Exploring the Experience of Individuals with Physical Disabilities Regarding Stigma and Discrimination during Childhood: A review of literature

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Summary

INTRODUCTION

Physical disability is considered a burden in majority of developing countries. Little has been documented about the experiences of people with physical disabilities until recently, in a few African countries. Only a small number of studies focus on the experiences of children with disabilities in terms of violence, stigma, and discrimination and the impact these have on their general health and wellbeing. It is suggested here that to achieve human rights to reduce violence, stigma, and discrimination toward people with physical disabilities, there is a need for the implementation of policy and guidelines, as well as the implementation of inclusion in educational and institutional systems. The aim of this study was to explore the experiences of people with physical disabilities during their childhood and has highlighted the impact stigma and discrimination has on their lives.

MATERIALs AND METHODS

This literature review was conducted through the use of public health databases as the main sources of information. The literature is comprised of primary research articles, policy documents, case studies, relevant books, and book chapters and legislations. A progressive search of public health databases was conducted; these databases are CINAHL Plus, Europe PubMed Central, Science Direct, PubMed, SCOPUS, Social care online, and Wiley Online Library.

RESULTS

The review has shown that there is a need for further development of research in developing countries, particularly in African nations. These burdens and challenges can be addressed by understanding the current status. This literature review study focused on the experiences of people with physical disabilities concerning violence, stigma, and discrimination perceived during their childhood in developing countries. The literature relevant to problems of violence, stigma, and discrimination in schools, communities and institutional settings has also been explained in detail.

CONCLUSION

Being able to separate the elements that aid violence, stigma and discrimination toward people with physical disabilities will aid in the development of interventions, which guarantee quality assurance in modern healthcare and sustainability for millions of disabled people in developing countries and prevent thousands of children from experiencing any form of violence, stigma, and discrimination in these regions.

RECOMMENDATION

Some of the stigma, discrimination, and violence people with physical disabilities experience can be prevented through the initiation and maintenance of effective public health awareness campaigns. This will help nurture the receptiveness to the rights of persons with disabilities; promoting greater social awareness and positive perceptions towards individuals with disabilities; promoting recognition of the merit, skills, and abilities of individuals with disabilities as well as their contributions to the communities, schools, labour market, and workplace.

***Keywords**: Physical Disability, Stigma, Discrimination, Childhood Disability, Africa*

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Introduction

According to Stumbo [46], disability is a notion that is not precise and quantifiable and differs from situation to situation and day-to-day. Disability is not just an inherited or physical attribute, but a consequence of interaction among individuals and their social and physical environment, comprising of a complicated mix of cultural, social, climatic, political, topographic, technological, and architectural components.

Regardless, physical disability is any problem or condition that limits a person from carrying out his or her daily activities without some degree of adaptation or assistance. Individuals with physical disabilities frequently use mobility utilities for instance canes, crutches, walking frames, orthotic appliances, wheelchairs, and artificial limbs to acquire mobility [15]. Although, environmental factors play an important role in one's life and have a significant effect on the level and experience of disability; isolated environments promote disability by creating hurdles to involvement and inclusion [55]. Some of the possible adverse influences of the environment comprise a wheelchair user in a structure without an available elevator and bathroom, a blind individual using a computer without screen-reading software, and a deaf person lacking a sign language translator [55,15].

Disability is a fragment of a human disorder. Nearly everyone will be permanently or temporarily impaired sometime in life, and those that sustain to the prime of their life will experience an increasing problem in terms of effectiveness and mobility [54]. According to the World Health Organisation (WHO) [54], disability is dynamic, contested, multidimensional, and complex. WHO [54] continues to state that "decades ago, the disabled people's movement together with numerous researchers from health and social sciences have identified the role of physical and social barriers in disability''.

Nonetheless, disability has become a global health problem. People with disabilities are facing extensive barriers in accessing health and related services throughout their life course [55]. For example, rehabilitation issues; individuals with disabilities are said to have the poorest health outcomes compared to non-disabled persons. According to WHO [55], disability is not just a public health concern but human rights problem too, since children, teenagers, and adults with impairments experience inequalities, discrimination, and stigmatization. They are subjected to several human rights violation as well as their dignity, for example through an act of abuse, disrespect, violence, and bias due to their disability, and they are deprived of independence. Furthermore, disability is of developmental significance since its

prevalence is higher in low-income nations; due to poverty and disability perpetuating and underpinning each other (42,55].

However, according to Tataryn [47], it is estimated that 5% of children are said to be suffering from disability and 93 million children worldwide are living with severe or moderate disability; the majority of these children live in low and middle-income countries. Globally, there are over 1,000 million individuals with disabilities; this is about 15% of the world's population or one out of seven individuals. There are between 100 million and 200 million adults who are experiencing substantial complications in terms of mobility. As mentioned earlier, among the 93 million children with disabilities, one in twenty of these children are under the age of 15. The number of individuals who are experiencing disability issues will continue to grow rapidly as the population ages, with the universal rise of chronic health problems [42,55,11].

Furthermore, among these children with disabilities, evidence has shown that most of them come from poorer households and are less likely to attend school and they have poorer health when compared to their non-disabled peers. Based on personal experience, the physically disabled that manage to attend school in African countries have faced discrimination, stereotyping, and bullying either from their peers or school staff. Violence has a long-lasting negative effect on children's health, both mentally and physically. According to Deveries [11], marginalized adolescents and children are vulnerable to go through violence particularly those with mental and physical disabilities.

Stumbo [46], reported that elderlies are generally said to be healthier than ever before, they are also experiencing moderately high rates of disability. It is estimated that 50% of elderlies aged 65 or older, and 75% for those age 80 and above are said to be disabled, based on American statistics. Additionally, people with disabilities are experiencing the maximum rates of survival ever recorded, for instance, people with spinal damage. In the United States, there are approximately 40 to 50 million disabled people in the country both children, adults, and elderly [46].

Disability is not a small problem. For these reasons, the United Nations General Assembly pointed out that due to the high prevalence of disability (estimated 80% of individuals with disability live in developing countries), there is a need for ensuring that persons with disabilities are included in all aspects of improvement, as well as in the post-2015 development plan [55,42].

There are some health conditions associated with disability that may result in extensive healthcare needs compared to non-disabled individuals; hence, disability is classified as diverse. Regardless, individuals with physical disabilities have the same health needs as those without disability and they should be admitted into mainstream healthcare services [42,55]. WHO [55], reported that individuals with disabilities experience greater susceptibility to avoidable secondary illnesses, age-related conditions, and comorbidities and need special healthcare services. At times, they are endangered to unethical treatment or other caring measures without consent. According to WHO [54]; Groomes and Leahy [18]; Kim [23]; Kyegombe [24]; Silverman and Cohen [44], specific groups of individuals with physical disabilities show higher rates of dangerous behaviour such as physical inactivity, poor diet, and smoking.

Nevertheless, there is a relationship between physical disability, medical condition, and mobility which are implicit in the guidance on data collection for Special Education Needs (SEN) [16]. This shows that; there are numerous medical conditions related to a physical disability that affects mobility [16]. These medical conditions may include

heart disease, cerebral palsy, spina bifida, and hydrocephalus as well as muscular dystrophy. However, people with physical disabilities may also have neurological problems or learning disabilities and sensory impairments [16,41].

There are only a few studies that have investigated why children with disabilities are more vulnerable to violence compared to non-disabled children. The reasons can be, high level of stigma and discrimination; lower physical and emotional defences; lack of support for careers, and communication barriers limiting report of violence [11,41]. Additionally, people with disabilities are reported to have worse access to healthcare, with cost, transportation, and a long waiting list being the main problems. A critical evaluation of existing literature would inform evidence-based practice which would result in the elimination of stereotyping and discrimination toward people with physical disabilities [41,47].

The emphasis of this literature review is to understand the experience of individuals with physical disabilities during their childhood and also the impact stigma and discrimination have on their social and educational lifestyle. This literature review has observed many aspects of inclusion in the educational system, medical conditions leading to physical disability, stigma, and discrimination in schools and communities toward people with physical disabilities. The review also looks at the dynamic evidence of stigmatization, discrimination, and the lack of adaptive inclusion schemes in the educational system. Finally, the literature review has been written under the UK public health Code of Professional Conduct [50], and confidentiality is maintained throughout the work.

Objectives

The objectives of this review were to understand the challenges and experiences of people living with physical disabilities in regard to:

I. Educational inclusivity
II. Experiences of violence, stigma, and discrimination in their communities
III. Experiences of stigmatization when accessing healthcare services
IV. The effectiveness of existing interventions in developing countries
V. Plans that will help reduce the violence, stigma, and discrimination experienced by these group of people

Methodology and Protocol

This literature review used current and recognized literature related to the mutual understanding of the experiences of individuals with physical disabilities during their childhood; this has ‘’confirmed the research question’’ [31,49,22]. The author has explored the experiences of people with physical disabilities during their childhood and has highlighted the impact stigma and discrimination has on them; by using evidence to support the literature [7,4]. This support is based on relevant evidence-based findings and policies. This evidence was used to guarantee that a good background has been presented in terms of the focus topic and that the knowledge gap has been highlighted properly to show the importance of the literature review [20,31,4]. The literature comprises: Primary research articles, policy documents, case studies, relevant books, and book chapters and legislations. It is important to investigate the international and national concepts of physical disability adopted in developing and developed countries.

The terms used in the main searches are physical disability; stigma and discrimination toward people with disabilities; individuals with a physical disability; childhood disability; violence against people with physical disabilities; children with disabilities and understanding physical disability.

The searches were done through the author's university library website with the key term 'physical disability', which produced 1,622,161 hits. The results showed 398,175 peer-reviewed journals, 816,692 full texts online, and 24 physical items (books and journal articles). These results are derived from different topics such as medicine (91,364), psychology (65,166), public health (42,996), disabled persons (13,517), disabilities (11,083), physical disability (609), people with disabilities (541), and children with disabilities (345) (figure 1).

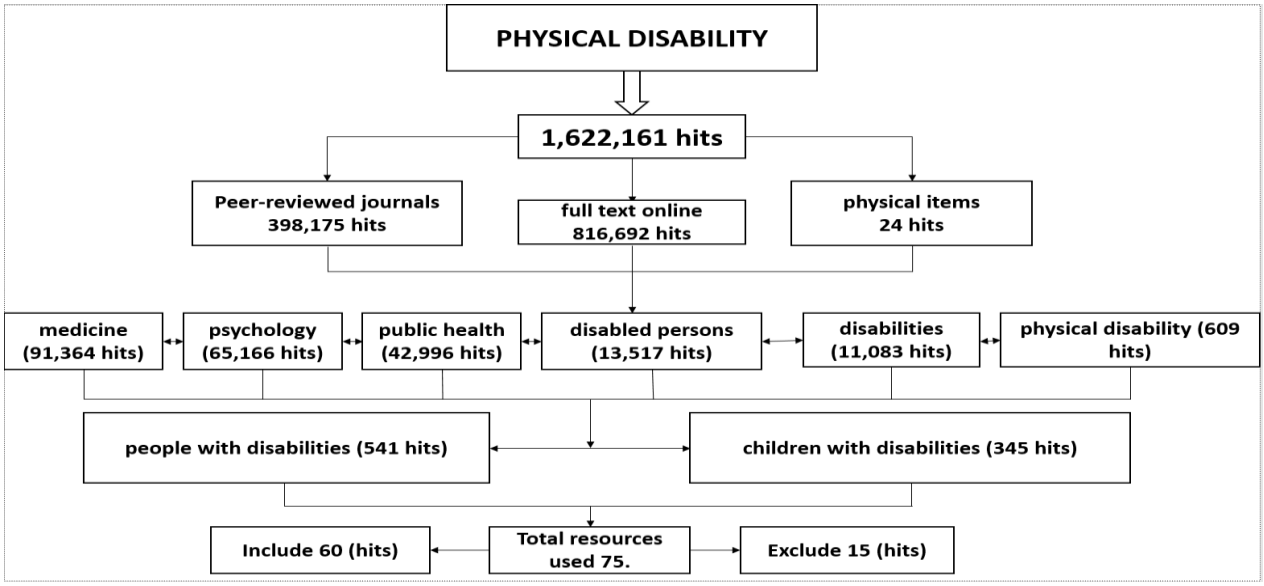

Figure 1: Article Selection

These analyses were based on the searches done at the time of the literature review. The searches that were conducted during this research involved the use of Boolean and truncation operators. The searches were then filtered based on relevancy and narrowed down [37] to the past eighteen years (2000-2018), and the overall search yielded several relevant research studies, books, and articles which were recorded using the 'RefWorks' database on the author's university library website, including the references for later use [8]. A hand search of articles was also conducted by the author in his university's and community library.

Additionally, the main terms and short sentences were used; wild cards and Boolean operators were included to refine the search [8]. A progressive search as recommended by Holland [20] was conducted using the public health databases such as the CINAHL Plus, Europe PubMed Central, Science Direct, PubMed, SCOPUS, Social care online, and Wiley Online Library.

The sentence, "individuals with physical disability" revealed 155 hits (Only full text) on CHINAHL Plus, ''childhood disability'' produce 14 hits (only from 2000-2018, only in Africa) on PubMed, ''violence against people with physical disabilities'' produced 119,506 hits on the university library website. The term Violence against people with disabilities yielded 1,675 hits after using the filter, full text online, peer-reviewed journals, articles, public health, English, and year: 2000-2018. Another sentence that was used is ''sexual violence against children with disabilities'' which yielded 17,551 hits using only peer-reviewed journals and a full-text filter. Furthermore, due to the lack of relevant

articles in the developing countries based on the topic, a ''citation pearl searching'' was conducted by going through the reference list of the articles related to this topic. However, the process taken to retrieve the articles related to this topic was done rigorously and with caution, because not all reference lists are accurate [8,20].

Results

A total of 60 articles were identified, selected, and included in this review through the use of key public health electronic databases and other relevant sources as mentioned earlier. Among the 60 included articles, 6 articles were on the inclusion of people with disabilities into the mainstream educational system and their communities; 11 articles were based on violence people with disabilities faced in their societies; 11 articles were looking at stigma and discrimination toward people with disabilities; 14 articles were on the experiences of people with disabilities in regards to stigmatization and healthcare services accessibility in their communities; 13 articles looked at existing interventions that were carried out in developing countries in regards to the lives of people with disabilities; 4 articles were on plans that will improve the lives of people with disabilities in developing countries if implemented.

Inclusion in Schools

Inclusive educational settings are determined to have social, attitudinal, behavioural, and educational benefits [42], it requires educators to embrace learners' diversity as normal and respect the aspect [17]. Therefore, apparent achievement in inclusive physical education has been identified with 'fitting in' to the current arrangement by either owning minimal alterations or by dealing with the decrease of practical skills [17]. Contrarily to Goodwin and Watkinson [17], Ogu [33] research has highlighted that inclusive teachings provide students with disabilities the same opportunity to achieve as that of students without disabilities; provide students from a different ethnic background with similar opportunities to achieve and provides girls with the same opportunity to achieve. Inclusive education also encourages the success of various learning outcomes, alongside reflecting the term inclusive. Inclusion highlights changes at a practical level and social policy thus monitor the social model of SEN [33,39].

Contrarily to inclusion are segregation and exclusion, whereby learners with disabilities are educated separately from their non-disabled peers. For example, in Nigeria, the common practice in schools is segregation education where students with disabilities are educated in different schools from non-disabled children. The excuse given is that they require special care, or their needs are different [36]. The majority of these special schools run completely on different syllabus from the normal school syllabus [33,17]. Nonetheless, there has been a push toward inclusion in developing countries. For instance, in Nigeria, the National Policy on Education (2012) agrees with the addition of special needs learners into the standard teaching space. However, this policy has not been active in general physical education classes, which has left the actual practice of inclusion at the pleasure of physical education instructors [2,33]. To make matters worse, physical education instructors in Nigeria presently do not require any coursework on practical experience with children with disabilities [33].

Due to lack of awareness about inclusion in developing countries, the majority of disabled students experience more violence, stigma, and discrimination by their teachers or peers when compared to non-disabled students; even in the community where they grew up.

Violence toward People with Physical Disabilities

According to a Quantitative study conducted by Devries [18], there are between 1.5 billion and 500 million adolescents and children around the world that are experiencing violence every year. Recent evidence from a national survey has shown that numerous physically disabled individuals are experiencing violence, specifically physical violence in their communities, schools, or at home in most East African countries. This violence is seen among school staff toward students. It is a common form of violence against children under the age of 18. Roughly half of these children are reporting exposure in Tanzania and Kenya. The same pattern can be seen in Uganda, although Devries [11] has stated that there is a lack of data evidence to back up this claim.

However, WHO [55] has mentioned in the ‘’Global Disability Action Plan 2014 – 2021’’ that teenagers from the indigenous population, poorer households, and those from ethnic minority groups are also at greater risk of facing violence, stigma, and discrimination against people with physical disabilities. Girls and women with disabilities are more likely to experience ‘’double discrimination’’, which consists of abuse, marginalization, and gender-based violence. Consequently, females with disabilities frequently face supplementary problems compared to males with disabilities, and females without impairments [42,55]. The same evaluation was made by the United Nations in a statement made on the ‘’human rights of persons with disabilities’’ [42].

Furthermore, women with physical disabilities are experiencing gross violence of human rights as forced sterilization, victims of rape, and multiple discrimination due to being an individual and a female with disability [42,55]. Parenting skills of women with disabilities are often examined and most of the time their children are been taken away from them against their will [42]. In both men and women with disabilities, their right to marriage and starting a family is often rejected or limited to a point of denial [55,29,42]. However, according to a statement made by Professor Stephen Hawking, barriers individuals with disabilities face are physical, financial, and attitudinal [35], but likewise the solutions of these obstacles, are within grasp. This statement was also published on WHO report on disabilities [54].

According to a qualitative study conducted by Devries [12], on ‘’violence against primary school children with disabilities in Uganda,’’ shows that adolescents and children with physical disabilities are more vulnerable to experience violence as well as those with other forms of disabilities. Consistent with Jone's [21] systematic review, there is clear evidence that shows children with physical disabilities are twice as likely to be targets of violence as non-disabled children. However, Devries [12] cross-sectional study was conducted in low- and middle-income countries in Africa (Uganda) and Jone's [21] systematic review conducted in a high-income country; nonetheless, both studies have shown strong evidence of data credibility. The majority of this research evidence was retrieved from a small-scale qualitative study conducted by non-governmental organizations and the United Nations [12].

However, Devries [12] cross-sectional study shows that gender inequalities, poverty, and disability are interrelated and raise the threat of discrimination as well as violence against teenagers in some contexts; these signify that girls with physical disabilities might be at a specific vulnerability [55]. According to Jone's [21] systematic review, the perpetrators are adults, and others but not the parents of the disabled child or carers, thus, these have agreed with Devries [12] research.

The agreeing factors between them are Devries [12] study stated that the perpetrators for violence were known to be 'other relatives', not caregivers or parents, for boys; while disabled girls' main sexual violence offenders were 'other', namely, not girlfriends or boyfriends, caregivers, parents or other family member or somebody they rather not say and school staff (left with mostly acquaintance and strangers in the society). The agreement between these two studies is understandable and credible since both studies were conducted in different countries.

According to a majority of the studies that focused on people with disabilities, the constant factor between them is that children with disabilities are less likely to attend school and they are said to have lower educational achievement than those without disabilities [11,21,35,42]. In other to understand how the experience of children with disabilities can be developed, performance and school attendances need to be considered in both the low, middle, and high-income countries [21,35]. However, Devries [11], has stated that no evidence shows the experience of school children with disability in their country of study (Uganda) but regardless, violence toward the overall population of school children is frequent in Uganda and other African countries. These did not stop them [11] from hypothesizing that violence is more common against people with disabilities than the general population.

Furthermore, Devries [11] cross-sectional study in Uganda shows that the overall experience of physical violence toward people with physical and other forms of disabilities are the same among boys from any perpetrator. Nonetheless, their study has also shown that physical violence is more common for girls with disabilities to experience, than those without disability; and they are twice more probable to experience sexual violence than those without disability [55,11,3]. Moreover, Devries [11] and olofsson [35] studies agreed with each other on the front that, people with physical disabilities are double or triple as likely to be at risk of experiencing violence when compared to those without physical disabilities. A systematic review and meta-analysis study by Jones [21] have shown the same results toward the experience of violence against individuals with physical or other disabilities, adults with mental illness also have a higher risk of experiencing violence and are particularly among the vulnerable group. Additionally, Olofsson [35] results from a public health survey in Sweden show that men with physical disabilities have the highest percentage of both psychological and physical violence in the same age group when compared to non-disabled men.

Stigma and Discrimination

According to Werner & Shulman [52], they highlighted stigma as a prejudicial attitude, discriminatory behaviour, stereotype, and bias of social structure recognized by a considerable group of people surrounding ashamed smaller group. This definition has allied with Whittle's [53] definition of structural stigma, where they stated it as cultural norms, societal-level condition, and institutional policies that constrain the resources, wellbeing, and opportunities of the stigmatized person. Nonetheless, prejudices, stigmatization, and discrimination of marginalized groups are an ongoing issue in African communities. Awareness toward individuals with disabilities differs considerably from one society to another; in addition to attitudes, societal awareness, and treatment of individuals with disabilities which are neither stationary nor invariable [9]. Werner & Shulman [52], mention in their studies that stigma is considered a major problem for individuals with developmental disabilities (for instant physical disability) and

their families, who experience negative attitudes and responses from the public, daily.

Stigma shapes people that experienced it, psychologically. Whittle [53], and Allen [1] have mentioned in their studies that negative awareness of stereotypes of individuals with physical disabilities, has led to the expectation on how physically disabled people should be treated in terms of interaction with non-disabled people. On these notes, WHO [55], have highlighted that people with disabilities are not given the chance to make their own decision about issues that concern them, even though they are familiar and have an in-depth understanding of their disability and situation.

However, according to studies conducted by Allen [1], Whittle [53] as well as Mak & Cheung [27], both studies have shown that stigmatization and devaluation are commonly experienced by physically disabled people in society. They continue to explain that the assistive devices physically disabled individuals use (e.g., wheelchair, cane, hearing aid), including themselves are often visible and the virtual rarity of the disability makes them extremely quiet when met. For these reasons, Allen [1] has stated that physically disabled people are readily marked, and are stereotypically seen as 'Master Status', i.e., a characteristic that is the main focus of an observer's devotion at the cost of the other less obvious personalities [53]. Mak and Cheung [27] mentioned in their study, that non-disabled people frequently level one's disability as their most salient quality and the one that they are most drawn to. According to society, people with physical disabilities are been recognized or known (instead of their personality) according to their disability (instead of their name), apart from their devalued characteristics for instance gender and ethnicity [1]. Due to this 'master status', physical impairment is strongly identity-determinant; stereotypical awareness is rapidly functional to the physically disabled individuals by their audiences [53].

Regarding these, the WHO [55] has stated that due to lack of overt legal protection, people with disabilities were viewed as objects rather than subjects, for a long time and thereby not rights-holders. The objectification of people with disabilities resulted in narrowing inaccessibility and exclusion; placing the importance exclusively on the disability; also referred to as the ''medical model'' [1]. Also, people with physical disabilities are viewed as an object of pity who require ''help'' via donations; these aspects of objectification are also referred to as a welfare-based method of disability [55]. These led to the creation and maintenance of separate facilities for example sheltered workshops, special schools, and other methods of isolation [53,42,55].

Regrettably, there are several negative stereotypes related to physical disability, and it is these negative stereotypes that are frequently recognized as the main reason for the (undesirable) treatment of physically disabled individuals [1,53]. Whittle [53] has stated that individuals with disabilities are stereotypically categorized as 'medically abnormal', and hence as individuals who are sick, defective, or diseased. Whittle [53] and Retznik [40] research have allied with each other, because Retznik [40], mentioned in their studies that persons with physical disabilities were not viewed as sexually active or as sexual being but they are seen as innocent and childlike. Because of the primary inaccurate standpoint and aggressive social standards and attitudes concerning the sexuality of individuals with physical disabilities; their need for sexuality and partnership are assumed to be abnormal [40,26]. These opinions of bias concerning sexuality and disability are unlimited, this is because individuals with physical disabilities are viewed as nonsexual or they have an increased libido [40,26,28].

However, because of the disease status given to people with disabilities, they are somehow level as expendables and redundant to the entire society [1,55,42].

These in turn encourage the practices of verbal and physical violence, infanticide, neglect, abortion, mercy killings in addition to remedial surgeries and recovery [53,55]. Despite the recognizable negativity concerning disabled people, behaviours, and stereotypes related to these groups are not generally adversative. As a substitute, there has been a change in culture toward observing physically disabled individuals more positively [1], besides discrimination and hostile prejudices concerning disabled individuals; it is now seen as intolerable [51]. However, this does not mean that disability stigmatization has been eliminated or even reduced. It only means that prejudiced actions concerning people with a physical disability have developed more indirect [1,53,27]. An example is, people with physical disabilities are frequently labelled as practically completely non-intimidating. They are considered as dependent, vulnerable, asexual, unattractive, and passive [55,42,1], and deficient in capability and intellect [53]. They are also assumed to be unemployed, welfare-dependent, and lack educational knowledge to be common among them. Altogether, physically disabled individuals can be seen as being unworthy of their illnesses [53], and therefore are seen as sufferers [27,1]. According to Mak and Chenug [27], disabled people are being identified as victims, these make non-disabled people see them as inspirational and courageous and thus worthy of friendliness, sympathy, compassion, and admiration. Undeniably, many kinds of research have shown that physically disabled individuals are constantly ranked as more hard-working, helpful, and likable by non-disabled people [53,1,27,51,52]. These imprint shows them as protective and hence inspire non-disabled individuals to view them as objects of pity, who need extra assistance and support [1].

Experience of Stigmatization

As mentioned earlier, individuals with physical disabilities are devalued by the public, it is important and interesting to consider how disabled people get familiarise and react to the increase of stigma and discrimination toward them by non-disabled [53,27,1]. Regrettably, Allen [1] and Werner & Shulman [52] have stated in their studies that the standpoints of physically disabled individuals have largely been ignored by research on these problems. This is particularly shocking as physically disabled individuals see stigma as an important concern and as something essential to their own experiences and identities [53].

According to Brown [6], people with physical disabilities are likely to be mindful of the authoritarian stereotype that others embrace about them. Visualizing the capability and dependency of people with physical disabilities is at the peak of contact with non-disabled individuals [1], and these led to a delicate sense of frustration and defences [6,51,52]. Because of these, people with physical disabilities are often dubious about the true motivations of individuals they communicate with, and they tend to draw to a conclusion of misunderstanding aggressive attitudes of people, with that of the innocent behaviour due to paternalistic stereotypes [51,1]. For instance, when a disabled person experiences negative attitudes from an individual, it is difficult to know with certainty whether this has to do with their stigmatized status or because of other issues [54,1].

However, according to research conducted in Indonesia by Van Brakel [51], they have shown that 60% of people with physical disabilities had limitations in executing daily activities (social life) and 35% of them have experiences stigma in society. The same study has shown that the

core stigma-related problems disabled people experience in society were embarrassment, shame, difficulties in finding paid jobs, and problems in finding a marriage partner. Noticeable discrimination issues were associated with employment, marriage, and getting married [51,52]. Additionally, people with physical or other disabilities find it difficult to access healthcare services at the time of their needs when compared with non-disabled peers.

Access to Health Care Services

Apart from the above-mentioned issues, people with physical disabilities face daily. The WHO [55] have stated in the ''Global Disability Action Plan 2014-2021'' that people with physical disabilities experience various barriers in accessing services, for instance, education, social services (including housing and transport), employment, and healthcare (including therapy, assistive technologies, and medical care). The sources of these barriers are lack of policies, strategies, and inadequate legislation; problems with service deliveries; the lack of service provision; lack of awareness and understanding about physical disabilities; lack of accessibility to health care; negative attitudes and discrimination; insufficient aid; and hardship in terms of involvement in a decision that affects and involves their life [55,42,38].

An example of this issue is seen in Popplewell, Rechel, & Abel [38] study that stated, access to health care in the UK is subjective to an individual's interaction with his/her disability, in addition to their social and physical environments. These make individuals with disabilities experience limited access to diagnosis, treatment, and preventive care; therefore, higher unmet health needs occur among individuals with physical disabilities compared to people without physical disabilities [54,55]. Specific issues in getting into primary care services comprise: 'attitudinal, physical, expertise-related and systemic barriers; difficulties in accessing doctor; getting an appointment; entering and using the services and gaining excellence care' [38,55,48]. A similar study that was conducted in the UK by Sakellariou & Rotarou [41], stated that individuals with physical disabilities describe healthcare accessibility as the worse (as well as physical access into the building) and they experienced worse satisfaction of the provided services.

According to evidence provided by WHO [54], it is shown that admission to healthcare services in Europe establish administrative obstructions: for example, long waiting lists and complex referral systems which are more complicated for individuals with disabilities, who may find it hard to arrive promptly or who cannot navigate complex systems or wait all day. Health care service accessibility problems can worsen with an increase in age and result in delayed presentation; worse diagnosis and more increased health care needs [38]. Although discrimination is not the focus here, the health organizations indirectly reject peoples with disabilities by not considering their needs [54,48,30]. These analyses are similar to Sakellariou & Rotarou [41], where they highlighted that individuals with physical disabilities are frequently reported to receive unfair treatment and their needs are not understood or are treated as patients of low significance. There is also a gender dimension, where women with physical disabilities face more barriers toward healthcare service accessibility.

Nonetheless, these issues with healthcare service accessibility happen everywhere in the world, not just in Europe. According to a study conducted in South Africa by Moodley & Ross [30], they stated that more often people with disabilities are not

receiving the healthcare they deserve and have poorer health compared to non-disabled peers. They continue to say people with disabilities are twice as likely to find healthcare workers' expertise and services insufficient; and three times more likely to be denied health care, and four times more likely to receive or to be treated badly when compared to non-disabled people. For instance, an analysis that was conducted in Australia by public health service finance shows that compensation of health workers is not been considered for the extra time they frequently put into delivering services to individuals with physical disabilities [45]. Additionally, infirmaries that admitted or treated patients with disabilities were hence drawback by a finance system that compensated them a fixed sum per patient [54,30]. This happens not just in Australia but also in some African countries [30]. Nonetheless, the removal of these barriers successfully and improving the healthcare service accessibility require the involvement of people with physical disabilities, who are affected and familiar with those barriers [55]. Similarly, there are some interventions and policies that aim to reduce violence, stigma, and discrimination.

Interventions

WHO [55], have mentioned some guidelines that may aid with the barriers mentioned previously; they synthesize these guidelines according to best accessible evidence on ways to handle the obstacles individuals with physical disabilities faced in accessing rehabilitation; healthcare; assistance and support services; education, employment and their environments (Such as transport and building) [55,30].

As discussed previously, people with physical disabilities must have access to programs and services that address the unique safety needs they require. Devries [11], did not just conduct a cross-sectional study on violence against school children with disabilities; they continue to investigate how physical violence can be reduced toward children with physical disabilities through the use of the ''Good School Toolkit Steps framework''. There is a need for the identification of effective intervention that would aim to reduce violence toward individuals with physical disabilities, mainly for low- and middle-income countries [26,25,11]. This is where the good school toolkit comes to play.

Devries [11] and Kyegombe [24] mentioned in their studies that the good school toolkit is developed by ''Raising Voices'' a Ugandan non-governmental organization; it is an intricate behavioral intervention that aimed to raise voice toward changing the operational culture at the school level. These interventions targeted multiple levels within the educational system with the multi-layered process, school-led activities, and training including administration, headteachers, teachers, and students in general [11,24]. The framework was guided by ''sic core sequential steps'' that was implemented for 18 months by Kyegombe [24], the toolkit includes at least 60 activities that were conducted by the school members. The same result was achieved in Devries [11] study, even though Kyegombe's [24] study was aimed to reduce the risk of physical violence from teacher to student in general, while Devries et al, focused mainly on students with physical disabilities and other forms of impairments. Furthermore, Kyegombe [24] research concluded positively, because their results have shown that physical violence and other forms of violence have reduced significantly since the implementation of the toolkit. The toolkit has improved student-teacher relationships; a desirable behaviour has been recognized through rewards and praises by the teachers to students, and alternative discipline options were produced (e.g., apologizing). Similar results were achieved by Devries [11] study,

they did not mention any numerical data differences that suggest the intervention is less effective among some group of students; nor does it offer non-significant trends which suggest that the toolkit is not effective or has less effect on students with physical disabilities.

Good health permits people to participate in a variety of activities, including employment and education. This is where community-based rehabilitation programs come to play, it provides rehabilitation, support services, and assistive technologies in countries lacking adequate funds; In addition to empowering individuals with disabilities and their relatives [10,55,54].

This has been seen in many developed and developing countries. Such as, in India where a community-based rehabilitation project took place for 3 years. Dalal [10], a participant (initiator) in the project, has explained that the program envisions a social agenda in which a community shows sensitivity and awareness toward individuals with physical disabilities and their relatives, as well as feel the responsibility for bringing up the desire to change (toward the reduction of stigma, discrimination, and violence). The main aim of the project is to change disability-related attitudes (stigma, discrimination, and violence) in the community. This project was successful, the first achievement of the project was the certificate that was given to people with physical disabilities [10]. These encourage non-disabled people to travel (reduced travel price) with those people with disabilities; these certificates also enable them to get bank loans to start their own small business which end-up benefiting the whole family. Another benefit of the project was it breaks mental barriers, they shifted non-disabled people's attention from seeing physical disability as a disadvantage to viewing disability as ability. The project creates an environment where people with disabilities are required to discuss the abilities they have, by sharing them with non-disabled individuals [10,19]. The whole exercise was meant to shift the community's mind-set from disabilities to abilities [19,10].

Regrettably, the program ran short of finances and faced the rage of local leaders who had their own assigned interests. Looking at this project under the microscope, it can also work as an inclusion scheme in the educational aspect as the project has allowed people with physical disabilities to share their skills, they are confident about [34,10]. The same if the not similar result was achieved in a study about inclusive class setting that was conducted in Nigeria by Ogu [34]; they illustrated the benefit of exploring the abilities of people with disabilities in physical education classes. Ogu's [34] study has shown a positive effect on the perception of physical educators toward the increase of social acceptance of students with disabilities by their non-disabled peers. Furthermore, including people with physical disabilities in school activities will aid in the reduction of stigma and discrimination toward disability in general [34,17]. At a community level, the non-disabled individual will start to understand that just because a person is disabled that does not mean they lack other abilities and skills to participate in the community or school activities [34,17,19].

Similarly, Egemo-Helm [14] evaluated in their study the importance of preventing people with physical disabilities from violence or sexual abuse. They focus on sexual abuse prevention through response and ''in situ training'' to teach people with moderate and mild mental retardation as well as those with physical disabilities; to depend on themselves from perpetrators. Another study by Miltenberge et al (2013), shows the same result as Egemo-Helm [14], both studies were built on the same intervention model; which involve the training of people with disability to

prevent themselves from violence, and recognize abuse, as well as to resist temptations by possible perpetrators by saying ‘’No,’’ and reporting the situation to their trainer; who is intended to signify a staff member or an authority figure [26].

Nonetheless, disability, in general, has been gaining attention from the world health organization, the United Nations, and other health organizations. According to a report by WHO [55] on the ‘’global disability plan 2014 – 2021,’’ the report focused on how the health of people with disabilities can be improved. The action plan of the report is to help people with disabilities benefits from the environment and eradicate stigma, discrimination, and violence against them [55,42].

Future Plans

Physical disabilities have cut through all regions and involve various players, implementing WHOs’ action plan will need a resilient assurance of providing funds by and action from a variety of local, national, and international associates; the strengthening and development of global and regional networks [42,55,29,13]. Furthermore, Schulze [42] and WHO [55] continue to discuss who the players are, the local and national governments are the major players of these roles. However, other players also have a significant part to play, consisting of organizations of the United Nations, organizations of persons with disabilities, developmental organizations; services providers, consisting of faith-based organizations and civil society organizations; private sectors; academic institutions; communities; and individuals with disabilities and their relatives [55,42].

Additionally, WHO [55] also recognizes the important contribution and support caregivers give to people with disabilities. The success of Schulze's [42] and WHO [55] plans depend on the government's focus on the important areas including health, social protection, disability services, community and welfare services, transport, infrastructure, finance, communication, education, and labour. Good coordination is important; however, each department, agency, and ministry are mainly accountable for making sure that their main regions of activity are easily reached and respond to the requirement of individuals with physical disabilities [55,42,13]. These will enable individuals with physical disabilities to participate fully and live independently in all aspects of life; government should take proper measures to assure individuals with physical disabilities have access to their physical environment; are on an equal basis with others, regarding information and communication systems and technologies; to transportation; and to the additional facilities and services delivered to the community, both in rural and urban regions [13,42,55].

According to Schulze [42] and WHO [55], they stated that states should identify the significance of accessibilities in the development of equal opportunities in all parts of the world; these should be toward people with physical and other disabilities. The government should: undertake measures to provide access to information and communication; and introduce programs to exploit the physical environment, by making sure it is accessible to people with physical disabilities [55,13,42].

As discussed earlier, people with physical disabilities are viewed as expendables, having no rights to treatment, and termed as medically abnormal. Because of these, the UN has stated in a report ‘’Right of Persons with Disabilities,’’ illustrating that individuals with disabilities have the right to liberty and security; not deprived of their liberty arbitrarily or unlawfully and any denial of freedom is in conformity with the law, and the presence of disability should in no case justify a lack of freedom [42,55]. Schulze [42], continue to say no one should be subjected to

cruel or torture, degrading or inhuman treatment or punishment. Specifically, no one should be subjected to none-consent scientific or medical trials.

Conclusion

Conclusively, this literature review has shown that people with physical disabilities are at higher risk of being exposed to violence, stigma, and discrimination compared to those without disabilities. The essential finding of this literature review is that children and adolescents with physical disabilities have higher risks of being exposed to physical or psychological violence in the community and school than non-disabled children [35,52]. However, during this review an observation was made that there is little research associated with disabilities in developing countries especially in Africa. Nonetheless, based on the available data presented, it is shown that people with physical disabilities are at risk of becoming victims of violence during their childhood [21], although an observation has been made that people with intellectual or mental disabilities are at greater risk of experiencing violence than individuals with other disabilities at childhood [52,12,11].

Recommendations

Governments can reduce violence, stigma, and discrimination toward people with physical disabilities through raising awareness in the communities and schools; including people with disabilities and their families in decision making that involves them. Also, through the initiation and maintenance of effective public awareness campaigns that will nurture the receptiveness to the rights of persons with disabilities; promoting greater social awareness and positive perceptions towards individuals with disabilities; promoting recognition of the merit, skills, and abilities of individuals with disabilities and their contributions to the communities, schools, labour market and workplace [42]. Lastly, encouraging all media platforms to portray people with disabilities in a manner consistent with the purpose of the current convention.

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Conflict of Interest

The author has no conflicts of interest associated with the material presented in this review.

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