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Disability and Integration: Gambian Experience

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Disability and Integration: Gambian Experience

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I. Introduction

In 2007, the United Nations opened the Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol for signatures. With 82 signatories on the first day, it achieved the highest number of signatories on an opening day ever (UN ENABLE, n.d.). It entered into force in 2008 and offers those with disabilities in ratifying nations a new spectrum of rights. Two of its core principles are: "*Full and effective participation and inclusion in society*," and "*Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity*" (United Nations, 2006).

It is especially important that these rights are realized in nations of the Global South, as persons with disabilities are not only more likely to be living in these nations, but also because of the strong correlation between having a disability and living in poverty (McClain-Nhlapo, 2007).The Gambia, located in West Africa, ratified the CRPD in July 2013, and discrimination against those with disabilities is prohibited under the 1997 revision to its Constitution. Despite this, Gambians with disabilities face challenges in equal participation in society and access to services (VSO Netherlands, 2007).

More than 10% of the Gambian population constitutes persons with disabilities as a result of mental, sensory, or physical impairments (Gambia Federation of the Disabled, 1995). Such disabilities should not disqualify these persons from the same entitlements, rights, and opportunities as all other human beings. Even though lives and functions may be limited in some respect by physical, social, or other factors, as stated by the CRPD, persons with disabilities should not be excluded from applying their fullest potential for self-development and their contribution to national development.

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Integration in this study refers to making persons with disabilities part and parcel of the society, and their interaction with all other persons in life activities. In other words, they have the right to live together in the same communities and participate in all activities on an equal footing from childhood to old age. Community-based rehabilitation (CBR) has been promoted as the ideal means for societal integration of those with a disability.

Community-based rehabilitation evolved after initial attempts to transplant the Global North model of rehabilitation to impoverished nations failed when the majority of clients could not access the services. Thus, in the 1970s, CBR was developed to better meet the needs of these nations (World Bank, n.d.). Since that time, CBR has continued to evolve. Currently, it is viewed as a multidisciplinary approach in which the primary goal is the improvement of the quality of life of persons with disabilities. This includes not only medical rehabilitation, but also access to other services, including healthcare, education and employment, and thus is integral to social development (World Bank, n.d.; World Health Organization & Swedish Organizations of Disabled Persons International Aid Association, 2002). It is recognized that in order to achieve this, the stigma surrounding disability and persons with disabilities must be eliminated(World Health Organization & Swedish Organizations of Disabled Persons International Aid Association, 2002).

People in different parts of the world attach different meanings to different types of disabilities. Persons with disabilities may be perceived as unproductive, burdens to society, as well as unfit for marriage or reproduction and local beliefs can affect these views. For example, in places where people believe that fits or seizures are the work of devils, a child with fits may be feared, teased or kept hidden, whereas in places where they are viewed as the result of a biological disorder, such a child is more likely to participate fully in everyday activities of the family and/or peers. Concepts and negative attitudes have even subjected newly born babies to death or to be thrown away, and mothers who failed to comply were threatened with severe sanctions by their communities (Holbrook, 1991). Attitudes towards persons with disabilities are viewed by many diverse cultures or models to comprehend disability. Understanding these models is fundamental as they don't only shape attitudes but also policies and programmes for, with and by persons with disability.

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The charity model. Presents disability as a personal tragedy with persons with disabilities being objects of sympathy and described as crippled, crazy, idiot etc.They are perceived as useless, dependent, dangerous and strange resulting in being feared, hidden or institutionalized for the good and protection of society. Survival rather than empowerment is the priority of the model (Barnes and Mercer, 2003), which is similar to the religious model that considers persons with disabilities as people who are cursed as a result of having committed sins in the past or due to sins committed by their family members and ancestors (Katz, 1987).

The medical/biomedical model. Believes that a perfect world is a world without disabilities. Disablement is a defect, deficiency, dysfunctionality, abnormality, failure or biomedical "problem" that is located within the individual, viewing persons with disabilities as patients and medicalizing disability. Though created awareness in preventing and treatment of disability it came with a high price like professionals being in total control of the lives of persons with disabilities, deciding what is best for them, institutionalization or isolation from the community, limiting empowerment to functional independence, presenting disability as a disease, perpetuation of dependency, and a problem of the individual, etc. The model is criticized for not covering the full spectrum of the problem, ignoring the capacity of persons with disabilities, presenting them as tragic or people to be pitied, reinforcing the erroneous view that professionals are best qualified to make key decisions, placing little responsibility on the environment and societal attitudes towards disability, etc. (Hans and Patri, 2003).

The social model. Response to negative attitudes created by the charity and medical/biomedical model and their profound negative impacts on the self-identity of persons with disabilities. It locates the problem in the barriers existing in society and advocates the rights of persons with disabilities, and the imperative to eradicate the socio-economic, political and environmental barriers that hinder the capacity of persons with disabilities to participate and engage in societal development like all citizens, thus shifting focus away from medicalization and tragedy to environment as the disabling factor. The order becomes mainstreaming disability by creating opportunities for persons with disabilities through policies, legislation and their active participation in matters affecting them, hence the call for empowerment, de-institutionalization, community participation and independent living programmes. The model is criticized for the dichotomy of "body" and "society" assuming that impairment is given and doesn't affect the social experience of persons with disabilities. Equally, it is criticized for removing out of the equation the impacts of both injuries/diseases and the negative attitudes of others in the social environment out of the equation (Crow 1996; Goodley, 2001).

The citizenship model. Focuses on reconceptualization of disability, building an inclusive and rights-based community committed to diversity, equality, and participation of all. Representing a development paradigm in which the core is equal rights and equal opportunities for all; expanding empowerment to include active participation in decision-making, barriers removal, human rights legislation, access to appropriate and quality education, skills, support systems and programmes which enhance functional independence plus an overall control of their destiny. Thus, it addresses the shortcomings of the social, medical, and charity models while building on their strengths by conceptualizing individual and social responses to disability in terms of people's capacities and restrictions in a positive and constructive manner, which contributes to mainstreaming and inclusion of all. Persons with disabilities must be granted equal opportunities for attaining full economic potential and realizing their fundamental human rights (Elizabeth Anne England Richard, 2011).

The sociopolitical model. In a perfect world, persons with disabilities are accorded full civil and political rights. The sole commonality among persons with disabilities is the prejudice and discrimination they experience. Society teaches persons with disabilities to submit to prejudice and discrimination with patience- to be a "good sport." It mobilizes persons with disabilities into political and civil rights organizations. The problem of disability is located in the social and political environment and the solution is changing the environment. It dismisses the legalized treatment of persons with disabilities based on their so-called biological pathology or inferiority. (Juliet Smart, 2014; Lorna Jean Edmonds, 2005).

The biopsychosocial model. Presents disability as emanating from a combination of factors at the physical, emotional, and environmental levels, focusing on another level the beyond individual in addressing matters that affect people's ability to maintain a high level of well-being. It recognizes illness, biological, emotional and associated impacts on health, well-being, and function in society. It is criticized for emphasizing the disabling situation rather than the person and the experience of the person with a disability, being the defining construct of the model (Smeltzer, S.C., 2007).

It has been documented throughout Africa that persons with disabilities have been stigmatized. In countries as widespread as Ethiopia (Brown, 2012), Ghana (Tijm, Cornielje, & Edusei, 2011), Lesotho (Kabzems & Chimedza, 2002), Nigeria (Smith, 2011), Senegal (IRIN, 2010), South Africa(Nel, 2011) and Zaire (Devlieger, 1995), stigma against those with disabilities

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has been documented. Some believe it is a curse from God, witchcraft or is caused by eating certain foods (Smith, 2011). The person with a disability is often regarded as being of no worth, which can result in exclusion and low self-esteem (Tijm et al., 2011).

This stigma can create barriers to integration that hinder the ability of persons with disabilities to live and interact with others. This, in turn, can affect their opportunities to earn a living. Employment discrimination in the form of unemployment and underemployment is common practice against individuals with disabilities (Smith, 2011; Tijm et al., 2011). In Gambian society, attitudes toward those with disabilities have clearly affected employment opportunities. Many persons with disabilities are often seen begging within the capital city of Banjul and other growth centers. Even the few, who are educated or have had some vocational training, are sometimes discriminated against in the job market. Few of the persons with disabilities in The Gambia are in gainful employment, either in the formal or informal sector. The vast majority of those in the formal sector are engaged in the lowest paid jobs such as clerks, typists, and receptionists. This imbalance is also reflected in the informal sector (National Disability Survey, 1998).

As noted, there have been studies conducted in other areas of Africa regarding peoples' attitudes towards/against persons with disabilities and integration of persons with disabilities. However, none have been conducted in The Gambia. The primary impetus for this study was to investigate the problems and barriers associated with the integration of persons with disabilities and to shed more light on these problems, especially on institutional, public, and individual attitudes. The purpose of this study was therefore to investigate those factors that hinder the integration of persons with disabilities into mainstream Gambian society. There were three research questions on which respondents' views were sought:

- How people's perceptions and attitudes about disabilities affect the integration of persons with disabilities into their communities;
- What respondents believed was needed in order to achieve community-based rehabilitation;
- The perceptions of the community regarding the importance of the societal integration of persons with disabilities in relation to their fundamental needs.

II. Methodology

a) Research design

This was a cross-sectional research that sought to gauge people's attitudes towards persons with disabilities and their integration into mainstream society. The research sought to gather both quantitative and qualitative data on the participants' attitudes towards both persons with disabilities and their integration.

b) Inclusion and exclusion criteria

To participate both in the survey and the FGDs, persons selected from the communities must come from a compound/family with at least one person with a disability and must be above 20 (twenty) years old. Forprofessionals, s/he must have worked for at least two years with disabled people's organizations (DPOs) while for persons with disabilities; one must be a registered and active member of a disabled people's organization.

c) Sample size- determination

The study was conducted in Banjul, the capital and commercial city of The Gambia as a sample representative of the country. This was strengthened by the look and roles of a capital and commercial city in developing nations where almost all government ministries, departments, hospitals and major health centers, national rehabilitation centers, higher learning institutions, business enterprises, organizations for and/or of the persons with disabilities, non-governmental organizations (NGOs), etc. are located; and furthermore many persons with disabilities are often found begging or moving around with social and economic constraints. The city was divided into five constituencies with a population of about 120,084 inhabitants. But because of constraints such as funds, human resources, and time the study was limited to three (3) constituencies, five (5) government departments, four (4) associations of persons with disabilities, and three (3) non-governmental organizations that support persons with disabilities.

d) Sample and sampling technique

There are various sampling techniques; however, due to the nature of the population studied I used the stratified and random sampling techniques. This was necessary as the aim was to collect information from various strata of society with at least a population of approximately one hundred (100).

Of 100 respondents surveyed, 90 responded. This represented a participation rate of 90%. While 56%male, 44% were female and over half (58%) of them were employed (i.e. 67% worked full-time, and 33% work part-time). All respondents had attained senior secondary education with 4(4%) holding master's degree, 12(12%) holding bachelor degree, 48(48%) holding ordinary or advanced diplomas, and the rest 36(36%) holding either an ordinary or advanced level certificate.While 32(32%) were between 25 and 35 years, 43(43%) between 36 and 46 years, the rest 25(25%) were between 47 and 55 years. Over half (63%) of the respondents are persons with disabilities with 41% female and 59% male.

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e) Description of research instruments

Owing to the sensitivity of disability in The Gambia, the most suitable and convenient technique of data collection was the questionnaire. This technique, in addition to the nature of the study, was chosen for its reliability and practicability and that it hardly exerts much pressure on the respondents. It facilitates the collection of more data, limits bias of interviewers, and responses are in the respondents' own words or choices. Focus group discussions (FGDs) were also held to complement the questionnaire method.

The focus group participants were recruited with the support of the ward councilors of the three constituencies and the head of the National Rehabilitation Centre at the Department of Social Welfare. The Executive Secretary Generals of the respective Disabled People's Organizations (DPOs) equally assisted by pasting an announcement on their notice boards urging their members to register and participate in the study. Participation was purely voluntary and the purpose of the study was explained to the participants. Six focus group discussions consisting of seven participants were conducted. A discussion guide validated by key stakeholders (e.g. members of DPOs and professionals) in a steering committee was used in the focus groups to ensure that all groups discussed the same topics.

The use of the focus group method was found to be effective in capturing the salient viewpoints and personal feelings towards persons with disabilities and their integration Webb & Kevern, (2001) thus augmenting the statistical data gathered from the questionnaires. Equally, it availed participants of an open platform in which to express their opinions freely on the subject.

Six focus group discussions, which were an afterthought, were held in three wards in Banjul. The sessions were held with a variety of stakeholders. Key informants were selected using purposive sampling to recruit those able to provide relevant information, as well as representing different constituencies. Three out of five constituencies of the capital city of Banjul as well as five government departments of state, associations of persons with disabilities and three non-governmental organizations were the sample groups. A discussion guide was used in the focus groups to ensure that all groups discussed the same topics. Questionnaires were designed and administered together with the focus group discussions to complement the survey data.

f) Data analysis method

The quantitative and qualitative data obtained from the field were entered using the SPSS, and were subsequently processed and interpreted both quantitatively and qualitatively. The process entailed two stages: initial analysis was by codes and table creation, variables prepared through combining a number of codes, converting codes into variables or developing completely new variables in the case of the quantitative data.

To analyze the qualitative data obtained both from open-ended questions and focus group discussions, content analysis procedures described by Bogdan and Bilken (2003) were used. To start with, categories describing participants' attitudes towards persons with disabilities and integration were created and data were grouped into such categories to allow proper analysis and interpretation.

All responses from focus group discussions and open-ended questions were included in the qualitative analysis. The researcher worked with one senior lecturer and private consultant familiar with qualitative data analysis. Both parties independently read all responses to become familiar with the overall nature of the responses. As they read the responses, they highlighted phrases and sentences that captured the essence of the participants' opinions and generated labels to represent fundamental concepts. Then, they independently grouped all repeated responses to gain a sense of the relative importance of the issues identified by respondents. Independently, they defined tentative categories for coding responses by combining opinions that seemed to address the same issue and wrote definitions that described the focus of the category.

After such an exercise, the parties met to discuss the initial wave of analysis, conducted a page-by-page comparison of their highlighting and agreed on broad categories that were used to independently code all the responses. In a subsequent joint review of their independent analysis, they compared notes, negotiated discrepancies, identified gaps, and reached consensus on a streamlined set of categories.

In summary, both descriptive and inferential statistics were used in the analysis. Descriptive statistics were used to provide a summary of patterns that emerged from the responses of the sample. Inferential statistics, on the other hand, were used to provide an overview of the applicability of the resulting patterns to the population.

III. Results

a) Survey results

There were 48 respondents to the survey. For most questions, participants were able to pick more than one response, so totals exceed this sample number. Research question one was how people's perceptions and attitudes about disabilities affect the integration of persons with disabilities into their communities. Three questions were used to assess information in this area. Question one asked, "What do you think of the attitudes people have towards disabilities and persons with disabilities?" The most common statement was that disability was a result of

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punishment from God (24%). Following closely were the ideas that it is a result of witchcraft (22%) or a bad omen (21%). Thus two-thirds of respondents believe people are influenced by some form of superstitious beliefs in a negative manner. An additional 17% thought that it was due to the will of God. Only 6% stated it was a result of birth or an accident. (See Table 1 for details).

Table 1: Type of attitudes

	N	%
Punishment from God	22	24
Witchcraft	20	22
Bad omen	19	21
Will of God	15	17
Birth	5	6
Accident	5	6
Diseases	4	4
Sacrifice for wealth	1	1
Total	91	100

The second question in this section asked respondents to identify what effects they believed these attitudes had on persons with disabilities in society. As illustrated in Table 2, it was believed that these effects were overwhelmingly negative. Twenty-seven percent believed it resulted in the rejection of persons with disabilities, while 25% stated it resulted in persons with disabilities being hidden, and 24% saw it resulting in denial of services. When asked if these attitudes influenced the process of integrating persons with disabilities while staying with their families within their communities, 88% said yes, while 12% did not view the question as applicable. However, Table 3 below illustrates that the vast majority (82%) believed that the negative attitudes towards persons with disabilities could be changed for better through awareness-raising campaigns.

Table 2: Types of effects due to negative attitudes

	N	%
Rejecting them	24	27
Hiding them	22	25
Denial of services	21	24
Sympathy	06	7
Tendency of killing them	05	6
Humiliation	04	5
Discrimination	03	3
Reducing them to beggars	02	2
Maltreatment	01	1
Total	88	100

Table 3: Type of effective intervention for attitudinal change

	N	%
Awareness raising	39	82
Encouragement of acceptance of persons with disabilities	5	11
Independence	3	6
Giving moral support	1	2
Total	48	100

Research question two

Community-based rehabilitation is considered the best strategy for the proper integration of persons with disabilities into mainstream society. The next set of questions assessed what respondents believed was needed in order to achieve this. The first question in this section asked respondents what supportive services they believed persons with disabilities needed in their communities for proper mainstreaming (see Table 4). Approximately one-quarter of the respondents subscribed to the view that persons with disabilities need education and training for any effective integration into mainstream society. An additional 21% of the respondents saw guidance and counseling as key supportive services needed by persons with disabilities.

Table 4: Type of supportive services needed by persons with disabilities

	N	%
Education and training	45	24
Guidance and Counseling	40	21
Medical services	36	19
Financial and material support	32	17
Taken care of	21	12
Access to facilities and services	06	4
Employment	04	3
Technical Aids	02	2
Legislative support	01	1
Total	187	100

The next question assessed who the appropriate service provider should be. It was almost evenly tied between governmental agencies, non-governmental organizations, individuals and families/communities. Only three percent mentioned organizations specifically for those with disabilities.

Table 5: Categories of service providers

	N	%
Government institutions	45	27
Non-governmental organizations –NGOs	40	24
Individuals members	38	23
Families communities	38	23
PWD's Organizations	5	3
TOTAL	166	100

Research Question three

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Research question three sought to determine the perceptions of the community regarding the importance of the societal integration of persons with disabilities in relation to their fundamental needs. To assess this, respondents were first asked where they thought it would be most beneficial for persons with disabilities to live. Forty-four percent of the respondents believed that persons with disabilities benefited most by staying with their families/communities, while 39% responded they are better off living independently. Only 17% thought it was better for them to live in an institution.

Lastly, respondents were asked their opinion on how the process of integration could be best maintained and sustained. The purpose was to ascertain which institution was viewed as most suitable for the coordination and sustenance of disability and integration programmes. Table 6 below depicts the responses of the respondents. The most common response was community support (39%), followed by government funding (29%) and donor support (24%).

Table 6: Means of maintaining and sustaining integration programs

	N	%
Community support	42	39
Government funding	31	29
Donor support	26	24
Individual support	4	4
Organization of PWD support	2	2
Awareness raising	1	1
Employment	1	1
Total	107	100

Focus Groups

Participants were first asked to name types of disabilities. The only forms of disabilities mentioned by the groups were mental disability, visual impairment and vocal disability. The second question asked what children with disabilities needed and elicited several themes. The most salient points made by the groups were early child education and schooling, a caring and friendly relationship with their parents, and a clean and safe environment. A few people made reference to the fact that children with disabilities should not experience discrimination. One participant said:

People think that it is only good food, clothing and hygiene that make a child with disabilities feel recognized, valued, accepted and well cared for. If you don't show your child with disabilities that you care and love him and if you always isolate him in the house or even his bedroom, he will be psychologically and mentally disturbed and once he sees you as a parent who is not proud of him like the other children, you are creating a problem for the child right from the tender age.

When participants were asked to talk about the benefits of reintegrating the persons with disabilities, a variety of responses was obtained. Many participants stated it was critical for social interaction. One woman stated, "When you allow your child with disabilities to interact with other children, you are simply helping him/her to develop his/her intellect and learn the art of caring and sharing." Other common benefits were social acceptance, access to quality education and healthcare, employment, and relieving the burden on the family. A few mentioned increased self-esteem. Interestingly, equal rights and opportunities were not highlighted at all as one of the benefits of disability and integration.

When asked about attitudes towards those with disabilities, participants felt that treating persons with disabilities like any other member of the community could not be over-emphasized as it is an indication of being valued and accepted as a partner in societal development; it is the right of persons with disabilities to be treated humanely like any other person. Encouraging those with disabilities to give their views about issues of concern to the family and communities is a way of encouraging them to feel positive about themselves and their communities. They stated that acceptance accelerates intellectual and social development, allowing persons with disabilities the chance to move freely, go to school, or be employed. One participant said, "Wise societies discourage their persons with functional limitations from begging and dependence. They provide them with several vocational training programmes and motivate them to explore the diverse opportunities out there with their brains."

Participants were asked about their views on the provision of technical aids to those with disabilities, such as wheelchairs or white canes. A common viewpoint was that this shows, "We are a nation that cares and shares."An older adult with visual impairment stated,"It is a person with disabilities' human rights to have a technical aid, for it is either our third leg or third eye, ears in the case of the hard of hearing person." One advocate stated:

Many people in this community don't know what is involved in having disabilities or a family member who has disabilities, but we know that it is critical that they are provided with technical aid. Imagine having to crawl in the hot sun or having to manage a wheelchair in this sandy community. It is painful and sometimes unbearable. The technical aid must be appreciated, accessible and affordable. In the past we believed that when you take your person with disabilities to a rehabilitation center, you were exposing your family to ridicule but now we must do away with those irrational beliefs to support them to access modern technology for they are our blood.

However, discussants were split as to who should be responsible for the provision of technical aids.

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While some said the central government, others stated the local authorities, and yet others said disabled persons organizations (DPOs).

The sixth question asked about early childhood education for children with disabilities. The majority of the participants stated that early education was beneficial, especially for children with disabilities, as it develops the mind at a young age, and that early childhood education was a means of training and setting the child on the road to school. Others felt it also helped to relieve the burden of care giving on families. It was noted that this should be balanced with religious education as well. One man stated:

The human mind is like a rubber band; if you pull it, it will stretch but if you don't pull it will not. So the earlier we send children to school, the better, but we should not play down the significance of early enrollment in Islamic centers either.

The issue of hiding children with disabilities triggered a tense debate in most of the sessions. Opinions were widely divided on what constituted "hiding" and whether or not hiding was justifiable. Nevertheless, a good number of the participants said that only persons who are dangerous and/or have severe disabilities should be hidden by their parents and families. However, a significant proportion of the discussants opined that hiding is necessary because if persons with disabilities were visible in the community, it would bring shame to their families and the community. Acommunity leader said, "Isolating severely disabled person is not bad in principle because even in democratic societies they have different institutions for different disabilities. The bone of contention is about the method of hiding. Locking up, tying them to poles, etc. is unwarranted and inhumane; but to keep them away from the public view, especially visitors, is sometimes necessary, just to maintain peace and security."

When asked how communities could assist in the support and integration of persons with disabilities, it was very difficult for the participants to come up with answers. The moderators had to probe exhaustively to elicit answers. Spreading knowledge and skills in caring and supporting a person with disabilities was one method to provide support. Others mentioned enrolling them in schools and vocational centers, building ramps, taking them to rehabilitation centers and assisting them in how to use their technical aids to move freely in their communities. A few said the role of the community includes lobbying the central government, local authorities, parliamentarians, policy makers for a Disabilities Act and a national disabilities policy.

Participants were asked how they carried out their assigned roles, whether they were officials or volunteers. Most of the discussants said they always made sure parents practiced what they were taught. Many of them cited education and sensitization, as well as periodic treks to the communities. They also conducted discussion forums and even drama shows to highlight the plights of persons with disabilities and what they can do if given the chance with a conducive socio-economic and political environment.

When asked about barriers the participants encountered in their role, the majority stated that they faced some constraints in carrying out their roles. When asked to elaborate, more than half said more training was urgently needed. They also lamented that their basic needs and concerns needed to be addressed, like the provision of the necessary tools and resources and recognition and appreciation of their efforts by the authorities and immediate managers. Many participants also alluded to the opening of more rehabilitation centers to reach those in the rural areas. A number of them raised questions of transport or means of transportation, supply of machines, materials and more funding for community-based activities. Few participants felt it was necessary for them to be provided with "overseas training."

When asked about factors that motivated them to work as volunteers and rehabilitation officials, the majority said they derived satisfaction and a sense of pride from serving disadvantaged groups like persons with disabilities. Some said they enjoyed the learning and skills acquisition process. Others said they have built a strong coalition with different organizations including, community and faith-based organizations. Many participants said the fact that they have been making some changes in the lives of persons with disabilities, their family and the communities is a marvelous incentive. One young person said:

You don't do this kind of voluntary work for pay or any kind of material reward – it is the blessing, the sense of satisfaction, sense of duty to one's people, community and the respect you earn in the process that keep you going. If you have supported a family in how to assist a family member with disabilities or understand the right issues or what it takes to support a person with disabilities to develop intellectually and emotionally, you have attained a lot.

IV. Discussion

The findings of the study revealed that it was perceived that stigma towards those with disabilities is still common, but that there is a community working towards the integration of this population based on the concepts of CBR. Participants believed that services should primarily be community-based and that there was a wide variety of positive benefits that resulted from integration (Jean-Francois Trani, et al., 2012; Biggeri, M. et al., 2014). Early childhood education was seen as vital for social inclusion (Jenny, M. A. et al., 2002; Kelly Budisch, 2004). Full integration surfaced as a fundamental solution to the problems of persons with

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disabilities because it ushers in acceptance and respect and subsequently promotes equal rights and equal opportunities for persons with disabilities(Helen Jackson, 1988, p. 12; Sarah Rule et al., 2006). This is crucial in a country like The Gambia where due to limited resources, most Gambians see employment in the formal sector as a source of income generation. Denial of education means denial of certain job opportunities and increasing dependence on others (e.g., family, society), which in turn reinforces the held negative beliefs about persons with disabilities (Oliver Walton, 2012, p. 13; David McDaid, 2008).

In order to achieve these goals (i.e. full integration, independence, equal rights and equal opportunities), participants stated that more support was needed. This includes both concrete supplies, such as technical aids, as well as non-tangible items such as training (Justin, L., Grider, 2014; Oliver Walton, 2012, p. 18). Education about what the community can do to support those with disabilities is needed. The results made it clear that more education on the medical causes of disabilities is needed (Daniel Vershima, et al., 1994; Miller, P. et al., 2004).

The stigma that is still attached to disability in The Gambia was clear. Similar to other African countries, disability may be seen as a curse from God and is therefore shameful (Smith, 2011). This stigmatization can result in hiding, as found in these results and concurs with previous findings (Tijm et al., 2011). Even among these stakeholders, the use of hiding was a debated topic with some participants sympathetic to the practice.

V. Implications

Based on these findings, a variety of recommendations can be formulated at all system levels. On the micro level, those with disabilities should be helped to accept their disabilities and to think positively about themselves, rather than viewing themselves as inferior and needing charity(Dr E. Pupulinet al., 2003; Reema Chauchan 1980). They should also be empowered to form and/or strengthen different organizations through which they can influence government policies and decision-making processes that either directly or indirectly affects their lives, possibly through collaboration, such as with NGOs, government, UN system, and other organizations(UNESCO – Beirut, 2013; Sunil Deepak et al., 2013).

On the mezzo level of families without a person with disabilities, there is a need for a reduction of the stigma surrounding disability and a concurrent need to recognize persons with disabilities and their families as normal and capable of contributing in the development process (Maria Isabel Novo-Corti, 2010). Families should be supportive to those with disabilities and should be assisted to recognize that the problems of disabilities are a community problem and the solutions lie within the communityitself (Myezwa H. et al., 2003; Olaogun, M.O.B., et al., 2009). Family members of persons with a disability should recognize all their family members as equals; those with disabilities and those without. They should also be helped to advocate for their family member by forming supportive associations, being actively involved in the search for advice, information, support, and be even ready for any call vis-à-vis disability and the integration of persons with disabilities (Sunil Deepak et al., 2013).

At the macro system level of government, committees inclusive of persons with disabilities should be formed to critically examine the needs and aspirations of persons with disabilities with regard to employment, education, recreation, rehabilitation, technical aids, and so forth (Denis Thompson et al., 2011). Second, they should create the necessary legal framework and authorities for measures to achieve such rights as the right to security and protection from inhumane and degrading treatments (Andrew K Dube, 2005; LexFrieden, 2010). The community should be educated about the support they can offer to those with disabilities and their families (Daniel Vershima et al., 1994).

In recent years, disability has been accorded considerable attention and concern in The Gambia but there is still room for further sensitization and further research in problems associated with it. Disabilities can have a number of negative impacts both on the persons with disabilities themselves and on their families as well as on the socio-economic development of a nation (Benny Feffermann, 2002). This study revealed that negative attitudes towards persons with disabilities still persist and can result in these individuals feeling unaccepted, isolated and unproductive. The findings further revealed that the rehabilitation of the persons with disabilities is feasible through CBR programmes which ensure community participation as opposed to the institutional approach and marginalization of persons with disabilities. These findings can help support such an approachas well as increase understanding and knowledge about disability and integration persons with disabilities in The Gambia, improve attitudes and attention, and ultimately enhance pertinent services and polices.

VI. Summary and Conclusion

Disability, like any other social problem in The Gambia, has been accorded some considerable attention and concerns in recent years from different walks of life, since it has numerous negative impacts not only on the socio-economic and political development of persons with disabilities and their families but also on the nation at large.

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The study showed that the negative attitudes that people have towards persons with disabilities have substantially affected the integration of persons with disabilities. For with such attitudes, they feel unwanted, unproductive and isolated. This results in the creation of that wider gap between them and the rest of society, not mentioning the psycho-social and physical torture some are faced with.

Furthermore, the findings revealed with that CBR, successful integration is feasible. For it recognizes disabilities as a community problem and the solution lies within the community as opposed to the institutional approach, thus, acknowledging the significance of the participatory approach. The lack of full integration of persons with disabilities has been highlighted as one of the main causes of their marginalization.

In conclusion the findings concurred with the widely-held belief that "your attitudes towards persons with disabilities may be our biggest handicap and you too."

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