The Challenges Encountered by People with Physical Disabilities at Work: The Case of Maseru, Lesotho

By

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CERTIFICATION

This is to certify that this dissertation has been read and supervised as having met the requirements of the Faculty of Social Sciences, National University of Lesotho, for the award of the Degree of Master of Science in Sociology.

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ABBREVIATIONS LIST:

APA	American Psychological Association
GDP	Gross Domestic Product
LDHS	Lesotho Demographic Health Survey
LNFOD	Lesotho Federation of Organizations of the Disabled
NDMP	National Disability Mainstreaming Plan
NDRP	National Disability and Rehabilitation Policy
PWD	People with Disabilities
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
US/ USA	United States of America
WHO	World Health Organization

ABSTRACT

People with disabilities (PWDs) are a leading minority group globally, that anyone can become its member at any given time (Aroonsrimorakot, Laiphrakpan, Nilthongkum *et al.*, 2020). In addition to accidents, population ageing and chronic health conditions such as diabetes contribute to the increasing prevalence of disability (Alswang, Bandawe, Bastian *et al.*, 2022). To its members, disability is an obstacle to success. Gaining employment is an uphill struggle for PWDs, because they face recruitment discrimination. When they have been successfully enrolled in employment, they are confronted with human rights issues that exposes them to innumerable challenges such as stigma, discrimination and all sorts of inequalities. Therefore, the purpose of this study was to investigate the challenges that PWDs encountered in the workplace in Maseru.

The study employed a qualitative research approach to investigate the challenges and to achieve the objectives. The objectives of the study were to find out the employer's contribution to 'reasonably accommodate' workers with disabilities, to explore the workplace relationships between PWDs and other employees and to investigate the stigma experiences of PWDs in the workplace. In-depth interviews were used to collect data from twelve people with disabilities, who were and have been employed in Maseru. Purposive and snowball sampling techniques were used in the collection of data. The data collected were analysed using thematic analysis.

The findings of the study indicated that stigma and discrimination were the most pervasive and persistent barriers. The study confirmed that some participants with disabilities were discriminated and stigmatised when they came for interviews and others when they first reported for work. The participants were not 'reasonably accommodated' in terms of transport provision, housing, support and the built environment. Furthermore, the participants had strained relationships with both colleagues and managers, they were discriminated during promotions and were excluded in extra-mural activities. The findings suggest a need for interventions by the employers to 'reasonably accommodate' workers with disabilities and to reduce stigma especially enacted stigma that seems to prevail in the workplace, in Maseru.

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CHAPTER ONE: INTRODUCTION

1.1 Background Information to disability

Both Aroonsrimorakot, Laiphrakpan, Nilthongkum *et al.,* 2020 and the World Health Organization (WHO, 2011), agree that disability is a human condition that limits the daily activities of individuals often frustrated by physical environments, transportation, communication and information systems. This human condition makes people with disabilities (PWDs) the leading subsidiary group in society, whereas they form a significant portion of the world‘s population (Aroonsrimorakot, Laiphrakpan, Nilthongkum *et al.*, 2020). WHO (2011) states that, the number of PWDs is ever increasing and in the years ahead, it will be a greater concern because of its prevalence. WHO (2013) estimates that over one billion people have some form of disability, which is approximately 16 percent of the people globally. 15.6 percent of the people are fifteen years and older and more than 80 percent of them live in low and middle income countries (Gurung, Murray, Rana *et al.*, 2022).

The Global Burden of Diseases is also increasing, with an estimated 52 percent from 1990-2017 (Alswang, Bandawe, Bastian *et al.*, 2022). The Global Burden of diseases estimates that around 19.4 percent of the people have chronic health conditions, 2.2 percent have considerable difficulties in functioning and 3.8 percent have extreme disabilities. This increase in the number of disabilities is influenced by the global trends in population ageing and a rise in chronic health conditions such as diabetes, cardio-vascular diseases and mental illness (Alswang, Bandawe, Bastian *et al.*, 2022). This means that everyone is likely to be temporarily or permanently impaired at some point in their lives (Caraballo, Fernandez and Garcia, 2020).

According to the Lesotho National Disability Mainstreaming Plan (2019), Africa has over 81 million people with some form of disability, comprising of a disability prevalence of about 10 percent. In Lesotho as per the 2006 Census, the prevalence of disability was about 3.7 percent of the total population and of these, 40 percent of the disability prevalence pointed to children below the ages of 10. The prevalence of disability was high in males than in females at 41 percent and 39 percent respectively. In the 2016 Census, the prevalence of disability in Lesotho was 2.5 percent. Berea had the highest disability prevalence comprising 3.2 percent then followed Maseru at 2.8 percent (Labour Force Survey, 2016).

Mustapha (2021) notes that disability is not a minor problem. Like Mustapha, Ali, Mehta, Narayan *et al.,* (2017) posit that disability is a public health care matter that burdens individuals, families, health care expenditures and economies. Additionally, on an individual level, it is a human rights issue that exposes individuals to a myriad of challenges such as inequalities, discrimination, stigmatisation and other major human rights violations such as abuse, disrespect and violence. All of these issues are socially constructed and can adversely affect the health of PWDs both physically and mentally (Ali, Mehta, Narayan *et al.,* 2017).

Focusing on workers with disabilities, employment and participation in the labour market is vital, not only in regard to monetary benefits but in building social relationships as well (Kissow, 2015). According to Caraballo, Fernandez and Garcia (2020), definitive and comparable labour market data that tracks the employment rate of PWDs in many countries is insufficient. As a result, most countries rely on population censuses and household surveys collected at 5 -10 years intervals, to acquire information on the employment rate of PWDs. PWDs have the right to work on an equal basis with their non-disabled counterparts (Caraballo, Fernandez and Garcia, 2020), their exclusion from work robs societies of about $1.37- 1.94 trillion in gross domestic product (GDP) annually according to Metts (2000). It is therefore imperative that PWDs are employed so that they earn their own income, to be financially independent, contribute to community development and attain social and political status as stated by Narayanan (2018).

Caraballo, Fernandez and Garcia, (2020) argue that, the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)has increased global awareness of disability including those in the work place context. However, people with disabilities continue to experience a range of difficulties at work. The rate at which people with disabilities are employed is half of that of their non-disabled counterparts and their under employment is common as is noted in Angermeyer, Collela and Schur

(2010) and WHO (2011). PWDs obtain lower wages (Baldwin and Johnson, 2006), have less access to training and have low job securities (Adya, Colella and Schur, 2016). Despite the existence of anti-discrimination legislation, Corby, Richard and William (2019) note that discrimination persists pervasively. These obstacles do not only adversely influence on the careers of PWDs but also influence how individuals see and feel about themselves.

For this reason, several countries have legally defined and refined different legislative acts with the purpose of eradicating employment barriers for PWDs. Such laws include the 1990 United States Act, the 1992 Australia Disability Discrimination Act and the 1995 United Kingdom Act (Adya, Colella and Schur, 2016). Lesotho also ratified the UNCRPD in 2008, that advocates for changes in attitudes towards people with disabilities and the manner in which people with disabilities are approached by the public (Eide and Kamaleri, 2011). The strategic objective of the convention was to move people from the customary ways of looking at disability and focused on the commitment of countries to create environments that incorporate and indulge everyone in their diversity (UNCRPD, 2016).

The goal of ratifying the convention for Lesotho was in commitment to protecting PWDs through developing and implementing policies and laws that secure their rights (Eide and Kamaleri, 2011). Lesotho’s laws and policies includes the Lesotho Equity Act No: 2 of 2021, The National Disability Mainstreaming Plan (NDMP) 2012/13-2016/17 and The National Disability and Rehabilitation Policy (NDRP). The overall intention of these policies is to inhibit disability, ensure that PWDs live healthy and fruitful lives, eradicate barriers in their environments, provide equal opportunities and recognition of the rights of PWDs so that they reach their full potential (NDMP, 2019; Government Gazette 2021).

1.2 Statement of the Problem

Employment is a fundamental human right which is essential for the well-being and dignity of every human being including people with disabilities. According to Boylan (1991), work contributes to economic sustainability, autonomy, self-worth and stature. In ratifying the UNCRPD, Lesotho enacted national policies and laws as a way of demonstrating its commitment to disability rights. These efforts made by Lesotho in improving the lives of PWDs were elicited by inequitable dependency, disassociation and rejection that society had inflicted on PWDs (Chitereka, 2010). Employed PWDs in Lesotho constitute 18.1 percent (Labour Force Survey Report, 2019) and little is known on the magnitude and the types of challenges that people with physical disabilities in Lesotho deal with. Therefore, the aim of this study is to investigate the challenges encountered by people with physical disabilities at work places, in Maseru.

1.3 Objectives

1.3.1 Main Objective

1. To examine the challenges encountered by people with physical disabilities at work in Maseru.

1.3.2 Specific Objectives

2. To find out the employer’s contribution to ‘reasonably accommodate’ workers with disabilities.
3. To explore the workplace relationships between people with physical disabilities and other employees (co-workers and supervisors).
4. To investigate the stigma experiences of PWDs in the work place.

1.4 Research Questions

1. What is the employer’s contribution to ‘reasonably accommodate’ workers with disabilities?
2. How is the workplace relationship between PWDs and co-workers?
3. What stigma experiences do PWDs encounter in their line of work?

1.5 Justification of the Study

According to the UNCRPD (2006), in Africa as in many regions of the world, people with disabilities fail to enjoy their fundamental human rights because they are excluded and discriminated against in developmental programs because of their defects. As a result, it is possible for them to live in poverty due to lack of education, health care and employment opportunities. The defects and limitations of PWDs influence the public approach towards them and influences how people with disabilities in return respond to the general public (Green, 2003), which may present devastating implications for people with physical disabilities. In the work place, people with disabilities face difficulties with their employers, which often lead to them feeling incapable, dependent and insecure (Barbra and Mutswanga, 2014). Narayanan (2018) argues that, people with disabilities are perceived and treated differently and they are not as acceptable as the majority of their non-disabled counter parts.

It is therefore of great importance to study the challenges encountered by people with physical disabilities at work, with a view of coming up with strategies and policies that would make work easier for them. A copy of this research project will be shared with The Lesotho National Federation of Organizations of the Disabled (LNFOD) in order to enlighten the organization of the challenges that people with physical disabilities encounter in their line of work in Maseru. Finally, this study is an integral part and a requisite as it is a partial fulfilment of the master degree in Sociology of Health and Medicine.

1.6 Definition of terms

1. Work: The Labour Force Survey (2019) defines work as any activity performed by people of any sexual orientation and age to produce goods and services for themselves or for use by others, either in exchange for pay or profit or voluntarily without pay. In this study of the challenges encountered by people with physical disabilities at work, work constitutes an activity executed by people living with disabilities, irrespective of their sexual orientation and age to produce goods and services for own use or use by others. People living with physical disability in this case would be those that perform work in exchange for pay or those that perform work as volunteers.

2. People with disabilities include those with prolonged physical, mental, intellectual and sensory impairments, who different barriers may hinder their full participation on an equal basis with others in society (ILO, 2021). In this study, PWDs refer to those with long term physical impairments. They fail to completely engage in work like other people without disabilities because of various barriers that act as hindrances in the workplace.

CHAPTER TWO: REVIEW OF LITERATURE

2.1 Introduction

This chapter explores discussions on disability. It discusses the disability discourse focusing on its historical definition from the 17th era to the 18th era, the two approaches that help explain and understand disability and the causes and types of disability. The themes covered by the literature are the barriers in the work place for PWDs, work place relationships of people with disabilities, stigma and discrimination associated with disability in the work place. The final part of the chapter discusses the theoretical literature that is used to guide the study.

2.2 Empirical Literature

2.2.1 History of Disability

Over time, the definition and understanding of what disability is, has evolved. Braathen, Grut and Munthali (2015) note that disability has been defined supernaturally, spiritually and religiously. According to Barbra and Mutswanga (2014), disability was affiliated with madness and wickedness, thus in Europe and Africa, people with disability were murdered with the desire to create an ideal human being (fatalism). However, the religious philanthropic philosophy substituted fatalism. Religion illustrated patronage, affinity, compassion, humanness and charity. Later on, the philosophy of humanity then prevailed and its major focus was on the welfare of people with disabilities. Additionally, Barbra and Mutswanga (2014) emphasized that the social welfare philosophy gave rise to morality and humanistic ideas. The ideas eliminated unfair treatments based on individual traits, resulting in affirmative action, positive discrimination and the rights of people with disabilities such as, the right to education, employment and movement.

2.2.2 Disability Discourse: Causes and Types of disability

According to Aroonsrimorakot, Laiphrakpan, Paisaritanakj *et al.,* (2020), disability has been described differently in different countries, depending on various factors both environmentally and physically. Its conceptualization is influenced by those who have the power, capacity and the leverage to do so, be it individuals in societies or professional organizations in particular fields (Anand, Graham, Maw *et al.*, 2020).

Disability is "an umbrella term for impairments, activity limitations and participation restrictions" as defined by Aroonsrimorakot, Laiphrakpan, Paisaritanakj *et al.* (*2020*). They go further to state that disability also refers to adverse aspects of interaction between an individual with a health condition and an individual's environmental factors. Similarly, the World Health Organization defines disability as a result of a physical, mental, injury, impairment or conditions that restrain an individual's capabilities in carrying out day-to-day activities (WHO, 2011).

Like WHO (2011) and Aroonsrimorakot, Laiphrakpan, Paisaritanakj *et al, (2020)* Carr and Namkung (2021) define physical disability as a physical condition that curbs an individual's ability to embark on activities in any domain of life, from work to recreation. According to Enemchukwu (2018), a physical disability is one condition that is self-evident as it can be perceived upon recognition. Laferrere, Liou and Sunyer (2005) posit that, physical disability is the most common type of disability and it constitutes 75 percent of all disabilities. Laferrere and colleagues define it as a congenital disease, acquired illness or trauma that leaves an individual with a physical deficit. Physical disability affects limbs, either one or more, motor ability, sensory impairments and other impairments that limit other areas of daily living such as cardiovascular or respiratory disorders (The Leicestershire Joint Strategic Needs Assessment, 2015). When the impairment or condition clashes and conflicts with a disabling environment, a disability occurs (Aroonsrimorakot, Laiphrakpan, Paisaritanakj *et al.,* 2020).

In order to understand and address disability, the UNCRPD (2006) stated that, the way society perceives persons with disabilities influences their environment. This is perpetuated by how disability is interpreted and viewed. Its interpretation can affect the lives of persons with disabilities tremendously. As a result, the medical model and the social model of disability have been used to explain and understand disability (UNCRPD, 2006).

2.2.3 The Medical Model of Disability

According to Anand, Graham, Maw *et al.,* (2020), the medical model of disability is predominantly referred to as the old paradigm. It is the model that does not align disability with the social, cultural and political issues, thus contradicting the social model of disability. Anand, Graham, Maw *et al.,* (2020) stipulate that, the medical model emerged in societies when health professionals ousted religious leaders. The health professionals gained a role in societies because of their ability to define illness, explain body parts, heal injuries and cure illnesses. Consequently, they conceptualized disability from a biological perspective, as a consequence of the impairment of body functions and structures, caused by a disease, an injury or a health condition. It may affect a person's appearance or functioning of the mind and body (Anand, Graham, Maw *et al.,* 2020).

Anand, Graham, Maw *et al.,* (2020) further assert that, the medical model of disability merges impairment and disability with illness and the sick role. In this instance, a medical cure is appropriate for impaired body functions including problems with the mind, to enhance an active participation of persons with disabilities in society. The medical model also states that, for individuals to be self-reliant and to execute and fulfill their roles, they should be fixed. This places people with disabilities directly in the authority of the medical professionals either in rehabilitation programs or institutional care (Anand, Graham, Maw *et al.,* 2020).

Additionally, Braathen, Grut and Munthali (2015) described the medical model of disability as a model that is individualistic since it is concerned with the individual characteristic of the body. By way of explanation, the medical model of disability focuses on something lacking on the individual, either a limb or an organ. The health professionals therefore have been compelled to reinforce the medical model of disability through their medical practice, by concentrating on the medical causes, consequences and treatment of disability (Braathen, Grut and Munthali, 2015). The major limitation is that the medical model focuses more on the medical condition and to a lesser extent on the structural issues, such as poverty and other environmental barriers (Braathen, Grut and Munthali 2015).

2.2.4 The Social Model of Disability

The Social model contradicts the medical model of disability. Disability is not an attribute of the individual, instead Bricout, Howard, Porterfield *et al.,* (2004), argue that disability is socially constructed. Society contributes and imposes barriers that restrict the participation of persons with disabilities. Such barriers are negative attitudes, physical, institutional, social and communication barriers. These barriers segregate and stigmatise persons with disabilities cruelly, creating hindrances that socially exclude, economically and politically disempower and alienate them at all levels (Bricout, Howard, Porterfield *et al.,* 2004).

For Anand, Graham, Maw *et al*., (2020), the social model of disability does not link disability to impairment. The model views impairment as a malformation or a deformity, while disability is a restriction of an activity caused by the social organization, by denying PWDs access to community life. The model emphasises that, the body of the person with a disability does not constrain their capabilities, society does (Anand, Graham, Maw *et al.,* 2020). The model suggests that solutions to disability should not be aimed at the impaired person by adjusting their physical bodies, rather to society through political action and social change.

Anand, Graham, Maw *et al.,* (2020), describe an impairment as a distinct and special feature that should be appraised and celebrated and should not lessen people’s well-being. Anand and colleagues acknowledge that some PWDs do have health conditions that require medical care because chronic illnesses frequently present difficulties but, they are not the major problem.

2.2.5 The Causes of Disability

2.2.5.1 Infectious Diseases

According to the WHO (2011), impairments that approximately account for 9 percent of the years lived with disability in low-income and middle- income countries, are caused by infectious diseases. These include notable diseases such as lymphatic filariasis, TB, HIV/AIDS and sexually transmitted diseases. Unobtrusive diseases with neurological consequences like encephalitis, meningitis and childhood diseases such as measles, mumps and poliomyelitis.

2.2.5.2 Non-Communicable Diseases

Non-communicable diseases constitute approximately 66.5 percent in all years lived with disability in low and middle-income countries (WHO, 2011). Cardiovascular diseases like stroke and heart disease, an increase in diabetes, mental disorder, cancer and respiratory illnesses are the prevailing types of non-communicable diseases globally, that have an intense effect on disability (WHO, 2011). The 1998 Population Survey in Australia revealed that arthritis, back problems, hearing impairments, hypertension and asthma were found to be the most common health related conditions that contributed to disability (WHO, 2011). In Canada, adults experienced arthritis, back problems and hearing impairments as the most common health conditions relating to disability, while children encountered learning difficulties, autism and attention deficit (WHO, 2011).

2.2.5.3 Injuries

Injuries such as road traffic injuries, occupational injuries, violence and humanitarian crises have been perceived as the profound contributors to disability. Even though data on the magnitude of road traffic accidents is inadequate, an estimated 1.2 million and 1.4 million people die every year while others acquire a disability (WHO, 2011).

2.2.5.4 The Environment

Epidemiological literature on disability states that the environment contributes to disability. Low birth weight and micronutrient deficiencies such as iodine and folic acid result in health conditions linked to disability (WHO, 2011). Furthermore, poor sanitation and inaccessible health care are associated with poverty, which is the major cause of disability since poverty and disability reinforce one another (poverty causes disability and disability causes poverty) (WHO, 2011). Environmental changes caused by natural disasters, conflicts and war also have an effect on disability prevalence as they cause impairments and barriers to the physical environment (WHO, 2011).

The study by Beszta and Saad (2019), discussed the different causes of congenital and acquired disabilities in Arab countries. The study also incorporated the cultural causes of disability, in relation to marriages between very close relatives and marriages of underage girls. The study revealed that disability in Arab countries like Iraq, Palestine and Saudi-Arabia, was mainly caused by birth defects, illness and accidents. Illness was the major cause of disability, 41.8 percent in Mauritania and all Arab countries, other than Oman at 26.4 percent, where the prevailing causes of disability were congenital causes. Congenital abnormalities or birth defects were also found to be the most prevalent in the other four Arab countries like Palestine at 23.4 percent and 34.7 percent in Saudi Arabia (Beszta and Saad, 2019). The prevalence of disability in Iraq, Oman, Palestine and Yemen was at 31.8 percent while in Palestine it was at 21.2 percent. Disabilities due to car or work accidents were common in Iraq, Oman, Palestine and Yemen while Saudi Arabia had only car and other accidents other than work accidents as the causes of disability (Beszta and Saad, 2019).

Consanguineous or close relative (forth degree relatives) marriage was found to be among the social factors that caused disability, especially congenital abnormalities. The study by Fariba *et al.,* (2014) proved that, off-springs of consanguineous parents were at a higher risk of perinatal and postnatal mortality and morbidity, stillbirth, low birth weight, preterm labour, childhood mortality and lower IQ level (Beszta and Saad, 2019). Furthermore, evidence suggests that consanguineous marriages have resulted in complex adult diseases in off-springs such as Alzheimer disease, hypertension, cardiovascular disease, stroke, cancer and epilepsy among others. Early marriage phenomenon was another social factor that caused disability especially in Yemen, Sudan and Somalia, where one third of the girls married before the age of 18. Beszta and Saad (2019) posit that, disability is mostly caused by young mothers having children before they are biologically and psychologically mature. An incomplete reproductive health results in weak, unnourished and immature children, undefended against disability. One other cause of disability in off-springs is lack of responsibility in motherhood and lack of perception in health, psychological and educational principles of nurturing children (Beszta and Saad, 2019).

Mazagwa and Uroni (2014) conducted a study on the challenges facing people with disabilities in Tanzania. Their study found that the leading causes of disability were infectious diseases. The most prominent infectious diseases were malaria, polio, mumps and leprosy. Communicable diseases such as TB, meningitis, parasitic diseases and HIV/AIDS remained significant and caused disability (Mazagwa and Uroni 2014). Furthermore, wars, trauma and road traffic accidents were the second major causes of disabilities. The third causes of disability were birth defects which were a result of insufficient prenatal care (Mazagwa and Uroni, 2014). Other causes of diseases found were micronutrient deficiencies in Vitamin A, iron and iodine. Chronic illnesses such as stroke and diabetes among others, were discovered to form a large part as targets to public health, resulting in disability (Mazagwa and Uroni, 2014).

According to the National Disability Mainstreaming Plan (2019) of Lesotho, the main causes of disability were: genetic conditions that derive genetically from parents, errors with genes combination and DNA abnormalities. Such errors occur during pregnancy; caused either by infections, excessive exposure to x-rays and other factors. Many of the genetic disorders are linked to intellectual disabilities. Problems during pregnancy that contribute to disability include the use of alcohol and drugs by the pregnant mother. The use of alcohol in particular leads to intellectual disability (National Disability Mainstreaming Plan, 2019).

Other risk factors that contribute to disability include malnutrition, environmental pathogens and diseases like rubella and syphilis. Problems at birth such as premature birth, low birth weight and many other difficulties that the mother may experience in the process of giving birth like temporary oxygen deprivation and birth injuries are contributors to disabilities (National Disability Mainstreaming Plan, 2019). Problems after birth include childhood diseases such as whooping cough, chicken pox, measles and hip diseases. If not managed, these diseases ultimately lead to illnesses like meningitis that damage the brain, thus disability. Other causes of disability in Lesotho include environmental toxins such as lead and mercury which cause unrepairable injury to the brain and the nervous system (National Disability Mainstreaming Plan, 2019).

2.2.6 Types of Disability

According to Bogart, Rosa and Slepain (2018), the differences in disability is that some people are born with disabilities (congenital), while other disabilities are acquired.

2.2.6.1 Congenital Disability

Emordi and Osifo (2017)'s study unveiled that, the drawings, paintings, carvings and written documents of the primitive culture confirm that congenital disability has been part of human existence. Congenital disabilities can be divided into two generations.

- a) The era of the 17th century that was based on superstition, whereby man believed in rudimentary or primitive concepts of supernatural influences.
- b) The era of the 18th century was characterized as the era of progressive thinking. This era continues to evolve this far.

De Selvia, Dolk, Joshi *et al* (2016), describe congenital anomalies as birth defects, congenital disorders, congenital malformations and congenital abnormalities. Congenital abnormalities are defined as defects of prenatal origin and such abnormalities have the ability of affecting the health, development and survival of an infant. According to WHO (2020), congenital anomalies are the major causes of the global burden of diseases. They are more prevalent in low and middle-income countries and their prevalence is influenced by insufficient facilities to treat conditions that can be reversed or adjusted. Without treatment, these conditions do advance to more prominent and enduring effects to the PWDs. According to WHO (2020), congenital abnormalities incorporate a comprehensive range of structural and functional malformations whose occurrence can be in isolation as a single defect or in a group as multiple defects.

Incurable and ultimately fatal congenital abnormalities include heart anomalies, neural tube defects, Down's syndrome and unbalanced chromosome rearrangements (WHO, 2020). Due to their effects on life expectancy, health status, physical and social functioning, these congenital abnormalities are regarded as major. Contradictory to major abnormalities, minor abnormalities have little or no effect on health or long and short-term functioning and they cannot be ascribed to any specific cause (WHO, 2020).

Bafghee, Barkhordari, Fallah *et al.,* (2009), put forward that, many of the congenital abnormalities whose etiology is undetermined are explained based on the multi-factorial or complex inheritance such as genes and lifestyle (alcohol use and dietary deficiency). Congenital physical deformities of the body include, hunch back, deformed spine, dwarfism and a person with a stiff neck of a permanent nature (Ashok, Kamath, Kuvalekar *et al.,* 2015).

2.2.6.2 Acquired Disability

Lejzerowicz and Tomczyk (2018) assert that accidents and diseases affect and alter the existing conditions of life to something new. Acquired disability contributes to absolute dependency on others, to those that have been affected. Inability to live independently results in lack of autonomy and integrity. Individuals with an acquired disability find disability as a new challenge that they find hard to accept, since it is accidentally acquired (Lejzerowicz and Tomczyk, 2018). Acquired disability therefore tests individual resources, social environments, institutions and most importantly, the significant others or intimate relationships. Consequently, individuals who have acquired a disability often view life as worthless and consider themselves a burden because of their inability to withstand daily challenges. This makes people with acquired disabilities inadequate and reliant on others (Lejzerowicz and Tomczyk, 2018).

The Lesotho Demographic Health Survey (2011) (LDHS) reported the disability status in households including the types, causes and period of disability. The survey revealed that disability was mostly acquired because it was caused by traffic accidents, domestic accidents, mine accidents, fights or assaults, domestic violence, and sports. The types of disability found were therefore amputations of fingers, arms, hands, toes, legs, absolute and partial blindness deafness, mental illness and retardation.

In the study conducted by Beszta and Saad (2019) in the Arab countries, seeing, hearing impairment, mobility, cognitive (intellectual disability), self-care and communication were the most common types of disabilities. Mobility disability was more prevalent in all Arab countries. Egypt had as much as 43.3 percent of all disabilities while Qatar had a small percentage of about 21.6 percent of all disabilities. All countries except for Bahrain and Egypt account for 10.8 and 15.9 percent in hearing impairments, while the latter were 7.1 and 7.7 percent respectively. Cognitive impairments accounted for 5.7 percent of disabilities in Egypt, 9.4 percent in Oman and 13.1 and 14.5 percent in all other countries (Beszta and Saad, 2019).

2.2.7 Barriers in the work place for PWDs.

Sahu and Sahu (2015) posit that, a barrier for people with disabilities is anything that denies a fair and equal access of goods, services and information. It is an aspect available or existing in a person’s environment that limits performance and promotes disability. Such barriers include inaccessible physical environment, lack of necessary assistive equipment, services, systems, other legislative policies and adverse attitudes that restricts participation in all areas of life (Sahu and Sahu, 2015). Low labour participation rates and low wages of PWDs comparatively to their non-disabled counter-parts are some of the consequential challenges that they encounter in their line of work (Narayan, 2018). According to Ang (2017), this stems from lack of relevant qualifications and experience to get a job, because of lack of education and training and every other social opportunity. Lack of education is perpetuated by lack of encouragement by parents to their children with disabilities to attend school, due to stigma, poverty and lack of useful knowledge of the existence of resources and services (Odongo, 2018). As a result, people with disabilities are perceived as incompetent and as “risky hires” (Ang, 2017).

While physical appearance does but to a lesser extent contribute to the problems of PWDs, social organisations significantly contribute through discrimination (Ang, 2017). Instead of focusing on the abilities of people with disabilities, the non-disabled in organisations tend to focus on their disability and stereotype the kind of work that PWDs can and cannot do. Ang (2017) stresses that, stereotypes and attitudinal prejudice about PWDs are greatly influenced by lack of understanding and knowledge about disability. Disability discrimination is often cruel and vindictive but the adverse attitudes of employers towards PWDs are greatly significant (Ang. 2017), hence the low participation rate in the labour market.

2.2.7.1 Attitudinal Barriers

According to Sahu and Sahu (2015), attitudes are defined as emotions, beliefs and behaviours of an individual regarding a specific abstract, person, place, thing or event. The attitudes of people can either be positive, favouring an individual with an attribute or negative, disfavouring an individual with an attribute. Sahu and Sahu (2015) affirm that, an attitude consists of three interconnected elements of personality, which help in understanding the gravity of an attitude:

- The affective element is concerned with the feelings about a particular thing or individual, whether pleasing or unpleasing.
- The cognitive element focuses on the beliefs, opinions and ideas about a particular attribute.

- The behavioural element relates to the behaviour and actions of individuals towards an attribute.

Contrary to the physical and systematic barriers, attitudinal barriers oftentimes advance to illegal discrimination that cannot be defeated simply by laws (Sahu and Sahu, 2015). Attitudinal barriers were essentially used in the workforce and in other areas of the lives of PWDs to establish the difficulties that they come across. Adverse attitudes are the most salient and considerably contribute to other barriers. Perpetrators of negative attitude commonly rob PWDs of their fundamental basic human and civil rights that other members of the community enjoy (Sahu and Sahu, 2015).

2.2.7.2 Language Barriers

The language used in regard to disability influences and shapes the understanding and interpretation of disability on an individual and cultural level (Kamenetsky and Sadowski, 2020). The choice of words, images and messages do regulate the attitudes and behaviours that support the negative and positive attitudes (UNCRPD, 2006). This means that it is language that determines whether PWDs do need care, are a burden or whether they need a cure and to be fixed, so that they can actively participate in society (Ombati, 2021).

Ombati (2021), states that the language that has been accepted or approved by the movement of PWDs should be utilised either in English, locally spoken or national language to address PWDs. According to Kamenetsky and Sadowski (2020), positive naming strategies includes:

- Apologetic and positive naming. This naming strategy is pivotal in disability discourse as it confines negativity between PWDs and without disabilities, for example, physically challenged.
- Person first-naming. The person first-naming strategy strives to overcome chances of a person’s disability taking precedence over his or her personhood.

According to Ombati (2021), this naming strategy emulates the social model of disability that advocates to anti-discrimination of PWDs. For example, a person with a physical disability instead of a physically disabled person. Ferrigon (2019) states that positive language or words have the ability to encourage and inspire individuals and negative phrases have the capacity to hurt PWDs on an emotional level.

The table below shows the affirmative and negative phrases that should and should not be used to address PWDs.

Table 1: Disability Inclusive and exclusive language

Affirmative Phrases	Negative Phrases
Person with an intellectual, cognitive and developmental disability	Retarded or mentally deficient
Person who is blind or person who is visually impaired	The blind
Person who is deaf	The deaf or dumb
Person with a disability	The disabled or handicapped
Person with a psychiatric disability	Crazy or nuts

Table taken from the UNCRPD (2006).

According to Kamenetsky and Sadowski (2020), disability is solely an area where there is substantial effort towards changing spoken and written discourse from a negative to a more positive language. However, countries dispute on the language that is appropriate in disability. For example, in Canada the phrase mental retardation that WHO uses has been replaced by developmental delay or intellectual disability. United Kingdom uses the term learning disability to refer to people with intellectual disability and to individuals who have non-intellectual disability whereas in Canada and the United States, the term is only used to address intellectual disability. Kamenesty and Sadowski (2020) further claim that it is indefinite that spoken and written positive disability language can change the way PWDs are perceived. However, the American Psychological Association (APA) does uphold the use of person first language in reference to PWDs, as it supposedly reduces negative disability stereotypes (Kamenesty and Sadowski, 2020).

The study by Kamenesty and Sadowski (2020) on undergraduate students examined the effects of language type on the perception of disability. The findings of the study proved that when PWDs are referred to negatively, they are deemed negatively by others. The findings also proved that when negative phrases have been removed from disability discourse, it lessens the negative perceptions of PWDs (Kamenetsky and Sadowski, 2020).

In a case of positive naming strategies, the results of the study revealed that positive naming strategies such as person first-naming does not change how PWDs are perceived, it neither lessens stereotypes nor promotes inclusion for PWDs (Kamenetsky and Sadowski, 2020). This is because the understanding and interpretation of disability is difficult to change, irrespective of the positive naming strategies. The identity of PWDs continues to be low regardless of whether language is positive or negative (Kamenetsky and Sadowski, 2020).

2.2.7.3 Gender and language type

The use of disability language is dependent on gender. Kamenetsky and Sadowski (2020), note that women and men use language differently. Women are known to speak and write positively because they are more expressive, elaborate, polite, indirect, supportive and use more intuitive words. Males on the other hand are direct, personal, instrumental, short and concise. Therefore, it was imperative for Kamenetsky and Sadowski (2020), to establish if men and women regarded disability language differently and whether the differences in disability language affected them similarly. In a case of gender and disability, the study lacked findings on how males and females were affected or unaffected by language type. However Kamenetsky and Sadowski (2020) suggested that males and females were affected by language type the same way since gender differences in language exist as a result of human interaction.

2.2.7.4 Institutional Barriers

For Sahu and Sahu (2015), institutional barriers are concerned with disability legislation, legislation policies and support from other people. These policies provide regulations that enhance accessibility to the physical environment, provision of services and the support that persons with disabilities require. Institutional barriers qualify as hindrances when alterations in disability policies and legislation occur and do not favour PWDs, when they are discriminated against in different ways and when their needs are not taken into consideration. Hastbacka, Nygard and Nyqvist (2016) state that institutional barriers violate the social model of disability.

Ang (2017) conducted a study in Malaysia on the barriers that people with disabilities encountered. Inaccessible built environments were the prevailing barriers for PWDS, even with the law that advocated for accessible public buildings. Another protruding and critical issue discussed in the study by Ang (2017), especially for employed PWDs, was transportation to and from work. The transport system that commuting Malaysians with disabilities used was not disability friendly and convenient, therefore, it made their lives extremely difficult. Out of 358 workers living with disabilities, only 10.8% of the workers reported that their employers provided transport for them.

A study conducted by Joshi and Thomas (2019) in India, discussed the physical and structural hindrances that employees with disabilities faced. Employed people with disabilities encountered difficulties in accessing examination centres and interview boardrooms, travelling to offices using public transport and engaging in office events. Other challenges included in the study were, adjusting to a new allocated task, inability to demonstrate one’s ability in a sympathetic environment in which PWDs were treated charitably, inability to work under pressure to meet deadlines, hence failing to maintain a balance between the personal and professional lives (Joshi and Thomas, 2019).

2.2.8 Workplace relationships for PWDs

Bonaccio, Connelly, Gellatly *et al.,* (2019) posit that in the work place, the relationship between the employer and the employee starts when both parties are well aware of one another's existence. The relationship occurs when the appropriate candidate has been appointed for the position by the employer. The employment relationship means that the employer has to socialise a new employee in such a way that the new employee will carry out the set objectives of the organisation effectively. In the workplace the new employee has to be incorporated into the social structure as a way of eradicating segregation (Bonaccio, Connelly, Gellatly *et al.,* 2019).

According to Hall and Kulkarni (2011), the behaviour and actions of the colleagues and supervisors in the workplace have an effect on the organisational integration of PWDs. Socialisation plays a vital role in workplace relationships because effective socialisation enables and ensures that employees fulfil the desired levels of performance, brings about satisfaction and promotes innovation in organisational roles. Moreover, Hall and Kulkarni (2011) state that through the socialisation process employees learn, it influences their feelings, relationships they form and the strength of the relationships. The socialisation process is therefore more important for PWDs than any other because of the different barriers they encounter during social interaction. Unlike people without disabilities, PWDs hardly engage in jokes, teasing and interactions that are non-job-related during work breaks (Hall and Kulkarni, 2011). Furthermore, people without disabilities distance themselves from people with disabilities because they believe that they are incompetent. Similarly, pity from employers and co-workers may aimlessly hinder the advancement of PWDs because of the tasks that are not challenging and fulfilling. Therefore, the socialisation of PWDs needs to be managed and handled cautiously (Hall and Kulkarni, 2011).

Boehm and Brzycy (2022) carried out a quasi-experiment study in the German work force with the aim of explaining why people with severe disabilities were at risk of perceiving an inadmissible level of relationship building in the workplace. The results of the experiment emphasised that being labelled as severely disabled, leads to adverse ramifications for workplace experiences of persons with a labelled disability condition. Severely disabled persons in particular, experience fewer relationship building opportunities at work than their counterparts with the same severe yet unlabelled disability condition (Boehm and Brzkcy, 2022).

The results of the experiment also revealed and elaborated on three different streams of literature. That is on stigma, ableism and identity construction. The results indicated that labelling might occur as a result of self-stigma than public stigma, which makes it typically insignificant for people around the labelled person to know about his or her disability. What is important is how the labelled person interprets the label which ultimately results in self-stigmatisation. The results of the experiment revealed that disability labelling compromises relationship building of labelled individuals in the work place (Boehm and Brzkcy, 2022).

According to Boehm and Brzkcy (2022), disability labels lead to ableism at work. When a person with a disability is labelled, the observers and labelled individual focus on the labelled impairment and greatly neglect the strengths and abilities of the person with a disability. When the abilities and strengths are neglected, it segregates PWDs from the non-disabled counter parts because PWDs are viewed as incompetent. This creates groups of us and them which affects relationship building (Boehm and Brzkcy, 2022).

On the basis of identity construction, Boehm and Brzkcy (2022) indicate that, a label plays a vital role when constructing an identity for the severely disabled person. In line with social identity and self-categorisation theories, labelling severely disabled people places them in groups, resulting in devaluation and disassociation by the public and self-stigmatisation. A disability label coupled with self-stigma hinders the development of a desirable disability identity greatly. Therefore, the experiment showed that labelling PWDs inhibits relationship building in the workplace (Boehm and Brzkcy, 2022).

2.2.9 Reasonable Accommodation in the Workplace

According to the Lesotho Government Gazette (2021:472), reasonable accommodation refers to “the physical, administrative or otherwise, that the employer has to provide a person with a disability to ensure that he or she enjoys on an equal basis with others all the human rights and fundamental freedoms”. Due to the similar aspirations with their non-disabled counterparts, PWDs often need particular support that will allow them to fully participate and achieve equitable success (Government Gazette of the Republic of South Africa, 2021). Cagliostro, Leck, Lindsay *et al.,* (2018) add that reasonable accommodation includes modified equipment, flexible schedules, telecommuting, accessible workspaces and personal care assistants.
Anand and Sevak (2017) posits that the lower rates of employment among PWDs is perpetuated by the employer’s inability to accommodate their needs because PWDs who are unemployed report lack of reasonable accommodation as a major barrier. This is evidence that workplace accommodation has a positive influence on the lives of PWDs while at work (Anand and Sevak, 2017). The importance of accommodating PWDs is significant because it maximizes labour force participation, improves worker productivity, enhances quality of life, promotes social inclusion and strengthens psychological and physical health (Cagliostro, Leck, Lindsay *et al.,* 2018*).*

Anand and Sevak (2017) indicate that receipt of reasonable accommodation is analogous to a delayed exit at work and PWDs who do not receive accommodation are likely to leave their jobs prematurely. One way that an employer can provide reasonable accommodation to an employee with a disability is when the employer becomes aware that a worker has a disability. The second way that ensures the provision of reasonable accommodation to an employee with a disability is when the worker with a disability requests reasonable accommodation from the employer and the employer complies (Anand and Sevak, 2017).

Anand and Sevak (2017), carried out a study using data from the 2015 survey of disability and employment, to find out the role of workplace accommodation in reducing employment barriers and improving the employment of PWDs. The findings of the study indicated that PWDs encountered employment barriers that could be addressed by providing workplace accommodation. One barrier that the participants constantly reported was inability to obtain jobs. These previous attempts to secure jobs demoralised participants because employers never gave them a chance. Other barriers that were mentioned were workplace accessibility and lack of transport especially for people who had physical disabilities. Other participants reported inflexible work schedules and lack of personal assistants as other barriers that their employers could address (Anand and Sevak, 2017).

2.2.10 Work-related Stigma among PWDs

Carr and Namkung (2021) used the data from the United States (US) National Survey of Midlife Development to carry out a study on the levels of perceived job discrimination and inequalities on the workplace opportunities. Their reason for conducting this study was because more than sixty million working age adults in the US presented some difficulties with physical functioning, either walking or lifting and a quarter of the adults aged 20-64 who were non-workers cited disability as the main reason. According to Carr and Namkung, employment is very significant to adults with disabilities because it is a source of purpose and socialisation, particularly since they may be segregated from other forms of engagement as a result of either physical or environmental barriers.

The levels of perceived job discrimination and inequalities demonstrated extensive implications of everyday lives of employed adults with disabilities, relative to their non-disabled counter parts (Carr and Namkung, 2021). The participants reported less support from their colleagues and supervisors, increased discrimination and hardly any work opportunities (Carr and Namkung, 2021). They further record that the results of the study corroborated the stigmatising idea which strongly indicates that people with spoilt identities are undefended against interpersonal exchanges and the economic, political and social factors that threaten their well-being. In addition, as the study unfolded, PWDs in the workplace were assigned poor quality jobs, poor quality work, low earnings and fewer opportunities for growth and advancement because they were treated as if they were less capable (Carr and Namkung, 2021).

Ocran (2022) carried out an explorative study in Ghana on the structural discrimination of 16 middle class persons with disabilities. The participants in this study qualified to enter the mainstream social, economic and political spaces but disability restricted their full participation. Ocran defined structural discrimination as the kind of discrimination present in the social, economic and political spaces or in a social unit rather than the discrimination illustrated by individuals. Examples of structural discrimination were inaccessible built environments, lack of access to loans and credit facilities, stigmatising comments and complaints made by clients and customers that incapacitate PWDs in the workplace among others (Ocran, 2022).

The participants in the study on structural discrimination in Ghana shared their lived experiences of concurrent acceptance and confined access in the learning institutions, places of work, sacred spaces and the service sector (Ocran, 2022). In the places of work when PWDs were successfully enrolled, they were entrusted with minimal tasks. This limited their chances of attaining rewarding opportunities, which at times compelled them to resign from their positions. Ocran (2022) made an example of a journalist who could not undertake foreign trips because of his disability. For people with disabilities, this was a punishment because they were discriminated against for owning different bodies. When awarded positions, participants stated that it was out of sympathy, as a way of helping a person with a disability. Participants indicated lack of co-worker support, which restricted PWDs to work as best as they could. The inability of PWDs to work to the best of their abilities was not caused by their defects but by their organizations and organizational managers who were unwilling to establish an accommodating environment that would enable them to flourish (Ocran, 2022).

Buljevac, Majdak and Leutar (2012) conducted the study in Croatia with the aim of evaluating the stigma of disability. The study indicated that, the stigma that is associated with physical disability results in a negative connotation because physical disability usually refers to physical attributes that are regarded to be abnormal, exceptional and distinctive. Attitudes of people towards disability as a personal trait result from prejudice and stereotypes, consequently leading to stigma and discriminatory behaviours which is a consequence of social comparison. Since stigma results from human interaction, it defines people by assigning them a different characteristic which is undesirable, hence discrediting them. Stigma is a form of deviance to certain normative standards in society set by superior social groups, who have the capacity to put in place the standards that label individuals as deviant and outcasts, for example society, (Buljevac, Majdak and Leutar 2012).

Participants in the study of the stigma of disability frequently stated inherent elements of stigma prevalence. The participants with disabilities pointed their stigma experiences through the following:

- Inability to make their own decisions.
- The perception of disability as the major attribute of an individual.
- Lack of freedom of expression.
- The problem of willingly giving up professional capacity.
- Disrespect of the professional capabilities of PWDs.

Their stigma experiences were influenced by the perception that PWDs were incapable and irresponsible as far as work is concerned (Buljevac, Majdak and Leutar 2012). Participants with disabilities disclosed discrepancies in salaries between PWDs and their non-disabled counterparts, employer deception, establishment of work ghettos whereby PWDs were placed in the same working space and abuse in the system of employment. Among other things, PWDs reported that people without disabilities were eligible and qualified for loans than them, even though the quantity and the quality of work was the same (Buljevac, Majdak and Leutar 2012).

2.3 Theoretical Framework

2.3.1 Stigma

Erving Goffman defines stigma as an “attribute that is deeply discrediting to its possessor” (1963:3). For Goffman, stigma is an aspect of social life that complicates the day-to-day social interaction at micro level. These attributes or traits produce individual differences and convey a social identity that is underrated in a distinct social context. The attribute can expatiate itself upon recognition, setting the stigmatised individual apart from others. As a result, the stigmatised individuals are reduced from a whole and normal person to a tainted and disregarded one. According to Goffman, (1963:4) there are three types of stigmas:

1. Stigma or abnormalities of the body which are physical malformations and deformities that are evident on the body, for example paralysis.
2. Stigma or blemishes of individual character include homosexuality, addiction and dishonesty.
3. Tribal stigma of race, nationality and religion.

In a case of physical disability, individuals who possess an undesired differentness or shortcoming from what is expected is discriminated against, excluded, and restricted on the basis of their disability. Discrimination emanates from those who regard themselves as “normal” (Goffman, 1963:5). The normal are convinced that individuals with a physical disability are not human and, on this supposition, stigmatise and discriminate them. Without thinking of the actual meaning, those individuals who consider themselves as normal, use discriminatory idioms such as cripple and moron as their way of addressing the abominations (Goffman, 1963:5).

Goffman (1963:4) also discusses the two perspectives of stigma. Stigma can be discredited and discreditable. An individual with a discredited stigma is one whose attribute is noticeable, meaning that an attribute or trait is obvious and cannot be concealed, as with physical disability. The main challenge that the discredited individuals encounter is to manage and cope with the impression that other people have about them. For example, a physical disability. Individuals with a discreditable stigma are those whose attributes can be concealed, but their attribute if unfolded can be discredited. Their challenge is to manage information, for example, a criminal record and illnesses such as HIV/AIDS.

People with physical disability possess a discredited stigma. They possess a discredited stigma because their disability is readily discernible and clear. According to Mustapha (2021), disability is an identity indicator that PWDs cannot conceal, because of the assistive equipment that is perceptible and used. The equipment itself is a contributing factor to stigma. The PWDs are therefore compelled to cope with the thoughts, beliefs and stigmatised identities that people who do not have disabilities have about them.

Developing from Goffman's work on stigma, Scrambler (2009) defines stigma as an apprehended social process that portrays exclusion, blame and desertion emanating from the perceptions of the insiders to outsiders. In this case of the challenges of people with physical disabilities, the insiders are the non-disabled individuals. The non-disabled individuals pass social judgement onto people who have a physical disability. Scrambler (2009) identified two forms of stigma, felt and enacted stigma among adults in an individualistic study of epilepsy. Enacted stigma refers to discrimination inflicted by other people on an individual. For example, the non-disabled people inflicting stigma to people with disabilities. Felt stigma is discrimination that individuals who possess a mark of disapproval inflict on themselves because of the internalised sense of shame and differentness as a result of their imperfections.

2.3.2 Stigma in Southern Africa

Chirwa, Dlamini, Greeff *et al.,* (2008) constructed their concepts in the study of stigma on persons living with HIV/AIDS from Goffman's theory on stigma. They define stigma as a social label that has a strong effect on individuals about the way they perceive themselves and how other people view them. The stigmatised are considered by society as those who are devalued, shunned and maleficently affected in life because of lack of access to humanising benefits. They discuss the main forms of stigma that result from felt and enacted stigma. Enacted stigma includes physical and social isolation, gossip and loss of rights and access to resources (Chirwa, Dlamini, Greeff*et al.,* 2008).

Felt or perceived stigma as discussed by Chirwa, Dlamini, Greeffet *et al.,* (2008), encompasses internalising the devaluation from other people, leading to reluctance in attempting to find help and resources due to social and physical isolation. Therefore, for people with physical disabilities, felt stigma is delineated to thoughts and practices deriving from an individual’s own negative attitude about him or herself based on his or her physical disability. Enacted stigma is described in terms of avoidance, rejection, moral judgement, discrimination and abuse inflicted by the normal to the stigmatised. For people with physical disabilities, the concept of enacted stigma is delineated to external stigma and stigmatising practices by others towards a person with a physical disability.

2.4 Gaps in the Literature

The literature that addresses the experiences and challenges of PWDs focused greatly on why organizations could not hire PWDs. Lack of education and low educational levels, was the major cause for their high unemployment rate. Furthermore, most of studies that focused on the causes of disability, addressed the causes from a medical model of disability or from a medical perspective, whereas disability emerges when the impairment is incompatible with the environment in which one lives in. The researcher did not come across studies on disability in Lesotho hence the literature gathered was retrieved from the Lesotho Demographic Survey (2011), of which in the subsequent Lesotho Surveys, disability was not included.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter focuses on the methodological procedures and processes that were used in this study of the challenges encountered by people with physical disability at work, in Maseru. It explains the research approach that was used, the study site where the study took place, the study population, the sample and selection procedures, the methods of data collection and data analysis techniques and the ethical considerations that were used in conducting this study. The objectives of the study were, to find out how employers accommodate people with physical disabilities at work, how disability affects the workplace relationships between PWDs and their non-disabled counter parts and how stigma and discrimination affects PWDs in the workplace, in Maseru.

3.1.1 Qualitative Research Approach

In this study, the researcher used a qualitative research approach to explore and understand the challenges that people with physical disabilities encountered at the workplace, in Maseru. A qualitative research includes questions and procedures, data collected in the participants' setting, analysis of data inductively constructing from particulars to general themes and interpretations of the meaning of data by researchers (Creswell, 2009). Bryman (2012), defines qualitative research as a research approach that uses words in the collection and analysis of data rather than quantification.

According to Creswell (2009), qualitative research approach is characterized by the following:

1. Natural setting: data in qualitative research is collected at the site through face-to-face interactions, where participants being studied experience an issue or problem under study. Researchers in this kind of study are the main instruments. Information

is collected by the researchers themselves through reviewing documents, observing behaviour and actions and interviewing participants.

2. Face- to-face interactions in the qualitative study help keep the researcher focused and learn on the meanings that participants under study hold and have about an issue or problem.

3. The flexibility of a qualitative research approach is a bonus to the researcher under taking the study. This is because as the researcher enters the field and begins to collect data, all phases of the process can change or shift. For example, the researcher can change the questions, can change the forms of data collection, the participants being studied and the sites visited can be modified. The reason for this is that, the initial plan for research in a qualitative study is not tightly prescribed unlike with the quantitative research approach.

The qualitative research approach follows an epistemological position described as Interpretivism and an ontological position described as constructivism (Bryman, 2012). Through an interpretive inquiry, researchers make an interpretation of what they see, hear and understand. These interpretations are clearly linked to the researcher’s history, background and understandings. An interpretive study also allows readers and participants to make an interpretation as well, contributing to other interpretations. Multiple interpretations result in the emergence of numerous views of the issue being studied (Creswell, 2009).

Neuman (2007) adds that, the interpretive approach views human social life as founded less on ideas, beliefs and perceptions that people hold about objective reality. Unlike the positivists who present quantitative measures of objective facts, the interpretivists regard social reality as very fluid because of the changing perceptions, idiographic because it provides a thorough and true description and picture of a social environment, process and relationship. Interpretivism also emphasizes verstehen that allows a researcher to infiltrate into the participant’s world to explicitly confer their world, feelings and actions (Neuman, 2007).

The qualitative research approach proved to be suitable for this study because it enabled the researcher to understand, explicate, explore, disclose and clarify situations, feelings, perceptions, attitudes, values, beliefs and experiences of the PWDs in the workplace.

3.1.2 Research Design

According to Creswell (2014), a research design is defined as the procedures that are used in the process of collecting, analysing, interpreting and reporting data in a research study. It ensures that the evidence obtained from the study allows the researcher to find answers to the research questions (Creswell, 2014).This study used a phenomenology research design to help the researcher understand and explicate the challenges that PWDs encountered at work in their original form. Kafle (2013) defines phenomenology as a qualitative method that studies subjective phenomena and relies on the people's perceptions of the world in which they live in and what it means to them. Phenomenology helps researchers to describe and has the potential to deeply penetrate to the lived experiences (Kafle, 2013).

3.2 Study Site

According to Asghar, Beck, Bratcher *et al.,* (2018), the study site is a key and crucial stakeholder in research. It refers to a place where participants to be studied in research are recruited. Considering its importance, it is pivotal that study sites are able to successfully and efficiently recruit and employ suitable individuals for the study, as per a specified inclusion criterion.

If the site fails to enrol the required number of participants, it becomes difficult for the researcher to acquire a sufficient sample size and meaningful information that makes the study worthwhile. Asghar, Beck, Bratcher *et al.,* (2018) adds that, the characteristics of a good study site include a supportive team environment, a satisfactory and sufficient participant population and a researcher's own motivation and engagement.

This study was conducted in Maseru. The study site was chosen due to its proximity, convenience and accessibility to the researcher.

3.3 Population

According to Majid (2018), the population of the study are individuals, events or things targeted by the study and that are of curiosity to the researcher. They have to meet the designated set of criteria.

3.3.1The study's Inclusion Criteria

Lopez and Whitehead (2013:126) define inclusion criteria as the particular set of characteristics that the prospective subjects are to possess in order to be included in the study. In phenomenological studies, subjects are selected because of their experience about the phenomenon and their competence to express the experience (Lopez and Whitehead, 2013:126). Eligible participants for this study who fulfilled all criteria were people with physical disabilities, who were and have been formally employed in Maseru.

3.3.2 The study's Exclusion Criteria

For Ferreira and Patino (2018), exclusion criteria are characteristics of the potential study participants who satisfy the inclusion criteria but have additional features that could impede the success of the study. Participants that were excluded from this study were people with physical disabilities, who were and have not been formally employed in Maseru.

3.4 Sample and Selection Procedures

Sakyi (2020) posits that sampling is one particular strategy that makes research manageable. It is a process whereby a researcher through probabilistic and non-probabilistic methods chooses individuals from a larger population. The individuals that are selected from the larger population in the study are known as a sample.

According to Shukla (2020), the importance of a sample is that the research process becomes faster and affordable, data collection becomes easy and the analysis and interpretation of data becomes precise.

On the sample size, Bryman (2016) states that the sample size in a qualitative research should not be too small as it makes it difficult to achieve data saturation, theoretical saturation or information redundancy. At the same time, the sample that is too large makes it hard to undertake a deep analysis. However, one problem that complicates qualitative research is to indicate the number of people to be interviewed before data saturation is achieved (Bryman, 2016). For this study, the sampling units selected were based on a non-random criterion. Since the study is qualitative in nature, sampling revolved around the notion of purposive and snowball sampling.

3.4.1 Selection of PWDs

The researcher intentionally selected the units that were most effective, relevant and information rich, related to the phenomenon of interest (Scholtz, 2021). The goal was to sample individuals who were appropriate for the research questions and study objectives (Bryman, 2016). Snowball sampling is also known as chain referral or network sampling (Lopez and Whitehead, 2013:125). The researcher collected information from one and a few participants identified purposefully and then depended on them to connect to others (chain referral). Through this sampling procedure, the researcher was also able to interview a wide diversity of participants who worked at different organizations and had different work experiences.

Snowball and purposive sampling were used to identify a total of twelve participants for this study. According to Creswell (2014), 5-25 is a reasonable number of participants in phenomenology and a smaller sample size helped the researcher to study the subjects extensively, to develop patterns and meaningful relationships as supported by (Creswell, 2009).

3.5 Methods of Data Collection

According to Kabir (2016:202), data collection is a process of gathering and measuring information in a systematic way that enables the researcher to answer research questions and evaluate outcomes. It maintains the integrity of research therefore, it is pivotal in any research irrespective of the field of study. The aim of data collection is to keep evidence that will be interpreted during analysis to satisfactorily and evidently answer research questions and objectives (Kabir, 2016:202).

According to Creswell (2007), data in phenomenological studies are collected extensively through in-depth interviews with participants who have experienced a phenomenon. The interviews are characterized by informal, unstructured or semi structured, interactive process using open ended questions and comments, with participants doing most of the talking and researchers doing most of the listening (Leedy and Ormrod, 2010). Dewi (2021) states that researchers in a qualitative study hardly ever use one data collection method. This is important because the weakness of one method can be complemented by the strength of other methods. Therefore, data in a qualitative study maybe collected through interviews and observations.

3.5.1 Interviews with PWDs

Semi-structured interviews were used in this study because they allowed the researcher to collect in-depth information and evidence from the participants. Furthermore, semi-structured interviews best suited this study because of the ontological position of the researcher. The researcher was convinced that the views, understandings, experiences and interactions with people who had physical disabilities and worked in Maseru, would give the researcher significant properties of social phenomenon that would answer the research questions (Alhabsyi, Mashuri, Rasak *et al*., 2022). Additionally, the epistemological position of the researcher is also important where semi structured interviews are involved. The epistemological position of the researcher helped the researcher draw meaningful data based on the ontological properties. Semi structured interviews are exploratory, are based on a guide and allow researchers to intensely discover a phenomenon (Alhabsyi, Mashuri, Rasak *et al*., 2022).

The interviews involved the interaction between the interviewer and respondent based on the interview questions. The interview questions were written down on an interview guide (Polkinghorne, 2005) and the interview guide was used to guide the interviewer during the interviews (Kabir, 2016: 212). An interview guide is an enumeration of the topics or questions that are of importance to the interviewer, which the interviewer wishes to cover during the course of the interview (Kabir, 2016:212).

The researcher formulated the questions that were likely to yield more information about the challenges that PWDs encountered at the workplace in Maseru. The questions were open-ended, objective, tactful and understandable. The researcher started asking questions about the participants' personal information before proceeding to more complex and detailed questions. This was done to ease participants while building their confidence so that the researcher could solicit rich data for the study (Chadwick, Gill, Stewart *et al*., 2008). The interviews were conducted in areas and locations that best suited the participants and most of the participants chose to be interviewed from the comfort of their own homes. The interviews lasted a maximum of one hour. The researcher audio recorded the interviews and took notes at the same time.

Benefits of Semi Structured Interviews

According to Lopez and Whitehead (2013:128), semi-structured interviews address the following:

1. Allowed the researcher to enter and reflect the world of the participants, which helped develop trust and affinity between the researcher and participant. This enabled the researcher's data collection to be desirable and extensive.
2. Offered the researcher an opportunity to probe for deeper insight of the challenges that PWDs encountered at work, hence there were unique interview outcomes from each participant.

3. Steered the interview while allowing flexibility. The lack of formality in semi-structured interviews gave the researcher the freedom to ask questions in any order.

3.5.2 Audio Recording the Interviews with PWDs

Interviews in this study were audio recorded and transcribed. The audio recordings supplemented the presence of the researcher. The researcher observed body language while taking notes which the audio recording could not pick. The audio recordings allowed the researcher to interact with the participants without being distracted by trying to take notes. The researcher was also able to probe and prompt where required. Given (2008) stresses that, most of the time, taking notes alone is not adequate for obtaining precise data, which is why some researchers choose to audio record interviews.

3.5.3 Benefits of Audio Recording the Interviews with PWDs

During analysis, the recordings helped the researcher to compare written notes with the recordings, enabling the researcher to fill in the gaps of the information that was omitted. The recordings were also able to track the trends in speech thus revealing the true emotions of the participants. The trends in speech were as important as the words themselves to the researcher because the researcher was not only curious of what the participants said but how they said it.

3.6 Data Analysis Techniques

Qualitative data analysis refers to the process of examining and interpreting non-numerical data with the aim of finding out meanings and patterns of relationships (Babbie, 2021). Prior to data analysis, the data collected for this study was translated and transcribed verbatim, and analysed using a qualitative method. The researcher was the instrument of analysis, therefore read and re-read the data to understand and make sense of it. Since the data collected was dense and rich, the researcher had to code, theme, de-contextualize and re-contextualize the data. This method that the researcher used is called thematic analysis (Creswell, 2014). Creswell (2014), defines thematic analysis as the breaking down of data into a smaller number of themes. A theme is a category that an analyst identifies through the collected data. A category must relate to the research questions (Bryman, 2012).

In analysing the data that was collected from this study, the researcher adopted the steps by Creswell (2014).

Step 1: The researcher organized and prepared raw data for analysis by transcribing and translating from Sesotho to English, the audio recorded interviews and studying field notes.
Step 2: The researcher read and examined the data
Step 3: The researcher coded the data by categorizing sentences and labelling those categories
Step 4: Through the process of coding, the researcher generated themes which were the major findings of this study
Step 5: The researcher facilitated the description and representation of themes in a qualitative narrative, discussing in detail several themes
Step 6: The researcher interpreted the findings

3.7 Trustworthiness in Qualitative Research

According to Johnson and Rose (2020), trustworthiness refers to the authenticity of the research design, the believability of the researcher under taking the study, credibility of the findings and the applicability and the relevancy of the research methods. Creswell (2014) adds that trustworthiness is the way in which researchers convince themselves and readers that the research findings are valuable and should be taken into consideration. Creswell (2014), elaborates that credibility, transferability, dependability and conformability have been used to define the concept of trustworthiness.

3.7.1 Credibility

According to Connelly (2016), credibility refers to the truthfulness of the study findings. Moules, Norris and Nowell *et al.,* (2017) asserts that, credibility addresses the participant's views and how researchers represent them. Credibility determines the relationship between the findings of research and reality. This means that findings of the study should interface with the truth so that the reader understands the findings and relates them to the real world (King and Stahl, 2020). This is why studies have to be conducted using standard procedures (Connelly, 2016). The techniques that address credibility according to Moules, Norris, Nowell *et al.,* (2017) includes prolonged engagement, diligent observation and data collection triangulation. King and Stahl (2020), define triangulation as using diverse sources of information to test the credibility of the study. The researcher used audio recorded interviews and interview notes to increase the credibility.

3.7.2 Transferability

According to King and Stahl (2020), a qualitative research design aims at expanding understanding by transferring the research findings to other contexts. Transferability refers to a degree in which the research findings can be applied to other contexts or people in other settings (Connelly, 2016). This process is only imputed by the readers of the research, or those who wish to compare the findings to a similar situation. The researcher's responsibility in this process was to provide rich detailed descriptions and a vivid picture to allow those who would like to transfer the findings to their own context to do so (Moule, Norris, Nowell *et al.,* 2017).

3.7.3 Dependability

Dependability refers to a process whereby researchers or producers enhance trust in the events as they transpire (King and Stahl, 2020). In order to achieve dependability, the researcher undertaking the study has to guarantee that the process is analytical, traceable and distinctly documented (Moule, Norris, Nowell *et* *al.,* 2017). Procedures that can bring out dependability include audits, peer-debriefing and peer scrutiny (King and Stahl, 2020).

3.7.4 Confirmability

According to Moule, Norris, Nowell *et al.,* (2017), confirmability is established when credibility, transferability and dependability have all been accomplished. Establishing confirmability, means that the research is adjacent to objective reality, which relies on accuracy and rigor of the research practice (King and Stahl, 2020). Confirmability is centred on establishing that the research interpretations and findings have been extracted from the collected data and also focuses on how the conclusions and interpretations have been reached (Moule, Norris, Nowell *et al.,* 2017). In order to achieve confirmability in this study, the researcher implemented reviews and debriefing sessions with participants (Connelly 2016).

3.8 Ethical Considerations

Grange, Ramrathan and Shawa (2017), say that gaining access to a research site is a superintended or controlled activity. For this reason, the researcher needs to be permitted before entering the research site. This is done to inhibit illicit disclosure of information and irrefutable damage to the institution or organization under study. Grange, Ramrathan and Shawa (2017), further elaborate that as with the research site, the study population also needs to be protected and protecting their rights is a key issue in research ethics. Data gathering too, only begins when ethical clearance has been sought and approved.

Bryman (2012), asserts that ethics are similarly analogous to morals and morals are pivotal in the context of working with human. Ethics revolve around issues such as, how the research participants should be treated and what activities should or should not be done. Bryman (2012), further states that research that is distinctly possible to harm participants is considered inappropriate.

3.8.1 Minimizing the Risk to Harm or Upholding Beneficence

This study observed the research ethics principles and guidelines. According to Hwang and Kang (2021), reducing harm is desirable when conducting research. Harm entails physical harm, harm to participant’s development and loss of self-esteem, stress and unacceptable subjects (Ahsan,Dilshad and Rana, 2021).

The researcher avoided exposing the participants to unnecessary physical and psychological harm, instead showed respect to autonomy and upheld their well-being. By upholding beneficence, researcher eluded questions that could stir up any form of psychological distress, social humiliation, and financial loss or invade the participant’s privacy. Additionally, it was significant for the researcher to inform participants about how the information was going to be handled.

3.8.2 Informed Consent

Informed consent is known as the corner stone and founding principle in any research. It is a contract between the researcher and the participant (Ahsan, Dilshad and Rana, 2021). As mentioned by Hwang and Kang (2021), consent is obtained before commencing the research. The researcher issued the consent forms to the participants. The researcher explained the purpose of the study and the data collection process. This was done to acknowledge that the participants understood the nature of the study, the procedure to be executed, the potential benefits and anticipated inconvenience of participation. The potential participants were approached individually. They signed the consent forms as proof that they were not coerced into participating in the study (Ahsan, Dilshad and Rana, 2021). For those that could not sign due to their disabilities, the researcher indicated at the top of the consent form, that the participant was unable to sign.

The research participants have a right to withdraw from the research at any time (Ahsan, Dilshad and Rana 2021). The participants were informed that if they considered withdrawing from research, they would not be stopped in any way. Ahsan, Dilshad and Rana (2021) elaborates that, allowing the participant to withdraw from the study is important. It strengthens the research in the research domain and prevents information imbalance for the researcher while preventing bodily invasion and inability to hedge the participants.

3.8.3 Anonymity and Confidentiality (Privacy)

The participants demonstrated lack of trust when the researcher met them and requested their participation in the study. They were reluctant to sign the consent forms because they thought the information that the researcher was looking for would jeopardise their jobs. One of the participants showed discomfort and wished that the researcher could have included a clause on the consent form that would give him assurance that the information that he was going to provide would be private and confidential. The researcher emphasized and convinced the participants that the information shared would be private and confidential. The participants signed the consent forms using their true identities. Conforming to the rules of privacy and confidentiality, the researcher changed the names of the participants when reporting the findings of the study, pseudonyms were used so that the information could not be traced back to them.

3.9 Conclusion

The chapter presented the population that was sampled, which is, PWDs who were and have been formally employed in Maseru. Purposive and snowball sampling procedures were used to select the sample for this study. Data were gathered by conducting individual interviews and analysed using thematic analysis. The study was circumscribed by research ethics that are applicable to research with humans to ensure truthfulness, trustworthiness, expand understanding through the research interpretations and findings that were extracted from the collected data.

CHAPTER FOUR: RESULTS/FINDINGS

4.1 Introduction

This chapter presents the findings of the data collected from the investigation of the challenges encountered by PWDs at the workplace in Maseru. In essence, it summarizes the demographic information of the participants, the findings of the study and the conclusion of the chapter.

4.1.1 Demographic Information

This part of the chapter illustrates the demographic profile of people with physical disabilities who encountered challenges at the workplace in Maseru.

Table 2: Demographic Information of Participants

Characteristic	Frequency	Percentage
Gender		
Male	5	42%
Female	7	58%
Age		
20-29	1	8%
30-39	5	42%
40-49	5	42%
50-59	0	0%
60-69	1	8%
Marital Status		
Single	5	42%
Married	7	58%
Educational Level		

Secondary Education	2	17%
High School Education	1	8%
Tertiary Education	9	75%
Type of Disability		
Congenital	7	58%
Acquired	5	42%
Employer		
Government	7	58%
Non-governmental Organization	5	42%
Term of Employment		
Permanent	11	92%
Contracted	1	8%
Total	12	100%

Table 2 shows that twelve PWDs were recruited to participate in the study. Seven participants were females and five were males. The ages of the participants ranged between 20 and 60 years. Only one participant's age ranged between 20 and 29, five participants were aged between 30 and 39, another five participants were aged between 40 and 49 and one participant's age ranged between 60 and 69 years. Of the twelve participants, five were single and seven were married. The educational level of the participants differed. Two participants had completed secondary education level, one had a high school education level and nine participants had tertiary education level. Seven participants were born with the impairment and five had acquired their disabilities. Seven participants were employed by the government while five were employed by the Non-governmental organizations. Eleven participants were permanently employed and one participant was employed on a fixed-term contract.

4.2 Findings of the Study

4.2.1 Reasonable Accommodation in the Workplace

Reasonable accommodation of PWDs in the workplace was determined through the following: their job application, their interview experiences, their first week at work, the built environment, support from managers and co-workers, transport, housing, collection of meals and assistant persons.

4.2.1.1 Work Application

In the study, five out of twelve participants found out about the vacancies through media and decided to apply. The participants submitted their resumes and educational certificates to the human resource office. Two participants did disclose their impairments and the other two did not at all. One of the participants did not remember if she had mentioned her disability or not in her application. However, she applied for the post because it specifically wanted somebody with a disability. Four of the participants applied for the posts because their qualifications matched the required specifications almost exactly and one participant was over qualified for the position.

a) Participants who found out about the vacancies through media

Kamohelo narrated her story:

> *I saw the post on social media. The position specifically wanted someone with a disability. I submitted my curriculum vitae to the human resource office. I was over qualified for the position because the post wanted somebody with a COSC and I had a diploma. I applied for the position out of curiosity, because that was the first time, I came across a post that wanted somebody with a disability. So maybe that explains why I was hired.*

Kamohelo was curious about the position that specifically wanted somebody with a disability because, everywhere where she had applied for work, they would call her for an interview then later they would call to regret. Kamohelo thought that she was not able to secure any job in any organization because of her disability. That explained why she did not remember if she had disclosed her disability or not, even when the post was specific. Kamohelo was a 37 years old female who worked in a hospital as a clerk. She was permanent and pensionable and secured the position in 2014. She had a congenital disability that limited her movement. She had a hunchback and used two crutches to walk because her legs were weak.

One other participant, Botlebosele set forth on how she managed to get the position:

> *The position was advertised in a newspaper. I saw the advert and applied. I was already working in Mafeteng but applied because I wanted to work in Maseru. I disclosed my disability in my application and I was invited for an interview.*

Botlebosele was also 37 years old of age. She had a diploma in Pharmacy and worked as a pharmacy technician in a hospital. She had hands deformity and acquired her impairment because of an inflammatory disease called Lupus. It was mandatory for her to consult a health care professional and could not survive without medication. In its worst condition, Botlebosele could not open a bottle of water. She believed that she had acquired the position because of her manager, who was part of the interview panel. The pharmacy manager understood what she was going through and told her that working at that particular hospital would be beneficial to her because she would consult a proper rheumatologist as she would be working in a tertiary hospital that had specialists.

b) Participants who had somebody negotiate work on their behalf

Five participants did not submit their qualifications and resumes to any advertised posts but somebody negotiated jobs on their behalf. It was either an organization of people with disabilities (LNFOD) or a particular individual.

Mamakhooa said:

> *A political act was formulated in 2015 after the general elections that stated that PWDs must be employed in government ministries equally like their non-disabled counterparts. The organization for people with disabilities, where I am a member, submitted copies of my educational certificates and resume to the Ministry of Education on my behalf. I was then placed in a particular school. That was how I managed to secure this job. Other than that (clapping her hands loudly), I would apply, go for an interview but would never get a call that would ask me to start work or at least that regretted.*

Mamakhooa was a 48 years old female with a congenital physical disability. She had a diploma in primary education and had been employed for seven years. She was permanent and pensionable. She had a left foot paralysis, her left hand had only the first small finger and her right hand had only a thumb. Her impairment did not need any health care consultations.

Kutloano had somebody negotiate work on her behalf. She was a 26 years old female with a diploma in adult education and was employed by a certain security company at the mall. She worked with CCTV cameras and was permanently employed. Kutloano had a visible congenital physical disability and some parts of her body restrained her from doing what other people could do. She had abnormal hands. Her palms were attached to her elbows and each palm had only two fingers, the small finger and the thumb. In other words, she did not have forearms which made her arms shorter. She said:

> *I was employed at a certain company in the country, then the company retrenched workers. I was among those employees that were affected by retrenchments. My manager went to the company where I am hired right now and negotiated employment on my behalf. That was how I managed to secure the position.*

4.2.1.2 Interview Experience

a) Participants who had exciting interview experiences

Three out of twelve participants who were called in for interviews explained that they had the most exciting interview experiences. For Kamohelo, it was as though the interview panel was already expecting somebody that had her kind of disability. The panel was neither scared nor surprised. That made her comfortable and she felt a sense of belonging. She had a feeling that she had secured the position. She said:

> *I had such a pleasant interview experience. I believe the reception that I received from the panel was caused by the fact that the vacancy specifically wanted somebody with a disability. I indeed felt at home.*

Botlebosele also explained that she had an exciting interview experience. The interview panel was very welcoming and that made her feel comfortable and at home. The fact that the Pharmacy manager who was part of the panel proposed a rheumatologist was very clear that she understood what Botlebosele was going through. That made her very happy.

Bohlale was admitted for an internship at the very same University, where he was now employed. Bohlale was a 33 years old male lecturer. He was employed on a fixed -term contract. He had honors in broadcasting and journalism. He acquired his disability while a student at that very same University, prior to his internship. He acquired his disability due to an illness. The biopsy results revealed that he had tumor cells growing on his spine. He had become a non-ambulatory person and used a wheelchair as an assistive device because his legs were very weak. He revealed that he consulted a health care professional about his condition at least six times a year. He also mentioned that he had an overwhelmingly impressive interview.

Bohlale indicated:

> *I had the most exciting interview. The interview panel was very encouraging. The management of the University was also part of the panel. The panel was very receptive, maybe it was because they were acquainted to my disability.*

b) Participants who had emotionally sad interview experiences

Three participants who were also invited for the interviews delineated their emotionally painful interview experiences. When Kutloano's interview was about to end, somebody who was part of the panel gave her a laptop and asked her to type. Startled by his request, she took it and started typing. Kutloano elaborated to say that the panel was mesmerized, but she felt humiliated. She felt like that person had undermined her abilities because she had abnormal hands.

Mamosa on the other hand described her interview experience as follows:

> *My interview experience was very hurtful. I got into the interview and I was able to answer most of the questions. When I thought I was done, someone who was part of the interview panel said I had to be a resource teacher. What that person meant was, I was not fit enough to be a teacher. In other words, one of the panelists thought I did not qualify to teach in a classroom, only because I could not walk and used a wheel chair.*

Mamosa was a 62 years old female teacher who was looking forward to her retirement, at 65. She had an Advanced Certificate in Primary Teaching. She was permanently employed in one primary school in Maseru. She had a physical disability and used a wheelchair. She acquired her disability from a road traffic accident in 1997 when she was 36 years old. She acquired her disability when she was travelling to work in Mokhotlong. She said that did not consult a health care professional about her disability but consulted like any other person. She found out about the vacant post through media and decided to apply. She submitted her application at the Ministry of Education and was shortlisted for an interview. She did not disclose her disability in her application. Mamosa continued:

> *A resource teacher is someone who motivates, clarifies and encourages people to consider teaching as a profession. I knew nothing about being a resource teacher, I would not even know where to start or even how to respond to any questions that would surface in the process. I started crying, I cried so much in front of the panel, because I did not understand why I had to be a resource teacher when I was a qualified teacher who was supposed to teach in the classroom. I told that particular person that I did not teach using my legs but my mouth. I told the panel that I had acquired my disability while serving the country. It was very unfair that they wanted to change my career because I used a wheelchair.*

Mamosa said she had never felt so stigmatised and discriminated in her entire life. She acquired her disability while serving the country. She said she felt sorry for the Basotho youth with disabilities because of what she experienced. Her experience was an indication that PWDs were never going to be hired only because they had disabilities. One of the panelists suggested that she must be given a chance. That was how she secured the position and she still taught in the very same school even today.

Kabelo also narrated his interview experience:

> *I applied for the position and went for the interview. When the panelists saw me, they were greatly astonished (opening his eyes widely and leaning back to his chair in a frightened way). It was embarrassing but I was not enraged by their behavior because that is how people react when they see something that is not expected.*

Kabelo was a 37 years old male who had a congenital physical disability. He had a secondary certificate but also had a certificate in leather work. He was permanently employed at the government sector and worked with leather. Kabelo was diagnosed with metabolic bone disease at the age of 15. He had a problem with his bones and had a hunchback. He last consulted a doctor about his disability in 2019 but he took arthritis medication as a way of managing his condition. He said he could not walk without crutches. Even with the way the panel reacted, Kabelo said that he excelled in the interview and was considered for the position.

4.2.1.3 First Week at Work

a) A participant who did not encounter challenges during her first week at work

Mannete did not come across any challenges during her first week at work. She clarified:

> *I was among some of the employees who were employed in the company when it started. Everybody was new and not familiar with the environment, so no one thought about victimising other employees*

b) Participants whose first week was emotionally hurtful shared their frustrations

Out of the four participants who somebody had negotiated work on their behalf, three participants explained that they had a very painful first week.

Khanya stated:

> *A lady in my workplace was always annoyed and irritated every minute when she laid her eyes on me. "ke entse hantle kapa hampe, o ne a ntenehela".* Meaning that even when I had done nothing wrong, she got irritated*. That really hurt my feelings because it is not my fault that I was born like this* (touching his chest and shaking his head to express his pain)*.*

Khanya was a 44 years old male and had a congenital physical disability. He associated his disability to culture. He said that his paternal grandmother hated his mother so much that she refused to perform a ritual for her, when she was pregnant with him. The disability caused a paralysis on his right hand and leg (stroke like). He also had difficulty in communicating such that he always had to pocket a cloth to wipe off saliva from his mouth every now and then when he spoke. Khanya had a secondary education level. He worked as a messenger and delivered mail at one particular Ministry in Maseru. He did not apply for a vacant advertised post. Instead, a person who was a Minister in that ministry at the time offered him the job. Khanya thought the lady treated him the way she did, because of his disability.

Bonolo said:

> *We are a Basotho nation. "Rea tseba hore khomo e ngoe le e ngoe ha e kena kahara tse ling li tla e hlaba".* Meaning that, we know that each and every one does encounter challenges or problems when they get into a new place or environment. *When I was placed in the school, there were teachers who had already volunteered and taught in that school. Their expectation was that they would fill in the vacant posts when they were available. Unfortunately, I was placed at the school by the Ministry of Education through the help of LNFOD. The principal and colleagues were not happy at all. They made my life miserable so that I could resign. They also tried to sabotage me. It did not end there, they involved school children. They told the children to report to their parents that they could not hear me when I taught them because I was unable to move around the classroom because of my wheelchair. I was also allocated a class that was not accessible especially when it rained. I could not enter the classroom. The principal went as far as confronting the Human Resource Office of the Ministry of Education that had placed me in the school. He told the Human Resource Officer to remove me from his school. For the principal, I was not human. My disability took precedence over my personhood. He asked the people in the Ministry if they were aware that they had placed a cripple in his school. He told them to remove their cripple (tlosang sekooa seo sa lona sekolong saka) in his school.*

Bonolo was a 42 years old female. She was a teacher by profession and had a diploma in education. She was permanent and pensionable. She had a congenital physical disability that had affected her ability to walk and therefore used a wheelchair as her assistive device. Her disability was caused by poliomyelitis. She explained that did not consult a health care professional about her disability but consulted like every other person for any other illness. When Bonolo was narrating her experience, she was not emotional at all, which she attributed to the resilience she developed when she discovered the principal's cruel intentions. She explained that she became even stronger and told herself that she would not leave the school, hence was still employed in the school to date.

Mamakhooa disclosed her experience:

> *When my colleagues first saw me, they were scared to death. They were shocked, they panicked (laughing and clapping her hands). I remember the principal running away, may her soul rest in peace (raising one hand). My colleagues could not even let me touch them. They were afraid and thought I was an omen that was going to curse them. I remember a teacher with whom I had to share a class with, telling the principal that she was not going to be able to share a class with me. She explained that she had children who were still going to give birth so she could not work so closely to someone like me. My disability to her was like a contagious disease that I would pass on to her and herself to her children. (Making a mxm sound) I have never felt so isolated and discriminated in my life.*

The participants explained that they were not sure whether what they encountered during their first week at work was because of their disabilities or the way they were hired. Mamakhooa said her colleagues distanced themselves from her in meetings, she sat alone, had lunch alone while her colleagues sat together but very far away from her.

4.2.1.4. Accessibility to the Built Environment

a) Participants who could access the built environment

Two out of twelve participants in the study, did not have any problems in accessing the buildings in their workplaces. They could access any building whether modified or not.

Mamakhooa stated:

> *My disability is not that severe. I can survive in any environment, whether the building has a ramp or not. I am able to climb the stairs and I can do almost anything that a person without a disability can do.*

Other five participants could not access the buildings in their workplaces when they were first hired. They presented a request to their employers so that the buildings could be modified. A ramp was constructed at one entrance however they were restricted from using other entrances because the ramps were unavailable. Kamohelo in particular had never seen any ramp at the emergency exit. She said:

> *There was no ramp at all when I started working in the hospital. I made a request and a ramp was constructed at the staff entrance. For me, some days are better than others, which explains why I requested a ramp from my employer. At least I can enter the building easier than before.*

b) Participants who could not access the buildings

Absence of Ramps

Five participants said they were still unable to access the buildings. Two participants who work in the government sector reported that the buildings were old and had not been modified to accommodate their disabilities. There were no ramps.

Of the two participants who struggled to access the buildings because of the unavailability of the ramps, Thuto indicated:

> *There are no ramps at all. Nothing has been constructed for somebody like me. It gets worse when it rains because I can easily slip and fall. People without disabilities can jump but I cannot. That means that I have to walk straight into the water. So when it rains, I make sure that I put on the kind of shoes that will enable me to walk into the water without getting wet.*

Thuto was a 40 years old male, a permanent and pensionable civil servant. Thuto had a bachelor's degree in economics and was in his second year, pursuing his Masters in Economics. He acquired his disability in 2012 through a motor bike accident while at work. He had a permanent knee injury. His knee could not flex anymore because he had internal fixation. He used crutches to walk. He revealed that he consulted a health care professional about his injury, about four to five times a year. Thuto had been living with his impairment for eleven years now. Since he acquired his impairment while at work, his superiors were well aware of his disability, yet no adjustments had been made that guaranteed accessibility.

The Stairs

Three participants did not have access to other areas of the buildings because of the stairs. Mamosa explained:

> *We have a computer laboratory in my school, but it is up stairs. In other words, I do not have access to those computers because I cannot not climb the stairs in a wheel chair.*

Bohlale added:

> *Sometimes when there are meetings, you find that the venue is the seminar room upstairs. Since I cannot access it, I give somebody my notes to present them on my behalf.*

The Toilets

One issue that was a major concern was the issue of the toilet facilities.

a) Participants who did not have a problem with the toilets

Four out of twelve participants did not have any problems with the toilets because they were able to use even those that were not designed for people with disabilities.

Mamakhooa said:

> *My disability does not coerce me into using the toilets that are designed for PWDs. I am able to use even those that are designed for people without disabilities.*

Similarly, Kutloano and Botlebosele’s disabilities did not compel them into using the toilets that were strictly designed for PWDs.

b) Participants who had problems with the toilets in the workplace

Eight participants were not satisfied with the toilet facilities in their places of work. It was either they were not disability friendly or they had to share them with the public or clients.

Mannete and Kamohelo shared the toilets with the public.

Mannete revealed:

> *We had a toilet that was designed for people with disabilities in our workplace. Unfortunately it was turned into a storeroom. That means that I have to use a public toilet not designed for PWDs.*

Mannete was a 41 years old female who had a congenital physical disability. She used a wheelchair as an assistive device and had shorter than normal hands. Her disability was caused by orthogenesis also known as brittle bone disease. She explained that she did not consult a health care professional about her condition. She worked at the mall in the security office and worked as a CCTV operator. She was permanently employed. Her highest qualification was an honors degree in Entrepreneurship.

Kamohelo indicated:

> *We have specific toilets as staff members with disabilities in our workplace, but we share our toilet with patients, yet people without disabilities have their own private toilets. You can just imagine mmmhk, you get into the toilet and find a mess. Yes, I do what everybody does before using a toilet that is shared. I wipe the toilet seat. But sometimes it is still not enough. You know sharing a toilet with patients makes me feel like I have infections, that I got from the toilet.*

Thuto and Kabelo said they used toilets that were not disability friendly in their workplace, because the buildings were old and not adjusted to suit their disabilities. The toilets were designed for people without disabilities.

Two other wheelchair users; Bonolo and Mamosa had disability friendly toilets in their workplaces. However, the one in Bonolo's place of work was not properly constructed. Bonolo said:

> *What can I say, yes there is a toilet at work but it was not properly constructed. It is not spacious enough to accommodate my wheelchair. I have to leave my wheelchair outside and work my way into the toilet.*

Mamosa added:

> *A disability friendly toilet is available at work but the toilet is too far from my class. It becomes a challenge when it rains because I am unable to access it. I become wet. I remember the past few weeks when it was raining heavily. I had to wait for the rain to stop before going out to the toilet. Before finishing my business in the toilet, it started raining again. I was assisted by my students to get to class you know. They held an umbrella for me. So when it rains like it does right now, I sometimes do not report for duty and the principal is well aware*

> *of my situation. At my age, when I need to use the loo, it has to be immediately or it is going to be a problem, I might wet myself.*

The researcher asked the participants whether they ever discussed their needs, especially toilets with their employers or organizational managers. Five out of twelve participants' employers were approachable and always addressed their issues or problems. Seven out of twelve participants were afraid to raise any concerns to their employers because they anticipated that their employers would think they were too demanding.

Mannete indicated:

> *When I raise a concern about something that makes me uncomfortable to my immediate supervisor, he tells me that if I am not satisfied, then I should hand over my resignation. My supervisor tells me all the time that I am disrespectful and annoying. It is as though I am not supposed to comment, have an opinion, speak out or express myself because I have a disability. To show that I am not taken seriously or my concerns are less important, nothing, absolutely nothing is being done. This is evidence that my supervisor does not pay attention to any of my concerns.*

Kamohelo stated:

> *I never discuss the fact that I share a toilet with patients to my employer. I am afraid they will think I am too demanding, (shrugging her shoulders and looking on the floor emotionally).*

The participants explained that with the kind of attitude that their managers portrayed, they were afraid to discuss their needs with them. They said this made them feel like they had been employed out of pity or were a charity case.

4.2.1.5 Transport

a) Participants whose employers provided transport

Kutloano, Bohlale and Mannete said that their employers had assigned drivers and cars that took them to and from work every day. Kabelo’s employer had not specifically arranged a car and driver for him but his colleagues who were drivers in the organization were allowed to pick him up and take him to work, when they saw him at the bus stop. The only challenge that he had was when it rained. He said he waited at the bus stop for a very long time since there was no specific time at which the cars left for work.

Bohlale said:

> *The University has assigned a specific car that takes me to work every day, I just communicate when I feel like using mine so that they do not pick me up.*

b) Participants whose employers did not provide transport

Botlebosele’s employer had never initiated transport provision for her but with her it did not matter because her husband took her to work every day. Some participants whose employers did not provide transport for them shared their frustrations.

Kamohelo narrated her story:

> *I live very far away from work that if I had to use public transport, I would pay four times a day to get to where I live. It takes me approximately twenty five minutes to get to work using a car that collects me from my door step. It is mandatory to hire a cab because of my disability. You can just imagine what hiring a cab does to my finances. I am renting in a home for people with disabilities so I cannot relocate because the house is disability friendly.*

Kamohelo said that if she did not have a disability, she would have rented an apartment that was close to her workplace so that she could walk to work like everybody else. She explained that her employer did not care about her livelihood and welfare because hiring a car negatively affected her finances. Kamohelo said she had applied for work and was called for an interview. Like her friends who had a disability and whose employers provided transport, she had hoped that given her situation, her employer would do the same. At least by meeting her half way. She explained that she incurred a lot of expenses by hiring a car that took her to work every day.

Mamakhooa indicated:

> *I walk to work because work is not very far from where I am renting. However, it becomes a challenge when it rains. The road is muddy and slippery and in such circumstances I have to hire a cab that collects me from my doorstep. This means additional expenses on my side.*

Mamakhooa said she was not sure who had to take care of her needs because she was placed in the school by the Ministry of Education. She explained that it was compulsory to hire a cab because she could not, under any circumstances walk when it rained because a fall for her would be too dangerous for her health.

4.2.1.6 Housing

a) Participants whose employers provided housing

Bonolo, Remaketse and Bohlale explained that their employers had provided housing for them. Remaketse is a 39 years old male who acquired his physical disability from an illness. He was diagnosed with meningitis and a minor stroke. His illness had affected both his left hand and leg, they were not functional. He has had his paralysis for nine years. He was permanently employed at the government sector.

Remaketse said:

> *My employer has provided a house for me. I take a few minutes to get to the office because it is within the yard*.

Bohlale’s employer offered him a house but he refused.

> *My employer provided a house for me. The house was a commune like, I had to stay with other people. I refused to stay there because I wanted my independence. This is why I rented an apartment.*

a) Participants whose employers did not provide housing

Kamohelo had to rent a house because her employer had never initiated providing a house for her ever since her employment in the organization. She said she lived very far from work but at least she was able to secure a place in a home for PWDs, which best suited her disability since she used crutches.

Mamosa was lucky that her landlord agreed to adjust and modify her house according to her needs. She said:

> *I had to rent a two- roomed house next to the school where I work. The landlord had to change the door step into a ramp to allow me to enter the house more easily.*

She explained that it was not every landlord who would agree to modify their house according to a tenant’s needs since the tenant would not be living there forever. She considered herself lucky because the landlord understood her needs and met them.

Mamakhooa was also able to secure a house near her workplace that best suited her left foot paralysis. The door step was not too high so it was easier for her to enter the house.

4.2.1.7 Collection of Meals from the Staff Canteen during Lunch Breaks

Two participants, Kamohelo and Mannete shared a challenge that they thought their employers had to address.

Kamohelo shared her frustration:

> *Comprehending that the post wanted somebody with a disability, I thought my employer knew what it meant. I came for the interview, they saw that I had a disability. We collect food from the staff canteen and I am unable to do it myself because of my disability. No one has ever asked me what happens to me during my lunch break, who collects my food and I think nobody cares. I cannot take a plate and walk with crutches at the same time, it is not possible.*

Kamohelo explained that her friends collected food for her during lunch breaks. She said she sometimes wondered why her employer wanted somebody with a disability when she advertised the post. Did her employer really mean it or did she want somebody with a disability to humiliate her. Kamohelo added that her employer advertised the post and hired her without understanding her needs.

Mannete narrated a story that was more or less the same as Kamohelo's frustration. The difference was that, the canteen was not accessible and her employer had not done anything so that Mannete like any other employee could have access to the staff canteen. Her employer had never asked her, how she got her lunch. She said:

> *The canteen provides food for us but I cannot access the canteen because it is inaccessible, there is no ramp. I depend on my colleague to collect my food. It is so sad because even when I am hungry, I have to wait for my colleague to get hungry too. Sometimes she sits and has lunch in the staff canteen, meaning I will only eat when she comes back. When we have a disagreement or misunderstanding about something and lunch is approaching, I have to make sure I start a conversation to clear the air so that I receive my food. When a boiled egg is included in the menu for lunch and my colleague has not taken salt for me, I have to eat it as tasteless as it is because I cannot ask my colleague to go back to the canteen, to get salt for me. This is the story of my life.*

Mannete explained that her employer had turned a blind eye towards her situation, making her beg for assistance or even burden other people. She said that if the place was accessible, she would collect her own food at any time or even sit and share a meal with colleagues.

4.2.1.8 Assistant Person

Among the participants that were recruited for the study, there were those that could perform their duties well irrespective of their disabilities and there were those that could not and needed assistance. Seven participants were able to perform their duties well and five were not able.

a) Participants who performed their duties well irrespective of their disabilities

Mamakhooa said:

> *I can do anything that a teacher without a disability can do. I can write on the board, I can carry books, just about anything. When I do my work, I sometimes forget that I have a disability. My performance is not affected so I do not need help from anyone.*

Remaketse added:

I have been assigned tasks that are easier and feasible. I use a pen, paper and computer at work. They are disability friendly so I do not need any assistance.

Bonolo said that she had an assistant who wrote notes for her in class. Her duty was to talk and clarify the notes to her students. She explained:

> *My disability can affect my performance but the Ministry of Education has provided an assistant who writes notes for the pupils. My duty is to explain those notes to my students and make sure that they understand them well.*

The Ministry of Education placed Bonolo in that particular school. After her encounter with the principal and colleagues, the Ministry provided an assistant that helped her perform her duty without burdening and bothering her colleagues.

b) Participants who did not have assistants at work

Mamosa and Bohlale on the other hand did not have assistants. Mamosa was a teacher and Bohlale a lecturer. They faced similar challenges that affected their abilities to fully carry out their duties. They explained that when they wrote on the board, they wrote within their reach because they used wheelchairs. It became a challenge when there was too much to write. Bohlale asked his students to write notes for the class while Mamosa asked her colleagues to write for her.

Mamosa said:

> *When I have a lot to write, I ask my colleague to do it for me. It becomes a challenge when she is also busy in her class. Sometimes I try to stand, hold on to something and do it myself. However it is not safe for me to do so.*

Mamosa explained that she did not teach beyond grade four. When she was supposed to take her students through to higher grades, five to seven, she did not because there was so much to do and so much to write in those classes. Other teachers took them through to higher grades while she went back to teach grade one.

Botlebosele said that her condition (Lupus) did not allow her to work night duty at all and perform tasks that required a lot of manpower. She did not have an assistant too. The pharmacy manager who had interviewed her had resigned so the current one failed to understand her disability.

4.2.1.9 Support from Managers and Supervisors

a) Participants whose managers and supervisors offered support

Seven of the twelve participants received support from their managers and supervisors. Khanya stated:

> *I live in another district yet I work in Maseru. I commute every day. My manager suggested that I should consider working in a district that was closer to my home, but I did not agree to her suggestion. However, I was humbled by her care. The reason why I refused was because that Ministry was not as fulfilling and challenging as the one in Maseru. I sit all day with nothing to do in that other Ministry.*

Khanya mentioned that he was happy that his manager validated his struggles. He appreciated his manager's support, empathy and understanding even though he turned the offer down.

Bohlale added:

> *My managers are always there to help me, all the time. They always make sure that I am comfortable. When I have any problem, I let them know and they intervene. For example, when I was hired at the University, there were no ramps at all. I reported to my manager that I could not access the building. In no time a ramp was constructed.*

Mamakhooa and Bonolo later enjoyed going to work, after their hurtful experiences during their first week in the workplace. Their colleagues had accepted them and they understood well what disability was.

b) Participants whose managers were non- supportive

Thuto shared his experience:

> *There was a car that would collect me from home to work but the time of collection was unreasonable. I start work at 0800hrs but my manager wanted the car to collect me at 0500hrs. When I tried negotiating the time of collection*

> *to my manager, I was told that at 0800hrs the cars were very busy and anyway I go to work to do nothing. Apart from that, my manager assigns me tasks that he knows very well that I am unable do because of my impairment. He gives an instruction, turns and leaves and expects me to do it. How (*shrugging his shoulders)*, I do not know.*

Thuto said that his manager made him feel like a useless tool, something that could be purchased and be left lying around there with nothing to do. He said he cried all the time because of the treatment that he received from his manager. He said he cried for two reasons, the physical pain that he got from his injury and the emotional pain that was caused by the fact that his life had changed. The managers' attitude towards Thuto forced him to use his own transport to work while his colleagues had the privilege of using company cars.

Kamohelo explained:

> *There are other work stations that I cannot work at. They are not conducive for my disability. For example, a ward that admits head injuries or people who are incapacitated. A patient who had a head injury once chased us out of the ward. I could not run like my colleagues because of my disability. When my colleagues ran out of the ward, I knelt below a desk so that the patient could not see me. He ran passed me and out of the ward. That was how I survived that patient.*

Kamohelo said the desk became her refuge because she did not know what could have happened if the patient had seen her. She did discuss the issue with her immediate supervisor but thinks it was not done deliberately. When she was hired, that was the only station that was vacant.

Mannete also gave out her sad experience with her manager and supervisor

> *Yes I am hired in a security company and I acknowledge that I am a security officer. However, there are some things that I cannot do. For example, putting on proper uniform like a combat uniform and boots because of my disability. My*

> *manager and supervisor do not understand. I have very short hands, I cannot wear a combat uniform. How am I going to look like? I still do not qualify to wear the boots. But when I try to discuss this issue with them, they personalize it. In other words, "ba batla ho sebelisa matla a bona ho nkhatella", (meaning, they are trying to use their positions to oppress me).*

Mannete explained that she worked in an office far away from the public. She could not dress in proper uniform like her other colleagues because of her disability, unless her employer designed a special uniform for her. Mannete said she did not wear uniform to work but dressed in a comfortable way that best suited her disability. She mentioned that her supervisors said she was disrespectful because she refused to comply.

4.2.2 The Relationship between People with Physical Disabilities and Co-workers in the Workplace.

a) Participants who had good working relationships with co-workers

Five participants had good working relationships with their co-workers. Bohlale and Mamosa's colleagues sometimes voluntarily pushed their wheelchairs. Bohlale's colleagues sometimes also helped him get off from the car when he got to work, if they were nearby.

Mamosa explained:

> *Sometimes when it rained, the principal knew that I would not report for duty because there was no means of transport. I got to school very wet. Since I had rented a place near the school, my male colleagues would come to my place with umbrellas and help me get to work. One would push my wheelchair while the other one would hold an umbrella for me.*

Kamohelo said:

> *We have so many departments in the hospital and I have a very good relationship with my colleagues from the same department and even others who work in different departments. There are only two of us in the hospital with a physical disability even though mine is severe. However, it does not matter because I am able to interact with anyone.*

b) Participants with strained relationships with co-workers

Seven of the participants still encountered some challenges that affected their relationships with colleagues. These participants explained that at times they felt like resigning. Botlebosele in particular had to leave work when her colleagues (addressing them as “those”) conspired with their manager about her issue of being exempted from other duties.

Botlebosele narrated her experience:

> *I had some colleagues of mine who did not understand my disability. They gossiped with the current manager on my work schedule. They wanted to know why I could not work night duty and even serve the clinics with medication. They had the same opinion with the manager, that I wanted to be treated in a special way.*

Kutloano described her relationship with her colleagues:

> *I have such a terrible relationship with my colleagues. I think they undermine me and I believe it is because I have a disability. Sometimes when I try to show them how something can be done, they do not just take it into consideration. When we have a disagreement about something that is work related, they personalize it and bring my disability into the picture. I just want to leave the place. I am still working in that place because I have nowhere to go.*

Mannete compared her work environment to an abusive marriage, where a woman only stayed in the marriage because of what was at stake. She said:

> *My relationship with my colleagues and supervisors is so terrible. You know, it is as though my disability restricts me from doing what my colleagues can do. For example, when my colleagues are tired and need to stretch their legs, they tell our supervisor and he immediately releases them from their duties. He says that I am available and the station will always be mannered. They loiter and I am supposed to sit there and make sure that the station is always attended. I wonder who gave my supervisors the mentality that I do not want and need a break like my colleagues. My supervisors make me feel like I need this job more than they need me. What they are doing to me is very painful. Imagine, I work this hard only to earn M2000.00 with my honours degree. I have even developed a personality that I never had. Black people can make you feel that you have been given the job out of mercy. If it was not for the high unemployment rate especially for us PWDs, I would have long left the place.*

Mannete said she had become so bitter and stubborn and her personality had also changed because of the unjust treatment that she received in the workplace.

4.2.2.1 Friendships in the Workplace for PWDs

a) Participants who had friends at work

Participants had different definitions of friendships and one’s definition of friendship determined whether the participant did have friends or not at work. Five out twelve participants had friends from both their department and other departments.

Botlebosele said:

> *I had many friends. Everyone in the department, I considered them my friends except for “those ones” (the ones that gossiped about her). I had friends from other departments, so I considered everyone that talked to me my friend. My friends were supportive, they would remind me when it was time to take my medication.*

Khanya had at least somebody who fought his battles when his colleagues attacked him. He considered that individual a friend. When his friend was not at work and he had a misunderstanding with a colleague, he just called his friend to intervene.

Remaketse had that one person, who he considered a friend. His friend also had a disability.

He said:

> *I have a friend at work. My friend is someone who has a disability like me. We work in the same office. He has a problem with his vision (cannot see properly). I chose him because we understand one another. During our lunch breaks or when we have nothing to do, we surf the internet and Google medications and other things that can help us.*

Remaketse explained that he chose a friend that had a disability because people without disabilities did not understand his situation, they did not share the same sentiments and they did not understand how he felt about his disability. Remaketse indicated that some people at work addressed him using derogative names such as "hlotsa or malikela", all meaning a cripple and those names hurt him a lot.

b) Participants who did not have friends in the workplace

Seven out of twelve participants did not have friends at work. They called them colleagues not friends. In their definition, they met at work, they talked about work because their aim was to grow their organizations.

Thuto explained that he had friends at work before he acquired his disability but lost them after the accident. He now considered his friends as only colleagues because they no longer did things together because of his disability.

Thuto said:

> *You know a saying that when days are dark friends are few, is true. I had friends who were also my colleagues, however I lost them when I acquired the disability. Right now the people I spent time with at work are my colleagues and not anything beyond that. We talk about work related stuff and nothing else.*

Kutloano stated:

> *I do not have friends at work, but colleagues. Yes at times we talk and share problems, but I have limits when it comes to them. They cannot be trusted so I watch what I say to them.*

Kutloano explained that she did not call them friends but colleagues because she could not confide in them. They met at work, they neither went out after work nor visited one another at home.

4.2.3 Discrimination of PWDs in the Workplace.

4.2.3.1 Promotions in the workplace

Three participants indicated that there were no promotions in their workplaces. They were teachers by profession and in order to acquire a position for example, of a principal or deputy, one had to have an appropriate qualification. Two participants stood a chance of being promoted and seven participants were doubtful of their chances of promotions.

a) Participants who stood a chance of being promoted

Among the two participants that stood a chance of being promoted Bohlale indicated:

> *There is room for promotion in my workplace. In order for one to be promoted, vacant posts are advertised. Some are internal and others external, but before posts are externalized, those who are already working in the organization are*

> *given the first opportunity to apply. When I started working in the organization, I worked as a studio assistant. Then after acquiring my honours, I applied for a position of a lecturer. I qualified for the position and I got this position. I was already on a wheelchair.*

Bohlale said that he did not get his promotion on a discretionary basis but it was paired with a job opening. His ability to obtain a lecturer post irrespective of his disability made him realise that he was treated equally with his non-disabled counterparts.

Kabelo said:

> *I think I stand a chance of being promoted because some of my colleagues with disabilities still got promoted. Promotions in my workplace are based on performance and I am confident that I will get promoted because I master my work. I am hopeful that one day, like some of my colleagues with disabilities, I will get promoted.*

b) Participants who did not think they stood a chance of being promoted

Kamohelo depended on other people for tasks such as collecting stationery from the main store. She doubted her abilities because of her disability. As a result, she let some opportunities pass her by.

She said:

> *If I was to apply for a higher position, it would be a supervisory position. However, the last time the post was vacant I did not apply for it. I do not think I can do what supervisors do, especially taking rounds. I do not think I can be able to go up and down because I walk in crutches (looking down emotionally).*

Kutloano added:

> *My colleagues undermine me because of my disability, so I do not think that I will ever get a promotion even if I qualified for the position. Their behaviour towards me makes me believe that I do not stand a chance. They mock me of my disability. I do not want the promotion, but to leave the place.*

Thuto and Mannete said that they would not get promoted because of the adverse attitudes and stereotypes that their managers had against their disabilities.

Thuto shared his frustration:

> *Promotions in my workplace are based or depend on the manager's preference. We do not apply for a vacant position in my workplace, instead when the position is available, it is the manager who decides if you should get the position or not. So if the manager does not like you, you will never get promoted. I have qualifications but they do not mean anything instead, out of jealousy, the manager promoted younger people with no qualifications. They have become senior to me. I do not stand a chance of being promoted. I think I will not get promoted because of my disability since there are other things that I cannot do. Also, there is no policy at work that includes PWDs.*

Mannete said she started working at the company when it officially opened. However, those that were trained by her had been promoted to supervisory positions while she was still in the same position. She said:

> *I am among one of the first people to be employed in that company but to date I have not been promoted. Most of my colleagues that were hired after me are supervisors. The sad part is that I train them myself. It hurts me so much and I realize that I do not stand a chance of being promoted because of my disability.*

Mannete explained that her manager and supervisor took advantage of her but overlooked her abilities during promotions. She said she like her non-disabled counter parts she was able to do just about anything, from taking minutes in meetings and typing them. She even carried out or performed the things that were outside the scope of her work, yet they failed to acknowledge her and promote her.

4.2.3.2 Extra Mural Activities in the Workplace

Four participants did not have extramural activities at all in their workplaces and eight participants did have extramural activities in their places of work. Out of these eight participants, six did not participate at all because their disabilities prevented them. Two participants did take part in extramural activities but it all depended on the type of activity, because there were some that they could perform and others they that they could not.

a) Participants who participated in some and not in other extramural activities

Bohlale said:

> *I take part in the activities that I am able to do, however there are those that I cannot do, like football. When my colleagues play football, I stand in the crowd and cheer for them and I do not feel like I have been excluded.*

Mamosa said:

> *We mostly have team-building activities in our school and I do participate. We go to the playgrounds and play games that bring us together as staff. Yes there are some that I do and some that I cannot do but watch as they happen. This does not make me feel like I have been left out because I have long accepted that there are other things, I cannot do.*

b) Participants who did not participate in extra mural activities at work

Of the six participants who had extra mural activities in their workplaces but did not participate, Remaketse said:

> *Yes we have extramural activities at work. We play ball, do aerobics and others. I only watch when my colleagues play because I am unable to take part because of my disability. I love sports and the fact that I cannot play lowers my self-esteem so much.*

Similarly Thuto added:

> *We do have many extramural activities at work but I am unable to participate. I can no longer form part of the physical training because of my disability. I feel left out and at times I leave the play grounds because it hurts that I am unable to do what I know I did well before acquiring my disability.*

Kabelo also explained that he did not partake in sports because of his disability. Contrary to Remaketse and Thuto, he was not bothered by the fact that he could not participate. He felt that cheering for the team was enough because he could not change his situation.

4.3 Conclusion

Having a disability at work was a challenge for PWDs in this study. The participants acquired their jobs through advocacy by particular individuals and organizations of PWDs. In some cases, the interview experiences and the first meeting with colleagues was emotionally painful for participants. The built environment was not adjusted or modified so that it could be easily accessed by PWDs.

The employers also failed to meet the needs of the participants in terms of transport provision, housing and assistant persons such that some participants had to depend on colleagues and students for particular job related tasks. Other participants also had to rely on colleagues and friends for some of the non-job related tasks.

Some participants experienced lack of support from their managers, strained work relationships with co-workers and no friends in the workplace. Discrimination became evident during promotions in the workplace and the participants also felt discriminated and excluded in extra-mural activities because instead of participating, they watched and cheered for others only.

CHAPTER FIVE: DISCUSSION AND CONCLUSION

5.1 Introduction

This chapter concludes by discussing and interpreting the findings of the study. The data collected about the challenges that PWDs encountered in the workplace informed the questions of how the employers ‘reasonably accommodated’ workers with disabilities, the relationship between PWDs and other employees and the stigma experiences of PWDs in the workplace.

5.2 Discussion and Interpretation of Findings

5.2.1 ‘Reasonable Accommodation’ in the Workplace

The findings in my study revealed that some employees with disabilities who were employed in Maseru were not reasonably accommodated by their employers. The Persons with Disability Equity Act (2021), stipulates that ‘employers shall provide a person with a disability with reasonable accommodation whether physical, administrative or otherwise so that on an equal basis with their non-disabled counterparts, they can enjoy their human rights and fundamental freedom’. However, the findings revealed otherwise, in terms of how PWDs solicited jobs, their interview experiences and first meeting with colleagues, the built environment, transport and housing provision, assistant persons and support from colleagues and organizational managers.

My findings confirm Bricout, Howard, Porterfield *et al.,* (2004) argument that disability is socially constructed. Additionally, Anand, Graham, Maw *et al.,* (2020) elaborated that a disability is caused by a social organization when it restricts and denies PWDs access to community life. The participants in my study struggled to find jobs regardless of their qualifications. Their inability to obtain jobs was not caused by lack of relevant qualifications as with Ang (2017)’s study, instead, it was because of their disabilities. The participants’ previous attempts to secure work was evidence that their disabilities nullified their recognition in the labour market. This means that they were discriminated against regarding access to employment, because they were overlooked during the selection process. This explains why they were employed through advocacy. As Bricout, Howard, Porterfield *et al.,* (2004) indicated, society creates barriers which socially exclude, economically and politically disempower and alienate PWDs at all levels. In the case of PWDs, it is employers in the workplace that create barriers that exclude them. The findings of my study have proved that disability is a basic identifier that restricts PWDs from fully participating in employment on an equal basis with others.

The interview experiences and first day at work of the participants demonstrated and revealed enacted stigma. Scambler (2009) defined enacted stigma as the stigma that is inflicted by other people onto an individual with an attribute, while Chirwa, Dlamini, Greef *et al.,* (2008) defined enacted stigma in terms of physical and social isolation, gossip and loss of rights. The participants experienced stigmatising comments from panellists and discriminatory behaviours from colleagues and managers. The panellists undermined the capabilities of some participants, disrespecting their professional competencies. My findings therefore support Ang's (2017) statement that instead of focusing on the abilities of PWDs, people pay attention to their disabilities and stereotype the kind of work that PWDs can and cannot do. The reason PWDs face stereotypes and discriminatory behaviours is a result of the attitudes that people have towards their attributes. In this case, the panellists, colleagues and managers portrayed the beliefs, feelings and behaviours that disfavoured the participants in my study (Sahu and Sahu, 2015). In other words, disability took precedence over their personhood (Kamenestky and Sadowski, 2020).

The findings showed that the built environment in the workplaces was a major barrier that violated the social model of disability. It was an obstacle to most of the participants which existed in their working environments, which limited their performance and promoted a disability (Sahu and Sahu, 2015). The absence of ramps, absence of befitting toilet facilities and the stairs deprived the participants from accessing other areas in the workplaces. Similarly to Ang's (2017) study, the built environment was the most prevalent and salient barrier. In my study, inaccessible built environments were shown to be mostly prevalent in government ministries than in non-governmental organizations. The employers in government ministries did not modify or adjust the buildings despite the fact that PWDs existed in the workplaces and they were well aware of their existence. This showed lack of sense of responsibility by the employers, prejudice and discrimination. The study's findings further confirm Joshi and Thomas (2019)'s study which claimed that PWDs could not access examination rooms and interview boardrooms. The participants did not have access to canteens, seminar rooms and computer labs because they were not disability friendly, therefore restricting their participation in the workplace. It robbed them of their freedom to access other areas in the workplace on an equal basis with their non-disabled counterparts.

Lack of transport was also a barrier that promoted disability. Anand and Sevak (2017) indicated that the employer needs to provide reasonable accommodation to an employee with a disability immediately when he realises that such an employee existed. However in Lesotho it seems employers are not sensitive to this need of PWDs, as the study highlights the insensitivity of employers to providing appropriate accommodation. Employers did not provide transport for the participants with disabilities. The findings were similar to and therefore confirm claims made by Anand and Sevak (2017) and Ang's (2017) studies. The participants reported lack of transport as a problem. In Ang's (2017) study, lack of transport was a problem because the mode of transport that PWDs used to travel to work was not conducive for their disabilities. Lack of transport in my study increased the expenditure of PWDs because they had to hire special cabs that took them to and from work every day.

One participant indicated that he had to use his own transport while his colleagues had the privilege of using company cars. This participant had been discriminated against, he was not treated equally with his colleagues because of his disability. The Government Gazette of the Republic of South Africa (2021) states that in order for PWDs to fully participate and achieve equitable success, they should receive particular support. This law is in line with and confirms what was stipulated in The Lesotho Person with Disability Equity Act (2021) that "the employer shall provide a person with a disability with reasonable accommodation, whether physical, administrative or otherwise". That means, their needs must be accommodated because accommodating PWDs has a positive influence on their lives (Anand and Sevak 2017).

Having personal assistants would ensure that PWDs excelled in the workplace due to the differences in the severity of disability. The findings of my study highlight the fact that most of the participants with disabilities were not reasonably accommodated in terms of personal care assistants. The findings correlate with Anand and Sevak (2017)'s findings. Participants reported difficulties in doing certain tasks because of their disabilities. In my study, there were participants who depended on co-workers for both task related and non-task related duties because of lack of assistant persons. By way of explanation, they were a burden. They were at the mercy of other people. Failure of employers to provide assistant persons for PWDs indicated ignorance and lack of understanding about disability because the employers were well aware of such employees in their organizations. In his study Ocran (2022) stipulated that failing to provide an accommodative environment for PWDs inhibits their thriving. This explains why PWDs become entrusted with minimal tasks that may give an impression that they are incompetent or be deemed as unqualified for certain tasks.

The participants also lacked support from organizational managers in the workplace. According to Sahu and Sahu (2015), lack of support qualifies as an institutional barrier. Hastbacka, Nygard and Nygvist (2016) stated that lack of support violated the social model of disability. When coupled with the adverse attitudes, lack of support could lead to prejudices, stereotypes, discriminatory behaviours and stigma. For PWDs, support is necessary and essential, since it has the ability to determine ones attitude towards a person with an attribute, whether negative or positive. The study findings are similar to the findings in Carr and Namkung (2021) and Ocran (2022)'s study. The participants experienced lack of co-worker and managers support in terms of flexible work schedules, stigmatising comments and complaints, lack of freedom of expression and disrespect in professional capabilities, perpetrated by managers who were unwilling to establish an accommodating environment. Consequently, this led to a premature exit in the workplace because of an un-accommodative work environment. The lack of support that the participants experienced made them feel as if they were hired out of pity, as a way of helping a person with a disability or they were punished for their differentness.

5.2.2 Workplace Relationships between PWDs and Other Employees

The findings revealed that PWDs had strained work relationships with managers and colleagues in the workplace. With managers, the main reason for strained relationships was because managers failed to accommodate PWDs in terms of flexible work schedules, appropriate language that they used to address PWDs and exclusion. With colleagues, poor relations were perpetrated by gossip as well as physical and social isolation. All of these experiences and treatment that PWDs endured points to enacted stigma as defined by Chirwa, Dlamini, Greeff *et al.,* (2008). PWDs encountered avoidance, rejection, discrimination and abuse inflicted by the people who considered themselves as normal. According to Hall and Kulkarni (2011), the behaviour and actions of colleagues and managers in the workplace have an effect on how PWDs interact with others in organizations. This means that the behaviour and actions of co-workers can influence the relationships that PWDs form and the strengths of the relationships as stated by Hall and Kulkarni (2011).

The findings also revealed that some of the participants self-stigmatised as a result of the language that was inappropriately used by colleagues and managers when addressing them. The findings correspond and confirm to Kamenetsky and Sadowski's (2020) view that when PWDs are referred to negatively, then they are deemed negatively by others. For this study, the findings indicate that the participants internalised the devaluation from their co-workers and developed negative attitudes about themselves on the basis of their physical disability (Chirwa *et al.,* 2008). As a result, their circle of friends were people who had disabilities like themselves because they understood one another. Other participants chose not to make friendships, especially with people without disabilities. They felt incompatible to them because of their differentness.

5.2.3 Discrimination and Stigma Experiences of PWDs

The findings showed that PWDs at work were subjected to discrimination and exclusion during promotions and in extra mural activities because of the adverse attitudes that employers and managers had about disability. These levels of perceived job discrimination and inequalities signified considerable implications in the everyday lives of PWDs because they emanated from how disability was viewed and interpreted. In Buljevac, Majdak and Leutar's (2012) study, the stigma experiences of the participants were influenced by the perception that PWDs were incapable as far as work is concerned, as a result they were entrusted with minimal duties. This according to Ocran (2022), limited their chances of attaining rewarding opportunities. However, this study proved that even with their abilities to carry out all duties, including even those that their non-disabled counterparts could not do, PWDs were still overlooked during promotions. What this means is that, the participants were overlooked as a result of their disabilities, because of the adverse attitudes that people had against disability. The adverse attitudes that led to negative practises such as discrimination and exclusion towards PWDs, demonstrated lack of knowledge and understanding about disability. It suggests that employers and managers did not know that stigma and discrimination against PWDs, affected their quality of life to a greater extent. Especially since some of the participants mentioned that if it was not of the high unemployment rates in the country, they would have long resigned. This confirms Buljevac, Majdak and Leutar's (2012) suggestion in their study that, as the result of the prejudices and stereotypes that people have about disability, disability is viewed as the major attribute of an individual. Thus such an individual is stigmatised. The participants with disabilities were excluded and segregated by organisational managers in terms of promotions and in extra mural activities because no activities were created that were specifically meant for them, so that like their non-disabled counterparts they could participate.

5.3 Conclusion

The study confirmed that PWDs in the workplace are subjected to great amounts of unjust practices because of the adverse attitudes that employers, managers and colleagues have about disability. The study confirmed Sahu and Sahu's (2015) argument that disability results from an un-accommodative environment rather than an individual's impairment. In this case, the solutions to the problems of PWDs in the workplaces lie with the employers through 'reasonably accommodating' their needs.

5.4 Implications of the Study

The findings of the study revealed a need for interventions to eradicate the unjust treatment of PWDs in the workplace.
At organizational level:

1. Employers need to be educated or well informed about disability in all of its spheres, from its definition, causes and prevalence.
2. Employers must develop anti-discrimination policies and standards that will allow PWDs to enjoy work equally like their non-disabled counterparts.
3. PWDs must be provided with accommodative environments in the workplace that will enable to them to thrive.
4. Employers should develop trainings and programmes for members of staff that will elevate changes in attitudes and in workplace culture towards PWDs.

At state level:
1. The legislative policies such as The Lesotho Persons with Disability Equity Act (2021) and The Lesotho National Disability Mainstreaming Plan(2019) must be reinforced so that employers ‘reasonably accommodate’ PWDs, to eliminate stigma and discrimination in the workplace.

5.5 Suggestions for Future Studies

The findings of this study highlighted a number of issues on which further research would be beneficial, however if people fail to extensively understand the meaning of disability, it is going to be highly impossible to overcome the challenges that PWDs encounter in the workplace.

1. Ethnographic research should be undertaken to understand the lives of PWDs while at work. This will help draw conclusions on how PWDs function daily while in the workplace.

2. Comparative studies must be undertaken to investigate the strategies that other countries use to help PWDs to enjoy their human rights and fundamental freedoms equally like their non-disabled counterparts. Such studies will also help Lesotho to adhere to the legislative requirements regarding disability.

3. Further research should study employers in organisations to investigate their perceptions on disability. Conducting a research with employers would help change the organisational culture on disability through trainings and programmes, hence a change in the understanding and interpretation of disability by other employees.

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Appendix 1: Interview Guide

1. Personal Information

- What is your name?
- How old are you?
- What is your marital status?
- What is your highest qualification?
- What do you do for a living?
- Where are you employed?
- What type of work do you do?
- Is this your first employment?
- Are you permanently or temporarily employed?
- How long have you been employed?

2. Type and Cause of Disability

- Would you describe yourself as a person living with a physical disability?
- What kind of disability are you living with? Please describe
- Would you know what caused the disability?
- How long have you been living with a disability?
- Do you ever consult healthcare professionals about your disability?
- How often do you consult healthcare professionals per year?

3. Work related Information

Work Application

- How did you find out about the position?
- How did you apply for the position?
- What made you apply for the position?
- Did the position meet your qualifications?
- Did you disclose that you were living with a disability in your application?

- Were you invited for an interview?
- What was your experience of the interview?
- What was the behaviour of the interview panel towards you?
- How did that make you feel?
- Were you orientated for the position?
- Who was responsible for your orientation?
- How did he/she behave towards you?
- How did that make you feel?
- Are you satisfied with what you do at work?
- Are there any limitations as far as work is concerned?

4. Life at work

a) How was your first day or week at work? Please explain

- How did that make you feel?

b) Please describe the workplace environment

- How many departments are there in your workplace?
- How do your colleagues from your own and different departments behave towards you?
- How does that make you feel?

c) Do you enjoy work?

- If yes, what makes work enjoyable?
- If no, why is work less enjoyable?

d) How is the infrastructure in your workplace? Please explain

e) What kind of equipment do you use to carry out your duties at work? Please describe

- Would you say it is disability friendly?

f) Does living with a disability affect your performance at work in any way? Please explain

- How do your supervisors and co-workers react to that?
- How does that make you feel?

g) Is there room for promotion in your workplace?

- How do you get promoted at your workplace? Is it for everybody? Please explain

h) What are your chances of you being promoted?

i) Have you ever felt forced to resign?

- If yes, please explain why?

5. Accessibility to the workplace

- Where do you live?
- Is it your home or are you renting?
- What is the distance between where you live and your workplace?
- How do you get to work? Mode of transport?
- What are the limitations? Please explain

6. Workplace relationships

a) Do you have friends at work?

- How many friends do you have?
- How do your friends behave around you?
- How does that make you feel?
- Are your friends from the same department as yours or do you have friends from other departments as well?
- If yes, how did you meet with them?
- If no, do you think it is attributed to the disability?

b) How would you describe your relationship with your co-workers and supervisors?

c) Do your co-workers and supervisors give you any support?

- If yes, what kind of support do they offer?
- If no, how does that make you feel?

d) How do your colleagues and supervisors talk to you?

- How does that make you feel?

e) Do you have extra mural activities in your workplace?

- What kind of extra mural activities do you do in your workplace? Please describe
- Do you participate in such activities?
- If yes, how does that make you feel?
- If no, how come?

f) Is there anything else you wish to tell me?

Appendix 2: Consent Form

Dear Sir/Madam

REQUEST FOR YOUR PARTICIPATION IN MY STUDY

You are invited to participate in a study that I will be conducting. The purpose of this study is to explore the challenges encountered by people living with physical disability at work in Maseru. Among other challenges, my study particularly aims at finding out how stigma and discrimination affects the ability of people living with physical disability to carry out duties and their ability to build relationships in the workplace.

Since this study is qualitative in nature, I kindly request that you participate in my interview and ask for your permission to audio record our conversations as a means of supplementing my presence. Please be assured that the information provided will be private, will not be traced back to you and I will minimize harm in every way. In addition, the information will be used for the purpose of this study only.

If you agree to participate in this study, please sign on the space provided.

Name of Participant: ______________________________
Date: ______________________

Permission to audio record:

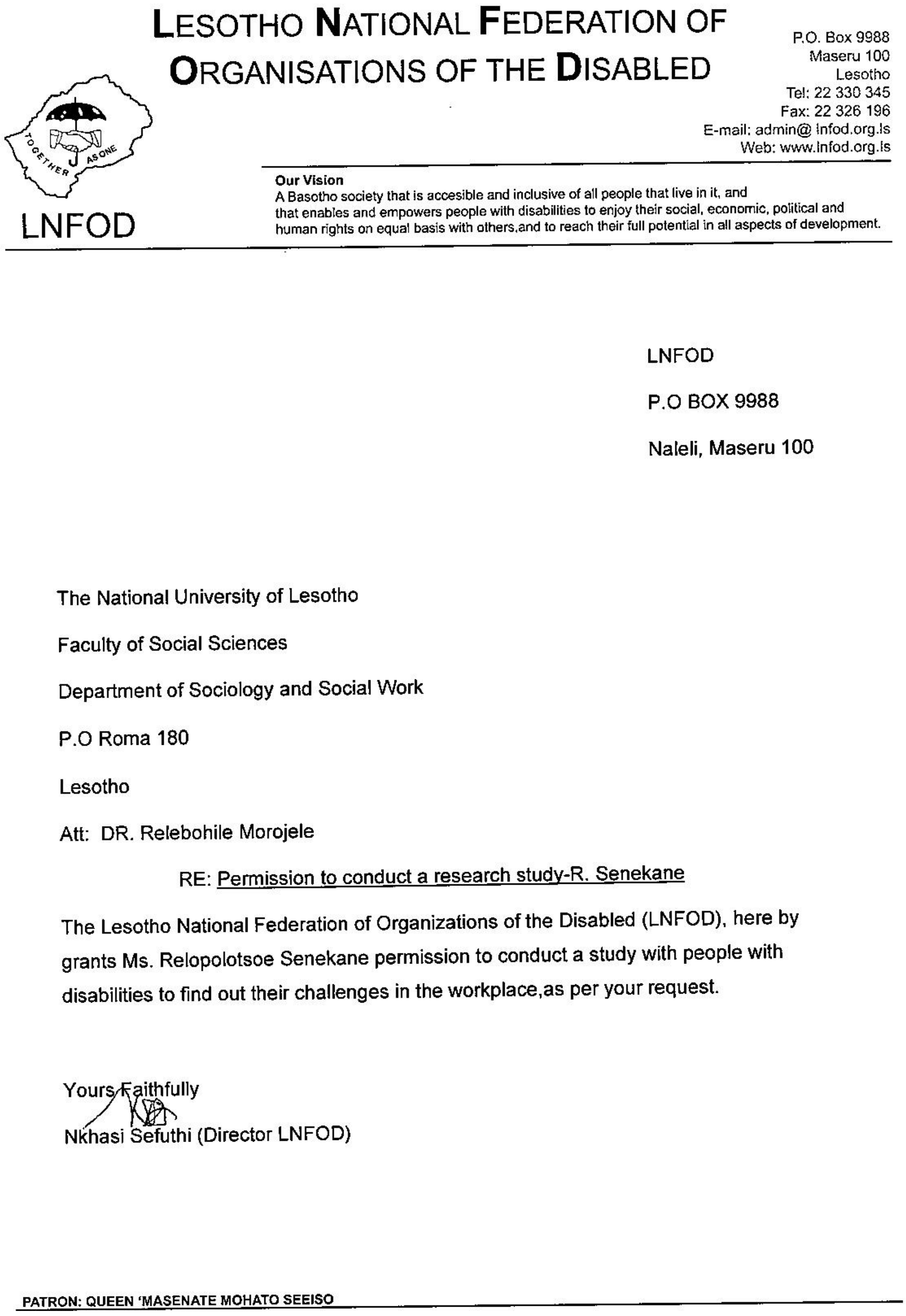
Name of Participant: ________________________________
Date: ________________________

Name of Researcher: Relopolotsoe Senekane___________
Date: ________________________

For more Information or clarity on this study, please contact my supervisor and Head of Department of Sociology and Social Work at this address or number. The National University of Lesotho, P.O. Roma, 180, Lesotho or +266 5221 3749

Thank you

Appendix 3: Permission Letter



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Our Vision
A Basotho society that is accesible and inclusive of all people that live in it, and that enables and empowers people with disabilities to enjoy their social, economic, political and human rights on equal basis with others.and to reach their full potential in all aspects of development.

LNFOD

P.O BOX 9988

Naleli, Maseru 100

The National University of Lesotho

Faculty of Social Sciences

Department of Sociology and Social Work

P.O Roma 180

Lesotho

Att: DR. Relebohile Morojele

RE: <u>Permission to conduct a research study-R. Senekane</u>

The Lesotho National Federation of Organizations of the Disabled (LNFOD), here by grants Ms. Relopolotsoe Senekane permission to conduct a study with people with disabilities to find out their challenges in the workplace,as per your request.

Yours Faithfully

Nkhasi Sefuthi (Director LNFOD)

PATRON: QUEEN 'MASENATE MOHATO SEEISO