Effect of Peer Attitude on Personality and Psychological Well-Being of Persons with Physical Disabilities in Buea Municipality

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ARTICLE INFO	ABSTRACT

If the much needed radical change in our attitude to disability is to come about then we must realize that disability is about rights not charity and empowerment not pity. Physical disability is a category of disability that is obvious to all and as such attracts all forms of attitude from the public. Myth stigmatization, teasing, name calling, prejudices and discrimination are common forms of negative attitude exhibited towards persons with disabilities and they affect them negatively. This study therefore revealed the effect of the aforementioned attitude types on the personality and psychological wellbeing of persons with physical disabilities in the Buea municipality. Using a purposive sampling technique, 10 of them were sampled and with the help of a mixed form of questionnaire, data was collected which was analyzed using frequency and percentages. The study revealed that, all aforementioned negative attitudes had impacted negatively on the personality and psychological well-being of persons with physical disabilities. Based on the findings, it was recommended that, sensitization on the condition of physical disability is the main strategy to eradicate peers discriminatory and negative attitudes towards persons with physical disabilities.

INTRODUCTION

Attitudes are a complex collection of beliefs, feelings, values and dispositions which characterize the way we think or feel about certain people or situations. People's attitudes are a product of life experiences, including the relationships they build with the people around them. For example, a person's attitudes towards one person with disability might be shaped by their personal experience of knowing another person with disability. And these attitudes often affect the way people behave in particular situations or towards other people. Attitudes are transient and change from person to person, from group to group, and even within groups over time. Nonetheless we do tend to see patterns in people's attitudes as people with shared characteristics or common social experiences may well develop similar attitudes towards people with disabilities or disability in general.

> *If the much needed radical change in our attitude to disability is to come about then we must realize that disability is about rights not charity and empowerment not pity. Only by working together for equality and celebrating diversity can we become the truly inclusive community we are meant to be (Roy Mccloughry 2002).*

There is a growing body of evidence to indicate that people with disabilities experience the attitudes of others as a major barrier to education, leisure, and transport, access to public services, social contact and accessibility outside the home. Understanding the prevalence of positive and negative attitudes and which groups of people hold them is crucial if we want to understand how to improve public attitudes (Aiden and McCarthy, 2014). People with disabilities continue to face challenges in many areas of their lives and many of these challenges involve people's attitudes. The last two decades have witnessed important legislative changes seeking to tackle discrimination towards people with disabilities. Despite these changes, however, negative attitudes continue to persist. It is in this light that this paper seeks to understand whether the attitude of peers affect persons with disabilities or not.

Review of Related Literature

Disability is a social issue, which result from the interaction between long term physical, mental or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on equal basis with others (UNICEF 2012). A major reason proposed for negative social attitudes, resulting in the denial of basic values and rights/conditions, is the way disability is portrayed and interpreted in society. At community levels negative attitudes can become structured into social patterns of segregation and discrimination.

The social construction of disability represents a basis from which barriers to inclusion of people with disabilities are created. As a result of the social construction of disability, people with disabilities experience decreased expectations by people without disabilities and limited inclusion in society (Oliver, 1990)

Morris (2005) considers two common attitudes that create enormous barriers to participation. Firstly, that people with disabilities are commonly considered to be in need of care and this undermines peoples' ability to see people with disabilities as autonomous people. "We are not recognized as actors in community participation but as recipients of other peoples' community participation". Secondly, people with disabilities are often treated as not belonging to the communities in which they live.

Genesi (2007) states that "When disability is seen as the largest component of a person, much of what is unique and "human" about him or her will be obscured. When needs and deficits are what we see, we only see what that person cannot do". These are the foundations on which most of our attitudes towards persons with disabilities are built. Physical disability is a generic term referring to many other conditions such as poliomyelitis, amputation, spinal cord injuries, muscular dystrophy, limb deficiencies, bone tuberculosis orthopedic, cerebral palsy, spinal Bifida and many others. These conditions affect a person's physical functioning, mobility, dexterity or stamina, swallowing ability, as well as breathing independently. It can also affect certain capabilities such as vision, cognition, speech, language, and bowel control (Yeboah and Yekple, 2011).

According to the Handicaps welfare association (2018) A person may be physically disabled due to two major reasons:

Congenital/hereditary factors: a person has disability from birth or the disability developed due to genetic problems, problems with muscle cells, or injury during birth.

Acquired: the person may acquire the physical disability through a road or industrial accident, infections such as polio or diseases and disorders such as stroke, or cancer.

Types of physical disabilities: there are two major categories of physical disabilities:

➢ Musculo skeletal disability: this is the inability to carry out distinctive activities associated with movements of the body parts due to muscular or bone deformities, diseases or degeneration. The disabilities grouped under musculo skeletal disabilities are:
 • Loss or deformity of limbs (orthopedic impairments)
 • Osteogensis imperfecta or brittle bone disease (a group of genetic disorders that

affects the bones and results in bone breaking easily)
- Muscular dystrophy (a genetic group of disorders that lead to progressive and irreversible weakness and loss of muscle mass)
- Dwarfism

➢ Neuro-musculo disability: this is the inability to perform controlled movements of affected body parts due to diseases, degeneration or disorder of the nervous systems. The categories are:
  - Cerebral palsy
  - Spina bifida
  - Poliomyelitis
  - Stroke
  - Head injury
  - Spinal cord injury

It is obvious that many people seem to be much more comfortable around people with more 'visible' disabilities (physical or sensory disabilities), than they are around people with less visible disabilities (mental health conditions or learning disabilities). In spite of this assumption people still exhibit negative attitude towards people with visible disabilities than those with less visible disabilities and this affects their personality.

Richards and Schmidt (2002) as cited by Nabiollah, Zalina, Bee, and Faiz (2012), define personality as "those aspects of an individual's behavior, attitude, beliefs, thoughts, actions and feelings which are seen as typical and distinctive of that person and recognized as such by that person and others". Based on this definition, each person has a type of personality which is exclusive to him/her. Another, perhaps a more comprehensible definition of personality is that personality is a stable set of characteristics and tendencies that determine those common abilities and differences in the psychological behavior (thoughts, feelings and actions) of people that have continuity in time and that may not be easily understood as the sole result of the social and biological pressures of the moment. There are three reasons for being interested in personality. They are; "first, to gain scientific understanding, second, to access people and next, to change people"

Persons with physical disabilities have their personality which most of the times is being stretched due to negative attitudes put forth towards by the members of the communities. Some of them turn to be withdrawn, reserved, and shy and some even develop inferiority complex due to the negative attitude they experience at home, school, place of work, church and others. Many persons with disabilities have failed to exhibit their potentials because the society has failed to see them beyond their impairments thus affecting their personality.

At their most basic level, personal attitudes may be described as beliefs and opinions held by an individual about a referent object, for instance, disability. Societal attitudes, on the other hand, refer to prevailing beliefs espoused by and influenced by cultural orientation, historical background or other prevailing conditions. Societal attitudes tend to be more remote and do not necessarily have congruence with personal attitudes. This very remoteness allows for differences between the two. The differences may also be understood in terms of distancing, with greater accountability demanded in personal rather than societal attitudes. Daruwalla and Darcy (2005).

Thus, attitudes are part of a framework by which we interpret our social environment. Attitudes represent relatively stable attributes and, at the same time, they appear to be learned rather than innate. Social learning theory highlights the process of acquisition of knowledge and attitudes from important others, such as parents, teachers, peers, and media figures (Bandura, 1977).

Cognitive, affective and behavioral evaluations are central to the notion of attitudes. Cognitive evaluations refer to thoughts people have about the attitude object. Affective evaluations refer to feelings or emotions people have in relation to the attitude object. Behavioral evaluations refer to people's actions with respect to the attitude object (Nowicki, 2006).

Negative attitudes towards people with disabilities begin to emerge early in the process of development. Young children already categorize people into disabled and nondisabled and favor the nondisabled. Lee and Rodda (1994) stress that false beliefs about disability that are acquired in childhood are due to a 'pervasive sociocultural conditioning'. The existing social and cultural norms are geared towards achieving and maintaining beauty, youth and fitness of the body. In the media, disabled people are portrayed as sick, suffering, looking for help and are unable to conform to the cultural norms and therefore marginalized in society.

Many of the obstacles encountered by people with disabilities are generated by societal attitudes. When societal attitudes are positive, they can facilitate inclusion furthering acceptance of the disability by family, friends, and potential employers. When they are negative, they can seriously hamper inclusion, contributing to the transformation of specific functional impairments into generalized personal, family, social, or vocational handicaps (Vilchinsky and Findler, 2004).

Attitudes are generally thought to be part of the socialization process. Daruwalla and Darcy (2005), have indicated that attitudes are learned. The attribution of positive and negative prejudice is learned and often these attributions have little bearing on the disability itself. Thus, in the case of positive prejudice, people are lionized as being selfless, brave and so on. In the case of negative prejudice, they may be perceived as helpless, dependent, ungrateful, selfish, freakish, evil, deranged, tragic, depressed or special. These stereotypical views of disability also include the assumption that one disability includes the characteristics of other impairment groups. An example of this would be a service provider who, assuming that a

wheelchair user is unable to communicate, does not address this person directly but talks to the companion instead. Lack of information, knowledge and fears that are generally experienced by the wider society, all contribute towards negative attitudes.

Today there are numerous laws and norms to ensure equal treatment of people with disabilities, because we live in a society that takes pride in its tolerance and integration. Therefore, open antipathy or dislike towards people who are physically different is no longer socially desirable. However, feelings of discomfort, rejection or fear during interaction with a disabled person are still prevalent, accompanied by misconceptions about the behavior, personality and achievement potential of the disabled (Krahe and Altwasser 2006). As social psychological research on prejudice and stereotypes suggests, such reservations cannot be overcome solely by legal regulations and integration policies. Instead, measures are required that target individuals' cognitions, emotions, and behaviors towards the physically disabled. Even with these laws to support the rights of the disabled and an overtly shown positive attitude, there are still barriers in everyday life between disabled and nondisabled people.

Literature such as Aiden and McCarthy (2014), (McKeever, 2006),(Nolan et al, 2006)indicate that disabled people are more likely than people who aren't disabled to experience the attitudes of others as a major barrier to education, leisure, transport, access to public services, social contact and accessibility outside the home. In most parts of the world today, people exhibit various forms of attitude towards persons with disabilities. some people think of them as less productive others see them as needing to be cared for, they get in the way of others, less capable, and more.

In most parts of Cameroon, people are more comfortable with the idea of a relative marrying a disabled person or the person next door being disabled than they are with their MP or boss being disabled. More than anything else, this suggests that people are more uncomfortable with the idea of disabled people being in positions of authority, Yuh and Shey (2008).

Coleman (1997) established that derogatory and demeaning terminology for persons with physical impairment has led to prejudice and stereotypes.

Stigma can leave people marginalized and excluded from their own community. It can stop people with disabilities from getting jobs they are qualified to do and leaving them dependent on state benefits (McKeever, 2006). Stigma against people with disabilities often includes stereotyping based on misperceptions. A stereotype is a form of social typing, which has the potential to be misleading, as it does not acknowledge variability.

"When we say that a person is stigmatized because they have disability, we mean that others make harsh judgments about them based on their beliefs about the nature of the disability and not about the person's abilities, personality or unique traits" (McKeever, 2006).

Stigmatization has internal and external consequences. It impacts on peoples' quality of life and social and psychological well-being. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Nolan et al, 2006). People who perceive themselves as stigmatized may internalize stigmatizing ideas (Nolan et al, 2006). Stigma coping mechanisms include 1) avoidance-withdrawal, 2) education and 3) secrecy (Nolan et al, 2006). Social embarrassment can result in people isolating themselves. Denial and pretense can be a means of self-protection but can also lead to reduced supports as help may not be sought or offered. As long as negative attitudes persist, the full rightful acceptance of people with disabilities is unlikely. Recognizing that persons with disabilities are still exposed to and oppressed by prejudice and discrimination may be the first step in reducing prejudice in our community.

It is obvious that societal attitudes influence social policy and legislation, as such a society plagued with negative attitude will serve as a formidable barrier to the success of particular policies because the public significantly influences how much importance is given to an issue. This situation is not helped by the fact that disabled people are under-represented in the public sector, particularly in strategic and management positions. They are under-represented where decisions about policy and service provision are taken.

Statement of the Problem

It's been observed that attitudes to disability are the major barrier to disabled peoples' full participation in most sectors of the community. From pity, awkwardness and fear, to low expectations about what disabled people can contribute, stereotypical and negative attitudes hold people with physical disabilities back from fully manifesting their inherent potentials. People with disabilities regularly identify societal attitudes as the most potent and negative stressor in their lives.

In Cameroon and most especially in the Buea municipality today, negative myths and stereotypes continue to create ingrained prejudices toward people with disabilities. These prejudices are reflected in negative attitudes and behavior, which impede the participation of people with disabilities in social, educational and vocational contexts. Some of them have been prevented from "mainstreaming into certain strata of the community. Negative attitudes are linked to behaviors such as social rejection and maintenance of higher levels of social distance toward persons with disabilities. The natural response to stigmatization by persons with physical disability is nothing else but low self-esteem, restricted opportunities for people with

disabilities to fully participate in key areas of life and ongoing adverse effects on the physical and mental health of these persons. It is against this backdrop that this study wishes to bring out the effect of peer negative attitude on the personality and well -being of persons with physical disabilities.

Research questions

- How does Myths and stigmatization affect the personality and psychological well-being of persons with physical disabilities
- How does Teasing and name Calling affect the personality and psychological well-being of persons with physical disabilities?
- How does prejudice and discrimination affect personality and psychological well-being of persons with physical disabilities?

METHODOLOGY

Study design

The study employed a descriptive survey research design that made used of a mixed method of collecting qualitative and quantitative data through the use of questionnaires and interview guide.

Study area

Buea municipality houses the famous University of Buea which has made the town to earn the description as a citadel of learning. It is a touristic site for Cameroon with the famous Mount Fako which is the highest mountain in West Africa. The municipality is subdivided into smaller communities such as Molyko, Muea, Bokwango, Buea town, Likoko, Membea, and more. The main inhabitants of this area are the Bakwereans. The South West region is the seventh most populated region in Cameroon with a population of 1,384,286 inhabitants. The population of the South West region of Cameroon is a conglomerate of many ethnic groups, comprising the native. WHO (2011) estimates that Cameroon records approximately 1,600,000 PWDs, which is about 8% (WHO, 2011) of its population. Statistics collected by the Ministry of Social Affairs (2010) on disabilities in 47 institutions offering special education in the ten regions of Cameroon, registered 3,892 institutional based persons with disabilities, 1,552 physically handicapped, 883 hard of hearing, 281 visually impaired, 106 mentally disabled and 1,070 mixed of visually impaired, autistics, hard of hearing, and more.

Population of the study

The population of the study consisted of all persons with physical disabilities living within the confines of the Buea municipality. They included people having a limitation in their physical functioning, mobility, dexterity, or stamina.

Sample and sampling procedure

The main sampling strategies were purposive and convenience. Four vicinities in the Buea municipality were involved in this study. The purposive sampling technique was used to select all participants for the study. This was because the researchers wanted to work only with those persons living with physical disabilities within the four selected areas of the study. While the convenience sampling technique was used to select the vicinities used for the study.

Instrument for data collection

The study made use of both quantitative and qualitative instruments for data collection. A comprehensive review of literature on peer attitude was conducted in order to come up with the instrument for data collection for the study. Data was collected using a mixed questionnaire which comprised of both closed and open type questions. The closed ended questions were a minimum of five and two open ended. Every item on the questionnaire was geared towards understanding the impact of peer attitude and its impact on the personality of persons with physical disabilities in the Buea municipality.

FINDINGS

Question one: How does Myths and stigmatization affect the personality and well-being of persons with physical disabilities?

Table 1: illustrating how Myths and stigmatization affects the personality and well-being of persons with physical disabilities.

Access to the curriculum	Agree	Disagree	N
My parents and my relatives don't love me	30%(3)	70%(7)	10
My parents get angry towards me even at the strictest provocation	30%(3)	70%(7)	10
People feel that I am a cursed because of my physical condition	80%(8)	20%(2)	10
They see me as an embarrassment and burden to the family	50%(5)	50%(5)	10
Many people in my village ask me about my physical condition and sometimes, they ask me if I have special powers	100%(10)	0%(0)	10
I am always looked upon as mischievous	90%(9)	10%(1)	10
The above impressions and beliefs about me affect every aspect of my life	80%(8)	20%(2)	10
MRS	**65.7%(36)**	**34.3%(24)**	**70**

In aggregate, the respondents agreed that myths and stigmatization affected persons with physical disabilities. 65.7% (MRS:=36). 70 % (7) disagreed that their parents and relatives didn't love them. A greater majority 70 % (7) also disagreed that their parents get angry towards them even at the strictest provocation. 80 % (8) said people feel that they are cursed because of their physical disability. 50% (5) accepted that they see them as an embarrassment and burden to the family. All the respondents 100% (10) agreed that people in their village ask them about their physical disability and sometimes, they ask them if they have special powers. 90% (9) agreed that they are always looked upon as mischievous. 68.6% (38) agreed that the above impressions and beliefs about them affect every aspect of their lives.

Question two: How does Teasing and name Calling affect the personality and well-being of persons with physical disabilities?

Table 2: illustrating how Teasing and name Calling affects the personality and well-being of persons with physical disabilities.

Access to the curriculum	Agree	Disagree	N
People turn to talk towards me in a different tone of voice just to dehumanize me	100%(10)	0%(0)	10
My community and school mates often subject me to name calling and teasing	90%(9)	10%(1)	10
Children stare at me with amazement, especially when I visit other villages	80%(8)	20%(2)	10
Children come to me and imitate the way I walk or do things	70%(7)	30%(3)	10
Teasing have affected every aspect of my behaviour	80%(8)	20%(2)	10
MRS	**84%(42)**	**16%(8)**	**50**

In aggregate, the respondents agreed Teasing and name Calling affects persons with physical disability.84% (MRS: =42.), 100% (10) accepted that people turn to talk towards them in a different tone of voice just to dehumanize them. The respondents 80% (8) agreed that, teasing and name calling affected every aspect of their behaviour. 90% (9) agreed that, their community and school mates often subject them to name calling and teasing. 80% (8) agreed that, children

stare at them with amazement, especially when they visit other villages. A greater majority 70 %7) also agreed that, children come to them and imitate the way they walk.

Question three: How does prejudice and discrimination affect the personality and well-being of persons with physical disabilities?

Table 3: Illustrating how prejudice and discrimination affect the personality and well-being of persons with physical disabilities.

Access to the curriculum	Agree	Disagree	N
People refuse to associate with me, especially reject our love proposal.	70%(7)	30%(3)	10
Some teachers are irritable especially if I can't walk fast to come to their classes when am late	60%(6)	40%(4)	10
My classmates refuse seating near me, playing with me or even do task together with me	80%(8)	20%(2)	10
I always feel bad and develop low self-esteem when discriminated by my peers	80%(8)	20%(2)	10
Prejudice and discrimination have affected every aspect of my life	80%(8)	20%(2)	10
MRS	**74%(37)**	**26%(13)**	**50**

In aggregate, the respondents agreed that prejudice and discrimination affect persons with physical disability, 74% (MRS: =37). 70% (7) agreed that people refuse to associate with them, especially reject their love proposals. 60% (6) agreed that some teachers are irritable especially if I can't walk fast to come to their classes when am late. 80% (8) agreed that their classmate refuse seating near them, playing with them or even do task together with them. 80% (8) agreed that they always feel bad and developed low self-esteem when discriminated by their peer. 80% (8) agree that prejudice and discrimination have affected every aspect of their life.

Analysis of open-ended items

100% of the respondents accepted the fact that **myths and stigmatization** held by many people about physical disabilities affects their personality and causes them to feel inferior.

They expressed feelings of regret, disappointment and rejections as expressed below:

"I feel disappointed sometimes and regret why I was born this way but above all…I feel stigmatized and cannot carry out my activities freely. We are not recognized as actors in community participation but as recipients of community leftovers" (Female, 15-16years).

"Many people fail to listen to me most of the times, in most conversations I am not given the chance to talk and this makes me shy in the society, consequently, I choose to stay quiet in most conversations" (Male, 10-12years).

From the above, we can say that myth and stigmatization creates a barrier to the expressions of the innate abilities of persons with physical disabilities. It limits the expressions of their potentials and renders them handicapped. Majority of them develop the withdrawal syndrome as a coping mechanism. They therefore need the society to give them a chance to become actors by dropping their myth and stigma.

Majority of the respondents agreed that **teasing and name calling affect** every aspect of their being as it makes them feel hated, rejected and unwelcomed as seen below:

"*It makes me feel rejected and makes me shy away from social gatherings" (Female, 15-16years).* Another stated that; *"Many a time I am looked upon as a pathetic figure in need of pity, charity and caretaking, I have earned names like 'Oghaje', 'witch', 'great oracle' among my friends who will not call me such in my presence"*

It is obvious from the above that the society prescribes a set of standards for functional

independence, capabilities and social reciprocity. When people's functioning or biological composition does not fall within these standards, they are assumed to be inferior and are subject to a decrease in inclusion in society. These only create a deficit in the lives of persons with disabilities.

Most of the respondents opined that **prejudice and discrimination** affected every aspect of their lives. They said that they feel stigmatized and isolated. This could be seen in the following quotations;

"It makes me not to be able to share ideas with others and even to express my know-how" (Male, 15-16years).

I find it difficult to excel in my education because I feel stigmatized because I am not welcomed by many of my classmates, my academic aspirations are cut short, how do I continue schooling when I am a problem to my teachers and classmates?(Female, 15-16years).

Among all the respondents, just one reported a positive view of all that was happening to her she said

"I believe so much in myself and strongly believe God who created me will help me at all times, even among the normal they tease themselves and call themselves names so I don't want to take it personal it's not about my disability I may have an impairment but I will never allow my impairment to limit me" (Female, 15-16years).

She is right because there is need for people to change their beliefs about themselves so they could change their attitudes towards others. From the above it is obvious that out of the ten participants in this study just one is able to put aside the negative attitude of the society and move on in life. It is from such persons that we say resilience is inherent. Not everybody has such potentials, reasons why our community must learn to change and accept people for who they are because when disability is seen as the largest component of a person, much of what is unique and "human" about him or her will be obscured. When needs and deficits are what we see, we only see what that person cannot do. Genesi (2007) says *"A major shift in how we think about disabilities is necessary for we cannot truly include all children until we value all people"*

DISCUSSION OF FINDINGS

Question one: How does Myths and stigmatization affect persons with physical disabilities?

The findings revealed that myths and stigmatization affects the personality and well-being of persons with physical disabilities. The respondents indicated that people felt that they were cursed because of their physical conditions. They were seen as embarrassment and burden to the family. Many people in their village ask if they possess special powers. Montgomery (2004)

stated that in some villages, people with persons with physical disabilities were shunned as they were thought to be products of witchcraft. This was the reason a family would choose to kill the baby for fear of being labeled witches. Previously, people with the condition were also thought to be the products of interracial coupling or incest.

They are always looked upon as mischievous. Such impressions and beliefs about persons with disabilities affect every aspect of their lives as they feel stigmatized and discriminated upon. This was confirmed as the respondents expressed feelings of regret and disappointment. Lund (1997) established that due to stigma and discrimination, children with physical disabilities are hidden at home instead of being sent to school hence denying them a fundamental human right to education and participation in various societal activities.

As far as its consequences are concerned, stigma as stipulated by the participants create regrets, bring about depression, withdrawal from social activities, makes them feel as second class citizens and leaves them with no choice than to develop inferiority complex. "*I regret why I was born this …, we are not recognized as actors in community participation but as recipients of community leftovers…, consequently, I choose to stay quiet in most conversations".*

The above mentioned facts are in line with McKeever, (2006) findings who states that Stigma can leave people marginalized and excluded from their own community. It can stop people with ability getting the jobs that they are qualified to do leaving them dependent on state benefits. Stigma against people with disabilities often includes stereotyping based on misperceptions. A stereotype is a form of social typing, which has the potential to be misleading, as it does not acknowledge variability (Nolan et al, 2006). Misperceptions of people with disabilities include the fact that it is shameful to be disabled, that people with disabilities are violent and dangerous, or that people with disabilities cannot live with the rest of the society. "When we say that a person is stigmatized because they have disabilities, we mean that others make harsh judgments about them based on their beliefs about the nature of disabilities and not about the person's abilities, personality or unique traits".

Stigmatization has internal and external consequences. It impacts on peoples' quality of life and social and psychological well-being. It causes stress, anxiety and further stigma. It causes reduced acceptance, discrimination, rejection and social exclusion. It causes label avoidance and makes it difficult to pursue employment or access to services. It can result in a lowering of self-esteem and self-efficacy (Nolan et al, 2006). People who perceive themselves as stigmatized may internalize stigmatizing ideas (Graham et al, 2003 cited by Nolan et al, 2006).

Stigma coping mechanisms stated by the participants in this study were: avoidance, withdrawal, secrecy. This is confirmed by (Nolan et al, 2006) who says social embarrassment can result in people isolating

themselves, denial and pretense can be a means of self-protection but can also lead to reduced supports as help may not be sought or offered.

Question two: How does Teasing and name Calling affect persons with physical disabilities?

The findings revealed that teasing and name calling affects negatively the personality and well-being of persons with physical disabilities. The respondents indicated that people turn to talk towards them in a different tone of voice just to dehumanize them. Their community and school mates often subject them to name calling and teasing. Teasing and name-calling are seen as other ways in which language can be used to dehumanize individuals (NOAH, 2005).

Children stare at persons with physical disabilities with amazement, especially when they visit other villages. The respondents indicated that children come to them and touch them to see if they were really human beings. This causes them to become uncomfortable. The respondents also indicated that teasing has affected every aspect of their behaviour. It causes them to have a low self-esteem. This is in line with Lund (1997) who pointed out that pupils with physical disabilities face the challenge of being pointed, imitated and laughed at by other pupils resulting in low self-esteem among them.

The participants of this study indicated that name calling and teasing was derogatory to them *"I am looked upon as a pathetic figure in need of pity, charity and caretaking, I have earned names like 'Oghaje', 'witch', 'great oracle' among my friends."*

Name calling is one of the most damaging and painful type of bullying. It leaves victims with negative messages about who they are burned into their memories. It's also harmful because name calling attempts to define people. It chips away at the targets self-esteem, sense of self-worth and self-concepts. It makes it difficult for victims to trust their perceptions about themselves. And regardless of the names the victim is called, the underlying and repeating message are "you are not good enough" and "you don't measure up". Over time name calling and teasing can slowly eat away at self-esteem and the victim will no longer see himself or herself realistically, it causes people to bend to peer pressure and compromise their beliefs in order to escape the bullying Gordon (2018).

Sherri (2018) confirms the above findings in her study when she said name calling causes a noticeable change in personality and behavior of those impacted. They may become more tearful, hostile, or withdrawn, dissatisfied with life and struggle with feelings of loneliness and despair and opens the door to violence, encourage internal criticism and it is worth noting that name calling has a serious impact on mental health. It creates a sense of worthlessness in the victim, helpless, and out of control and may cause victims to attempt suicide. There are many people with physical disabilities suffering from post-traumatic stress disorders caused by name calling and teasing.

Persons with physical disabilities are in the Buea municipality are exposed to the aforementioned consequences because everywhere they go they meet with derogatory names.

Question three: How does prejudice and discrimination affect persons with physical disabilities?

The findings revealed that prejudice and discrimination affect the personality and well-being of persons with physical disabilities. This was evident as the respondents stated that, people refused to associate with them and especially reject their love proposals. They always feel bad and develop low self-esteem when discriminated by their peers. Miller and Major (2000) posited that prejudice and discrimination results in low self-esteem leading to depression in the lives of the concerned. They argue that prejudice and discrimination demean the social identity and this leads to depression among the concerned people.

The respondents stated that, their classmates refuse sitting with them on the same bench, playing with them. This makes them to become isolated from school activities. Kromberg et al (1987) established that persons with physical disabilities are shunned by their peers who are reluctant to sit near, eat or play with them. This has a negative impact on their self-esteem especially for the child who is being deprived of the expression of love and care.

According to Gaigher, Lund, and Makuya (2002), persons with physical disabilities are often isolated from activities that stimulate cognitive and perceptual motor development because they cannot take part in outdoor activities and tasks. Because of the poor physical make up, these learners often seem to be threatened when surrounded by their peers who are "normal", who exuberantly and confidently master new skills and play games from which they are excluded.

Many people in our community have a bias towards people with physical disabilities believing them to be less productive, socially immature, and lacking in relationship skills.

Discrimination is defined as the negative action that a person carries out, based on prejudice. Feelings of discomfort, rejection or fear during interaction with a disabled person are still prevalent, accompanied by misconceptions about the behaviour, personality and achievement potential this has given birth to excluding people with physical disabilities from employment, residential housing, and political rights are examples of discrimination (Smart, 2001).

Evidence from different scenarios, however, from the classroom to the bus stop, illustrate a wide range of unhelpful or aggressive attitudes towards disabled people, which often vary according to type of impairment or health condition, and according to ethnic origin, age and gender" (Massie, 2006).

The individual's reaction to his or her disability (e.g., anxiety, depression, mourning, grief, denial,

passivity, dependency, aggressiveness, withdrawal, compensation, and coping mechanisms) may also affect the reaction of people without disabilities Genesi (2007).

This is the impression created by the lone participant who despite negative attitudes towards her she put up with it. She didn't allow the people's attitude to put her down she said *"I believe so much in myself and strongly believe God who created me will help me at all times, even among the normal they tease themselves and call themselves name so I don't want to take it personal it's not about my disability I may have an impairment but I will never allow my impairment to limit me".*

This is resilience she did not allow the discrimination, teasing, name calling, prejudices and discrimination to push her down. However, Ungar (2005) suggests that people not considered to be resilient might be blamed for their 'perceived lack of inner strength to overcome "their lot in life"'. It is possible that by focusing on resilience in the lives of disabled people, there is a danger of transferring blame and responsibility onto individual disabled people who are assumed to lack the individual characteristics needed for resilience to emerge, rather than focusing on the attitudinal, systemic and psychological factors which create contexts of adversity for disabled people (Young et al., 2008).

Resilience has come to mean both internalized capabilities and a set of culturally normal behaviors (Ungar, 2004) as such the social model of disability seeks to move the focus away from the limitations of impaired bodies and minds and to look instead at the difficulties caused for disabled people by disabling environments, barriers, attitudes and cultures. Here we adopt a social approach to disability and resilience that recognizes their emergence in a host of political, community, cultural and relational contexts.

RECOMMENDATION

Understanding and promoting the values underpinning basic rights or the basic human conditions required for development equality, autonomy, dignity and solidarity/social justice is essential if governments and individuals are to commit themselves to ensuring that each and every person can access the conditions required to live as self-determining individuals. The values underpinning human rights or the basic conditions required to fulfill human potential in each setting, be it the home, the school, the workplace or the wider society, need to be promoted. Every human being is of inestimable value regardless of difference.

Remove obstacles to achieving human potential: Negative public and social attitudes are major obstacles to accessing the basic conditions required to achieve human potential because they develop, reinforce and solidify socio-environmental barriers to participation in work and other mainstream activities.

CONCLUSION

This study concludes that peer attitude negatively affect the well-being of persons with physical disabilities. Old stereotypes and misunderstandings of disability need to be replaced by new social constructions. Until this happens it is difficult to establish societies where public representatives and ordinary citizens alike systematically take diversity into account and welcome and cater for differences so that people with disabilities are supported as required to access the basic conditions required to live as free and responsible citizens.

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