



REHABILITATION STUDENTS' PERSPECTIVES OF NEGATIVE ATTITUDES (OPPRESSION) TOWARDS STUDENTS WITH DISABILITIES IN GHANA

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Abstract:

Many models of disability have been propounded but popular among them is the social model and/or the rights-based model. According to the social model of disability, there are clear relations between the barriers that people with disabilities experience and their suppression by able-bodied people. Community-based rehabilitation students of the University of Education, Winneba in Ghana have been trained to work from a social model perspective of disability. Through action research this study investigated how the students understand the oppression of people's negative attitudes towards persons with disabilities. Following an initial phase of interviews with past cohort of students, changes were implemented in the CBR rehabilitation programme. Subsequent interviews with current students demonstrated that the current students have greater understanding of the complexities of the oppression of people with disabilities than the past students. Recommendations have been proffered to align training on the negative attitude formation about persons with disabilities to a human rights approach to disability.

Keywords: community-based rehabilitation, oppression/negative attitudes, social model of disability, action research, community rehabilitation workers

1. Introduction

Three international bodies namely, the World Health Organisation (WHO), International Labour Organisation (ILO) and United Nations Educational, Scientific and Cultural Organisation (UNESCO) in 2004 endorsed the social model of disability based on the understanding that physical or environmental barriers which maybe attitudinal, institutional, or infrastructural are the main causes of disability (ILO, WHO, & UNESCO, 2004). These international bodies issued a joint Position Paper on Community-Based

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Rehabilitation (CBR) in which they described CBR as a powerful tool fashioned to promote the rights of persons with disabilities and also to create inclusive communities. It must be noted that past rehabilitation programmes focused on the medical model of disability where medical interventions were aimed at restoring the impairments of individuals (Nordholm, Lundgren-Lindquist, 1992; Valdez, & Mitchell, 1999). According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), persons with disabilities have *“long-term physical, mental, intellectual or sensory impairments which, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others”* (United Nations, 2006). However, more recently some CBR literature has been concerned with inclusion, empowerment and the rights of persons with disabilities (Lang, 2000). The joint Position Paper on CBR implicitly acknowledged that disability can result in negative attitudes towards persons with disabilities and that CBR should attempt to overcome this through equalization of opportunities and social inclusion.

In order for the CBR programme and its practitioners to move beyond the medical and individual models of disabilities, it is necessary that the professionals understand the social model of disability, the human rights approach to disability and related issues. This research reports a part of an action research study, which focused on the training of rehabilitation students and their understanding of the development of negative attitudes and empowerment of people with disabilities at the University of Education, Winneba, Ghana. The aim of the study was to contribute to the field of rehabilitation through the examination on how the programme curriculum could assist the students to understand the development of negative attitudes persons with disabilities and work with some of the factors that are responsible for the oppressive and undesirable behaviours of people.

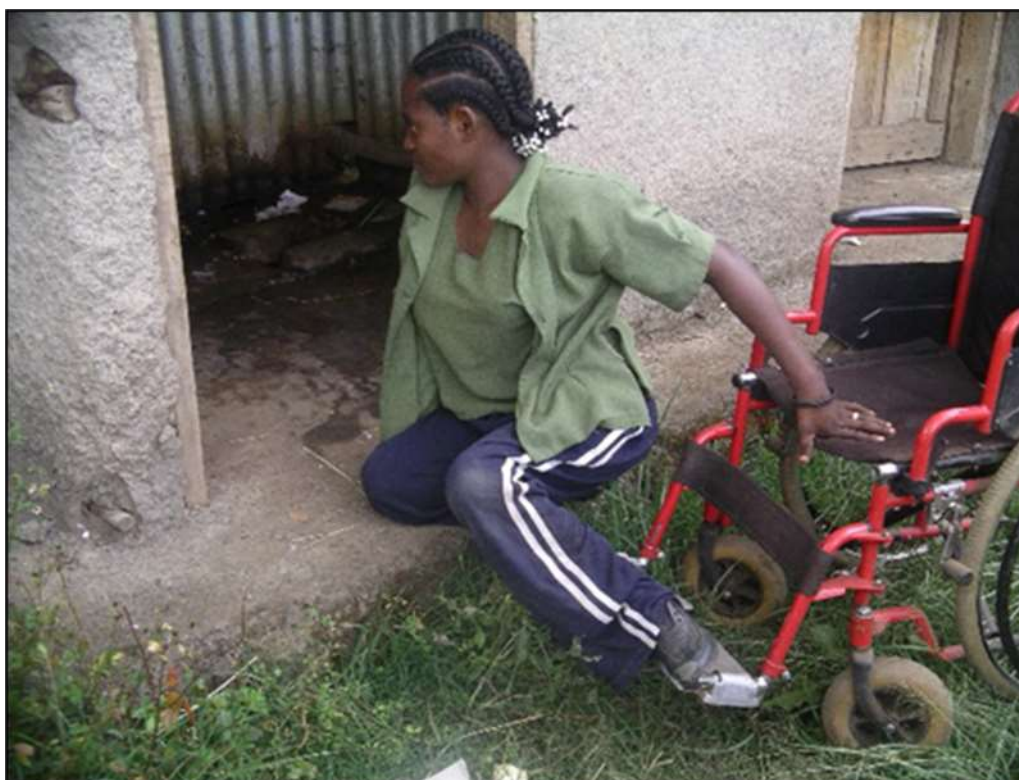
2. Disability and Oppression

In the social and rights models, disability is understood as a form of negative attitude formation in which the social environment excludes and oppresses persons with disabilities through failing to adapt to their needs and aspirations (Walmsley, 2001). Proponents of these models of disability have argued that the restrictions people with disabilities experience in their daily lives are not inherent to their impairments but are rather as a result of the social environment not considering their differences. According to the UN definition, disability is not only about the impairment of an individual but also about how they interact with the world around them and the barriers that they have to deal with. The illustration that follows shows the mathematical relationships.



Figure 1: Relationship between impairment, barrier and disability

In the Figure 1 above, we realize that disability results from impairment in a part of someone's body combined with the barriers created in the environment in which we live. It is this interaction between different types of impairment and the various barriers that cause a person to be disabled in society. This means that persons with disabilities are not all the same and one person with a disability can have a completely different experience from another. The illustration of a wheelchair user attempting to access the available toilet facility in her locality throws more light on the issue of barriers.



Picture 1: Classic case of common environmental barriers to the physically disabled in rural areas

In the illustration above, the wheelchair user is contemplating first, how she will drag herself on the messy latrine floor and second, leaving her only and expensive wheelchair outside at the mercy of thieves in the locality.

The social model of disability in association with the human rights discourse of disability emphasize the rights of people with disabilities to independence, equality and self-reliance. In order to respect the rights of people with disabilities, various societal

barriers must be overcome. In this approach to disability, it is then the responsibility of the nation in particular, and civil society in general, to address socially created barriers so that the dignity and human rights of all people are respected. Although the rights approach to disability provides a framework for the empowerment of persons with disabilities, individuals with disabilities at the grassroots level may find it difficult to access these rights. Thus, community rehabilitation workers (CRWs) can play an important role in empowering people with disabilities and helping them to proclaim and assert their rights. The rights discourse of disability is important because it situates disability in the context of all forms of domination, including discrimination, prejudice and parochial thinking.

To those who follow the social model of disability, the links between disability and the development of negative attitudes are clear. The attitudinal and physical barriers that people with disabilities experience manifest their oppression by non-disabled people. Barnes and Mercer (2003) declared "*common experiences of exclusion led to disabled people's growing sense of themselves as an oppressed minority.*" Watson (2004) also pointed out that the social model of disability defines the term 'disability' as social oppression, rather than as the form of impairment that a person has.

In order to understand disability as a form of negative attitude formation or oppression, it is helpful to examine different definitions and models of oppression. Hardiman and Jackson (1994) describe oppression as a system of domination rather than random acts of discrimination or simply an ideology of superiority. One model of oppression that has been used in this study describes discrimination and the resultant oppression as occurring at the personal, cultural and structural levels (Thompson, 1998). At the personal level, the thoughts, feelings and actions of an individual e.g. a person in a position of power, can cause inequality and oppression. However individual behaviour needs to be considered in the broader context of cultural patterns of beliefs and behaviours. Cultural actions occur within the social, economic and political aspects of the social order, which is seen as the structural level.

A different conceptualization of oppression which has also been used in this study is that of Young's (Young, 1994). According to Young, oppression takes five forms, namely exploitation, marginalization, powerlessness, cultural imperialism and violence. A group of people can be considered to be oppressed if they are subject to one or more of these conditions or forms of oppression. Young's explanation of oppression deals with the manner in which people are oppressed, rather than the levels at which this happens or the processes that maintain oppression. Barnes & Mercer (2003) use Young's 'five faces of oppression' to describe the situation of persons with disabilities.

This study presents Young's 'five faces of oppression' and the description of oppression at the personal, cultural and structural levels, as theoretical constructs to analyse the CBR students' knowledge and understanding of the formation of negative attitudes towards individuals with disabilities or the oppression of these individuals in various societies.

2.1 Background to the action research study

The study was conducted as one cycle of action research between October 2018 and March 2019 in Winneba. The study was based at University of Education, Winneba (UEW), a public institution of higher learning that trains students as CBR personnel - community rehabilitation workers (CRWs) in the Department of Special Education of the community-based rehabilitation and disability studies (CBRDS) programme. The following groups participated in the study:

- 1) Six qualified CRWs who had completed the CBR programme between 2014 and 2016. The initial reflections on the CBR course were based on the interviews with this group, i.e. phase I.
- 2) One cohort of 6 CBR students participated in the study throughout their two-year CBR programme. Four of the students were from rural areas, while two were from urban townships. There were four male students in the class and two females and the students ranged in age from 22 to 34 years.
- 3) The cohort worked with twelve persons with disabilities and parents of disabled children.

The researcher was a teaching staff who taught communication modes course on the CBR programme. Action research has been described by various authors in terms such as critical reflexive practice and self-reflexive enquiry (Hart & Bond, 1995). The distinguishing characteristic of action research is that it systematically integrates research with practice. Unlike other methods of research, in action research the practitioner can study his or her own actions and the impact of them within the context in which the action occurs – thereby reflecting in action.

The action research process is cyclical in nature consisting of the following phases, as recommended by various authors (Hart & Bond, 1995; Kemmis & Wilkinson, 1998) initial reflections, planning action, acting and observing the action and then a final reflection before the cycle begins again. A variety of research instruments were used in the different phases of the action research, including semi-structured interviews, focus group discussions and document analysis. The data were collected through interviews with six qualified CRWs who completed their training between 2014 and 2016; interviews with six rehabilitation students and two focus groups with persons with disabilities and parents of disabled children in 2018. The interviews and focus group discussions were tape recorded and transcribed. The interviews and the focus group discussions were conducted in English. Informed consent was obtained from all participants in the study and participants were given the assurance of confidentiality and anonymity in the reporting of the data. Ethical clearance for the study was obtained from the University of Education, Winneba.

The data from the interviews with the qualified CRWs were analysed qualitatively, through a process of coding the data, searching for patterns and identifying themes. The data from the interviews with the CBR students and from the focus groups relating to the oppression and/or formation of negative attitudes towards persons with disabilities were categorized using Young's 'five faces of oppression' and Thompson's

three levels of oppression. In order to enhance the credibility of the research, the data from the interviews were triangulated with the data from the focus groups. The following sections of the study provide detailed account on the activities and findings of the different phases of the action research cycle.

3. Findings

Phase I: First reflection on the CBR curriculum from select qualified group of CRWs.

The purpose of the first phase of action research was to clarify the situation and identify the problem which was to be acted upon. In order to understand the situation of UEW's CBR training and the skills, knowledge and attitudes of the community rehabilitation workers (CRWs), six in-depth interviews were conducted with the qualified CRWs.

The stated purpose of the CBR programme, *"to empower persons with disabilities and communities through providing well-trained CBR personnel"*, indicates the values of empowerment and social justice underlying the programme. However, in spite of these values and orientation, prior to the action research study, CBR students had been taught about the social model of disability but not specifically about the oppression of persons with disabilities.

During the interviews a number of the CRWs were not able to explain the theoretical construct of the social model of disability at first. However, it was clear from their practice that some of them have been able to begin implementing the social model principle of removing barriers in a way that leads to the social integration of persons with disabilities. One CRW described how she was attempting to remove attitudinal barriers in her community:

"We used to organize workshops and do disability awareness in churches, communities and even in schools. So that is where we are trying to fight that negative attitudes towards persons with disabilities. We want people of the community to recognize them as human beings." (CRW1)

Other CRWs gave examples of working to remove physical barriers such as lack of space for wheelchair users at public places - in shops and inaccessible community toilets. One CRW specifically recounted how the removal of barriers can lead to the social integration of persons with disabilities, which is a key element of the definition of CBR.

"Now in the community you find out that maybe the house is not accessible. So, he is always in the house. So, I will make sure I do home visits and do follow-ups and emphasize that 'Please, a ramp must be here. And then, I will come the following week to see. 'When I follow-up, I am visiting my friend because of the ramp. Because most of my frequent visits, now they have got a ramp even in the gate; you know now, my friend can

push himself into the community. So that is social integration, not to isolate him.
(CRW2.)

During the interviews, most of the CRWs did not have a clear understanding of disability as a form of oppression. Some CRWs were able to identify negative attitudes on an individual or personal level, but they were unable to talk about oppression at a cultural and structural level. Because the concept of oppression and or negative attitude formation had not been taught on the CBR programme up to 2013, it is not surprising that the CRWs did not have the tools to analyse what is happening to persons with disabilities in terms of oppression. Some of the CRWs have been able to speak out about discriminatory attitudes, which could be an opening for further training on oppression and empowerment. It was of concern that the CRWs often seemed to act on behalf of, rather than with, people with disabilities. Part of the disability struggle is the struggle against asymmetrical power relations. At the time of the interviews, many CRWs interviewed assumed a dominant position rather than giving equal power to persons with disabilities with whom they were working.

Phase 2: Acting to improve the CBR programme

In order to address the shortcomings in the knowledge and understanding of CRWs as identified in the initial reflection of the action research, a number of changes to the two-year CBR programme were planned and implemented. The initial teaching about the social model of disability was changed during this action research period from being purely theoretical to include experiential learning. In order to assist the students to relate the social model to their practice of CBR, the staff of UEW introduced the social model of disability as a framework for the students to use in their work. It was also decided to add a number of lessons on types of attitudes and/or oppression and liberation to the CBR programme. The lessons on oppression were reported with the students' own identities as oppressor and oppressed, and their experiences of oppression such as sexism, racism and disablism. The students then worked through the cycle of socialization looking at specific examples of the experiences of people with disabilities and also how these people experienced oppression at individual, cultural and structural levels.

Another addition to the CBR programme to assist the students in developing skills to undertake action to overcome the oppression of people with disabilities was the development of a week of teaching on advocacy and lobbying. The week included practical sessions such as how to make a banner and write a letter to the press, learning from people with disabilities about mobilizing disabled people and confrontational, peaceful action and more theoretical sessions on the advocacy cycle and dealing with people in positions of power. Part of the purpose of the sessions on advocacy and lobbying was to give the CBR students skills in using the human rights approach to disability.

Phase 3: Observing the effects of the changes in the CBR curriculum

In this phase of the action research the effects of the changes to the CBR programme were observed through interviews with staff and students, participatory rural appraisal exercises with students and focus groups with parents of disabled children and individuals with disabilities. The data on CBR students' understanding of negative attitude formation towards persons with disabilities (oppressive acts) was gathered through interviews with six students towards the end of the CBR programme. This data was triangulated with data gathered from two focus group discussions that were held with people with disabilities and parents who live in areas where two of the CBR students have been working. Thompson's (1998)'s description of oppression occurring at personal, cultural and social levels and 'Young's forms of 'oppression' were used to analyse the data.

In their explanations of oppression, the students identified all five faces of oppression through practical examples from experiences in their own lives and in the lives of individuals with disabilities with whom they have worked in their communities. The frequently mentioned faces of oppression in relation to persons with disabilities were exploitation and marginalization. In the focus group discussions, the parents and people with disabilities most frequently mentioned marginalization as the way in which they experience oppression.

A. Exploitation

Three students recounted situations in which individuals with disabilities were exploited for their disability grants. As Student C explained:

"But what really hurts me is that when the families of people with disabilities use these people as a source of income, because they bring the grant to the family. So, for them, that's like a blessing in disguise because they have got this person to bring in money. From there they forget about them until another grant's day. And they don't like using this money to help these people. It's just their money."

Student E described an equally serious situation in which family members of a woman with a disability worked together to steal her first grant payment. These examples of exploitation illustrate the complex nature of negative attitudes towards persons with disabilities and thus the difficulties that the CBR students face in trying to address the oppression of individuals with disabilities with whom they work.

B. Marginalization

Marginalization can be seen as the situation whereby oppressed people may be excluded from decision-making processes. Young extends this definition to a situation where, "A whole category of people is expelled from use, participation in social life and thus potentially subjected to severe material deprivation and even extermination." (p. 53) Findings from both the CBR students and the parents of disabled children and persons with disabilities attest

to the fact that individuals with disabilities often experience marginalization as a form of oppression. One of the students, Student A, reported an extreme version of marginalization that, unfortunately, is not uncommon in the areas where CRWs work.

"If we are talking about oppressive acts or negative attitudes, it is something that is when the non-disabled in the families of the disabled people used to lock them in the houses."

Student B, who is disabled, found that the source of her marginalization was not her family, but other non-disabled people in her environment. For example, nurse at the hospital and visitors to her home. As Student B recounted:

"Sometimes my mother asked me to make tea for the visitors. The visitor said 'No, why are you asking this child because she is not able to do all things?' and she said it's not right."

The stereotype this visitor had of people with disabilities as not able to do anything useful, contributed to her attempting to marginalize Student B.

A number of the participants in the focus group discussions, both people with disabilities and parents of disabled children, spoke of similar damaging stereotypes that community members have in relation to people with disabilities in their localities. One mother lamented the views of people from her locality concerning people with disabilities, including her child.

"Our community is not educated. People with disabilities are not accepted at all, and that hurts us as parents because we love our children. But the way they are being treated, it is like they don't belong in this society, they belong to the zoo."

One person with a disability has had painful reminders of her own oppression resulting from negative attitudes that have marginalized her.

"Like myself when I visit other people in their houses, I could see that I am not accepted. They even ask you "Can we help you?" as if you are lost or you are not the kind of person to visit them. And I realise I made a mistake by coming there, then I leave immediately because I feel I am not wanted there. (Focus group 2).

In the experience of the CBR students, marginalization of disabled did not only happen through community members who may have been relatively uninformed about the rights and potentialities of persons with disabilities. Student D reported that in a forum where participants should have known better during a meeting on inclusive education with the Department of Education - disability issues were still marginalized or relegated to the background.

Thompson makes special mention of speakers of minority languages experiencing marginalization. A number of the CBR students gave examples of people with communication disabilities being marginalized because of their difficulty in using the standard forms of language used in those communities. One of the participants in the focus group discussions who is deaf, recounted her own marginalization.

"Before I know [the CBR student] it was quiet. People did not know me. Others did not want to communicate with me. They were not prepared to learn how to communicate with me. I was isolated and jobless."

The marginalization of people who do not use the majority language happens not only at an individual or personal level but also at a structural level as Student F illustrated when talking about the participation of sign language users in community meetings.

"If you take a loudspeaker and shout, they [deaf people] cannot hear that you have a meeting. Which means they do not have rights to attend those meetings. Even in a meeting, they can go to a meeting but no interpreter there to accommodate them."

According to Student B marginalization of people with disabilities happens not only because of the negative attitudes and behaviour of non-disabled people and the stereotypes they hold but also because of their sometimes well-meaning and over-protection.

"But the families of those [disabled] people overprotect them. Some families believe that people with disabilities should not need to do anything. They should stay at home only and obtain the disability grant."

C. Powerlessness/Helplessness

Powerlessness has been described as a situation in which the oppressed person has little control over his or her life and he or she also has minimal choice concerning what to do with his or her life. In this study, the most strident voice on the powerlessness of people with disabilities was the disabled student, Student B, who reported a number of her own experiences at the hands of non-disabled people. When Student B had applied to study nursing, she was interviewed along with other applicants. On seeing that Student B was disabled, the head of the nursing school summarily dismissed Student B without completing the interview. Student B was powerless to change the situation.

Similarly, one of the participants in the focus group discussions described his powerlessness to contribute to decision-making within a close personal relationship.

"And the other thing, my girlfriend is not treating me like a normal person. She is taking decisions for me as if she is the only person with rights. We cannot share ideas. She is Lady Know-all." (Participant from Focus group I)

Powerlessness is not only created by the intentional and negative use of power over someone or some group. As student B discovered, in one of her earliest recollections of being oppressed, powerlessness can also be the result of a person's well-meant actions which are nevertheless very hurtful and disempowering.

"I was in the hospital. sitting there on the bench and the nurse asked me to go to another ward to ask another nurse. She was giving me the paper and when I stood up and took the paper. the nurse told me. 'Sorry. I didn't see you [as a person with a disability]. You are not [able to] walk.' And I told her. 'No, no problem. I can go.' And she refused. She told me. 'No. Thanks. Sit down. I'll ask someone [else].' And I know the place. It's not good because when the patient doing like that, she not feeling good."

The CBR students seem to be largely unaware of the effect of their power relative to the people with disabilities with whom they work. Clearly this is a crucial issue which needs to be addressed with the CBR students if the service they provide is supposed to empower people with disabilities.

D. Cultural imperialism and violence

Cultural imperialism refers to the form of oppression in which the experiences and understandings of the dominant group become the norm against which members of subordinate groups are judged. A number of the CBR students referred to experiences that people with disabilities have of oppression which may be classified as cultural imperialism. Student D related the experiences of a deaf woman who received the wrong medication at the hospital because the doctor was not able to use sign language nor did he find and use a sign language interpreter.

Violence is the last of the five faces of oppression mentioned by Young. None of the students mentioned violence with regard to the oppression of people with disabilities although one student had had personal experience of the violence of oppression while working on a farm. According to Barnes and Mercer violence against people with disabilities is, in fact, widespread and may take the form of physical or sexual attacks, verbal abuse - policies (abortion of disabled fetuses).

E. Personal, cultural and structural levels of oppression

When analysing the students' understanding of oppression according to the personal, cultural and structural levels of oppression, the group of students involved in this study were able to identify oppression operating at all three levels. Student B experienced oppression at a personal level when, as a child in primary class six, she was told to leave the local mainstream school by her teacher because she was disabled. Student C's account of the exploitation of a disabled woman for her grant could also be considered as oppression at the personal level.

Student E is clear that there is oppression of people with disabilities at a cultural level in his community:

"People believe that people become disabled because of certain things, like they are witches or maybe it's a gift from God. I think those are two that people believe. So like to oppress people with disabilities, they just think they are useless. I've seen that some parents become shy to take them out to be seen by other people who will laugh at them for having disabled children."

This quotation shows clearly that Student E sees the oppressive actions of family members as occurring within the broader context of cultural beliefs and practices. These cultural manifestations of discrimination and oppression operate within the societal or structural level in which there are systemic inequalities. Both Student F and Student D mentioned systematic and structural level oppression as occurring within the education system.

"I can say the thing that worries me a bit is the school and disabled people. I do not know why these schools do not want to take disabled people (Student F)."

One of the participants in a focus group also identified with being oppressed at a structural level because of the lack of access to schooling for people with disabilities.

4. Conclusion

The findings of this study suggest that the current CBR students have a greater understanding of the complexities of oppression than did their predecessors. The students demonstrated an aware-ness of the exploitation, marginalization and powerlessness that people with disabilities face in their communities. The students' reports mirrored reports by individuals with disabilities themselves and their family members. However, none of the participants in the research specifically mentioned violence as a form of oppression that they had experienced or were aware of, with regard to disability. Future research could investigate the experiences that individuals with disabilities in Ghana have of violence. CBR students and people with disabilities in this study were also able to identify oppression as occurring at personal, cultural and structural levels. In order to undertake action to overcome the oppression of people with disabilities at a systemic level, the CBR students need an understanding of the relationship of the social model of disability and the oppression of people with disabilities. The students in the current study were better able to make the connection between these two concepts than previous students. Although the human rights approach was tied to the social model of disability in the CBR programme, in future training it could be possible to explicitly focus on the concept of the oppression of people with disabilities to an understanding of the violation of their rights as an important concept in Ghana who has ratified the UN Convention on the Rights of Persons with Disabilities and CRWs can play a role in helping individuals with disabilities to monitor its implementation.

Although this study has specifically examined the training of CBR students and their understanding of the oppression of or negative attitude formation about individuals with disabilities, it also has bearing on the training of other professionals working with people with disabilities. The current dispensation in Ghana, with emphasis on human rights and inclusion encourages service providers to understand disability as socially created through barriers such as negative attitudes and lack of accessibility. If service providers have an orientation towards overcoming the oppression of people with disabilities, this can contribute to the positive development of people with disabilities within the framework of the Ghanaian Constitution and the UN Convention on the Rights of Persons with Disabilities.

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