



Stigma and Self-Acceptance of Vulnerable and Disadvantaged Learners in Zimbabwean Inclusive Education Settings. An Exploratory Study

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ABSTRACT

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The purpose of this study was to explore of the existence of stigma and its effects on self-acceptance on vulnerable and disadvantaged learners learning at an inclusive education school in Chinhoyi Urban in Zimbabwe. A constructivist lived experience perspective underpinned this research, in which multiple case studies were used to interact with the participants on inclusion, stigma and self-acceptance of vulnerable and disadvantaged learners from an inclusive education in Chinhoyi Urban. Purposive sampling was used to select 6 participants (3 males and 3 females). Data were collected through face-to-face interviews and transcribed verbatim. Four themes emerged from the thematic analysis of data sources. It was found out that participants were facing stigmatic problems and reported low levels of self-esteem, poor self-acceptance, low level of self-worth and a decline was noted in their self-goodness. The findings of this study should enable inclusive education policy makers and researchers to better understand stigmatic issues in inclusive education settings and its effects on the self-acceptance of vulnerable and disadvantaged learners learning in inclusive education setting.

INTRODUCTION

The disabling conditions with which many vulnerable and disadvantaged learners learn in inclusive education setting causes them to react to it differently and this may affect their level of self-acceptance. Vulnerable and disadvantaged identity and consciousness in vulnerable and disadvantaged learners and their environment may mediate responses to vulnerability (De Kleijn-De Vrankrijker, 2003; Dunn & Elliott, 2005). For instance, if a vulnerable and disadvantaged learner to lead to negative self-acceptance, he/she might react with social withdrawal or diminished participation (Wright, 1997). This would result in reduced social participation and, potentially, a lower sense of social acceptance (Gill, 2001). However, this might not be true in all cases. Some vulnerable and disadvantaged learners may take into account their disability, but reframe their social situation and choose to engage in activities that are rewarding, (Fox et al., 2009).

Vulnerable and disadvantaged learners

The concept of vulnerability and disadvantaged has long played a central role in discussions in the field of social sciences. In addition to its rhetorical use, vulnerability has become a term of art in international research regulations and guidelines in various disciplines, many of which contain specific provisions applicable to vulnerable subjects (Makore- Rukuni, 2003). Yet, despite the frequency with which the term vulnerability is used, little consensus exists on what it actually means in the context of human subject protection or, more importantly, on how a finding of vulnerability should affect social sciences (Mpofu, 2003). Most regulations of both developed and developing countries do not define vulnerability and disadvantaged but each time the word is used, it is accompanied by the phrase “such as children, prisoners, pregnant women, handicapped or mentally challenged persons or economically or educationally disadvantaged persons. The words “such as” suggest that these groups are simply examples of vulnerable populations, rather than an exhaustive list, but the diversity of the examples makes it difficult to identify what characteristics a group must have to be considered vulnerable. For example, some of the groups could be considered vulnerable because they lack the capacity to provide informed consent to research (Makore –Rukuni, 2003) (e.g., children and mentally disabled persons), or because they are unusually susceptible to coercion (e.g., prisoners), but with other groups (e.g., pregnant women), it is not clear why any special issues related to capacity or coercion would necessarily arise (Mpofu, 2003).

This study adopted the Council of International Organizations of Medical Sciences (CIOMS) definition of Vulnerable and disadvantaged learners. According to (CIOMS, 2002), vulnerable and disadvantaged learners are “those learners who are relatively (or absolutely)

incapable of protecting their own interests” as a result of “insufficient power, intelligence, education, resources, strength, or other needed attributes.” CIOMS’s list of examples of vulnerable learner’s persons is lengthy: in addition to many of the expected categories, it includes such groups as “learners with incurable disease, individuals who are politically powerless, and members of communities unfamiliar with modern medical concepts

Inclusive education

Inclusive education is a never-ending learning strategy designed to effectively address diversity in its clients (Mutamiswa & Chakuchichi, 2003). It facilitates the inclusion of vulnerable and disadvantaged learners and those who are identified as not from vulnerable and disadvantaged, rather than expect individuals to fit into the existing arrangements (WHO, 2001). Inclusive education is not about the vulnerable and disadvantaged learners but constitute a framework through which all education and development can take place (Ainscow, 2003). Inclusive education recognise that all community members, not only those who are vulnerable to marginalisation, require education systems that are responsive to all aspects of community diversity (Ainscow, 2003). The core value of an inclusive education is acknowledging that people are different and that diversity should be valued (Engelbrecht & Green, 2007). An inclusive education setting engages in both sustained and sustainable strategies that are designed to address the needs of its diverse people. It is a lifelong process as it is not possible to respond to the needs of all community members at the same time, and because individuals’ needs continuously evolve and change as life progresses.

Inclusive education is concerned with the identification and removal of barriers to school adjustment, development and participation (Ainscow, 2003). Inclusive education has the potential to serve as the context for the creation of sustainable and free support systems and a means of communication adapted to meet the diverse needs of community members. Inclusion in education is about the presence, participation and achievement of all community members. Presence implies location, that is, where the individual is, and participation is concerned with the quality of his/her experience (Ainscow, 2003). Although inclusive education settings are not uniquely designed for vulnerable populations, they have been adopted by most education systems as a basic strategy to influence and enhance the educational wellbeing of their vulnerable and disadvantaged communities.

Stigma

According to (Mpofu, 2003) stigma is a part of everyday life for most people, but for those learners who are part of stigmatized groups, it can be devastating to their emotional health and self-esteem if they don't know how

to cope properly. One example of a stigmatized population is vulnerable and disadvantaged learners by their peers. Vulnerable and disadvantaged learners face various societal barriers in general and attitude related problems in particular. Mutamiswa and Chakuchichi (2003) reports that vulnerable and disadvantaged learners identified attitudinal issues as the most significant barrier to progress in their pursuit to enhance their self-esteem. Stigma in general means that a person is thought of as being other (Mutamiswa & Chakuchichi, 2003). A vulnerable and disadvantaged learner with time may learn to self-accept themselves leading to the learner's self-esteem increasing as time goes by. Stigma has a lot of negative effects for those who are being stigmatized, including discrimination, prejudice and stereotypes. In other cases, learners who are "not vulnerable and disadvantaged" treat vulnerable and disadvantaged people as if they are inferior so at the onset it becomes hard for vulnerable and disadvantaged learners to self-accept themselves further leading to vulnerable and disadvantaged learners developing a low self-esteem which may have a low chance of increasing. According to Banks & Woolfson (2008), depression and low self-esteem have both been found to have a higher incidence rates in vulnerable and disadvantaged learners compared to students who are "not vulnerable and disadvantaged". The practice of inclusion allows vulnerable and disadvantaged learners to learn together with their peers who are "not vulnerable and disadvantaged" and their vulnerability is visible. Recognition of a child being perceived as different sometimes make peer acceptance difficult and feeling of rejection could contribute to the development of emotional problems and poor self-esteem (Georgiadi, Kalyva, Kourkoutas & Tsakiris, 2012). Stigmatization of the vulnerable and disadvantaged learners is still present in educational set ups. According to Olkin with time a learner adapts to how different they are from others and also the pupils surrounding them will become familiar to vulnerable and disadvantaged learner. Hence the self-esteem of vulnerable and disadvantaged learners' pupils with disability may start off extremely low but with time, support and encouragement from friends and family their self-esteem increases. Learners are much comfortable and are ready to play with other learners who seem not to pose a threat on them discouraging their effort.

The Goal of the study

This study aimed to explore the existence of stigma and its effects on self-acceptance of vulnerable and disadvantaged learners at an inclusive education school in Chinhoyi Urban: Zimbabwe. The study specifically aimed to facilitate accessing marginalised experiences and voices of vulnerable and disadvantage learners

METHODS

Research design

This study was informed by the qualitative research methodology (Creswell, 2012) and guided by the principles of thematic content analysis (Creswell, 2009; Creswell 2012,). Given that the aim of the study was to explore existence of stigma and its effects on self-acceptance of vulnerable and disadvantaged learners learning in an inclusive education setting, a qualitative research methodological approach in which the vulnerable and disadvantaged learners experiences and voices are foreground in both design and analysis was appropriate.

Sampling and sampling techniques

The sampling frame for this study was 6 (3 males and 3 females) vulnerable and disadvantaged learners. This purposively selected sample was able to yield credible data for the purposes of this qualitative research study. The sample was able to achieve data saturation (Cohen, Kahn, & Steeves, 2000; Creswell, 2007). To be included in this study the learners must have been classified as vulnerable and disadvantaged learner and learning at a case study school continuous for at least 2 years.

Data collection

Consistent with qualitative research methodology this study made use of open ended interviews (Baxter & Jacke 2008; Scholz & Titje, 2002) as the method of data collection. Participants responded to one on one interview questions which were based on prepared interview schedule on how vulnerable and disadvantaged learners construct their views and experience on inclusive education and stigma and self-acceptance. (Keyton, 2001; Punch, 2005; Cohen, Manion & Morrison, 2001). Furthermore, the use qualitative research methodology approach on vulnerable and disadvantage learners' experiences is associated with accessing marginalised experiences and voices (Hesse-Biber, 2007). The interviews were recorded using a mobile phone, with each interview lasting between 1hr and 1hr 30 minutes. The interviews were conducted, transcribed and analysed by the author

Data analysis strategies

Data analysis from this study was done using the thematic content analysis approach (Grbich, 2004). The first stage involved familiarising with the data. This was done through listening to and transcribing of the interviews. The second stage involved creating codes linked to research questions by identifying key words and sentences. The third stage involved grouping codes into themes and the last stage involved reviewing themes labeling them and have suitable quotes to represent the themes identified from each transcript. In

carrying out the analysis, coding was data driven but also influenced by the study's research questions.

Ethical considerations

Ethical approval for the study was obtained from the Zimbabwean Ministry of Primary and Secondary Education. Ethical principles of informed consent and voluntary participation, protection from harm, confidentiality and privacy, were adhered to throughout the research process and of data collection and analysis.

The researcher gave the study's participants all relevant information about the risks or harm that could arise if they participate in the research (Woodsong & Karim, 2005). However, the study minimised risks and enhance potential benefits to the greatest extent possible (Smith, 2003; Emanuel et al., 2000; Loue & Okello, 2000). The researcher also gave participants options to pull out of the study at any point, should they wish to without any penalties (Loue & Okello, 2000). The researcher also sorted for consent from parents participate and assent for participants because their ages were below 16 (Beskow et al, 2004). Sixteen years is the legal age of majority in Zimbabwe (COPAC, 2014).

The study also ensured that respondents were not exposed to any undue physical harm or psychological harm (Beskow et al, 2004, 2003). The study provided pre and post interview counselling to the study participants to cushion the respondents against possible negative effects of taking part in this study (Emanuel et al., 2000).

The study also protected identities of our study the participants by using pseudonyms throughout the study and not having their names or location in the study (Emanuel et al., 2000; Loue & Okello, 2000). The study also kept private participant's information and responses shared during the study by anonymously presented them in the study's results (Makore Rukuni, 2003). The researcher deleted recorded interviews from the mobile phone to ensure that people who had access to the phone could not listen to them.

Rigour of the study

To ensure rigour of this study I checked for credibility, dependability, conformability and transferability (Cohen & Crabtree, 2006). To enhance the credibility of my study I prolonged engagement of my participants through engaging them in interviews that lasted more than one hour (Cohen, Kahn & Steeves, 2000; Creswell, 2007). I also triangulated the six interviews held to produce a more comprehensive view of the phenomenon being studied (Cohen & Crabtree, 2006). I also allowed peer debriefing in this study in order to see agreement in data labels and the logical paths taken to arrive at those labels. The study also allowed member checking in this study. It allowed participants to read the transcription of their interviews to ensure that these have been accurately recorded and are therefore credible (Cohen & Crabtree, 2006). In addition to credibility

checking we also checked for the study's dependability and conformability by making an audit trail to the study and authors reflexivity. I also provided thick description throughout our study to check for the transferability of our study.

FINDINGS

Stigma and effects on self-acceptance of vulnerable and disadvantaged learners learning in inclusive setting

The participants in this study (vulnerable and disadvantaged learners) indicated that they were exposed to high levels of stigma from both teachers and peers "not vulnerable and disadvantaged". They indicated that this was highly affecting their self-acceptance in respect (i) of self-respect (ii) self-esteem (iii) self-worthiness and (iv) goodness. For the evidence, the study presents the verbatim information from participants' responses using pseudonyms so that names in these narratives are functional to protect the identity and confidentiality of the participants.

Stigma and self-respect

On stigma and self-respect, the participants have this to say

Terry (Asthmatic, 11 years, female) said

"When we are in a class doing group work activities, my friends do not respect my contributions. No one considers my contribution as correct or valued. If I raise my hand and the teacher nominates me to answer a question someone can just interject and say out the answer yet it will be my chance to speak".

Tino (head injury 12 years' female) also said

"People think the scars which I have are a result of being mischievous, I feel hurt and sometimes feel like not going to school. Some people give me names linking them to my injury".

Dee (HIV 10 years female) also added that

"I feel much pained. When my friend discovered that I take ARV tablets he spread the news to my other friends and since then people began to minimize their friendship with me and some shunned for good".

Lee (orphan, 11 years, male) had this to say

"No one wants to be associated with me and I feel lonely when I am at school". I miss a lot from my peers. I am usually alone most of the times be it in the classroom or outside activities".

Chiko (albinism, 12 years' male) also said

"I blame myself for my status because no one respects me and my family as well. I feel bad. Worse still, my young sister has also albinism and it is affecting his sight and has severe skin problem. Sometimes I don't feel like coming to school".

Roy (Autistic 14 years' male) also added that

"my friends are not comfortable to play with me and end up withdrawing from activities of my choice. When we are playing games having two teams both groups do not want me to be in any of the two teams".

Stigma and self-worthiness

On Stigma and self-worthiness, the participants had this to say

Terry (asthmatic, 11 years, female)

"It is difficult at school because sometimes if I get into asthmatic attack people think that I want to draw their attention. I am excluded from doing certain duties sometimes even if I feel that I am fit on that particular day. After having been excluded, negative comments follow"

Tino (head injury, 12 years, female)

"People think that I am not capable of handling duties. I feel useless because no one notices my presence. I am not comfortable with the way people regard me. If I say a correct answer or do well in any assignment, I don't get the credit people think I would have copied it from someone"

Dee (HIV, 10 years, female) had this to say

"I am no longer given a chance to do what I used to do before people became aware of my status. By denying me privilege to participate and refusing to share things with me makes me not to feel good"

Lee (orphan, 11 years, male) also said

"I'm not allowed to do several things at school and was also denied chance to

participate in sports. To add on that, I don't have a birth certificate which is a prerequisite to participate in sports besides I am a talented athlete. I think or I feel it is better I don't come to school but stay at our orphanage".

Chiko (albinism, 12 years, male) narrated

"I meet people who do not value my life at all at school. I no longer like school like I used to. I see no reason for learning or for living sir while I have albinism some people look at me as if am a sick body that can die any time".

Roy (Autistic, 14 years, male) also said

"They are certain people who do not want to play with me and some have disclosed that they are not allowed by their parents to associate with me bad words are said referring to me in many cases. I don't feel comfortable to be amongst my friends at school".

Stigma and goodness

On stigma and goodness, they said

Terry (asthmatic, 11 years, female)

"It's difficult for me to associate with people who do not value me I cannot help or be do something good to my school mates even if I am capable of helping some if I happen to do good to others they think I want something in return".

Tino (12 years, head injury, female) said

"If I make a mistake just like any other person it linked to my injury. If others, make mistakes it is considered as normal but if it's me people comment negatively saying that is why he has an injury. No one notices nor appreciates the good things that I do".

Dee (10 years, HIV, female) said

"People are not comfortable with me helping them, they think somehow they may get infected. People do not want to associate with me so I do not bother to do good to anyone since I am isolated".

Lee (orphan 11 years, male) had this to say

"I can't be a good student because I come from an orphanage. I am not allowed to do

what I want to do and in return I no longer do what I am expected to do like picking papers. It's very boring and it hurts".

Chiko (albinism, 12 years, male) also said

People have negative attitudes towards me. No one is ready to be assistance from me. I can't be good to anyone. After I have done something good it raises questions why I have done so".

Roy (Autistic, 14 years, male) said

"Some people believe that my disability is contagious so they avoid any sort of assistance from me. At one point I wanted to take exercise books to the teacher's table from our group and one of our group members reminded me of my health condition to rest as if he cares"

DISCUSSION OF FINDINGS

Stigma and self-respect

This study revealed that vulnerable and disadvantaged learner's self-respect is affected to very great extent by being stigmatized in an inclusive setting. Self-respect is regarded as one's evaluation of own personality characteristics (Ainscow, 2003). The negative attitude of learners who are 'not vulnerable and disadvantaged' towards the vulnerable and disadvantaged learners have a great impact on the self-respect on vulnerable and disadvantaged learners hence diminished self-concept and poor self-efficacy. The finding of reduced self-respect among the vulnerable and disadvantaged learners learning in inclusive learning environment is consistent with findings from other scholars such as Mpofu (2003). Mpofu (2003) carried a study in Zimbabwe on mainstreaming and stigma. He found out that revealed that students who are the vulnerable and disadvantaged learners faced negative attitudinal in inclusive education setting and those attitudes were affecting development of respect in themselves. Learners who are the vulnerable and disadvantaged in most learning environment including inclusive education are facing disabling attitudes and discrimination (Chakuchichi & Mutamiswa, 2003). Some cultures including modern ones' views persons who are the vulnerable and disadvantaged learners as burden on society and less than human, this view was insensitive and undermined the self-respect of the vulnerable and disadvantaged learners (Mpofu & Serefete 2017). Such negative perceptions have led to learners who are the vulnerable and disadvantaged learners viewing themselves to be of less value and less human (Mpofu & Serefete, 2017). On the contrary Hallahan & Kaufmann (2000) also was found out that some learners who are

the vulnerable and disadvantaged develop some form resilience to exposure to stigma and develop positive reactions that may lead to personal empowerment and self-assurance. This shows that exposure stigma does not always prevent the accomplishment of self-set goals. (Hallahan & Kaufmann, 2000).

Stigma and self worthiness

This study also found out that exposure to stigma affected self-worthiness of the vulnerable and disadvantaged learners learning in an inclusive setting. Self-worthiness is a very important aspect of self-acceptance. When one displays high levels of self-worthiness he or she sees similarities than differences with his or her peer (Mpofu & Serefete, 2017). He or she will acknowledge differences as diversity that an indicator of a limitation (Mpofu & Serefete, 2017). The results of this study are consistent with those found by Mpofu (2004), on the culture of shared experiences and meanings of the disability experience among people with disabilities learning in inclusive education settings in Zimbabwe. Mpofu (2004) found that similar to racial or cultural minorities people with disabilities have been and are under pressure to interpret their cultural experiences as a pathological form. For instance, persons with physical disabilities, are perceived as ill, not competent and are unfairly treated and some tend to follow the label.

In another study Kassah (2008) in Ghana also established that learners who are the vulnerable and disadvantaged learning in inclusive education reported less self-worthiness as a results of being excluded from participating in some of the learning activities both classroom and outside activities. Bramston, Bruggeman & Pretty (2002) also found out that stigmatized learners in inclusive education reported a significantly lower self-worthiness and less empowered than their matched peers without disabilities in inclusive education settings in Italy.

On the other side of the story Hesse-Biber (2007) also found that some learners who are the vulnerable and disadvantaged indicated high levels of self-worthiness despite being exposed to stigmatizing environment in inclusive learning environments. Some learners were found finding solace with each such that they end up accepting themselves leading them to become positive about life feeling worthy to live.

Stigma and self goodness

Interviews done in this study also acknowledged that stigma affects the goodness of the vulnerable and disadvantaged learners learning in inclusive education settings to a substantial extent. Participant have highlighted that people are not prepared to be assisted by them and participants no longer the urge to do good to anyone. Self-goodness is very important to learners as it helps them develop social capital through assisting others and being assisted too (Mpofu, 2017). Self-

goodness makes people more similar on common causes than different. According to Wilkinson (2004) stigma has a great impact on the vulnerable and disadvantaged learners with as they have a hard time self accepting themselves and doing good to themselves and others. Their self-goodness diminishes as they feel that they can't be good to the superior group. The contribution of the vulnerable and disadvantaged learners in inclusive education classes tends to decline (Gillman, Heyman & Swain, 2000) "a label can lead to social disadvantage and exclusion from society.

RECOMMENDATIONS AND CONCLUSIONS

Based on the complex nature of the interaction between aspects such as vulnerability and disadvantaged, stigma, self-acceptance and inclusion, and public policy, several recommendations can be made for different vulnerable and disadvantaged populations with as the one covered by this study. This study recommends the need for further research on vulnerability, stigma, self-acceptance and inclusion, Discourse analysis that investigates the relationship between stigma, inclusion and self-acceptance of vulnerable and disadvantaged learners could lead to improved implementation of inclusion. The findings of such studies could guide the development of inclusive policies that encourage community participation of non-dominant cultures such as vulnerable and disadvantaged people with in designing community activities that enhance their personal development.

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