [ADCET]. (2006). Legislation/Policy Launceston. University of Tasmania: [Online]. Available from: <http://www.adcet.edu.au/ResourceList.aspx?catid=22> (Accessed on 13 December, 2010).
- Avramidis, E., Bayliss, P.D. and Burden, R. (2000). 'Students teachers' attitudes towards the inclusion of children with special educational needs in the ordinary



- school'. *Teaching and Teacher Education*, 16, p. 1-16.
- Balasundaram, P. (2005). 'The Journey towards Inclusive education in India'. Paper presented at the Seisa University, Ashibetsu Shi, Hokaido, Japan, 9 July, 2005.
- Barnett, S.N. and Kabzems, V. (1992). 'Zimbabwean teacher's attitudes towards the integration of pupils with disabilities into regular classrooms'. *International Journal of Disability Development and Education*. 39, 135-46.
- Barnes, C. (1991). 'Institutional discrimination against disabled people'. In: *Disabled People in Britain and Discrimination: a case for legislation*. London: The British Council of Organisations of Disabled People.
- Barnes, C. (1997). 'A Legacy of Oppression: A history of Disability in Western Culture'. In: Barton, L. and Oliver, (M). (Eds.). *Disability Studies: Past, Present and Future*. Leeds: Disability Press.
- Barnes, C. (2003). 'Independent Living, Politics and Implications'. [Online]. Available from: [www.independentliving.org/docs6/barnes2003.html](http://www.independentliving.org/docs6/barnes2003.html).
- Barnes, C. (2007). 'Some thoughts on an Inclusive Higher Education system: Developing and Embedding Inclusion: Policy and Practice in Higher Education.' Notes for a five minute oral presentation at the 'Making Progress' Conference, Birmingham: Aston Business School and Conference Centre, 12 November.
- Barnes, C. and Mercer, G. (Eds.). (2004). *Disability Policy and Practice: Applying the Social Model*. Leeds: The Disability Press.
- Baron, R. and Byrne, D. (2000). *Social Psychology*. Massachusetts: Allyn and Bacon.
- Barthes, R. and Duisit, L. (1975). 'An Introduction to the Structural Analysis of Narrative', *New Literary History*. Vol. 6, No. 2, pp. 237-272. John Hopkins University Press. [Online]. Available from: <http://www.jstor.org/stable/468419> (Accessed 13 November 2011).
- Bassey, M. (1999). *Case Study Research in Educational Settings*. Buckingham: Open University Press.
- Bell, J. (1987). *Doing Your Research Project*. Milton Keynes: Open University Press.
- Benshoff, J. J., Kroeger, S. A., & Scalia, V. A. (1990). 'Career maturity and academic achievement in college students with disabilities'. *Journal of Rehabilitation*, 56(2), 40-44.
- Booth, T. and Potts, P. (1983). *Integrating Special Education*. Oxford: Basil Blackmore Publishing.
- Braithwaite, J. and Mont, D. (2008). *Disability and Poverty: A survey of World Bank Assessments and Implications*. Washington DC: Social Protection and Labour: The World Bank.

Brantlinger, E, et al. (2005). 'Qualitative studies in special education'. *Exceptional Children*, 71(2):195.

Brett, M. & Kavanagh, L. (2008). *Reframing Disability in Higher Education*. [Online]. Available from: <http://www.pathways9.org/papers/14.doc> (Accessed: 30 December, 2011).

Brennan, J. and Shah, T. (2003). *Access to What? Converting Educational Opportunity into Employment Opportunity*. London: Centre for Higher Education Research and Information. The Open University.

Brown, D., Taylor, C., Baldy, G., Edwards, G. & Oppenheimer, E. (1990). 'Computers and QDA-can they help it? A report on a qualitative data analysis programme. *Sociological Review*, 38(1), 134-150.

Brown, R. I. (1991). 'Changing concepts of disability in developed and developing communities'. In: Mitchell, D. and Brown, I. (Eds.). *Early intervention studies for young children with special needs*. New York: Chapman and Hall.

Bryman, A. (1988). *Quantity and Quality in Social Research*. London: Routledge.

Bryman, A. (2002). *Social Research Methods*. Oxford: Oxford University Press.

Butler, J.P. (1990). *Gender Trouble: feminism and the subversion of identity*. London: Routledge.

Bunch, A.W. (1982). 'A History of Education of the handicapped'. In: Macon, M. (Ed.). *School Library Media Services to the Handicapped*. Westport: Greenwood Press.

Burck, D.J. (1989). *Kuoma Rupandi (The Parts are Dry): ideas and practices concerning disability and rehabilitation in a Shona ward*. Research Report no. 36/1989. Leiden: African Studies Centre.

Bynoe, I., Oliver, M. and Barnes, C. (2012). 'Equal Rights for Disabled People: The case for a new law'. London: Institute for Public Policy Research [Online] Available from: <http://www.leeds.ac.uk/disability-studies/archiveuk/bynoe/equal%20rights%20for%20disabled%20people.pdf>

Carspecken, P. (1996). *Critical ethnography in educational research: A theoretical and practical guide*. New York: Routledge.

Central Statistical Office. (2002). Profile of Persons with Disabilities Harare: CSO.

Centre for Applied Research in Education (1994). *Coming to Terms with Research*. University of East Anglia: School of Education.

Chataika, T. (2007). 'Inclusion of Disabled Students in Higher Education in Zimbabwe: From Idealism to Reality-Social Ecosystem Perspective'. (Unpublished

PhD. Thesis). Sheffield: The University of Sheffield.

Chimedza, R. (1999). 'Effects of different communication methods on the comprehension of stories by deaf students in Zimbabwe: implications for classroom communication and academic achievement'. (Unpublished doctoral dissertation). East Lansing: Michigan State University.

Chimedza, R. (2001) 'Context of Deaf Education in Zimbabwe: Teaching and Learning'. In: R. Chimedza, and S. Peters (Eds.). *Disability and Special Educational Needs in an African Context*. Harare: College Press.

Chimedza, R. & Peters, S. (1999) Disabled People's Quest for Social Justice in Zimbabwe. In F. Armstrong & L. Barton (Eds.) *Disability, Human Rights and Education* Buckingham: Open University Press.

Chimedza, R and Peters, S. (2001). *Disability and education in an African context: putting theory into practice from the perspective of different voices*. Harare: College Press.

Clabaugh, G.K. and Rozycki, E.G. (1990). *Understanding Schools: The Foundations of Education*. Evanston: Harper and Row.

Clapton, J. & Fitzgerald, J. (1997). 'The History of Disability: A History of 'Otherness, How disabled people have been marginalized through the ages and their present struggle for their human rights'. [Online] Available from: New Renaissance Magazine, Renaissance Universal: <http://www.ru.org/another.html> (Accessed 12 August 2011).

Collins, K. M. T., Onwuegbuzie, A. J., & Jiao, Q. G. (2007). A mixed methods investigation of mixed methods sampling designs in social and health science research. *Journal of Mixed Methods Research*, 1, 267-294.

Cook, K.E. (2005). 'Using Critical Ethnography to explore issues in Health promotion'. *Qualitative Health Research*. Vol. 15 No. 1, January 2005 129-138 Sage Publications.

Cooper, D. & Subotzky, G. (2001). *The skewed revolution: Trends in South African higher education 1988–1998*. Bellville: Education Policy Unit, University of the Western Cape.

Cortazzi, M. (1993). *Narrative Analysis*. London: The Falmer Press.

Council for Higher Education. (2001). *The state of higher education in South Africa, Annual Report 2000/2001*. Pretoria: CHE.

Creswell, J. W. (2003). *Research design: qualitative, quantitative, and mixed methods approaches*, Thousand Oaks: Sage Publications.

Czarniawska, B. (2004). *Narratives in Social Science Research*. London: Sage

Publications Ltd.

Dawkins, J. (1990). *A Fair Chance for All: Higher Education That's Within Everyone's Reach*. Canberra: Department of Employment, Education and Training.

Dearing Report. (1997). *Higher Education in the Learning Society*. London: HMSO.

Denzin, N. (1984). *The research act: A theoretical Introduction to sociological methods*. Englewood Cliffs, NJ: Prentice-Hall.

Denzin, N. and Lincoln, Y. (1994). *Handbook of Qualitative Research*. Thousand Oaks, CA: Sage.

Denzin, N. and Lincoln, Y. (Eds.). (1998). *Collecting and Interpreting Qualitative Materials*, New Delhi: Sage Publications.

Department of Education. (1996). *A framework for transformation*. Report of the National Commission on Higher Education. Pretoria: DoE.

Department of Education. (1997). *Education White Paper 3: A programme for the transformation of higher education*. Pretoria: DoE.

Department of Education. (1998). *Quality education for all: Overcoming barriers to learning and development*. Report of the National Commission on Special Needs in Education and Training and National Committee on Education Support Services. Pretoria: DoE.

Department of Education. (2001a). *National Plan for Higher Education*. Pretoria: DoE.

Department of Education. (2001b). *Education White Paper 6: S*. Pretoria: DoE.

Department for Education and Employment. (2000). *Consultation Paper on Special Educational Needs and Disability Rights in Education Bill*. London: DfEE.

Department of Education and Science. (1978). *Special Educational Needs: Report of the Committee of Enquiry into the Education of Handicapped Children and Young People*. (The Warnock Report). London: HMSO.

Department for Education and Skills (DfES). (1997). *Excellence for All*. London: DfES.

Department for Education & Skills (DfES). (2003). *Widening Participation in Higher Education*. London: DfES.

Dev, P.C., (1996). Intrinsic Motivation and the Students with Learning disabilities. (ED 403723). [Online]. Available from: [www.digital.libraries.columbia.edu/dissertations/AAI3005801/](http://www.digital.libraries.columbia.edu/dissertations/AAI3005801/) (Accessed on 23 March, 2012).

Devlinger, P.J. (1998). 'Representations of physical disability in Colonial Zimbabwe: the Cyrene Mission and Pitaniko, the film of Cyrene'. *Disability and Society*, 13, 709–724.

Disability Rights Commission. (2003). The Special Educational Needs & Disability Act: Code of Practice Post 16 for providers of post 16 education and related services. London: DRC. [Online]. Available from:  
[http://www.equalityhumanrights.com/uploaded\\_files/code\\_of\\_practice\\_\\_revised\\_\\_for\\_\\_providers\\_of\\_post-16\\_education\\_and\\_related\\_services\\_\\_dda\\_.pdf](http://www.equalityhumanrights.com/uploaded_files/code_of_practice__revised__for__providers_of_post-16_education_and_related_services__dda_.pdf)

Disability Rights Task Force. (1999). From Exclusion to Inclusion: A report of the Disability Rights Task Force on Civil Rights for Disabled People Sheffield: Disability Rights Task Force.

Eide, A.H. and Ingstad, B. (Eds.). (2011). *Disability and Poverty*. Bristol: Polity Press.

Eisner, W. E. and Peshkin, A. (1990). *Qualitative Inquiry in Education: the continuing debate*, New York: Teachers College Press.

Eleweke, C.J. (2011). 'History of Deafness and Hearing Impairments: Earliest history of deafness and hearing impairments', In: Rotatori, A.F., Obiakor, F.E. and Bakken, J.P. (Eds.). *History of Special Education*. Bingley: Emerald Group Publishing Limited.

Elliott, T. and Wilson, C. (2008). 'The perceptions of students with hidden disabilities of their experience during transition to higher education: A Research Report'. IMPACT Associates [Online] Available from: Aimhigher East of England. [www.aimhighereastofengland.org.uk](http://www.aimhighereastofengland.org.uk) (Accessed 1 February, 2012).

Engelbrecht, P. (1999). 'A Theoretical Framework for Inclusive Education'. In: P. Engelbrecht, L. Green, S. Naicker and L. Engelbrecht (Eds.). *Inclusive Education in Action in South Africa* Pretoria: J. L. van Schaik Publishers.

Feagin, J., Orum, A., & Sjoberg, G. (Eds.). (1991). *A case for case study*. Chapel Hill: University of North Carolina Press.

Fielding, M. (2001). 'Beyond the rhetoric of student voice: new departures or new constraints in the transformation of 21st century schooling?' *Forum*. 43 (2).pp100-10.

Finkelstein, V. (2001). 'A Personal Journey into Disability Politics', Paper presented at Leeds University Centre for Disability Studies. [Online].  
<http://www.independentliving.org/docs3/finkelstein01a.pdf> (Accessed on 12 Dec. 2011).

Firth, N., Greaves, D. and Frydenberg, E. (2010). 'Coping Styles and Strategies: A Comparison of Adolescent Students with and Without Learning Disabilities'. *Journal of Learning Disabilities*. 43(1) 77–85. [Online]. Available from:  
<http://www.agepub.com/journalsPermissions.nav>

Flecha, R. (1999). 'New Educational Inequalities'. In: Castells, M., Flecha R., Freire, P., Giroux, H., Macelo, D. *Critical Education in the New Information Age*. Oxford: Rowman and Littlefield Publishers, Inc.

Foreman, P. (2009). *Education of students with intellectual disability: research and practice*. Sydney: Information Age Publishing, Inc.

Friedman, M.L. (1997). *Improving the quality of life: a holistic scientific strategy*. Westport: Praeger Publishers.

Gale, T.C. and McNamee, P.J. (1995). 'Alternative Pathways to Traditional Destinations: higher education for disadvantaged Australians', *British Journal of Sociology of Education*. Vol. 16. No. 4.

Garrick Report. (1997). *Report to the Scottish Committee, Higher Education in the Learning Society*. London: HMSO.

Garwood, S.G. (1983). *Educating Young Handicapped Children*. Rockville: Aspen Systems Corporation.

Gearheart, B.R. Weishahn, M.W. and Gearheart, C.J. (1992). *The Exceptional Student in the Regular Classroom*. New York: Macmillan Publishing Company.

Gomm, R., Hammersley, M. and Foster, P. (Eds.). (2000). *Case Study Method: Key Issues, Key texts*. Los Angeles: Sage.

Goodson, I. (1992). *Studying Teacher's lives*. London: Routledge.

Government of Zimbabwe. (1996). *Disabled Persons Act*. Harare: Government Printers.

Government of Zimbabwe. (1987). *The Education Act*. Harare: Government Printers.

Grol, C.E.J. (2000). 'The Education of Pupils With Special Educational Needs in Africa Looked at Within the African Context'. Paper presented at the International Special Education Congress, University of Manchester, 24-28 July 2000 [Online]. Available from <http://www.isec2000.org.uk>.

Guba, E. G. and Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park: Sage.

Hadebe, J.A.M. (1995). 'Special Education in Zimbabwe; Policy, Legislation, Curriculum and Implementation'. Paper presented at Specialist Teachers' Conference, August/September, 1995.

Hadebe, J.A.M. (1997). 'Inclusive Education as Priority Number One in the Special Needs Education Vision 2000'. Paper produced for education personnel, 20 February.

Hadjidakou, K. and Hartas, D. (2007). 'Higher Education provision for Students with Disabilities in Cyprus'. *Higher Education*. Vol.55 No. 1. pp. 103-119. [Online] University of Warwick Publications. Available from <http://wrap.warwick.ac.uk/573/> (Accessed 14 November 2011).

Hagrass, H. (2005). 'Definitions of Disability and Disability Policy in Egypt'. In: Barnes, C. and Mercer, G. (Eds.). *The Social model of Disability: Europe, and the Majority World*. Leeds: Disability Press.

Haikin, M. (2009). 'Survey of Inclusion' Research Report to Voluntary Services Overseas (VSO) Thailand/Burma, May.

Hall, J. and Tinklin, T. (1998). 'Students First: The Experiences of Disabled Students in Higher Education' The Scottish Council for Research in Education. (Report No. 85). [Online] Available from: <http://www.scre.ac.uk/resreport/rr/85/index>. (Accessed 17 October, 2011).

Hammersley, M. (1992). *What's Wrong with Ethnography?* London: Routledge.

Harrowing, J.N., Mills, J., Spiers, J., Kulig, J. & Kipp, W. (2010). Critical Ethnography, Cultural Safety and International Nursing Research. *International Journal of Qualitative Methods* 2010, 9(3) 243. [Online] Available from: <http://creativecommons.org/licenses/by/2.0>. November, 12.

Henderson, C. (2001). *College freshmen with disabilities: statistical year 2000*. Washington, DC: American Council on Education.

Higher Education Funding Council for England (HEFCE). (1998). *Widening Participation in Higher Education: Funding Proposals, Consultation 98/39*, Bristol: HEFCE.

Higher Education Funding Council of England (HEFCE) (2001). *Performance Indicators in Higher Education in the UK-1998-99; 2000-2001*. Bristol: HEFCE.

Higher Education Funding Council for Wales. (1999). *Guidance on Base level Provision for Disabled Students in Higher Education Institutions*. Bristol: HEFCE. [Online]. Available from: <http://www.niss.ac.uk/education/hefce>. (Accessed 17 October, 2011).

Higher Education Statistics Agency. (2002). *Students in universities: 2000/2001. Reference volume*. Cheltenham: Higher Education Statistics Agency.

Hill, M. (1997). *The Policy Process in the Modern State*. London: Prentice Hall.  
Holloway, J. and Jefferson, T. (2000). *Doing Qualitative Research differently: free association, narrative, and the interview method*. London: Sage.

Howell, C. (2006). *Higher Education Monitor: South Africa responses to Students with Disabilities: Equality of Access and Opportunity*. Pretoria: Council of Higher Education.

Hurst, A. (Ed.). (1998). *Higher Education and Disabilities: International Approaches*. Aldershot: Ashgate Publishing Company.

Institute for Human Centered Design. (2011). 'Universal Design. What is Universal Design?' [Online]. Available from: [www.adaptiveenvironments.org/index.php](http://www.adaptiveenvironments.org/index.php) (Accessed 05 August 2011).

Itard, J.M.G. (2009). A Historical account of the discovery and education of a savage man: Or, the first developments, physical and moral, of the savage caught in the woods near Aveyron in the year 1798. (1892 Reprint). Whitefish: Kessinger Publishing.

Jacklin, A., Robinson, C., O'Meara, L. and Harris, A. (2006). 'Improving the experiences of disabled students in higher education'. Project conducted by the University of Sussex, Sussex, August 2005 – November 2006.

Jackson, R., McAfee, J., & Cockran, J. (1999). *Disability Discrimination in Education* [Discussion Paper.[Online] Available from: <http://www.leeds.ac.uk/disability-studies/archiveuk/Jackson/Discrimination%20in%20Education%20-%20Jackson.pdf>

Kariwo, T.M (2007). 'Widening Access in Higher Education in Zimbabwe'. *Higher Education Policy* 20, 45–59.

Kelle, U. and Laurie, H. (1995). 'Computer use in qualitative research and issues of validity'. In: Kelle, U. (Ed.). *Computer Aided Qualitative data analysis: theory methods and practice*. London: Sage Publication Inc.

Kemper, E. A., Stringfield, S., & Teddlie, C. (2003). Mixed methods sampling strategies in social science research. In A. Tashakkori & C. Teddlie (Eds.), *Handbook of mixed methods in social and behavioral research* (pp. 273-296). Thousand Oaks, CA: Sage.

Kidshealth. (2012). 'The Meaning of Muscular Dystrophy'. [Online]. Available from: [http://kidshealth.org/kid/health\\_problems/bone/muscular\\_dystrophy.html](http://kidshealth.org/kid/health_problems/bone/muscular_dystrophy.html). (Accessed 29 February, 2012).

Kisanji, J. (1995). 'Growing up Disabled'. In: P. Zinkin and H. McConachie, (Eds.). *Disabled Children and Developing Countries*. London: MacKeith Press.

Kochung, E.J. (2011). 'Role of Higher Education in Promoting Inclusive Education: Kenyan Perspective'. *Journal of Emerging Trends in Educational Research and Policy Studies*, 2 (3): pp. 144-149 [Online]. Available from: <http://www.jeteraps.scholarlinkresearch.org>. (Accessed 17 October, 2011).

Konur, O. (1996). 'Teaching disabled students in higher education'. *Teaching in Higher Education* 13 Vol. 11, No. 3, July, 351-363.

Konur, O. (2007). 'Computer-assisted teaching and assessment of disabled students in



higher education: the interface between academic standards and disability rights'. *Journal of Computer Assisted Learning*. 23, 207–219.

Lane. H. (1976). *The Wild Boy of Aveyron*. London: Granada Publishing Limited.

Langwed-Berhorster, R. (1998). 'Students with disabilities in German education'. In: Hurst, A (Ed.). *Higher Education and Disabilities: International Approaches* Aldershot, Ashgate.

Layer, G., Srivastava, A. and Stuart, M. (2002). 'Achieving Student Success: an analysis of HEI widening participation strategies and the proposed impact on student success'. University of Bradford: Action on Access.

Leitch, D.A. (1998). 'Canadian universities: the status of persons with disabilities'. In: Hurst, A. *Higher Education and Disabilities: International Approaches*. (Ed.). Aldershot: Ashgate Publishing Company.

Leicester, M. and Lovell, T. (1997). 'Disability Voice: Educational Experience and Disability'. *Disability & Society* 12, (1), pp. 111-118.

Lincoln, Y. S. and Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park: Sage Publications.

Llewellyn, A. and Hogan, K. (2000). 'The use and abuse of models of disability'. *Disability and Society*, Vol. 15 No. 1. pp. 157-165.

Low, J. (1996). 'Negotiating Identities, Negotiating Environments: An Interpretation of the Experiences of Students with Disabilities'. *Disability & Society*, 11, (2), pp133-248.

Magnus, E. (2006). 'Disability and Higher education-what are the barriers to participation?' A Paper. Trondheim: NTNU Social research Ltd. Norwegian University of Science and Technology.

Magrab, P. (2003). *Open File on Inclusive Education: Support Materials for Managers and Administrators*. Paris: UNESCO.

Malinga, J. T. (1999). 'The Pan African Movement for people with Disability'. In: Hozler, B., Vreed, A. and Weigt, G. (Eds.). *Disability in Different Cultures: Reflections on Local Concepts*. New Brunswick: Transaction Publishers.

Map of Zimbabwe. (2011). [Online]. Available from: [www.theodora.com](http://www.theodora.com). (Accessed on 22 December, 2011).

McDougall, J., DeWit, DJ., King, G., Miller, L.T., & Killip, S. (2004). High school-aged youths' attitudes toward their peers with disabilities: the role of school and student interpersonal factors. *International Journal of Disability, Development and Education*, 51(3), 287-313.

McLean, P., Heagney, M., & Gardner, K. (2003). 'Going global: The implications for students with a disability'. *Higher Education Research & Development*. 22, 217–228.

McNamara, S. (1999). *Differentiation: An Approach to Teaching and Learning*. Cambridge: Pearson Publishing.

Metts, R. (2004). 'Disability and Development'. A Background paper prepared for the Disability and Development Research Agenda Meeting, Washington D.C. World Bank, November 16th.

Milsom, A. (2006). 'Creating Positive School Experiences for Students with Disabilities'. *Professional School Counseling Journal*, October, 10(1), 66-72.

Ministry of Education and Culture. (1987). *Policy Goals and New Directions in Special Education*. Harare: Ministry of Education.

Mittler, P. (2000). *Working Towards Inclusive Education: social contexts*. London: David Fulton.

Mnkandla, M. and Mataruse, K. (2002). 'The Impact of Inclusion Policy on School Psychology in Zimbabwe'. *Educational and Child Psychology* 19,12-23.

Monk, J. and Wee, J. (2008). 'Factors shaping attitudes towards physical disability and availability of rehabilitative support systems for disabled persons in rural Kenya'. *Asia Pacific Disability Rehabilitation Journal* 93 Vol. 19 No. 1.

Morley, L. (2003). *Quality and Power in Higher Education*. Buckingham: Open University Press.

Mott, N. (2004). 'Organizational and Ethical Concerns in Providing Academic Accommodations for Learning Disabled Students in Higher Education'. *Organizational Issues and Insights*. New Foundations. [Online]. Available from: <http://www.newfoundations.com>. (Accessed 10 October 2011).

Mpofu, E. (2000). 'Rehabilitation in International Perspective: A Zimbabwean experience'. *Disability and Rehabilitation* 23,481-489.

Nunan, T., George, R. and McCausland, H. (2000). 'Inclusive education in universities: why it is important and how it might be achieved'. *International Journal of Inclusive education*, Vol. 4, No. 1, pp. 63-68.

O'Brien, T. and Guiney, D. (2001). *Differentiation in Teaching and Learning: Principles and Practice*. London: Continuum.

Odendaal-Magwaza, M. & Farman, R. (1997). 'Draft White Paper 3. A programme for higher education transformation'. Unpublished submission by the University of Natal to Education Portfolio Committee at the public hearing on at the National Assembly, Parliament, Cape Town.

Office of the Deputy President, South Africa, (ODP). (1997). *White Paper on an integrated National disability strategy*. Pretoria: ODP. [Online] Available from: [http://www.polity.org.za/govdocs/white\\_papers/disability1.html](http://www.polity.org.za/govdocs/white_papers/disability1.html). (Accessed on 10 December 2011).

Office of Public Sector Information, (1995). *Disability Discrimination Act*. London: OPSI Publications.

Ogunlana, O. (2012). 'African student perspectives on access and retention: the AASU perspective on access, diversity and retention challenges in Africa'. Access to success: project compendium. [Online] Available from: <http://www.accesstosuccess-africa.eu/web/studies/116.html>. (Accessed on 12 March 2012).

Oliver, M. (1990). *The Politics of Disablement*. London: Macmillan.

Onwegbu, O. I. (1977). 'The Nigerian Culture, its Perception and Treatment of the Handicapped'. In: E. O. Caulcrick, (Ed.). *Handicapped Children: Early Detection, Intervention and Education*. Paris: UNESCO.

Ontario Human Rights Code. (1990). [Online] Available from: [http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_90h19\\_e.htm#BK0](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h19_e.htm#BK0)

Ontario Human Rights Commission, 2000. (Accessed 01 October 2011).

Organisation for Economic Co-operation and Development. (2003). *Disability in Higher Education*. Paris: OECD.

Pandit, N.R. (1996). 'The Creation of Theory: A Recent Application of the Grounded Theory Method', *The Qualitative Report*, Volume 2, Number 4, December, 1996. [Online] Available from <http://www.nova.edu/ssss/QR/QR2-4/pandit.html>. (Accessed 01 October 2011).

Pang, Y. & Richey, D. (2006). 'The development of special education in China'. *International Journal of Special Education*. Vol. 21 No.1. pp. 77-86.

Patton, M.Q. (1990). *Qualitative Evaluation and Research Methods*. London: SAGE. .  
Peters, S.J. (2003). 'Inclusive Education: Achieving Education for All by including those with disabilities and special educational needs'. A Paper prepared for the Disability Group: The World Bank, 13 April.

Peters, S.J. (2004). 'Inclusive Education: An EFA strategy for all children', A Paper presented to the World Bank, November.

Pfeiffer, D.& Yoshida, K. (1995). 'Teaching Disability Studies and the USA'. *Disability and Society*, 10, pp. 175 -199.

Phiri, N. L. (1979). *Problems of the Handicapped: An Assessment of Attitudes Towards the Disabled and Implications for Rehabilitation in Zambia*. Lusaka: Institute for African Studies.

- Plowright, D. (2011) *Using Mixed Methods: Frameworks for an Integrated Methodology*. London: SAGE.
- Powers, D. (1998). 'Disabled student in Higher education in Australia'. In: Hurst, A. (Ed.). *Higher Education and Disabilities: International Approaches*. Aldershot: Ashgate Publishing Company.
- Praisner, C. L. (2003). 'Attitudes of elementary school principals toward inclusion of students with disabilities'. *Exceptional Children*, 69, 135–145.
- Richards, L. & Richards, T. (1994). 'From filing cabinet to computer'. In: Bryman, A. & Burgess, B.G. (Eds.). *Analysing Qualitative Data*. (pp.146-172). London: Routledge.
- Riddell, S. (1998). 'Chipping away at the mountain: Disabled students' experience of higher Education'. *International Studies in Sociology of Education*. 8, 203–222.
- Riddell, S., Wilson, A. and Tinklin, T. (2004). 'Disabled Students and Multiple Policy Innovation in Higher Education'. ESRC.
- Riddell S., Tinklin, T. and Wilson, A. (2005). *Disabled Students in Higher Education: Perspectives on widening access and changing policy*. New York: Routledge.
- Riddell, S., Weedon, E., Fuller, M., Healey, M., Kelly, K., Georgeson, J., Hurst, A. & Peelo, M. (2007). 'Discourses of Disability, the Idea of Fitness to Practice and the Negotiation of Identity'. British Educational Research Association Conference. London Institute of Education, 6-8 September.
- Riley, M.W. (1963), *Sociological Research: A case approach*. New York: Harcourt, Brace and World Inc.
- Rodis, P., Garrod, A., & Boscardin, M.L. (2001). *Learning disabilities & life stories*. Boston: Allyn & Bacon.
- Rothstein, J.H. (1971). *Mental Retardation: Readings and Resources*. University of Michigan: Holt, Rinehart and Winston.
- Scholl, R.W. (2002). 'Attitudes and Attitude change'. Paper presented at the University of Rhode Island, January 15, 2002.
- Shakespear, T. (2009). 'Re-imaging Disability'. [Online Video]. Available from: *Creative Momentum*. <http://vimeo.com/5161684>. (Accessed: December 20th, 2011).
- Shattuck, R. (1980). *The Forbidden Experiment*. New York: Farrar Straus Giroux.
- Silverman, D. (2001). *Interpreting qualitative data: Methods for analyzing talk, text*

*and interaction*. London: Sage.

Silverman, D. (2010). *Doing Qualitative Research*, London: Sage Publications.

Skipper, J. I., Van Wassenhove, V., Nusbaum, H. C. & Small, S. L. (2007). 'Hearing lips and seeing voices: How cortical areas supporting speech production mediate audiovisual speech perception'. *Cerebral Cortex*, 17(10), 2387–2399.

Slee, R. (2011). *The Irregular School: Exclusion, schooling, and Inclusive education*. Abingdon: Routledge.

Snow, S.A. and Anderson, L. (1993). *Down on their luck: a study of homeless street people*. Berkeley: California University Press.

Special Educational Needs & Disability Act, (SENDA). (2001). Chapter 2: Further and Higher Education. [Online] Available from: <http://www.hmso.gov.uk/acts2001/20010010.htm>. (Accessed on 15 February, 2011).

Stainback, W. & Stainback, S. (1990). *Support networks for inclusive schooling: Interdependent integrated education*. Baltimore: Paul H. Brookes.

Stake, R. (1994). 'Case Studies'. In: Denzin N. K. and Lincoln Y. S. (Eds.). *Strategies of Qualitative Inquiry*, Thousand Oaks: Sage Publication.

Stake, R. (1995). *The art of case research*. Newbury Park, CA: Sage Publications.

Stake, R., (2000). 'The Case Study Method in Social Inquiry'. In Gomm, R. Hammersley, M. & Foster, R. (Eds.), *Case Study Method*. London: Sage.

Statistics South Africa. (2003). *Census 2001: Census in brief*. Pretoria: Stats SA.

Stowell, R. (1987). *Catching Up? Provision for Students with Special Educational Needs in Further and Higher Education*. London: Skill- National Bureau for Students with disabilities.

Stenhouse, L. (1980). 'Study of Samples and Study of Cases'. *British Educational Research Journal*, Vol. 6 No.1.

Tellis, W. (1997). 'Application of a case study methodology' *The Qualitative Report*, 3(3). [Online] Available from: <http://www.nova.edu/ssss/QR/QR3-3/tellis2.html>. (Accessed on 15 February, 2011).

Thomas, G. (1997), "Inclusive schools for an inclusive society," *British Journal of Special Education*, 24, pp. 103-107.

Tinklin, T., Riddell, S. and Wilson, A. (2004a). 'Policy and Provision for Disabled Students in Higher Education in Scotland and England: the current state of play'. *Studies in Higher Education*. Vol. 29. (5).pp. 637-657.

Tinklin, T., Riddell, S. and Wilson, A. (2004b). 'Disabled Students in Higher Education'. Final report to ESRC, Edinburgh: Centre for Educational Sociology, University of Edinburgh. [Online]. Available from: [www.ed.ac.uk/ces/Disability/publications.htm](http://www.ed.ac.uk/ces/Disability/publications.htm). (Accessed on 15 February, 2011).

Turmusani, M. (1999). 'Some cultural representations of disability in Jordan: Concepts and beliefs'. In: Hozler, B., Vreed, A. and Weigt, G. (Eds.). *Disability in Different Cultures: Reflections on Local Concepts*. New Brunswick: Transaction Publishers.

UNESCO. (1989). *Convention on the Rights of the Child*. New York: UN.

UNESCO. (1993). *Standard Rules on the Equalisation of Opportunities for Persons with Disabilities*. New York: UN.

UNESCO. (1994). *Final Report; World Conference on Special Education; Access and Quality (Salamanca Declaration and Jomtien Framework for Action)*. Paris: UNESCO.

UNESCO. (1997). *Disabled Students in Universities in Africa*. Harare: UNESCO Sub- Regional Office for Southern Africa.

UNESCO. (1999). Provision for students with disabilities in higher education. Paris: UNESCO.

UNESCO. (2000). 'The Dakar Framework. Including six regional frameworks for action'. World Education Forum. Dakar, Senegal. 26-28 April 2000. Paris: UNESCO.

UNESCO. (2005). *Guidelines for Inclusion: Ensuring Access to Education for All*. Paris: UNESCO.

United States Government Accountability Office, (USGAO) (2009). 'Higher Education and Disability: Education needs a Coordinated Approach to improve its Assistance to schools in Supporting Students'. A Report to the Chairman, Committee on Education and Labor, House of Representatives, Washington D.C. October 2009.

University of Witwatersrand. [Online] Available from: <http://www.wits.ac.za/NewsRoom/NewsItem/disability.html>. (Accessed 11 December, 2011).

University of Washington [Online]. Available from: [http://www.mydental.uw.edu/education/pdfs/Equal\\_Opportunity\\_Disability\\_AccommodationStatement.pdf](http://www.mydental.uw.edu/education/pdfs/Equal_Opportunity_Disability_AccommodationStatement.pdf) (Accessed 21 December, 2011).

Vaughan, M. (1995). 'Inclusive Education in Australia' In: Potts, P. Armstrong, F. and Masterton, M. (Eds.). *Equality and Diversity in Education: National and International Contexts*. London: Routledge.

Vouroutzidou, P. (2011). 'The social organisation of learning difficulties at university: a qualitative study of four higher education institutions in the north east region of England'. Doctoral thesis, Durham University. Durham e-theses [Online] Available from: <http://www.etheses.dur.ac.uk/891/>. (Accessed 20 March, 2012).

Walsh, D. (1998). 'Doing ethnography'. In: Seale, C. (Ed.). *Researching Society and Culture*. London: Sage Publications, pp. 217-32.

Warnock Report. (1978). *Special Educational Needs Report of the Committee of Enquiry into the education of handicapped children and young people*. London: HMSO.

Waterfield, J. and West, B. (2008). 'Meeting the specific requirements of Blind and Partially Sighted Students studying in Higher Education in the UK'. Plymouth: University of Plymouth.

Wolfendale, S. (1996). 'Learning support in higher education: Principles, values and continuities'. In: S. Wolfendale & J. Corbett (Eds.). *Opening doors: Learning support in higher education*. London: Cassell.

Wolforth, J. (1998). 'Policy and Provision of Support services in Canadian Universities'. In: Hurst, A. (1998). *Higher Education and Disabilities: International Approaches*. (Ed.). Aldershot: Ashgate Publishing Company.

World Bank. (2001). *World Development Report-2000-2001*. Washington DC: World Bank

World Fact Book. (2006). *Zimbabwe*. [Online]. Available from: <http://www.cia.gov/cia/publications/factbook/geos/zi.html>. (Accessed: 04 May, 2011).

World Health Organization. (1981). *International Classification of Impairment, Disability and Handicaps*, Geneva: World Health Organization.

World Health Organization. (2004). International classification of functioning, disability, and health (ICF). [Online] Available from: <http://www.who.int/icid> (Accessed on 22 October, 2010).

Yin, R. K. (1994). *Case Study Research: Design and Methods*, (2nd edition). London: Sage.

Zimbabwe Department of Social Services (1982) *Report on the causes of disabilities in Zimbabwe*, Harare.

## APPENDIX A

### Ethics Committee Approval



**Centre for Educational  
Studies**

T 01482 465988

E.j.lison@hull.ac.uk

### ETHICAL PROCEDURES FOR RESEARCH AND TEACHING IN THE FACULTY OF EDUCATION

#### PERMISSION TO PROCEED WITH RESEARCH: ETHICAL APPROVAL

<b>Reference Number:</b>	08/214
<b>Name:</b>	Partson Phiri
<b>Student No:</b>	200304443
<b>Programme of Study:</b>	EdD
<b>Research Area/Title:</b>	Voices, disability and inclusion: a case study of students' learning experiences. A focus on service provision and support for disabled students' progression into higher education in Zimbabwe
<b>Image Permission Form</b>	N/A
<b>Name of Supervisor:</b>	Dr David Plowright
<b>Date Approved by Supervisor:</b>	15 April 2008
<b>Date Approved by Ethics Committee:</b>	15 April 2008



University of Hull  
Hull, HU6 7RX  
United Kingdom  
+44 (0) 1482 346311  
[www.hull.ac.uk](http://www.hull.ac.uk)



## APPENDIX B

Interview Transcript: Interview with RA

KU African languages Second Year Student.

\*PP, refers to the Writer. \*RA, is the name of the student

My name is RA and I am a totally blind person. When I began learning, I went to a school called M P School. There, the challenges which we faced were for things like resources to use. Those resources included things like Braille machines, slates and tape recorders....including the issue of this background of most Zimbabwean...families. I went to a secondary school called J T Secondary. We were faced with the issue of school fees, the challenge of resources which I mentioned. I then went to M H School. Then after that I came here to the [KU]. Right now, since we are grown ups, we want to try and fight for those rights: maybe we can be heard by the government since this is a state university.

PP: What kind of rights are you going to be fighting for?

RA: The rights we are fighting for currently are the rights to get education despite having a....We may be able to...perhaps if we are educated, we may be able to pay back their fees...should they want it. But the most important thing is for us to be educated and seeing the results because right now the problem I am facing is that I haven't seen my results for my first semester.

PP: What year are you in now?

RA: I am in year two, first semester. I am supposed to begin the second semester.

PP: So they are denying you your results because you have not paid your fees?

RA: Yes!! Both results and accommodation...even learning; attending lectures.

PP: So it's an issue of funding? You will agitating for funding, will you?

RA: Yaa!!

PP: Is there absolutely no provision for funding from government?

RA: There is a certain programme called the cadetship scheme. We applied as the Disability Resource Centre (DRC). We submitted our forms, but we haven't seen any monies in our accounts.

PP: Who pays for that money, the cadetship scheme?

RA: The government- the Ministry of Higher and Tertiary education.

PP: Is it supposed to help disabled students only or any other students?

RA: Any other students.

PP: Is there a particular funding for disabled students?

RA: Ammm... we heard of things like grants..grants..disability grants, we only submitted our names to the bursar over there then he and he said he will see what he will do with the Ministry of Social Welfare and the Ministry of Higher and Tertiary Education.

PP: I understand there is what is called the Disability Board at the national level, what is their purpose?

RA: As for me... I am not aware of such a board because I know nothing of that sort so far.

PP: You as a student at this university, what other challenges have you encountered in your learning process beside that of funding?

RA: Right, that is a very good one. The challenge which I am still encountering to this day is the issue of resources, learning materials. Right now we use a lot of books. It is now different from high school format where we would read three or four books then you would look for someone who would volunteer [to read]. Right now, for one module I may need up to eight or nine books to be able to say I have researched. But the problem is that there are no Braille books. At the same time this Braille books issue could be solved by providing computers with software that is text to speech like the Jaws and so on.

PP: Do you suppose you could get Braille books on say...Philosophy?

RA: No.

PP: What programme are you doing?

RA: African Languages and Culture and in that programme, there is not a single book in Braille and we depend on ....

PP: Which books have you encountered that are in Braille?

RA: Here, I have seen some history books mostly and there is only one book on the constitution of Zimbabwe.

PP: Which is in Braille?

RA: Yaa..I think those are the only books that are in Braille in this institution.

PP: That is good understanding that there are no resources here. Besides books and computers, that you have mentioned, what other support services, do you think are not available here, which you really wish there were?

RA: There is the issue of mobility. As a blind person, there are no structures which are in place to show a blind person that for example if you were to put something like a step to show where you are. There is also the issue of ...there are a lot of trenches all over this place. So it makes it very difficult, if not impossible for us to walk alone. So obviously there is need to have someone [to be a guide].

PP: Do you have a guide?

RA: Amm.. yes I do have a guide. But today I came alone since I am coming from home, but the problem is, I don't know what they are trying to do over there at the gate. I don't know whether they want to put a road or what, but they have put a lot of stones. There is a place where they have put a lot of stones.

PP: How then did you come to this place this afternoon?

RA: I had to just come on my own to see what's going on. I have not seen my guide yet.

PP: Where do you live?

RA: In Bulawayo, at M.....

PP: Ok! But tonight where are you going to sleep?

RA: For tonight, I was about to liaise with the coordinator Mrs TK, so that we could arrange for my residence. I have come to claim my residence since the school [University] rule says that people with disabilities must stay on campus.

PP: Ok!. Now, there are already a lot of things which you have mentioned which I was going to ask about. But there are particular ones which I want you tell me what you think about them. First, its the attitude and disability awareness of other students and staff. What do you say about them?

RA: Ummm other students...I can say on scale out of ten, I think 6/10 do understand disability but there is also need for awareness to be done with the staff as well because there are some comments being passed by staff members.

PP: Like which, for instance?

RA: Emm.. you could be told that the fact that you are disabled does not enable you to...The fact that you are blind or what does not give you the ticket to be given marks.

PP: So they say because you are disabled does not give you the ticket to preference or privileges?

RA: To have [better] marks or privileges.

PP: What do you say to that comment? What do you think of it?

RA: This comment, since it will be written on paper, as you know we cannot see, you will be asking someone to read it out for you. So obviously, you will have a feeling of being let down. You will be let down, '*So then why am I learning?*' because in the first place the first thing that the lecturer would have looked at is your disability instead of the work on the paper, the points, the effort which you would have made-since there are no books

PP: So could we say there is prejudice by the lecturers, is that it?

Do you think they are prejudiced against you because of your disability?

RA: Yes.

PP? Fine. What about the other students? What is the attitude of other students? You have just said about 60% are positive, what about the 40%?

RA: I would say maybe they come from areas or homes which do not appreciate the fact that a person with a disability can do something, that is what I think. Their attitude is very negative.

PP: You have already mentioned about physical access...that there are lots of trenches around; the environment is not very good for somebody with a physical impairment. We have already briefly talked about some services provisions in support that you receive or have already received. But tell me how do you get to learn? Your learning style and the teaching methods-are they appropriate to you as a blind person?

RA: What happens is, some lecturers need to be reminded that there is someone who cannot see because they would just write on the board or draw something without describing it so there would be need for me or someone to say, *I am no longer seeing what you are doing*, since we depend mostly on listening instead of the visual.

PP: What method of teaching is used most times?

RA: Most lecturers prefer presentations and giving out of notes. Then other lecturers prefer to give students a set of notes or handouts. Now the problem is, we will not be able to read

that-as a blind student- because it seems there is no Braille translation centre over here. We would appreciate if they could introduce computers with voice synthesizers so we could listen to the notes. If those things were brought to the KU, that would be good. I only see such things when I am outside. There is a certain blind guy called AM who is a friend of mine, he has a computer which has Jaws. He also inserted some natural voices and so on...

PP: So what does it do for you?

RA: It reads everything like it would be happening on the screen.

PP: Would you wish to have that kind of thing?

RA: Yaa...

PP: That would be part of the system here at the university if they wanted to give you adequate support. Anyway, that is one method which you could use for your learning. Let's talk about the legislation and political will in general at the national level. Do you think there is adequate political will to improve the services and provisions of disabled students?

RA: The government of the Republic of Zimbabwe seems to have left the issue of PWDs to the NGOs.

PP: What do mean by PWDs and NGOs?

RA: People with disabilities... and non-governmental organisations. So...ahhh...I can say the government is doing little about us.

PP: What do NGOs do and what have they been doing here for PWDs?

RA: *(Laughter)*

PP: Let's call them SWDs because we are not talking about people in general. We are talking specifically about students with disabilities. Let's call the SWDs.

RA: Let me say ...ummm... ok.. what needs to be done....by the way... what was the question?

PP: I said, what are NGOs doing for SWDs?

RA: The NGOs are the ones which are bringing students with disabilities to institutions like the UZ, MSU and so on. They are the ones which push them to agitate...to fight for their rights.

PP: Which in particular are these NGOs?

RA: There is one called the Zimbabwe National League of the Blind in Bulawayo. Then there is the Midlands Association for the promotion and wellbeing of the blind which operates over here. These are the two main ones I know. These organisations encourage us to talk to the government.

PP: Where is the Midlands one? Where is it located? Where is the office for it?

RA: The last time, last semester, they were not having an office by then. So I do not know where they could be.

PP: How about the Bulawayo one?

RA: The Bulawayo one has an office at Thorngrove.

PP: Before you get to Lobengula?

RA: Yaa..before Mzilikazi.

PP: Now RM tell me...that is substantial knowledge you have just revealed. Do you have external NGOs coming in to help with for instance ..funding?

RA: Maybe they come via the NGOs that we have discussed but otherwise external NGOs so far ...I haven't seen them coming forth.

PP: Now can you tell me something about your disability. How did it start?

RA: Ahmm...I heard there was a problem in my eyes. There was production of a lot of water in my eyes. When I enquired I was told that it was glaucoma. So in the process of draining the waters when I was three or four years old...emm..that is when the sight began to deteriorate up to the time when I was five years old. That is when I became totally blind I think..

PP: What did your family members think about it?

RA: Ahhh!!!

PP: You might have been too young but you probably must have remembered what your family members thought about it.

RA: From the events, you could tell that the family members speculated that maybe it could be witchcraft or something else. So they thought of reversing it. So that meant going to the prophets and so on doctors.. Traditional healers and so on but it all failed. So in the end, when they saw that it had failed, there was no other option but to accept. So I think there was acceptance.

PP: Generally, from your society, which part of Matabeleland do you come from?

RA: My grandparents are from Malawi. So when they came to Zimbabwe, they stayed in Bulawayo. They never returned to Malawi.

PP: In your area in Bulawayo, what does the community think about people with a disability?

RA: In M... in Bulawayo, people would say that people with disabilities are educated.They keep on learning, unlike those guys who are sighted when they finish their ordinary level, they can do something as work, but people with disabilities would go on to form five six, and then to university and then after that you will never see them.

PP: So is the attitude of people in Makokoba positive or negative towards PWDs?

RA: Because of the fact that we learn, it becomes positive because they would be aware that they themselves wouldn't be able to make it like the disabled persons.

PP: So what do you think makes disabled people progress into university?

RA: There is the pushing of the NGOs, as I have already said. They will tell you to go to school. That would be the reality anyway, because there is nothing that you will do because you are a person with a disability. You will never be able to source out money like those other sighted guys.

PP: You are doing a degree at this university, in African Languages, what is your aspiration as a professional in the making? What do you think is your profession in the future?

RA: My profession in future is to encourage both Ndebele speakers and Shona to be friendly when it comes to PWDs.

PP: What I mean is, what kind of job are you looking at doing?

RA: I would prefer to be at an Art Centre or a Cultural Centre like being the editor of...African Language books.

PP: So that's your aspiration? In terms of your identity among other people, do you consider yourself as disabled or not?

RA: It depends because in a group of say five. Me being the fifth one, I would consider myself not disabled when they speak things which are descriptive. Do you understand me...when I say descriptive?

PP: No. Can you explain further?

RA: For example when they are talking about things which they are seeing. For instance, when they say Look!! Look!! Obviously, then I would feel...that I am disabled. But when they say ...there is something over there which looks like this...like this...like this, that's when I feel I am not disabled?

PP: Would you rather have people talk about ideas rather than things that are physical?

RA: I think the former would be far much better, ideas, because physical things..some of them are difficult to describe to someone.

PP: So when people talk about things that are physical they tend to affect your identity?

RA: Yaaa!!

PP: But generally do you consider yourself disabled or not?

RA: I am not disabled.

PP: Well, I just wanted to hear that. What then do you say you are?

RA: I consider myself to be a person. I am a person but I have a challenge of not being able to see.

PP: Suppose one says you are differently challenged? Would you advocate for change from PWD to say *people with different abilities* or *differently abled people*? There are different ways of saying it

RA: I think the language must be far much friendly. If you are saying a disabled person..the fact that you have begun with 'disabled' makes the person part of it much less: the disability part of it would weigh far more than the person.

PP: So in other words you would agitate for the change of language- from disabled people...or people with disabilities to ***differently abled people or people with different abilities***. What do you think about the use of the word 'challenge'? *People with challenge or challenged people?*

RA: *Challenge* will mean that yes we agree that you are a person but...but...but there...is something which is in your way: a stumbling block. So challenge would be maybe putting away the person a bit.

PP: Now there is a way of thinking about these issues. People sometimes use what is called the social model about these issues. By social model they would be saying the society is the one that disables people with disabilities or differently abled people. For instance, it is society that disables them; the fact that they put trenches, when you walk you will fall into them, they put ramps, terraces, steps and you cannot access buildings, you cannot move freely. That is a social model and other people would say because one is disabled, so is always ill; one's got a disease. They pathologize disability. They put that in medical terms. Yet, other people would say oh no,

no, no, as you have already put across, this condition should not affect the person: this is a person; you have already said that. Which of those thinking would you prefer?

RA: I would prefer the last one. Because you will be acknowledging that this one is a person so needs our help since he is differently abled. One needs a...when we are constructing buildings or when we are...we need to consider him or her or them.

PP: Who should be doing the consideration?

RA: Society and the Government?

PP: Would they just do the consideration without consulting you?

RA: Yaa!! There is need for consultation.

PP: Don't you think there is need to consult you as people who are affected?

RA: I think there is.

PP: Was there any consultation when they put this DRC at this place here? Because the last time I came here the DRC was housed in the clinic.

RA: Now you see...they think these guys are always sick.

PP: Well, we may assume that the change of place might mean they have since changed that. They have put you in a different building. But did they think about you? Did they consult students?

RA: Well, I was not yet here. When I enrolled, I found this place already in existence.

PM: At the admission point, were you told that there would be this facility?

RA: Yes, I was told there would be a DRC.

PP: And what were you told you would find?

RA: They never went into too much detail. All they said there would be people there to assist you.

PP: Thank you very much RA for your time and views. It is almost time for this place to close. I may return to you for clarification if there is need. Will that be fine with you?

RA: You are welcome.

{end of interview}

## APPENDIX C

Institute for Learning

University of Hull

Hull

HU6 7RX

England

6 February 2009

Dear Sir/Madam

### **Re; Introductory letter:**

This letter serves to introduce myself to you seeking your permission to conduct a research with willing participants in your institute. I will be very grateful should you allow me permission. The intended study investigates the learning experiences of students in higher education and the different ways which disabled students cope when learning in a university or college setting and how they are provided support to enable them to learn effectively. The study is being conducted as my (Partson Phiri's) doctoral thesis through the Institute for Learning at the University of Hull and is being supervised by Dr. David Plowright.

Given the prevalence of disabled students gaining more access into higher education, this study is designed to better understand the impact of disabled students' presence in higher education settings and how they cope. To investigate these issues, I ask for your assistance by allowing me access to the disabled participants. I believe that their experiences and those of other participants will help to inform policy makers and those working with disabled students to formulate pro-disability policies in the future.

I will conduct interview sessions to investigate the students' ways of coping, personal history, and accounts of the individuals' experiences related to their learning journeys. In addition to a twenty minute interview, a participant will be asked several oral questions related to their experiences and that should take about thirty minutes. In total, the time commitment per student is not expected to be longer than one hour. At the outset of the study, students will select a code to use instead of their real names in order to ensure that their responses remain completely confidential. They will not be identified by name in my thesis, or in any report or publication resulting from this study.

The final decision about whether to participate in this study is theirs. All information provided by them will be aggregated and will be used for research and academic purposes only. If you would like more information concerning this research project to help with your decision about allowing me access, please feel free to contact the University's Secretary of the **IFL Ethics Committee; Mrs. J. Lison, Centre for Educational Studies, University of Hull, Cottingham Road, Hull HU6 7RX. Email; [J.Lison@hull.ac.uk](mailto:J.Lison@hull.ac.uk) Tel. 00441482 465988**

I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Hull. Thank you, in advance, for your consideration of this request. I hope this study will further strengthen the ability of people to help one another. Please indicate your willingness to permit me and how else I can get in touch with you.

Yours sincerely,

Partson Musosa Phiri



## APPENDIX D

Institute for Learning

University of Hull

Hull

HU6 7RX

England

Dear Volunteer:

I thank you for responding to be a participant in my research. At times, finding willing participants can be stressful, but at the same time quite rewarding. This study investigates the learning experiences of students in higher education and the different ways which disabled students cope when learning in a university or college setting and how they are provided support to enable them to learn effectively. The study is being conducted as part of Partson Phiri's doctoral thesis through the Institute for Learning at the University of Hull and is being supervised by Dr. D. Plowright.

Given the prevalence of disabled students gaining more access into higher education, this study is designed to better understand the impact of their presence in higher education settings and how they cope. To investigate these issues, I ask for your assistance by sharing your experiences as a disabled participant. I believe that your experiences and those of other participants will help us to inform policy makers and those working with disabled students to formulate pro-disability policies in the future. We hope that the findings will be used to help disabled participant cope with the demands of learning in environments hostile to them.

The interview session investigates the students' ways of coping, personal history, and an account of the individuals' experience related their learning journeys. In addition to a twenty minute interview, participants will be asked several oral questions related to their experiences and should take about thirty minutes. In total, the time commitment is not expected to be longer than one hour. At the outset of the study, you will select a code to use instead of your real name in order to ensure that your responses remain completely confidential. You will not be identified by name in my thesis, or in any report or publication resulting from this study.

The final decision about whether to participate in this study is yours. All information provided by the participants will be aggregated and will be used for research and academic purposes only. If you would like more information concerning this research project to help with your decision about participating, please feel free to contact me at the University by leaving a message with secretary of the IFL Ethics Committee; Mrs. J.Lison, Centre for Educational Studies, University of Hull, Cottingham Road, Hull HU6 7RX. Email; [J.Lison@hull.ac.uk](mailto:J.Lison@hull.ac.uk) Tel. 00441482 465988

I would like to assure you that this study has been reviewed and received ethics clearance through the Office of Research Ethics at the University of Hull. However, the final decision about participation is yours. Thank you, in advance, for your consideration of this request. I hope this study will further strengthen the ability of people to help one another. Please indicate on the next page your willingness to participate and how we can get in touch with you.

Yours sincerely,

Partson Musosa Phiri

## APPENDIX E

### University of Hull; The ETHICS COMMITTEE

#### Participant's Consent

I, \_\_\_\_\_ of \_\_\_\_\_

Hereby participate in the case study to be undertaken

By \_\_\_\_\_ Partson Musosa Phiri \_\_\_\_\_

And I understand that this research is on:

**Voices, disability and inclusion: a case study of students' narrated learning experiences.  
focus on service provision and support for disabled students in higher education in  
Zimbabwe**

---

I understand that;

1. the aims, methods and anticipated benefits and possible hazards/risks (if any) of the research study, have been explained to me.
2. I certify to I have received information about the intended research; i.e. that any information that I provide will not be made public in any form that could reveal my identity to an outside party and that my identity will remain fully anonymous.
3. That, I as participant will have an opportunity to ask questions.
4. Individual results will not be released to any person except at my request and authorization.
5. That I am free to withdraw consent at any time during the study in which event participation in the research study will immediately cease and any information obtained will not be used.

Signature of Participant

\_\_\_\_\_ Date \_\_\_\_\_.

---

The Contact details of the researcher are; Partson M. Phiri, 34 Risby Grove, HU6 8PH, United Kingdom

Email addresses; [p.phiri@educ.hull.ac.uk](mailto:p.phiri@educ.hull.ac.uk)

[phiripatson@yahoo.com](mailto:phiripatson@yahoo.com)

Fax 0044 1482 466205

The contact details of the secretary of the IFL Ethics Committee are Mrs J.Lison, Centre for Educational Studies, University of Hull, Cottingham Road, Hull HU6 7RX

Email; [J.Lison@hull.ac.uk](mailto:J.Lison@hull.ac.uk) Tel. 00441482 465988

## APPENDIX F

### University of Hull; The ETHICS COMMITTEE

#### Witness Statement

---

I, \_\_\_\_\_ of \_\_\_\_\_

Hereby witness for \_\_\_\_\_ to  
participate in the case study to be undertaken

By Partson Musosa Phiri

And I understand that this research is on:

**Voices, disability and inclusion: a case study of students' narrated learning experiences.  
focus on service provision and support for disabled students in higher education in  
Zimbabwe**

---

I understand that;

1. the aims, methods and anticipated benefits and possible hazards/risks (if any) of the research study, have been explained to me.
2. I certify to witness that the participants have received information about the intended research; i.e. that any information that they provide will not be made public in any form that could reveal their identity to an outside party and that they will remain fully anonymous.
3. The participant will have an opportunity to ask questions.
4. Individual results will not be released to any person except at their request and authorization.
5. That they are free to withdraw consent at any time during the study in which event participation in the research study will immediately cease and any information obtained will not be used.

Signature of Witness

Date

The Contact details of the researcher are; Partson M. Phiri, 34 Risby Grove, HU6 8PH, United Kingdom

Email addresses; [p.phiri@educ.hull.ac.uk](mailto:p.phiri@educ.hull.ac.uk)

[phiripatson@yahoo.com](mailto:phiripatson@yahoo.com)

Fax 0044 1482 466205

The contact details of the secretary of the IFL Ethics Committee are Mrs J.Lison, Centre for Educational Studies, University of Hull, Cottingham Road, Hull HU6 7RX

Email; [J.Lison@hull.ac.uk](mailto:J.Lison@hull.ac.uk) Tel. 00441482 465988