

Utilising the Ubuntu African approach to address disability in South African rural communities by social workers

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Abstract

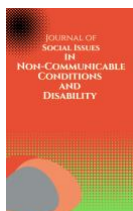
Disability is a solemn issue, as many people in rural communities struggle to accept and cope with it. This problem leads to the escalation of neglect and cases of abuse of persons with disabilities in rural communities requiring social workers' intervention. This paper discusses this problem using a scoping literature review method whereby already published literature on Ubuntu and disability was perused, resulting in the development of two major themes: the plight of persons with disabilities and the gap in disability intervention. This paper indicates that disability is not being addressed adequately in rural areas by social workers, particularly in Limpopo province. Therefore, improvement is required in terms of strengthening disability awareness campaigns to prevent stigma that influences abuse, neglect and marginalisation of persons with disabilities. There is also a need for the development of structured disability programmes that will provide a specific focus on disability through the utilisation of the Ubuntu African approach to empower individuals with disabilities, families and communities to cope and manage disabilities, as well as strengthen intervention.

Key words

disability, discrimination, stigma, social worker, Ubuntu

Key points

1. Persons with disabilities face a variety of problems namely, abuse, discrimination, exclusion, neglect and marginalisation.
2. Disability is not being adequately addressed in rural areas by social workers.
3. There is a dire need to develop an evidence-based, flexible and structured programme to address disability in rural areas.



Introduction

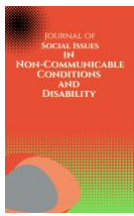
Research shows that persons living with disabilities, particularly in rural areas, including children, youth, adults and the elderly continue to face tremendous hardships as they experience discrimination, marginalisation, exclusion and stigmatisation. Therefore, this leads to the escalation of abuse and neglect cases reported to social workers needing intervention. It has been noted that many families and communities in rural areas struggle to cope with the burden of having to care for their disabled family members simply because they do not accept their situations or they struggle to provide care for them, as such, they often seek the social worker's intervention. It appears that disability is not being adequately addressed in rural areas, particularly in Limpopo province, thus this paper aims to suggest intervention strategies. Furthermore, the objectives of this paper are to indicate the challenges of persons with disabilities and their families in rural areas, discuss the shortage of resources for people with disabilities and indicate the strength of the Ubuntu approach in developing a structured disability programme for intervention and support for individuals with disabilities, families and communities. This paper contains the background of disability, the policy and theoretical framework, a discussion of themes, a conclusion and recommendations.

Background

Disability is a worldwide phenomenon and public health issue. According to Makwela and Smit (2022:p2), disability refers to the problem in a body function or structure-activity limitation and difficulty encountered by an individual in executing a task or action with restriction of participation in societal activities. Also, it talks about certain impairment in the body of an individual causing permanent handicap that hinders a person from performing day-to-day activities of their lives or even preventing them from doing things for themselves.

The World Health Organisation (2022) estimates that there are 1.3 billion people in the world living with disabilities, which is 16% of the global population. Furthermore, the prevalence of disability is increasing due to population ageing and chronic health conditions (World Health Organisation, 2021). In Africa, an estimated 60-80 million people are living with disabilities throughout sub-Saharan Africa (Disabled World, 2022). In South Africa, there is a 7,5% prevalence rate of disability, and it is more prevalent in females (8,3%) than males (6,5%). In addition, people aged 85 years and above are the ones who mostly have a disability (53, 2%). Then, 4,2% of people have a cognitive disability, and 3,6% have hearing disabilities, while 2% have communication and physical difficulties (Statistics South Africa, 2022).

There are different types of disability namely, physical and mental or cognitive disability. A person may be either physically disabled or mentally disabled but can be both on an individual. A person may be born disabled or may acquire a disability due to injuries or ailments (Obalade, 2021). No matter the type of disability, it is quite difficult and painful for an individual. Caring for a family member with a disability is also very challenging, burdensome and too demanding, as well as laborious. Hence, many families struggle to cope with the situation, and it becomes a serious calamity for them to endure (McKinney, McKinney, & Swartz, 2021).



The legislative and policy framework on disability

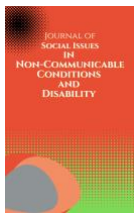
Internationally, the United Nations Convention of the Rights of Persons with Disabilities (UNRRPD), regards persons with disabilities as those having long-term physical, mental, intellectual or sensory impairments that may hinder their day-to-day activities. It also classifies them as vulnerable to discrimination and exclusion. In Africa, the rights of persons with disabilities are emphasised by the Convention on the Rights of People with Disabilities (CRPD) with a focus on the importance of the rights of persons with disabilities to exercise their freedom and to participate fully in all aspects of life. Article 9 compels the African states to take appropriate measures to ensure that persons with disabilities have equal access to the physical environment and necessary health care services (Makwela & Smit, 2022).

In South Africa, the Constitution of the Republic of South Africa, Section 09 stresses that the state may not discriminate against anyone based on any human difference such as race, gender, sex, pregnancy, marital status, ethnic group, religion, colour, sexual orientation, age, culture, belief, language and disability. In addition, Section 10 indicates that everyone has a right to have their dignity respected. Furthermore, the White Paper on the Rights of Persons with Disabilities stresses that persons with disabilities are vulnerable and should be protected from all forms of harm, discrimination, prejudice, exclusion and all forms of abuse. It also outlines the disability mainstreaming approach for rendering services to persons with disabilities which consists of several pillars of services such as the rights pillar, empowerment pillar, equality pillar and results pillar (Department of Social Development, 2016).

The Mental Health Care Act 17 of 2002 indicates that persons with mental disabilities have the right to mental health care services and should under no circumstances be discriminated against, as they have the right to be protected and respected. Section 11 of the Children's Act 38 of 2005 emphasises that children with disabilities and chronic illnesses should receive parental and family care services and be provided with conditions that ensure dignity for them, as well as support for the parents or caregivers. Additionally, these children should be allowed to participate in community activities without exclusion and must be protected from all forms of harm and danger (Mamukeyani, 2021).

Theoretical framework: Applying the Ubuntu approach to intervention in addressing disability in rural areas

The Ubuntu philosophy is an African indigenous worldview that values positive and reciprocal relationships in family, community and society. In fact, it is also about social justice, inclusion and recognition of people who are often marginalised. According to Murhula, Obonage, and Sumaili (2022), the emphasis of the Ubuntu approach is more on the rational, community, societal and spiritual worlds. Besides, Ubuntu is often presented using the following words: *ndiri nekuti tiri* which is in (Shona), *motho ke motho ka batho* in (Sotho/Tswana), *umuntu ngumuntu ngabantu* in (Zulu), *umntu ngumntu ngabantu* in (Xhosa), in addition, *munhu i munhu hi vanhu* (Xitsonga), *muthu ndi muthu nga vhathu* (Tshivhenda). This means that a person is a person through other people thus indicating the notion of empowerment and solidarity. In other words, people are empowered to work together to resolve their problems.

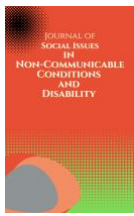


According to Tome (2022), Ubuntu promotes equality in the sense that people are not defined by their differences such as race, abilities or gender. Moreover, this author stresses that Ubuntu values dignity and equality in society whereas dichotomies invoke fear and uncertainties causing people to marginalise, stigmatise and discriminate against persons with disabilities. This approach is ideal to encourage social workers, community development workers and healthcare workers to address disability in rural areas. In applying the Ubuntu approach to address disability, the people with disabilities and their families ought to be empowered and supported on the individual level to accept and cope with their situation. In terms of the community level, there should be an increase in rendering awareness campaigns to eradicate stigma against persons with disabilities, conducting dialogues and engaging relevant stakeholders such as religious leaders, community development workers, health care workers and community leaders to assist in addressing disability. In addition, a lot of work needs to be done to encourage the communities to establish Non-profit organisations (NPOs) that will cater for the needs of people with disabilities through the involvement of various community stakeholders so that they may be registered. The community leaders are to be involved in assisting with providing stands. At the spiritual level, religious leaders will be engaged to assist with spiritual counselling for people to accept their situations in the name of faith. At the societal level, more advocacies should be done on the development of a service delivery structured and flexible programmes that will have a specific focus on disability in rural areas to be used by social workers in collaboration with healthcare workers. This programme should be African-centred, use African terminologies and accommodate youth, adults and the elderly with disabilities (Mugumbate & Chereni, 2020).

Methodology

This paper was written using a scoping literature review method whereby already published scholarly literature on Ubuntu and disability was collected from Google Scholar and African Social Work Network (ASWNet) databases as well as numerous African journals such as the Journal of Social Sciences in Non-communicable Conditions and Disability, African Journal of Social Work, South African Family Practice and African Journal of Disability. In conducting this literature review method, the researcher perused articles by renowned African researchers such as Makwela and Smit (2022), Tome (2022), Mwapaura, Magavude, Munyanyi, Rufurwokuda, and Chisosa (2022), McKinney, McKinney, and Swartz (2021), Mugumbate, Sadiki, Watermeyer, and Abrahams (2021) and Chereni (2020). The pieces of legislation and policies perused include the Constitution of the Republic of South Africa, the White Paper on the Rights of Persons with Disabilities, the Mental Health Care Act 17 of 2002, and the Children's Act 38 of 2005.

The researcher followed these steps; Formulating a title of the chapter, utilising the Ubuntu African approach to address disability in South African rural communities by social workers, identifying keywords relevant to the topic by brain-storming or mind maps, database search whereby disability, discrimination and Ubuntu were searched on Google and Google Scholar and then articles were retrieved and data weresynthesised. These articles were perused and themes and sub-themes were derived to make a discussion of this paper (Matlala, 2023).



Results

Summary of themes

Themes	Sub-themes
Theme 1: The plight of people with disabilities	Disability discrimination Stigma and neglect The burden of mentally ill patients
Theme 2: The gap in disability intervention	The insufficient resources for people with severe disabilities The insufficient programmes to address disability

Theme 1: The plight of people with disabilities

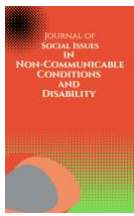
Sub-theme 1: Disability discrimination

The White Paper on the Rights of Persons with Disabilities defines disability discrimination as the exclusion or restriction of persons based on disability, which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, on all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. It encompasses all forms of unfair discrimination, whether direct or indirect, including denial of reasonable accommodation (Department of Social Development, 2016:p4). It has been observed that both adults and children with disabilities face various forms of discrimination and exclusions in their communities.

Youth, adults and the elderly with disabilities

Youth, adults and the elderly with disabilities in rural areas experience various forms of discrimination. In fact, they have to endure tremendous hardships and challenges in their daily lives exacerbated by marginalisation, stigmatisation and exclusion from community activities. Besides, they still struggle to access adequate healthcare services in their communities due to discrimination by healthcare workers and other officials. Youth and adults with disabilities also experience a challenge in terms of public transport usage. There are fewer transport resources for physically disabled persons on the trains, and there is less assistance to board minibuses when using wheelchairs, and this causes immeasurable despair to individuals with disabilities (McKinney, Mc Kinney, & Swartz, 2021).

Studies show that people with disabilities struggle to get employment and jobs despite the clear introduction of anti-discriminatory labour policies. In addition, it seems employers have problems hiring people with disabilities at the workplace because of productivity concerns and so forth despite the existence of anti-disability labour policies in place (Ebrahim, Lorenzo, & Kathard, 2022). Social Workers should over-emphasise the importance of inclusion when making community awareness campaigns and dialogues. Persons with disabilities should be given the freedom to participate in community activities such as sports or recreation for them to discover their talents. They also need to be consulted on every issue and decision that affects



them in their families and communities, as this will eradicate stigma and help people accept and accommodate people with disabilities.

Children with disabilities

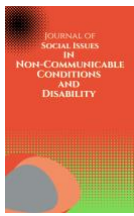
Studies show that children with disabilities suffer various forms of discrimination, labelling and exclusion by their families and communities. The study of Makwela and Smit (2022) revealed that children with disabilities experience discrimination in terms of education. This study found that children with disabilities are often discriminated against based on their poor social skills, diminished cognitive skills, physical limitations and poor academic performance. Also, children with albinism are subjected to ritual killings due to erroneous and superstitious beliefs and practices that endanger their lives.

Children with disabilities are regarded as vulnerable children in South Africa, and they need ongoing and lifetime support from families, carers and communities. Furthermore, they need extra care and protection from any harm because they are children with special needs as indicated in the Children's Act 38 of 2005, Section 11 (Mamukeyani, 2021). At the moment, there are several community-based programmes in place whereby children with disabilities benefit such as the Drop-in centres, partial care, Isibindi and Risiha programmes. Though these programmes exist, there is still much to be improved. Social workers are to reach these children and their families, assess their needs, give them support and capacitate their parents and caregivers with parenting skills as per the needs of children in collaboration with healthcare workers (Hall & Theron, 2016).

Sub-theme 2: Stigma and neglect

Disability is always associated with stigma in rural communities. It seems that people find it hard to accept a disability condition in the family because of the stigma attached to it and the pressure that comes with taking care of a disabled family member. This causes family members to feel ashamed to even go with them in public or to make them known to other people. This exacerbates the abuse and neglect of persons with disabilities (Grobblaar-du Plessis & VanReenen, 2012).

Another pressing challenge in terms of abuse is that of economic abuse. Some people with disabilities suffer because their social grants are being misused. People who misuse these grants can be other family members, acquaintances or other people in the community. Other community members or neighbours may report the case of abuse to the social worker seeking intervention. Some family members and community members may be afraid to report because of fear of being hated or blamed for snitching on other people's business. Sometimes, families struggle to provide care for their disabled members, so they often approach social workers seeking assistance to place their loved ones in disability centres. In other words, the families are expected to be relieved of the burden they face regarding the demanding nature of work in caring for a disabled person. This poses a great challenge to social workers because there are not many disability centres in rural areas, especially in Limpopo province. Many non-



governmental organisations (NGOs) often do not meet the appropriate healthcare standards, so they are usually risky and unsafe to utilise (Department of Social Development, 2016).

Prevention of neglect and abuse of persons with disabilities should be done in the form of strengthening disability awareness campaigns in rural communities by social workers in collaboration with healthcare workers. It should be emphasised that the social grant is meant to assist clients with basic needs, and deflecting from this constitutes serious abuse. Persons with disabilities need to be empowered, and parents and families of children with disabilities should be given the necessary support and capacity to manage their condition (Hall & Theron, 2016).

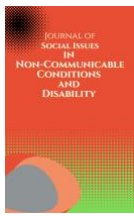
Sub-theme 3: The burden of mentally ill patients

Mental illness is another pressing challenge in rural areas that families and communities have to deal with. It appears that mental illness is proliferating at an alarming rate in rural areas, especially among young people as a result of substance abuse (Matambela, 2019). It appears that the most common type of mental illness in rural areas is Schizophrenia. This is a serious psychotic mental disorder whereby patients look at reality abnormally characterised by hallucinations and delusions (Diagnostic and Statistical Manual for Mental Disorders, DSM-5, 2013). In most cases, black Africans attribute mental illness to demonic and witchcraft attacks as such they resort to spiritual forms of treatment such as exorcism (Boti, Hussen, Ayele, Mersha, Gebeyehu, Kassa, Feleke, & Temesgen, 2020).

It is imperative to note that people who are suffering from psychotic disorders such as Schizophrenia are regarded as persons with disabilities because research shows that the neurocognitive deficits in the dorsolateral cortex and the medial temporal lobe have been identified to be responsible for disability in Schizophrenia (Fakorede, Ogunwale & Akinhanmi, 2022). Globally, Schizophrenia and other psychotic disorders affect more than 21 million people of which male accounts for more than 12 million and females account for more than 9 million (World Health Organisation, 2019).

The problem with mental disorders is that many patients are always aggressive and violent, causing a serious disturbance in the communities. They also pose a great danger to themselves and the people around them, for example, they are capable of harming children, breaking people's houses, and stealing things, but sometimes people harm them in return making them unsafe in the community. To protect the patient and the people who are in danger; Section 40 of the Mental Health Care Act 17 of 2002 indicates that an involuntary approach should be applied whereby the police may apprehend and escort the patient to the nearest health facility for treatment (Shah, Wheeler, Sessions, Kuule, Agaba, & Merry, 2017). However, This is always very challenging because the hospitals release the patients back to the community after having received treatment, and they usually regress because they have no one to monitor the treatment at home and the cycle of problems continues. The mental patients continue to be a serious conundrum in the rural communities needing serious and urgent intervention.

Theme 2: The gap in disability intervention



Sub-theme 1: Insufficient resources for persons with severe disabilities

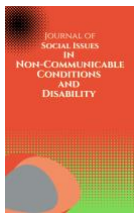
There is a huge shortage of facilities to accommodate persons with various disabilities whose families are not able to take care of them. The most challenging situations are those concerning severe disabilities and the frail elderly living with disabilities. It is often difficult to find proper placement for them due to the shortage of facilities. Some facilities that are funded may not have enough caregivers and practitioners, hence admission may be difficult to obtain. There is also a shortage of home-based carers in the communities to assist in providing healthcare services to persons living with disabilities which still creates a huge gap. The problem is that many home-based carers are still volunteers, and those that have been absorbed by the Department of Health are not enough to accommodate the demands of the communities (Dube, 2022).

The problem is that there are not enough care centres for mentally ill patients to be placed, as most of the hospitals and psychiatric hospitals only place them for the treatment period, and when the patient gets better, they are released back to the community. This is often a challenge because at home there is usually no one to monitor their treatment as they are usually abandoned by family members due to their troublesome and violent behaviour. This becomes a circle of problems because they relapse and then continue to cause havoc in the communities. This also increases their vulnerability to danger and harm because some people attack them (Matambela, 2019). However, numerous NPOs in the communities try to ease the burden for the communities by admitting patients using their grant money to pay for services. The problem with many of these organisations is that they have poor conditions; they usually do not meet the standards for residential care facilities to be registered by the Department of Social Development. This, therefore, implies that more work needs to be done by social workers and healthcare workers to monitor these centres, help them to improve to meet the standards and be registered for funding.

Sub-theme 2: Insufficient disability programmes in rural areas

It seems that South Africa does not have adequate structured programmes to address disability in rural areas, especially in Limpopo province. Although there are a few community-based programmes as emphasised in the White Paper and mainstreaming services where persons with disabilities benefit it seems that this is not enough to close the gap that exists in addressing disability (Obalade, 2021).

The problem is that these programmes are not being implemented sufficiently, and they are not adequately meeting the needs of all groups of persons with disabilities in rural areas such as the youth, adults and the elderly. In addition, these services are cross-cutting, and often do not have a special focus, thus making it difficult for social workers to direct the services adequately to beneficiaries (Veldhuizen, 2021). As such, there is still a dire need for a clear, flexible and specifically structured disability programme as much as there are behavioural change programmes in the Department of Social Development. This programme shall provide a



specific focus on disability, and it should emanate from empirical research to improve the response to disability problems in rural areas.

Recommendations

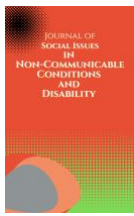
- Addressing disability in rural areas requires a multidisciplinary approach whereby social workers and other professionals like healthcare workers and educators would collaborate.
- It will be very helpful for social workers to have an evidence-based and structured disability programme, which will provide focus on addressing disability in rural areas.
- Through the support of district offices, more disability awareness campaigns should be done in the municipalities to break the barriers of stigma and support and empower people with disabilities, as well as capacitate families with skills to take care of their disabled members in collaboration with healthcare workers.
- There should be an improvement in terms of NPO funding, meaning that they should be monitored and assisted to meet the norms and standards and be registered to acquire the necessary funding to carry on with their services. Alternatively, the NPOs that focus on mental healthcare services may be migrated to the Department of Health and be assisted to meet the health standards and be registered for funding.

Conclusion

This article discussed the utilisation of the Ubuntu African approach to address disability in rural areas. It has been observed that disability is not being adequately addressed in rural areas, thus social workers should improve in addressing disability in rural areas through the support and assistance of district offices. It is necessary to strengthen community disability awareness campaigns to reduce stigma against persons with disabilities. There is also a need to develop an evidence-based, specific and structured disability programme that is essential to assist social workers in focusing their services on persons with disabilities, as well as reaching them in curbing abuse, neglect and stigmatisation.

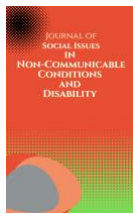
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