

**LIFE CONDITION OF FEMALES WITH MENTAL RETARDATION: A CASE OF
GRADUATES FROM VOCATIONAL TRAINING INSTITUTIONS IN ZAMBIA**

BY

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A thesis submitted to the University of Zambia in fulfilment of the requirements
for the degree of Doctor of Philosophy of Education in Special Education

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2010

Thesis
for
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DECLARATION

I, Daniel Ndhlovu do hereby solemnly declare that this thesis represents my own work and that it has not previously been submitted for a degree at this or any other University.

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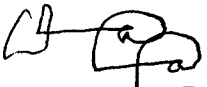
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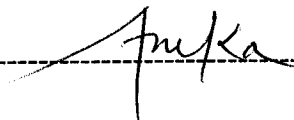
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CERTIFICATE OF APPROVAL

This thesis by Daniel Ndhlovu is approved as a fulfilment of the requirements for the award of the degree of Doctor of Philosophy of Education in Special Education of the University of Zambia.

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ABSTRACT

This study sought to identify factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions in Zambia and measures that could address such factors. The study was carried out in five provinces (Lusaka, Central, Copperbelt, Luapula and Southern) of Zambia. The Integrated Support Model by Kregel and Welman (1988) provided a theoretical framework for the study. This model was chosen because it was found appropriate to provide guidance in conceptualising support to the graduates through linkages among vocational training institutions, work places and the communities.

The study used a descriptive research design. Qualitative and quantitative research methods were used. A total of one hundred and eleven (111) respondents participated in the study. Simple random sampling procedure was used to select the female graduates with mental retardation. Purposive sampling procedure was used to select the Provincial Employment Coordinators, the former and current directors from the Finnish Association on Mental Retardation, the former lecturers and parents of the graduates.

Questionnaires were used to collect data from the lecturers while semi-structured interview guides were used to collect data from the female graduates with mental

retardation, their parents, Employment Coordinators, the former and incumbent project directors. In addition, non participant observation technique was used to collect data from the female graduates with mental retardation.

Thematic analysis was used to analyse qualitative data while the quantitative data were analysed using the Statistical Package for Social Sciences (SPSS) computer programme. Qualitative data were organised and presented in common themes while quantitative data were presented in pie charts.

The study found out that the following factors contributed to poor life condition of the female graduates: inadequate preparation for employment, lack of in-service training opportunities, job losses, unemployment and negative attitudes of the community, employers and parents, stigmatisation, sexual abuse, inability to pay for accommodation, lack of sex education and inability to access medical services.

In addition, the study identified several measures to address the factors that contributed to poor life condition of female graduates with mental retardation. The measures include: allowing graduates to participate in social and economic activities within their homes and communities, reviewing the curriculum in order to include a course that has demand from the labour market, entrepreneurial skills and communication skills. Other measures included: providing in-service

training opportunities, workshops and seminars. In addition, job coaching, creating employment, conducting sensitisation campaigns, encouraging social integration, conducting community meetings, providing housing loans and sex education were among the measures that could improve the life condition of the graduates.

On the basis of the study findings, the following were recommended:

1. Vocational training institutions should adequately prepare the female graduates with mental retardation for employment.
2. In order to minimise the negative attitudes towards female graduates with mental retardation, the government and non-governmental organisations should continue conducting sensitisation campaigns.
3. Parents and community members should encourage female graduates with mental retardation to participate in social and economic activities in order to enhance their social integration.

DEDICATION

To my children, Emmanuel, Daliso, Betty and Chawanzi whom I have endeavoured to inspire in all areas of their lives through hard work, pursuance of knowledge through education and, above all things, to put their trust in God. Remember, to grow towards self actualisation. Consistent with this view, is a Bible quotation that says, *“I will go before you, level the mountains, break down the gates of bronze and cut through bars of iron. I will give you the treasures of darkness and riches stored in secret places so that you may know that I am the Lord, the God of Israel who summons you by name”* (Isaiah 45:2-3).

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Last but not the least, my sincere gratitude go to my family, my wife, Rozalia and our children, Emmanuel, Daliso, Betty and Chawanzi. My nephew Jairos, popularly known as 'uncles' also needs special recognition. It is my hope that my family will take the degree at my age, as a source of encouragement in their academic challenges. 'Where there is a will, there is a way'. I love you all and appreciate your understanding and patience. May the Lord our God bless and provide for your needs abundantly.

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List of Acronyms

ADL	Activities for every day living
AIDS	Acquired Immune Deficiency Syndrome
DEBS	District Education Board Secretary
CSO	Central Statistics Office
FAIDD	Finnish Association on Intellectual and Developmental Disabilities
FAMR	Finnish Association on Mental Retardation
FAWEZA	Forum for Women Educationalists of Zambia
HIV	Human Immuno Virus
ILO	International Labour Organisation
JAC	Jewish Awareness Centre
MMCI	Maureen Mwanawasa Community Initiative
MoE	Ministry of Education
MSTVT	Ministry of Science, Technology and Vocation Training
NGOs	Non Governmental Organisations
PEO	Provincial Education Officer
PPASCN	Parent Partnership Association for Children with Special Needs
PTA	Parent-Teachers' Association
SAP	Structural Adjustment Programme
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infections
TEVET	Technical, Vocation and Entrepreneurship Training

TEVETA	Technical, Vocation and Entrepreneurship Training Authority
UNICEF	United Nations Children Emergency Fund
YWCA	Young Women Christian Association
ZAEPD	Zambia Association on Employment for Persons with Disabilities
ZAFOD	Zambia Federation of the Disabled
ZNADWO	Zambia National Association for the Disabled Women

CHAPTER ONE

INTRODUCTION

This chapter covers a brief background on the life condition of persons with disabilities vis-à-vis female graduates with mental retardation. Thereafter, the chapter presents the problem under investigation, the purpose of the study, research objectives and research questions linked to the objectives of the study. It then presents significance of the study, theoretical framework, study sites, operational definitions, organisation of the study and ends with a summary.

1.1 Background to the study

Six hundred million (600,000,000) people in the world have various types of disabilities, and of these, eighty percent live in low income countries and the majority of them tend to be poor and do not have access to basic services such as education, health, employment, decent accommodation and are discriminated against on the basis of their disability (World Health Organisation 2005). This situation is consistent with the findings of Brow (1997) who found that due to poverty, persons with disability, including women had a substandard social, physical and material well-being. In addition, their rights were more violated than those of their “normal” counterparts.

Poverty and impairment have been found to have a close link in a cycle of exclusion and marginalisation. Exclusion from education leads to exclusion from labour markets and this, in turn, leads to greater poverty and

dependency on others for income and support. Such exclusion has led persons with disability to lack the means of paying for their basic services and facilities. For instance, they experience difficulties to pay for food, healthy services and accommodation facilities (Roggero, et al. 2005).

Koistinen (2008) also noted that certain groups within the population of persons with disability such as those with mental retardation, in general, and women in particular, were more vulnerable to poverty than their disabled counterparts. They are therefore, considered to have poor condition of life. Tanya et al. (2007) further highlighted that women with mental retardation, by virtue of having a disability, were excluded and marginalised from education, training and employment, contributing to their low social, physical and material well-being compared to their male counterparts.

The variables social, physical and material well-being helped to describe the life condition of the female graduates with mental retardation. In line with the work of Brow (1997), for a person to have been considered to have a social well-being, he or she had to have happiness and intimacy with his or her family. Fulfilment of the social well-being was determined by the presence of interpersonal interactions, friendships and family support. Material well-being referred to ability to own property, have financial security and food. Indicators to this variable, included being in employment, having possessions and shelter. The variable physical well-being included being healthy, having good nutrition, recreation, and mobility. Indicators to physical well-being included ability to afford health care services, leisure and activity for daily living. The

fourth variable was enjoying human rights. It included right to education and employment. Fulfilment of this variable was determined by existence of a due process when ever there was need for litigation. It further included ownership and access to education and employment. Based on Brow's (1997) model, absence or having few of the above indicators implied poor life condition and persons with mental retardation, especially females, were considered to live a substandard condition of life (Brow, 1997).

Despite this situation, disabled persons, in general, and females with mental retardation, in particular, have remained an invisible group in national and international development policies. To this effect, Coleridge (2001) pointed out that rejection of women due to their disability and gender had not received enough attention in studies on disability.

Similarly, Tanya et al. (2007) points out that, unfortunately persons with mental retardation especially females world-wide, have poor life condition unlike their able-bodied counterparts who have shown marked improvement in their life condition with better housing, greater choice of food and employment.

In Zambia, the life condition of females with disabilities is poor and in some cases worse than that of other female counterparts with disabilities world wide. Their social, material and physical well-being is below the standard of life condition and their rights are violated in most cases. Similar views were reported by the Finnish Association on Mental Retardation (FAMR) (2005)

who reported that female graduates with mental retardation were unemployed, discriminated against and sexually abused. They had no means of paying for their basic services such as health and housing. Low literacy levels among these women have also been found to contribute to their living condition being poorer than that of men (Shezongo-Macmillan et al. 2008). This was despite availability of special education units (catering for both females and males below the age of 16 years) and vocational training institutions (catering for females and males with mental retardation above 16 years). For instance, it was amazing to see that persons with mental retardation were among the highest (53.6%) in not having education at all and among the lowest (1.1%) in terms of highest level of education attainment in Zambia as shown in the table below.

Table 1: Population of persons with disability by type of disability and level of education in Zambia

Type of disability	Level of education completed						
	Total number	Total percent	No Education	Primary	Secondary	A Levels	Higher level
Blind	12,754	100.0	57.0	29.8	11.0	0.8	1.3
Partially sighted	74,882	100.0	39.6	40.7	15.6	2.2	1.8
Deaf/dumb	14,233	100.0	62.3	28.1	8.2	0.4	1.0
Hard of hearing	29,886	100.0	48.9	40.1	9.4	0.6	1.0
Mentally ill	19,345	100.0	51.2	33.3	13.9	0.5	1.1
Ex-mental	8,341	100.0	40.2	41.7	16.0	0.6	1.5
Mentally retarded	12,810	100.0	53.6	34.9	10.1	0.4	1.1
Physically handicapped	94,085	100.0	39.4	42.8	15.5	1.1	1.2
Total	243,347	100.0	43.2	39.7	14.5	1.3	1.3

Source: Central Statistical Office (2003). Note: the source did not have aggregated data by gender.

Females with mental retardation were reported to be more disadvantaged with regard to education due to various reasons such as negative cultural attitudes

(CSO, 2003). In addition, as a result of their low level of education, women in general were often hired at the bottom levels of the employment structure (Shezongo-Macmillan et al. 2008). They further described the state of living condition for female graduates with mental retardation as poor, and argued that it was a matter that needed to be addressed.

The recent Census of Population and Housing in Zambia showed that out of a population of 10.8 million, 256,690 people had various disabilities including mental retardation. Out of the 256,690 people with disabilities, 13,861 were people with mental retardation and out of the 13,861 persons with mental retardation, 7,444 were males and 6,417 were females as shown in table 2 below.

Table 2: Persons with disabilities in Zambia by gender

Residence/sex Province	Total number	Types of disability							
		Blind	Partially Sighted	Deaf/ Dumb	Hard of Hearing	Mentally ill	Ex- mental	Mentally Retarded	Physically Handicapped
Zambia total									
Both sexes	256,690	5.3	30.2	6.2	12.4	8.1	3.6	5.4	38.8
Male	135,613	5.0	27.7	6.2	11.5	8.8	3.7	5.6	40.7
Female	121,077	5.6	33.0	6.2	13.3	7.3	3.6	5.3	36.7
Rural									
Both sexes	188,945	5.3	29.2	6.2	12.9	8.0	3.4	5.1	39.5
Male	99,289	5.0	26.8	6.1	12.0	8.7	3.5	5.3	41.2
Female	89,656	5.7	31.8	6.2	13.8	7.2	3.3	4.9	37.7
Urban									
Both sexes	67,745	5.2	33.1	6.4	10.9	8.4	4.3	6.3	36.8
Male	36,324	5.0	30.1	6.4	10.1	9.1	4.2	6.2	39.3
Female	31,421	5.4	36.5	6.4	11.9	7.6	4.4	6.5	33.9
Provinces									
Central	24,379	4.0	32.0	5.4	12.7	7.0	2.3	4.6	38.0
Copperbelt	35,433	5.2	32.0	5.9	10.6	8.1	3.3	5.9	39.1
Eastern	37,691	3.6	24.8	6.1	12.1	9.3	3.8	6.1	40.3
Luapula	24,669	7.3	30.6	7.5	12.7	9.1	4.9	6.5	37.8
Lusaka	25,963	2.9	34.9	4.4	8.8	6.1	3.3	5.2	33.8
Northern	37,008	7.0	32.2	7.7	15.3	9.6	5.1	6.4	36.9
North western	14,963	3.6	23.6	5.1	11.6	6.4	2.7	4.1	46.6
Southern	29,404	6.5	27.7	7.2	11.6	8.7	3.4	5.0	43.5
Western	27,180	6.9	32.8	5.6	15.2	6.9	3.1	3.8	35.9

Note: It is worth noting that the percentages will not necessarily add up to 100 because some persons reported more than one disability. Source: CSO, (2003)

When one looks at disability from the perspective of gender, females with disabilities, especially the mentally retarded, are the most disadvantaged. Available literature indicates that women, in general, and especially those with mental retardation, tend to lag behind in various aspects of life including education, training and employment which lead to poverty (Kasonde-Ng'andu 1986). It was therefore, important to identify factors that contributed to poor

life condition of female graduates with mental retardation and measures to address such factors.

This study focused on female graduates with mental retardation because as pointed out by Kasonde-Ngandu (1986), Coleridge (2001), Tanya et al. (2007) and Koistinen (2008), females were more marginalised, discriminated against and vulnerable than their male counterparts. In addition, focus on female graduates with mental retardation is consistent with the findings of Roggero et al. (2005), who argue that little is known about the factors that contribute to poor life condition of females with disabilities. Studies done on graduates with mental retardation in Zambia by Mukela et al. (1998) and Koistinen et al. (2001) focused more on males and not so much on females.

Koistinen (2008) highlighted a few experiences by both male and female students and graduates with mental retardation in training and after training but not in the context of finding out factors that affected the life condition of female graduates. These three studies by Mukela et al (1998), Koistinen et al. (2001) and Koistinen (2008) left a gap because none of them specifically addressed the factors that contributed to poor life condition of female graduates with mental retardation in Zambia. According to FAMR (2005), their life condition was reported to be poor in the sense that their rights were mostly violated and their social, material, physical well-being was below the standard of life condition enjoyed by their 'normal' counterparts. There was need therefore, to ascertain empirical factors that contributed to poor life condition of female graduates with mental retardation in Zambia.

1.2 Statement of the problem

The Finnish Association on Mental Retardation (FAMR) is a Non Governmental Organisation based in Zambia. It was established in 1987 with the view to improving quality of life of persons with mental retardation by supporting their training in vocational skills and placing them in employment. Since 1987, FAMR has supported vocational training through the Ministry of Science, Technology and Vocational Training (MSTVT). As a result of this support, 503 graduates (275 males and 228 females with mental retardation) had completed vocational training from various vocational training institutions in Zambia by the year 2000.

In its annual Report of 2005, however, the Finnish Association on Mental Retardation (FAMR) indicated that the life condition of female graduates with mental retardation from vocational training institutions in Zambia was poor. Their rights were violated and their social, material and physical well-being was below the standard of life condition enjoyed by their male counterparts. This situation was puzzling because it was assumed that after vocational training, life condition of the female graduates with mental retardation would improve. Hence, the present study sought to identify factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions in Zambia and measures to address such factors.

1.3 Purpose of the study

The purpose of the study was to identify factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions in Zambia. In addition, the study sought to identify measures that could address the factors that contributed to poor condition of their lives.

1.4 Objectives of the study

The study was guided by the following objectives:

1. To determine factors that contributed to poor life condition of female graduates with mental retardation from vocational training institutions.
2. To identify measures that could contribute to improving life condition of female graduates with mental retardation.

1.5 Research questions

In order to address the objectives listed above, the study was guided by the following questions:

1. What factors contributed to poor life condition of female graduates with mental retardation from vocational training institutions?
2. What measures could contribute to improving life condition of female graduates with mental retardation?

1.6 Significance of the study

At the time when the empowerment of persons with disabilities is taking a central stage both at global and national levels, and when the problem of poor

life condition of female graduates with mental retardation is still unresolved, any study that addresses such a problem would be of great importance to students of special education and policy makers.

It is hoped therefore, that the findings of this study may contribute to the general body of knowledge on the factors that contribute to poor life condition of female graduates with mental retardation and measures to address such factors. In addition, the findings could contribute to the Zambia's current development process of the Sixth National Development Plan and influence changes in education and training policies and practices relating to persons with mental retardation. The findings could also contribute to the rapid social and economic changes taking place in Zambia and their impact on different sections of the Zambian society. Additionally, the findings could stimulate the need to produce evidence based research in support of the Integrated Support Framework in Zambia. The findings of this study could also stimulate interest for further enquiries by researchers which could contribute to improving life condition of female graduates with mental retardation.

1.7 Theoretical Framework

The study was guided by the Integrated Support theoretical framework by Kregel and Welman (1988). The Integrated Support Model is based on building up relationships in training institutions, work places and outside the work sites in communities. For instance, the relationship that exists within each training institution, among co-workers and managers in work places and the relationships in the community outside work sites are utilised to support a

person. In addition, advocates of the Integrated Support Model believe that quality of life improves greatly when there are linkages between settings i.e. vocational training institutions, work place and the community (Kregel and Welman 1988). Three essential phases are followed in the Integrated Support Model. In the first phase, the prospective worker undergoes vocational training in a specified field, in the second phase he or she is placed in a job and in the third phase the worker is helped to maintain the job through support from other employees, employer and a job coach.

The model may help to improve life condition of female graduates with mental retardation because the model is based on extensive use of existing relationships in educational settings, the work place and the community. Regarding community support, people in Zambia generally live communally. For example, they share most facilities. They also practice the extended family relationships which, once well-utilised, could make the model relatively cheap to implement.

The Integrated Support Model was also chosen to guide this study in identifying measures to address factors that negatively affect life condition of female graduates with mental retardation. The choice of this framework was based on the premise that Zambia has existing structures dealing with disability issues. This is through associations of and for the disabled, Non-governmental organisations, government ministries and communities. Net working among these organisations is therefore, expected to be one of the

major strategies that can help female graduates with mental retardation to benefit from the Integrated Support Model.

The importance of the Integrated Support theoretical framework included: (a) addressing the research objectives. The researcher was able to identify the factors that contributed to poor life condition of female graduates with mental retardation and measures to address such factors. (b) It further helped the researcher to conceptualise the critical sources of support vis-à-vis training institutions, work settings and community from a wider perspective and by so doing objectivity was enhanced.

However, several theoretical problems were experienced. The first problem faced by the researcher was that of relevance of the theoretical framework which was designed for a western society. The researcher was faced with a problem of relevance or applicability of Integrated Support theoretical framework by Kregel and Welman (1988) to a non-western society like Zambia. A number of questions arose in relation to this problem of relevance such as: how universal are human actions that a theoretical framework or study about one society can be applied to a situation in another society? Can a study on factors that affect the life condition of persons with mental retardation done in United States of America, Britain and Finland, for example, be applied to a situation in Zambia and explain it adequately? Are social phenomena universally defined and understood? We are aware that not all human actions are universal, and not all social phenomena have universal meanings. For example, even words like 'mental retardation' have different

meanings in different cultures. If this is the case, it follows, therefore, that a study in one society cannot adequately explain a situation in another society.

But this does not mean that theories and studies developed and done elsewhere cannot be used, and that all their ideas are inapplicable to a study in a non-western society like Zambia. On the contrary theories found inadequate have been used as 'springboards' for further studies. In other words, they have been used as starting points in investigating and presenting the issues adequately (Chakulimba 1986).

To solve the problem of relevance, the theoretical model was examined critically and some theoretical propositions and concepts which could be relevant and applicable to a situation in a Zambian situation were identified. The idea of modifying a theory to make it more relevant was also alluded to by Chakulimba, (1986:109), who suggested that,

“Sometimes it may even be necessary to modify the theory by either adding to it ideas or variables which may be lacking, or leaving out those which may seem to be irrelevant to the study.”

In this study, it was seen fit to modify the theoretical model by adding to it the aspect of community support to make it more relevant to the Zambian situation. Female graduates with mental retardation live in communities and therefore, they need support from their communities to improve their life condition. Support to the female graduates with mental retardation may be in form of social integration, giving them an opportunity to employment in either formal or informal employment sectors and supporting them to retain the jobs.