

**CULTURAL BELIEFS REGARDING PEOPLE WITH DISABILITIES IN NAMIBIA:  
IMPLICATIONS FOR THE INCLUSION OF PEOPLE WITH DISABILITIES****Cynthy Haihambo***University of Namibia***Elizabeth Lightfoot***University of Namibia and the University of Minnesota*

*Namibia is a southern African country with national level policies promoting community inclusion and inclusive education. Despite these policies, people with disabilities are often excluded from schools and community life. This study explores the nuanced cultural beliefs about the causes of disability in Namibia, and the impacts of such beliefs on the implementation of disability policy. Eight themes emerged from this study regarding specific myths about the causes of disability and appropriate community responses to people with disabilities. This study finds that many Namibians believe in supernatural causes of disability, such as witchcraft, and/or in the role of improper relationships of family members as causes of disability; and that community responses to Namibians with disabilities are often negative. However, many people, particularly parents with disabilities, often have strong positive views of disability as well, reflecting the complex and changing nature of cultural beliefs. This study suggests that the implementation of disability inclusion policies is more likely to be successful if it builds upon positive aspects of cultural beliefs about disability.*

According to the World Health Organization (2005), approximately 10% of the world's population has a disability, and 80% of those with disabilities live in the developing world. Since the mid-twentieth century, there has been a growing international disability movement that has pushed for the inclusion of people with disabilities within society. Countries have developed policies related to education; employment, income support, anti-discrimination and other policies intended to improve the position of people with disabilities within their own society. This is sometimes based on international agreements and programmes, such as the United Nations Declaration on the Rights of Disabled Persons of 1975 (United Nations, 1975) and the African Decade of Disabled Persons (2000-2009) (African Union, 2002). However, for policies and programmes to be effective, it is important that they take into account the cultural beliefs about disability that exist within their populations. This study examines the cultural beliefs of Namibians towards disability, and discusses the implications of these beliefs on the creation and implementation of national policies and programmes related to community inclusion and inclusive education.

*Background*

Namibia is a country in southwestern Africa that achieved independence from South Africa in 1990. The country has a small, diverse population of 1.9 million people, with roughly 67% living in rural areas, particularly in the northern part of Namibia near the Angolan border. There are numerous ethnic groups in Namibia, with approximately 50% belonging to the Ovambo group, and other ethnic groups include the Kavango (9%), Herero (7%), Damara (7%), Nama (5%) and the San Bushmen (3%). Namibia also has a sizeable population who identify as Coloured, and a population of people of German heritage who descend from the German colonizers (Central Intelligence Agency, 2008). The vast majority of Namibians are of the Christian faith.

According to the 2001 Population and Housing Census, approximately 5% of Namibians have a disability. Through the National Policy on Disability (Government of the Republic of Namibia, Ministry of Lands, Resettlement and Rehabilitation, 1997), the Namibian Government took the

standpoint of addressing issues of disability as a human rights and development issue. By so doing, it was believed that this approach would enable the various sectors of the state and nation to be made accessible and available to persons with disabilities, and committed to creating equal opportunities to all persons in Namibia. The vision statement of the National Policy on Disability dedicates itself to strive for the creation of a *Society for All* based on the principles of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (Government of the Republic of Namibia, Ministry of Lands, Resettlement and Rehabilitation, 1997). This Policy reinforced earlier international declarations ratified by the Namibian government, such the World Conference on Education for All in Jomtien, Thailand (UNESCO, 1990) and the UNESCO (1994) Salamanca Statement and Framework for Action on Special Needs Education.

However, while these policies as written are inclusive and progressive, research efforts have reported the slow pace at which a *Society for All* and the concept of inclusive education have been implemented (Zimba, Wahome, Legesse, Hengari, Haihambo-Muetudhana & Mowes, 1999, Zimba, Haihambo & February, 2004). Given the policy framework and political will as presented above, one is tempted to look elsewhere for a justification of this sluggish pace of events regarding equal opportunities for persons with disabilities in schools and the community. While certainly a developing country has limited resources available for fully implementing all approved policies, there may also be socio-cultural factors that are affecting the implementation of these policies. Cultural myths and beliefs of Namibians about disabilities are one aspect for consideration in the slow implementation of these policies.

#### *Cross-cultural Understandings of Disability*

There has been an increased awareness about the social construction of disability, particularly as beliefs about disability are examined in a cross-cultural context. Indeed, the whole notion underlying the popular *Social Model of Disability*, backed by many in the international disability movement, is that disability is a social construct that has been created by society (Oliver, 1983). The social model differs from the medical model, in which disability is seen as a pathological individual problem, or a charitable model that views disability as something that should be pitied, or the religious model that views disability as related to supernatural beings. Under the social model, each society then has its own understanding of disability depending on cultural beliefs. Cultural understandings of disability can influence the type of services provided within a community, the likelihood that parents will seek out schooling or medical interventions for their children with disabilities, and the degree of inclusion of people with disabilities (Mutua & Dimitrov, 2001; Danseco, 1997; Carnie & Orelove, 1988). In fact, cultural understandings of disability are so influential that Groce (1999) argues that people with disabilities are limited not so much by impairments or activity limitations, but more from the cultural interpretations of disability. Thus, cultural beliefs, myths and attitudes must be understood if nations are to plan and implement policies and programmes with the intent of making a difference in the lives of their citizens with disabilities.

There is a growing body of research examining different understandings of disability, investigating how people from different cultures view the onset of disability, the nature of disability, and appropriate interventions for disability (Danseco, 1997). Groce & Zola (1993) argue that cultural beliefs about disability are related to their social beliefs about causality of disability, the valued and devalued attributes of people within that culture, and the anticipated adult status of a person with disability. For example, in some Asian countries that have cultural beliefs regarding reincarnation, disability can be seen as both a temporary condition related to this particular incarnation, as well as a condition caused by events in a previous life (Danseco, 1997; Leonard, 1985; Edgerton, 1981). Likewise, a study of cultural beliefs in Puerto Rico found that the understanding of disability was greatly influenced by the Puerto Rican cultural values of interdependency and familism (Gannotti, Handwerker, Groce & Cruz, 2001). Similarly, in Turkey, mothers' understanding of disability was found to be greatly tied to the mothers' religious beliefs (Diken, 2006). Thus, as cultures differ in regards to people's social beliefs, cultures will also have differing views of disability.

Cultures can have both positive and negative views of disability (Groce, 1999). In addition, people from some cultural background can simultaneously hold cultural folk beliefs as well as biological beliefs about disability (Danseco, 1997). Groce (2005) maintains that cultures that hold positive views regarding disabilities are likely to display more positive attitudes towards universal principles to disability than those that hold negative views regarding disability. At the same time, Groce (2005)

warns that cross-cultural issues in the disability arena should keep in mind that socially constructed concepts and beliefs about disability are constantly changing.

Research of myths and beliefs about disability in sub-Saharan Africa has revealed varying myths about the causes and nature of disability, which relate different understandings and meanings of disability. For example, Haihambo (2004) found the following myths about the causes of disability common among some African ethnic groups:

- The mother slept with multiple partners during her pregnancy.
- The family tried to get rich by using traditional doctors (), but failed to carry out the traditional doctors' instructions to the letter.
- Disability is contagious.
- If twins of the same sex are born to the same mother, one has to be killed; otherwise, misfortune such as disability or death will befall the family.
- A jealous rival who wanted the husband of the (expectant) mother bewitched the family.
- A specific family has a child with disability because they do not go to church.
- Fathers desert the family when a child with a disability has been born, because in their family history, there is no one with a disability.
- The child was bewitched while in the womb.
- If a child with albinism is born, s/he has to be killed and offered to the ancestors to remove the curse.

However, these myths about disability are not universal across Africa, and there are various etiological myths regarding different categories of disability in Africa that vary based on cultural group. For example, a study in Tanzania found that people with disabilities in this area were not as marginalized as found in other regions of Africa (Kisanji, 1995), and this is attributed to cultural beliefs within Tanzania, which emphasize normalization and community integration. These cultural beliefs vary based on cultural groups within Africa, and countries can have varying beliefs about disability within their borders. For example, case studies of stuttering within the small country of Cameroon have found that the Nso in Cameroon believe stuttering is caused by eating grasshoppers (Berinyuy, 2002), while those in the Upper Ngemba region of Cameroon believe stuttering is caused by crossing the *God of the Tongues* (Thomas, 2002). However, Devlieger (1999) has argued that there are some commonalities among the myths about disability in Africa, such as an underlying cultural tendency to accept the functional limitations associated with some disabilities, rather than to focus on compensation or rehabilitation.

The increasing awareness of the importance of understanding traditional beliefs and practices regarding disability, along with the recognition that there are heterogeneous beliefs within sub-Saharan Africa about disability, call for increased knowledge about these beliefs. This is necessary not only for increasing cultural understanding, but perhaps more importantly for developing appropriate programmes and supports, as well as for developing and implementing appropriate policies. Namibia is an interesting case study for examining cultural beliefs because it has progressive policies about disabilities that are yet to be fully implemented, and it has a small, but diverse population. Thus, this study aims to gain a fuller picture of the etiological and treatment beliefs related to disability in Namibia.

### **Method**

A qualitative design from a phenomenological approach was used for data collection in order to collect rich data in the natural settings of individuals without providing a preimposed framework. This is an appropriate design for any exploratory study aiming to uncover myths and beliefs from the perspective of the people involved. Two groups of student researchers, under the supervision of a university lecturer and in line with Namibian ethical research standards, conducted qualitative narrative interviews with key informants regarding their beliefs about disabilities, including myths and beliefs about the origins of disability and about appropriate community responses to people with disabilities.

In total, the students conducted 161 in-depth interviews with Namibians about their views regarding people with disabilities. Most of the interviews were held with people older than age forty years old, as people over age 40 are assumed to be more vested in their belief patterns; know the cultural practices and expectations of their cultural group; and perhaps are less likely to give responses based on social desirability. All research participants' names were kept confidential, and were not included in data analysis or reporting.

The first group of student-researchers, all practicing teachers enrolled in post-graduate studies, each conducted one interview with an elder or a group of elders within their community. They interviewed a total of 91 people, of which the youngest was 40 years old and the eldest 89 years old. The research was conducted mainly in five villages in northern Namibia in the Omusati region, which was the home residence of the students. The majority of the respondents were part of the Ovambo culture, which consists of the different Ovambo ethnic sub-groups. The Ovambo people are the majority ethnic group in Namibia, and consist of seven sub-groups. Familiarity with the people, their culture, their language and their background played an important role in accessing and analyzing information. The researchers selected from their villages' potential respondents whom they thought were information-rich. The student researchers solicited data from elders (between age-groups 40 – 90 years) based on the following main research questions:

- Are there people with disabilities in your family, community or neighbourhood?
- What in your opinion are the causes of disabilities?
- What support or treatment should be accorded to persons with disabilities? For example: Should children with disabilities go do chores expected of children in your culture? Should they go to school? Should they get employment in mainstream society?
- How were persons with disabilities treated in the past?
- Do you think we should maintain the ways that were used in the past?
- What new strategies can we employ to support people with disabilities in our communities?
- What are your general perceptions of the disability-phenomenon?

The second group of researchers, 70 undergraduate bachelors of education students, each conducted an interview with a parent(s) of a child with a disability in their communities. Key informants were required to have a school-age child with a disability to be part of the sample, and were between the ages of 25-55. The research participants were asked questions related to supports that they have

**Table 1.**  
**Interview Guide: Parents with Disabilities.**

<b>Interview Questions</b>	
1.1 When and how did the child acquire the disability?	
1.2 What, according to them, are the causes of the disability?	
1.3 How do they describe the disability?	
1.4 How the family learned about the child's disability?	
1.5 Who informed them, and how this information was conveyed?	
1.6 How they felt about this news/ discovery	
1.7 What supports they needed and from whom.	
1.8 What supports they received and from whom.	
1.9 How having a child with disabilities changed their lives (socially, practically, economically, etc).	
1.10 How their community perceived them?	
1.11 What their concerns were/are?	
1.12 Problems they experienced raising a child with disabilities.	
1.13 What type of school they thought was most appropriate for their child and why.	
<b>Methodology Notes</b>	
2. List and discuss all other observations you make about the child and family.	
3. Also reflect and keep track of all your methodological experiences and limitations for example:	
3.1 Was the family open to talk to you about their child with a disability?	
3.2 Did they want to know how you knew about the child?	
3.3 Was it easy to interview them?	
3.4 In which language did you conduct your interview?	
3.5 Report how you observed research ethics (confidentiality, privacy, voluntary participation, etc)?	

received from the community, supports they believe they should receive, the causes of disabilities, and their positive and negative experiences related to having a child with a disability. The research was conducted in all regions of Namibia, as the research project was conducted over a university holiday when students typically return to their home regions. An interview guide (See Table 1 above) was used to elicit the parents' experiences of supporting a child with a disability in the family and their expectations from society, though the respondents dwelled largely on negative experiences and how their children and they were perceived in society. Students had two weeks to conduct their interviews and write their reports.

The students from both research groups wrote three page reports on their findings from their interviews, and this data was then analyzed using an open-coding scheme. Each report was coded, and then codes were collapsed to create themes related to the beliefs regarding the cause of disability and beliefs regarding appropriate community responses to disability.

There are significant limitations to using students to collect research, particularly that they have received minimal training in research other than from university coursework and that they all have limited experience in conducting research. Even though the students were given detailed instructions on completing their interviews, there are risks to the reliability and validity of the data with so many people involved in data collection and analysis. However, using a team of researchers, such as groups of students, also has benefits in that it can reduce bias in collecting and analyzing data. In this case, the student researchers were chosen because they were cultural insiders, and would be able not only to have access to the villagers within their hometowns, but would also have the cultural awareness to be able to properly understand and record the information that they obtained during the interviews and to appropriately understand the lived experiences of the elders. Further, by using student-researchers, we were able to gain in-depth information from 161 research participants, mostly living in remote regions of a mostly rural country, which would have been virtually impossible working with a small research team.

## Results

There were a variety of beliefs about disability that were found within Namibia related to causes of disability and appropriate community responses to disability. These findings reflect myths that have both positive and negative undertones, and have significant implications for developing and implementing disability policies and programmes within Namibia.

### *Findings regarding the causes of disability*

The themes related to the causes of disability centered mainly on myths about disability caused by supernatural causes and disability caused by improper relationships by the parents. The focus on supernatural causes generally included myths about disability caused by witchcraft, ancestors or God. These beliefs about disability had both positive and negative connotations. In addition, many respondents also talked about disability as being caused by improper relationships, usually by the mother of the child with a disability. For all the myths, the research participants sometimes indicated that they did not believe in the myth themselves, but were familiar with the belief among others within their ethnic group. While this might indicate social desirability bias, as those collecting data were both insiders as well as affiliated with the national university, it also might indicate changing cultural beliefs. The beliefs about disability were also strikingly similar across regions. There were not major variations in the data collected in the Omusati region and those collected from other regions. In all regions, there was an emphasis on supernatural causes of disability and causes related to a woman's improper relationships. The following describes the most frequent myths related to the cause of disability.

*Theme One: Witchcraft.* The majority of research participants acknowledge a belief that any occurrence of disability was linked in some way to witchcraft. Among the 62 parents with disabilities, 49 respondents mentioned some sort of witchcraft as a cause for disabilities. There were largely two theories related to this belief. The first theory is that the jealous rivals bewitched the family that bears a child with a disability. These rivals could be neighbors, but in some cases, they could also be members of the extended family. This theory was mentioned most often in relation to disabilities that were acquired after birth. The second theory is that the family that bears a child who is born with disability practiced witchcraft and failed to fulfill all the requirements of the witchdoctor. This theory was linked more with congenital disabilities. Because of the association of disability with witchcraft, persons with

disabilities and their families tend to be isolated, rejected or even harmed. Some of the elders revealed that, many years ago, children born with visible disabilities were killed immediately after birth or were left in the field to die naturally because of this association with witchcraft. However, others noted that they pitied people with disabilities because of the scourge of witchcraft.

*Theme Two: Punishment from God.* Another common theme noted by research participants was that a family that has a child with a disability was being punished by God for sins they have committed. These sins ranged from having laughed at someone with a disability himself or herself, to disobeying God, to not giving enough to the church or to not sharing with the poor. This theme was not as common as the witchcraft theme, and some mentioned both witchcraft and punishment from God, illustrating the complicated belief systems held by many in northern Namibia.

*Theme three Curse of ancestors or bad omen.* A theme similar to the Punishment from God theme is that ancestors, elders in the family, and the community cause not only by God, but disability also. This was also seen as generational, as some respondents revealed that a family was cursed for something one of their parents or grandparents had done in the past; or for not doing what was culturally expected of them. In one case, the mother believed that she was cursed because she had an abortion when she was younger. Yet another mother recalled that she looked at an adult who was naked and was cursed because of that. One respondent narrated that a certain man became blind after removing sticks from the old palace of King Iipumbu ya Shilongo. The myth is that he was cursed for disrespecting a sacred place. In the Ovambo tradition, houses are built using wooden poles. For the ordinary people, it is normal to move a house with its poles and bring the poles with them when settling somewhere else. However, for houses of kings (palaces), the poles should not be removed when the kingdom moves to another area. There is a proverb saying: *Onkulumbala Niiti Kiidhulukwa* directly translating into *an old palace's poles may not be removed!*

*Theme Four: Gift from God.* A theme in contrast to the theme mentioned above is the belief that disability was a gift from God, and God would not have given the parents a child with a disability if He did not trust them and wanted them and their community to learn something through the whole experience. This theme was much less common than the previous two themes, and was raised more often by those who had a child with a disability. In most cases, this was a clear move from other beliefs, such as those of witchcraft, to this belief of *Gift from God*. The following narrative demonstrates this:

*At first, it was very difficult for us to believe and accept that we had a child like this. We were asking ourselves what we have done wrong for God to punish us like this. We went as far as doing DNA tests to check whether our child was not exchanged for another one in hospital. After the tests proved that it was indeed our child, we had counseling. And now we believe Kwatha (not real name) is our gift from God (Respondent, Khomas Region).*

The above quote from parents, who had sought help from both traditional and medical sources, also shows the continuous mobility between traditional beliefs and scientific knowledge and practices. Similarly to the findings of Madiros (1989) regarding beliefs of people from Mexican heritage, the participants in this study had a duality of beliefs, believing in both scientific and traditional causes of disability. Further, in line with what Groce (2005) purports, it was visible throughout the findings that there were not static beliefs among the culture, but rather the participants indicated beliefs that were in flux.

*Theme Five: Women allocating children to men who are not their real fathers.* Participants also brought up myths about the origins of disability that focus on disability as caused by inappropriate relationships, usually by a child's mother. For example, participants discussed one theme that relates to improperly allocating children to men who are not their real fathers. In the Ovambo culture, certain rituals are performed for the newborn child, which involve the father accepting fatherhood, and the clan welcoming the child. During such rituals, the child receives traditional beads from the fathers' family. Respondents indicated that when the father, who is identified by mother as having fathered the child, turns out not to be the actual birth father, especially after he has performed all the rituals, the belief is that the child will acquire a disability, especially an intellectual disability.

*Theme Six: Having sex with a white man or a ghost.* Another relationship-oriented myth relates to the cause of albinism. Some respondents indicated that albinism in children is believed to be caused by the mother having had sex with a White man. Many respondents mentioned this myth, but in most cases, they distanced themselves from the belief. One parent with a child with albinism remarked:

*I can feel it when I walk with my child that every second person thinks, there is the one that had sex with a White man, or a ghost. But I know that I haven't done that, so let them think what they want (Mother (45), Omusati Region).*

*Theme Seven: Having sex with a man other than the father of the child in the presence of the child or while breastfeeding.* Another relationship-related belief, discussed by 32 research respondents, was that a disability is caused by a mother having sex with a man other than the father of the child in the presence of the child or while still breastfeeding. Like the previous theme, many respondents expressed awareness of this myth, but in most cases, the respondents made it clear that they did not believe in it themselves. This practice is referred to in OshiWambo as *okulyatelela*, directly translating into walking over someone by accident. In this context, it means that the child was caught in the crossfire.

*Theme Eight: Some rare beliefs or myths about the cause of disability.* Only one or two respondents mentioned some of the other myths, which might indicate that these myths were unique to a particular familial group or ethnic subgroup, or were myths that were no longer popular. These more rare myths often related to actions done by the mother during conception or pregnancy that led to disability. For example, one female respondent, 85 years old, said that, if a pregnant woman eats a lot of fish, she would give birth to a hyperactive child. She also believed that if a pregnant mother consumed a lot of chili spices in her diet, she is likely to give birth to a child who is blind or with conjunctivas infections. Another respondent mentioned that walking in the shadow of a vulture could lead to a disability. Another respondent mentioned that leaving shoes outside the hut during intercourse that leads to the conception of a child might lead to the child having a disability. There was also a myth about disability related to the birth of twins, which relates to an older practice of killing one twin after the birth of twins. One respondent maintained that, if twins of the same sex are born, one had to be raised somewhere else otherwise misfortune in any form, including disability, may befall the family.

#### *Findings Regarding Community Responses/Interventions toward Disability*

Research participants were also asked about community responses to or interventions regarding disability that were common among their community. In general, the respondents discussed many more negative community reactions than positive reactions by their local communities. There was also a clear relationship between the beliefs and myths regarding disability, and the communities' responses toward persons with disabilities. Overall, the views of people did not vary based on age. The respondents who were younger than 60 years of age did not differ substantially on their perspectives on disability from respondents over age 60. This may suggest that some perceptions about disability are being carried forth from generation to generation, although they vary over time. The findings are discussed below in relation to the common themes: delegation of caregiver role, terms used to discuss people with disabilities, rejection and abuse, pity and rights.

*Delegation of caregiver role.* A very common theme raised by research participants was that the caregiver role was relinquished when a mother gives birth to a child with a disability. Many respondents revealed that when young people give birth to children with disabilities, these children are brought to live with extended family members in rural areas, usually grandparents. Parents then return to the towns and continue with their lives as though the child does not exist. However, this practice is a common feature in Namibia, even if children do not have disabilities. Working parents with limited choices of alternative childcare services tend to take their young children, normally before age six, to their aging parents to care for them. While Ingstad (1999) cautions us not to view children with disabilities being sent to live in rural areas as a sign that a culture is hiding or neglecting people with disabilities, in the case of northern Namibia there is a view by local residents that children with disabilities are treated differently. Respondents indicated that parents of children without disabilities do provide care in terms of basic needs, such as food, clothing, and early childhood care provisions, and keep up contact with their children sent to live in the country. However, children with disabilities are thought to be *dumped* in the rural areas for grandparents with meager incomes to raise them without any parental support.

When respondents were asked about schooling for children with disabilities, many found it to be a humorous concept. There are only a few schools specifically for children with disabilities in the country, and all have long waiting lists. Inclusive education is not yet a reality in Namibia. Respondents that did mention school as an option discussed it in terms of giving the family a break from providing care for a child with a disability, perhaps having the child with the disability board at a special school to release the family from the caregiving demands.

*Terms used to refer to persons with disabilities.* Another common theme was the derogatory names mentioned by respondents in different parts of the country to refer to persons with disability that symbolize uselessness and/or inhumanity. In many regions, respondents revealed that many people with disabilities were not addressed by, or even known by, their names, but rather were referred to by their disability. For example, in the Caprivi Region, one of the respondents revealed that a community refers to a person with albinism as *Tjipupe*, meaning a plastic toy baby or doll. This is because many dolls in this part of the world are white. In general, there was a widespread acknowledgement that local communities focus on the disability and refer to people with disabilities using a derogatory meaning of their disability.

*Rejection and abuse.* Research participants also revealed various forms of rejection of a person with a disability as common within their villages, oftentimes to the point of physical or emotional abuse. This rejection often assumed the form of children with disabilities being kept out of the public eye, such as in a room at the back of the homestead for example. Participants indicated that some children with disabilities are not properly bathed or clothed and that many are stared at or even totally ignored. Some respondents revealed that community members would not visit and bring gifts normally brought to a family who have brought forth a baby, once they learn that the newborn had a disability. It was also reported that members of the community typically avoided people with disabilities and their families. When asked why, respondents felt that many community members felt uncomfortable in the presence of persons with disabilities. There is also a belief that persons with disabilities are useless and cannot achieve anything in life, and therefore it is better to leave them alone.

Sometimes the rejection of an individual with disability involved actually physical abuse. In one case, it was reported that children verbally and physically abused a child with a mental disability as they threw stones at him. Respondents indicated that these negative or rejecting behaviors were related to the association of disability with witchcraft and evil spirits. In yet another case, a respondent reported how children in the school played tricks on a child with visual impairment by misleading her to the extent that she continuously fell into traps set by others. The teacher reported that she addressed these types on unacceptable behaviours, but she had little success.

Based on these types of community responses, it is not surprising that many families with children with disabilities physically hid their children, and also did not talk about their children with disabilities to their friends. Some respondents revealed that some families locked their children with disabilities in the homes while going shopping or even for the holidays. And indeed, respondents revealed in the past that children with disabilities were often killed. For example, in the past, in the Damara (one of the ethnic groups of central Namibia) culture, when an albino child was born, he or she was killed and offered to the ancestors.

*Pity.* While most of the research participants related community responses that were quite negative of nature, quite a large number of respondents also expressed the need for persons with disabilities to be treated with pity and care. This fits with the duality of beliefs that people discussed regarding the origin of disability. Some felt that people with disabilities were a gift from God, from which the community was to learn some lesson.

*Rights.* A few research participants did evoke human rights when discussing the community's response to a disability, particularly the parents of children with disabilities. For example, one father of a child with cerebral palsy said, *They have a right to be here!* (38-year-old father). However, the notion of human rights and disabilities was not common, and respondents with more favorable reactions to people with disabilities tended to focus on pity rather than on rights.

## **Discussion**

The finding revealed that beliefs and myths regarding the causes of disability and community responses and interventions regarding people with disabilities were similar across regions. Underlying the various versions of the myths and cultural beliefs was the notion that there were supernatural causes of disability, such as witchcraft, and/or that a mother's improper relationships caused disability. These findings are similar to studies done in other Sub-Saharan African nations, such as Kenya (Monk & Lee, 2008), Zimbabwe (Jackson & Mupedziswa, 1988) and Botswana (Dart, 2006). Both of these causal factors have some strong, negative connotations, and there was a tendency among respondents to view people with disabilities in lower esteem. Respondents in the study largely perceived disability

through religious, medical and charitable lenses and described their communities as using these same lenses, with little evidence of a social model lens existing among community members in Namibia.

While most of the beliefs regarding disabilities were expressed in a negative fashion, there was also evidence of more complicated or nuanced beliefs, particularly by parents with disabilities. The evidence demonstrates the co-existence within the sample, and even within single informants within the sample, of radically different themes, both positive and negative. The complicated belief systems held by many parents in northern Namibia may relate to parents' search for explanations of the challenging experience of parenting a child with a disability, especially within a broader context they view as overwhelmingly stigmatizing.

While cultural beliefs were nuanced and dynamic, the negative cultural beliefs about people with disabilities did appear to inform some of the community responses to people with disabilities. The community responses to people with disabilities tended to be either negative or one of neglect. Respondents reported that people with disabilities were often referred to in a derogatory manner; neglected in terms of basic human needs and excluded from socialization activities both at family and community level. The families of persons with disabilities also experienced stigma, isolation and rejection, and often lived with stigmatized grief. People with disabilities sometimes received pity from their communities, but generally not a sense of inclusion or acceptance.

As disability sometimes was associated with a sense of worthlessness or uselessness, there was little sense of a need to invest in persons with disabilities, particularly in family or community settings. Instead, many parents had a desire for institutionalization of children with disabilities. This was shown in the form of hopes or requests for a special school *where there are experts and facilities to take care of this child* or *where nobody will laugh at, and tease the child as all children will have a disability*. One interpretation of the strong desire for institutionalization is that families of children with disabilities wish to shift their caregiving responsibilities to the state or private sector to remove the shame placed on them placed by their communities. However, this may also suggest that parents and communities lack the necessary skills and support to raise children with disabilities in their respective communities, or that they feel their children will have a better life raised in an environment that accepts their children. As there are mixed feelings among parents about their children with disabilities, it may well be a combination of these factors.

These findings evoke the notion brought forward by (Groce 2005) that a community with positive practices towards people with disabilities may provide positive models of intervention that are likely to be in line with universally accepted standards. Equally, when communities hold negative notions about disability, these may provide negative models for intervention. Groce further suggests that in case of the latter, if change is to take place, it should start with making local people understand that their opinions are not found worldwide and may need to be reviewed. The findings of this research suggest that members of most cultural groups in Namibia hold negative opinions about the causes of disability, and these beliefs are carried out into local community practices. However, it must be noted that there is evidence that the cultural beliefs in Namibia are changing, particularly as seen by parents of children with disabilities, and disability advocates must be aware of the changing cultural beliefs in order to design interventions and campaigns that are effective.

### **Recommendations**

In Namibia, the National Policy on Disability (Government of the Republic of Namibia, Ministry of Lands, Resettlement and Rehabilitation, 1997) was based primarily on a social discourse about disability, focusing on community inclusion and integration. However, according to the respondents in this study, Namibian communities seem to be largely operating within the parameters of a religious or medical model to disability. These community views occur despite the fact that there have been regular sensitization campaigns regarding an inclusive and welcoming society in Namibia since independence, including some with a specific emphasis on disability. While the current sensitization programmes are commendable as is the National Disability Policy, these programmes have not been designed to specifically address how disability is currently understood within communities, and how communities' understanding of disability impact on persons with disabilities and their families. Any community campaign in Namibia regarding community inclusion or inclusive education must start with understanding the nuanced view of disability within Namibian families, without either legitimizing negative or stigmatizing beliefs, or demonizing people who have such beliefs.

A key factor is that any programme that attempts to change attitudes regarding disability must be developed in light of traditional notions of disabilities. A sensitization programme that focus on welcoming people with disabilities, without addressing strong traditional views that people with disabilities are cursed from a supernatural cause, will likely have no impact on its target audience. Without discounting traditional values or beliefs, traditional authorities, regional councils, disability organizations and the education and health sectors need to frame the notion of disability in a positive manner that resonates with people with traditional values. For example, a supernatural belief as a cause of disability need not be negative, and, in a predominantly Christian country like Namibia, could be a cornerstone for building a sensitization campaign. A sensitization campaign that enlisted both pastors and traditional healers to help integrate beliefs and promote inclusion of people with disabilities might be an appropriate avenue for creating community change toward implementing the National Disability Policy. Indeed, Mpofu & Harley (2002) indicate that in the southern African country of Zimbabwe, traditional healers are often believed to be more competent in addressing disability or rehabilitation concerns because they are able to integrate modern and traditional beliefs. Such religious leaders might be the key ingredients in an effective sensitization campaign in a country where individuals hold both traditional and western beliefs about disability.

Further, when people with disabilities and their families live within cultures that have negative views of disability, there is a clear need for counseling programmes and support groups for both the children with disabilities and their families. Many cultural perceptions of disabilities, such as those discussed in this article, have an element of guilt and shame. In the case of Namibia, many people in rural areas feel that the family members of a child with a disability essentially caused the disability to happen, and the family members are continuously judged and rejected. These community perceptions can make it difficult for parents to support their children to function as members of community, and for children with disabilities to develop a positive sense of self.

Successful persons with disabilities from various ethnic groups and rural areas need to become integral role players in such sensitization and/or support programmes, as the notion that people with disabilities are *useless* will fade if communities see successful people with disabilities from their own ethnic backgrounds. This will be especially useful for people with disabilities themselves, who are need of positive role models.

The impact of cultural beliefs regarding disability on the development and implementation of policy is a complex issue, and each society will have its own unique integration of beliefs, myths, policies and community responses, and these will be dynamic as cultures are constantly changing (Groce, 2005). However, it appears to be vitally important to understand the particular nature of a community – its beliefs, traditions, myths, and history – when developing policies. This is particularly the case when nations are adopting policies in relation to international agreements, international recommendations or international trends. Countries must take into account the current local understanding of the nature of the social issue, in this case the understanding of disability, and develop their policies and/or implementation plans with this in mind (Lightfoot, 2003). In Namibia, a progressive National Disability Policy was adopted (Government of the Republic of Namibia, Ministry of Lands, Resettlement and Rehabilitation, 1997), based on the social model of disability and the World Programme of Action and Standard Rules Concerning Disabled Persons, which holds much promise for people with disabilities in Namibia. However, the implementation of this policy has not yet taken into account how many Namibians think about disability, nor has it developed programmes in light of these cultural beliefs.

It is likely the case that each country, or cultural group within a country, will need to develop unique programmes that can address the unique cultural understandings about disability in an appropriate manner. The ultimate goal of such programmes should be to increase the inclusion or acceptance of people with disabilities without requiring cultures to fundamentally change all of their beliefs. Further research is needed to identify or develop models and programmes that fit within particular cultural beliefs as well as universal basic norms, and then these models could be adapted or modified to meet the needs of particular cultural groups.

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