

The Usability of ICT Technologies in Enhancing Gospel Preaching To People with Disabilities in Rwandan Churches.

A Case Study of 20 Churches In Kigali-Rwanda

Samuel Kabera

Northwestern Christian University

Abstract

The Church of Christ worldwide, as well as African cultural setting, has always cared for people with disability. The central problem they faced is that they care for them by imposing their own agenda on them. In other words, they take over their lives by over-caring. Because of guilt, they want to do everything for them, as if they are not capable of functioning within that community. This way of caring leads to them over-protects these people. The process of caring over-shadows people with disability. They simply take over their lives, which results in the fact that these people become object of those who care for them. They are called names and are described by their function or through their disability. This is how they lose their name in life. The above discussion simply explains this object relational syndrome. For example, they are called *abafitubumuga* (handicapped). In brief, they lose who they are, when the community uses their characteristic instead of their names, and behavior becomes a way of dealing with them. The African church finally endorses the above by removing the image and likeness of God from them. For example, when they attend worship, they are viewed as people who are not normal, and in need of prayer, for healing so that they can be normal like us. This is another way of dealing with them as objects. Another obstacle in the African church is lack of ramps. The church is expecting the so-called normal people who function in a way that they want. This is a sign that people with disability are not welcomed. Finally, they are viewed as people possessed by demons and therefore in need of healing. The church, without finding out what they need, sets the agenda. The reader will now understand why the African church has neglected them.

Keywords: people; disability; church; pastoral care; African church; African communities; Accessibility; Inclusion of people with disabilities; Caring for people with disabilities; The church and people with disabilities.

1.0 Introduction and Background To The Study

1.1 Introduction

This chapter presents the introduction to this research, which examines the Usability of ICT Technologies in Enhancing Gospel preaching to People with Disabilities in Rwandan Churches. It presents current and existing details of the ICT technologies used for enhancing gospel preaching to people with disabilities in Rwandan churches. Later presents research problem, research questions, limitations of the study, significance of the study and outline of the whole study.

1.2 Background to the study

This study aimed at assessing the Usability of ICT Technologies in Enhancing Gospel preaching to People with Disabilities in Rwandan Churches. The researcher was tending to advocate for disabled people who by all means attend Rwandan churches in general to attain quality preaching in an inclusive church setting.

The church is a place where all are welcomed as they are, beloved children made in the image of God. As a result, the church must be careful not to label individuals or groups of people in terms of lack or brokenness. Words such as disabled, handicapped and retarded define individuals by what they don't have rather than

what they do have. The church's role is one of loving embrace that says to all that they are full of dignity and worth, uniquely gifted for service and ministry in the body of Christ.

If this is the church's calling, then labels have no place. So what are the linguistic alternatives? One church has embraced the language of "people who experience dis-abilities" to describe the disability as part of the individual, but not all of who he/she is. The language defines the individual by his or her experience. Others have proposed "differently abled" as another alternative to describe those who are quite capable of accomplishing a particular task or performing a particular function, only in a different manner.

The inclusion of people with disabilities the church needs enabling legal frameworks to lay the foundation for equal opportunities for those people with disabilities in Rwanda churches in all aspects of school life (Shepherd, 2001:17). To this effect, several countries revised their legal documents in order to promote inclusive education at all levels of schooling. Accordingly, in 2006 the Rwandan government also developed a new legislative document, namely Special Needs Education Program Strategy, in order to apply inclusive education in regular schools and in higher education institutions (Teferi, Adnew & Zelelew, 2016). Therefore, some countries and cultures to day still marginalize children with disabilities which at end make them struggle to learn and attain good education.

Dr. Samuel Kabue, coordinator of EDAN, said, "Churches have moved on issues of disability in the last ten years, but there are still continuing challenges that must be addressed. The new statement from the EDAN will give churches a fresh momentum to address the issue of disability." The communion of the churches in unity and diversity is impaired without the gifts and presence of all people, including persons with disability. The mission of the church is to proclaim God's reign of justice and peace and is less than credible if the churches do not actively and visibly receive the diverse gifts of all its members, including persons with disability. The inclusion of persons with disability is not an option but a defining characteristic of the church," Kabue added.

According to the World Health Organization there are 650 million people with disabilities in the world. They are the most unreached people from a Christian perspective. For instance, how many people with disabilities have you seen in your church? People with disabilities need God just as much as anyone else. Therefore the church needs to actively reach out to and be inclusive of people with disabilities by being accessible in attitude, buildings and correct Biblical teaching. The Bible has much to say about disability.

There are many misconceptions about disability in the world and in the church. Fear and a lack of understanding cause people with disabilities to be ignored. Also those people with disabilities in the church have endured much wrong teaching regarding faith and healing. Some churches will not allow people with disabilities into the church! However, paradigms are changing. People with disabilities should not just be viewed as "needy" but as participants in the life of the church for they have much to contribute. They can be a unique witness to the grace and glory of God. They need to be in a "user friendly" atmosphere whereby they can realize their full potential and purpose, which God has for them.

According to the World Health Organization, there are 650 million (11%) people with disabilities (PWD) in the world. This group of people would be the most uneducated, the most unemployed, they would have the most transport, housing and family problems. From a Christian perspective they are the most unreached people in the world. According to this 11%, there would be about 3 million PWDs in Rwanda. Unfortunately, due to inaccessible buildings, negative attitudes, ignorance and some incorrect teaching, PWDs are not generally included in the life of the church.

The apostle Paul says in 1 Cor. 12:22 that "those parts of the body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor." Note that he says, "seem to be" and "that we think." We may think people with disabilities are weak and less honorable but Paul says they are indispensable.

Yet in the past there have been many misconceptions about disability. Many people even today, believe disability is caused by sin in the person's life or in some family member's life, perhaps in a previous generation. Many believe it is a curse. When Jesus healed the paralyzed man in Luke 5, he firstly said to the

man, "Friend, your sins are forgiven." This was perceived, as the link between sin, disability and healing. Conversely, Jesus was asked who sinned regarding the man born blind. He quite clearly replied, "Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in his life." John 9:3.

As he went along, he saw a man blind from birth. His disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Neither this man nor his parents sinned," said Jesus, "but this happened so that the works of God might be displayed in him. As long as it is day, we must do the works of him who sent me. Night is coming, when no one can work. While I am in the world, I am the light of the world." After saying this, he spit on the ground, made some mud with the saliva, and put it on the man's eyes. "Go," he told him, "wash in the Pool of Siloam" (this word means "Sent"). So the man went and washed, and came home seeing.

Sadly, many churches often emphasize physical healing as opposed to spiritual healing. Then when no healing takes place, the person who is disabled is blamed for his/her lack of faith. These actions have caused great difficulty and hurt for many PWDs. Many a time I have gone forward in a church for prayer and it has been immediately presumed that I want prayer for healing to get out of my wheelchair. How much better it to ask what kind of prayer is needed? As I grew spiritually and emotionally, these kinds of hurts did not affect me as much anymore.

The inability of the church to accept the way people with disabilities causes continual condemnation for PWDs. The Bible gives harsh words for favoritism based on appearance. "Man looks at the outward appearance, but the Lord looks at the heart." 1 Sam.16:7b. "Love your neighbor as yourself ...but if you show favoritism, you sin..." James 2:8, 9. We are all created in the image of God, which makes us equal.

Fear and a lack of understanding of how to speak to PWDs causes non-disabled people to generally ignore them. From the onset of disability, PWDs discover they have difficulties with other people's attitudes, the environment, employment, transport and housing, depending on the severity of the disability. A friend wrote "life with a disability in the church is not any better than out there in the world –in fact it's even worse at times, because as a Christian one thinks of the church as being a place of refuge... but they will treat you as if you're invisible...otherwise you are given glares for being in the way. No wonder Mephibosheth, a disabled man in the Bible said he was as good as a 'dead dog.

In 2 Samuel 9 we read the story of David showing kindness to Mephibosheth. He restored possessions to him and invited him to share at his table before he even knew Mephibosheth was disabled, acting out loyalty to his friend Jonathan, Mephibosheth's father. We too should act out of loyalty to Christ in our motive for reaching out to PWDs. The motive for ministry does not come from our feelings but from commitment to Jesus.

Shifting paradigms are what we are starting to see, as many PWDs are not content with past treatment and attitudes towards them. Those who have been empowered do not want to be hidden away at home or in institutions. They are realizing they have human rights and want to be treated with respect and dignity.

It is also very rewarding to become friends with PWDs. A ministry to People with Disabilities is designed firstly around relationships. Such relationships begin with an awareness of disability and how people are affected by becoming disabled. PWDs need to be participants, and they have much to give. They should not just be viewed as "needy." They can offer a unique witness to the grace and glory of God. Even the most severely disabled person can have a ministry, like the ministry of prayer. The deepest need of a person with a disability is the same as anyone else –forgiveness, acceptance and love. Just as much as PWDs need the Lord in their lives, so too, does the church need PWDs. The church is simply not complete without PWDs. Let's provide an atmosphere, whereby they can realize their full potential and the purpose, which God has for their lives.

Inclusive preaching means that all students attend and are welcomed by their neighborhood churches in age-appropriate, regular church meetings and are supported to learn, contribute and participate in all aspects of the life of the church. Computers can improve independent access for people with disabilities in the church.

The use of ICT tools in preaching the gospel enables people with special educational needs to accomplish tasks working at their own pace. Visually impaired people with disabilities using the internet can access information alongside their sighted peers (Waddell, 2000). Because of ICT people with profound and multiple learning difficulties can communicate more easily (Detheridge, 1997).

1.3 Statement of the Problem

Rwanda still faces challenges in protecting the rights of persons living with disabilities. Although the government has come up with policies to protect the rights of persons living with disabilities, sociocultural beliefs and perceptions of disability have remained a barrier leading to discrimination and stigmatization of persons living with disabilities. In an African church community and Rwanda inclusive, the disabled people are viewed as people who avert impending danger or impairment that might come upon them as a result of relating with a cursed family. The African church failed to theologically address this problem, especially based on creation of human beings in the image and likeness of God. If members of the church continue to nurture this myth of stigma, isolation and rejection because of viewing them as people who have no image and likeness of God, it will lead them to treat them as objects. For example, a number of Rwandan churches do not have ramps in order to accommodate people with disability to access the building; this act also fails to give persons with disability an opportunity to socialize with people considered as able-bodied. The results lead others into depression and could result in suicide because of discrimination within the community. The main problem faced by people with disabilities in Rwanda is that they define disability and name it as it relates to the body part that does not function normally. This leads to people describing those with impairment as non-human being. The Rwanda church which is supposed to care for them theologically adds insult to injury by referring to them as people who are cursed by God. In some of the charismatic, Pentecostal churches, people with disability are regarded as a sign of prayerlessness and weakness. Hence, they want to heal them so that they would look like them. They want to combat or excise the promises of Scripture and the ability of the church by attacking the demons that are seen as the causes of such deformities. For example, when people with disability come to worship, they are seen as people seeking healing from their disability (Black 1996). When they are not healed, they are blamed as being people with less faith. The Rwanda church needs to respect them, and thus enter into their space with holiness, and let the agenda of healing take a secondary place. We need to stop thinking that when they come to church they seek to be healed. If they are not healed, we need to stop blaming people for not having enough faith. This way of pastoral care destroys God's image in us who think we are normal. Kunhiyop (2012) states that:

“Many African Churches feel that the presence of person with disabilities dampens their acclaimed confession as living churches, and therefore efforts are made to discourage people with disabilities from continuous coming to church, or repelled from joining in the worship life of church. (p. 42)”.

Time has come that we respect and allow people to worship freely, and not place our agenda on them. Pastors need to be sensitive to the needs of people who come to worship. Thomson (1997) connects to the above by saying that:

“Persons with disability are treated like second class citizens, and object of charity, and are never granted enough space to take part in worship in the life of the (African) Church. (p. 42, [author's own italics]).

In Rwanda, people with disability intimidate pastors. As a result, they ostracise them because when they are not healed it weakens their reputation as men of God, and it portrays them as people who are unable to perform miracles (Oliver 1996:30). They then transfer their negative attitude to them. The Rwandan church needs to ask this question. Is it wrong for people with disability to enjoy worship? Each time they come to church, they are visualized as people who seek healing. I am also aware that the mainline churches have failed in pastorally to care for people with disabilities. They feel abandoned, marginalized, embarrassed and, in many cases, offended by treatment meted out to them by members of the church.

In Rwanda church community, Sin is seen as the major reason for their disabilities. The focus is based on how God can remove these infinities from those who have faith. They are finally seen as people who are cursed, as lacking faith and are wretched. As mentioned before, this issue also brings a burden to their parents because they feel that they have offended God. In brief, their God is cruel, who watches those who default. I do not want to research or talk about them entering into ministry or going for ordination. This

process will lead us to destruction. It will also make us treat them like objects. The readers cannot be surprised when pastors focus on Romans 8:19-21, which is based on healing and cure. Some clergy argue that persons with disabilities eagerly wait for the liberation of their body from the bondage of decay, and before they are brought into the glorious freedom of Christ in bodily form (cure). When are we going to accept people with disability to worship freely as God's people rather than focus on healing their bodies? Pastoral care does not only focus on the body but also on spiritual healing, which is part of pastoral care.

In African church, Rwanda also inclusive, we now need a theology that will help us to reconstruct a full understanding that persons with disabilities are also created in the image and likeness of God, and thus they can and must participate in the worship life of the church. Note that God also loves them. We therefore need to leave our agenda of healing aside and receive them as God's people who are created in the image and likeness of God. In this way, they will also heal us from our prejudices and stigma that hinder us from receiving them as God's children. The Rwandan church can no longer afford to discriminate against them, and reinforce the exclusion of people who does not belong to worship life of the church. Longchar (2011:47) has identified two positions of weakness of the African church: (1) the interpretation of physical impairment as the work of demons and the result of sin and (2) the denial that people with disability are created in the image of God. In brief, some of the African churches fail to affirm people with disabilities. They are bound by cultural norms, which affect their theological interpretation of disabilities.

The UNICEF report on the facts about the African Child (2012) highlighted that, throughout Africa, persons with disabilities are seen as hopeless and helpless. The African culture and beliefs have not made matters easier. Rioux and Jones (2012) found in their study that Africans in general, attribute causes of disabilities to witchcraft, juju, sex-linked factors, and God supernatural forces. Peters (2009) observed that in some communities, a child with a disability is a symbol of a curse befalling the whole family. Such a child is a "shame" to the whole family, hence their rejection by the family or the community. Children who are confronted by those beliefs and attitudes can hardly develop to their full potential. They get less attention, less stimulation, less education, less medical care, less upbringing and sometimes less nourishment than other children. (Babirye, 2016).

According to UNICEF (2015) despite the efforts and achievements of Education For All (EFA) and the Millennium Development Goals (MDGs), children with disabilities remain one of the main groups that continue to be excluded from education around the world; those who do attend school are more likely to be excluded in the classroom and to drop out. Students with disabilities do not learn as it is required due to their learning needs that are not captured and met during the learning process (Mosia & Phasha, 2017; Arslam-Ari & Inan, 2010; Mnyanyi, 2014; Fast, 2018). Even though the government of Rwanda has tried to implement inclusive education but there are shortages of assistive technologies and that not many teachers are trained to support children learning in inclusive settings (UNICEF, 2015).

Therefore this research aimed at coming up with a Theology to help bridge this gap identified in Rwandan pastors and preachers of the Gospel of our Lord Jesus Christ. People with both physical and mental disabilities should be welcomed and cared for like any other church member if we are to serve God as it is required.

1.4 The research Purpose.

The purpose of this research was to assess the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. The aim was to identify the best ICT tools of which the preachers of the Gospel of Jesus can be using to benefit those members who cannot see or hear. The study identified some assistive technologies of which pastors and gospel preachers in Rwanda can be using to be able preach to people who experience visual and hearing impairment in churches.

1.4.1 Specific Research Objectives

The specific objectives of this study were the following:

- 1) Identifying technologies used in preaching and ministering to people with disabilities in Rwanda churches.
- 2) Identifying technologies used by people with disabilities attending Rwandan churches.

- 3) Assessing pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities.
- 4) Determining pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

Research Questions

- 1) What are the technologies used in preaching and ministering to people with disabilities in Rwanda churches?
- 2) Which technologies used by people with disabilities attending Rwandan churches?
- 3) What is the level of pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities?
- 4) What are the pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches?

1.5 Research Hypothesis

According to William (2015), define a research hypothesis as a statement or a set of assumptions about the subject of the study or formal statement that presents the expected relationship between an independent and dependent variable. The researcher used null hypothesis (Ho) and alternative hypothesis (Ha) testing. Hence, the following hypothesis is directed on this study:

Ho: There is no significant impact of the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

Ha: The usability of ICT technologies enhances gospel preaching to people with disabilities in Rwandan churches.

1.6 Scope of the Study

This section defines the boundary of research in terms of time, content, geographical coverage and sample size:

1.6.1 Time scope

This study covers a period of past 2 years from 2020 to 2021. The period was chosen since it is sufficient for the verification of the hypothesis and is taken into consideration because of the available data and time, and also researcher clearly analyzed the prevailing information on which appropriate conclusion and recommendation was based.

1.6.2 Content Scope

This study was also delimited on the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

1.6.3 Geographical Scope

The study was carried out 20 churches in Kigali-Rwanda.

1.7 Significance of the Study

This research is very important not only to the researcher but also to the Rwandan churches community and also to all churches in Africa and the world.

To the researcher: Firstly improves the skills and knowledge of the researcher by learning some skills on the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

To Rwandan Gospel Preachers: Specifically, this research has a very important meaning to the Rwandan Gospel Preachers by suggesting possible solution to the research problem. The preachers will base on the findings of this research to improve on their work of preaching and ministering the gospel of our Lord Jesus Christ.

To other Researcher: The study adds on the body of existing literature regarding the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches which can be used by other researchers or scholars conducting a similar or related study.

1.8 Limitations of Research

In this study of assessing the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches, the Researcher faced some challenges in attaining statistical data in order to support the study. This was due to the pandemic of COVID-19 which leads some activities to be closed in regard to certain sensitive statistical data. The study might have limited data as some respondents denied giving their true views and arguments to the questions being asked to them.

Literature Review

2.0 Introduction

This chapter presents a review of literature; researcher used various books, journals, internet, and report to make clear the variables. This chapter also introduces the different theories in theoretical review and actual review organized systematically in respect to the study objectives. The main parts covered in this chapter are theoretical review, empirical review, conceptual framework, conceptual review, and gap analysis. Specifically, it reviews on the concepts the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

2.1 Theoretical Review

According to Mosley (2012), define a theoretical review as a group of unified concepts such as in a theory to direct a research work as it determines the items for measurement and the statistical relationships being studied. A theory is a logical statement or group of statements which are supported evidence meant to explain some different phenomena. The following theories related to poverty reduction.

Critical reflection on the importance of shaping disability-friendly - or disability-inclusive - congregations has enjoyed increasing attention in the field of practical theology in recent years (cf. Brock & Swinton 2012; Eiesland & Saliers 1998; Swinton 2000, 2001, 2011, 2012). Nevertheless, we would be mistaken to assume that practical theology has been alone in drawing attention to the needs and experiences of people with disabilities (hereafter PWDs). On the contrary, the nascent academic discipline commonly referred to as disability theology is very much a multidisciplinary affair, drawing on biblical studies, systematic theology, moral theology, church history and practical theology, as well as disciplines outside the field of theology, such as sociology, ethics, education, psychology and philosophy (Swinton 2011:275). Broadly defined, the term 'disability theology' denotes:

The attempt by disabled and non-disabled Christians to understand and interpret the gospel of Jesus Christ, God, and humanity against the backdrop of the historical and contemporary experiences of people with disabilities. It has come to refer to a variety of perspectives and methods designed to give voice to the rich and diverse theological meanings of the human experience of disability. (Swinton 2011:274).

The development of disability theology is testimony to the fact that practical theologians and the wider church community have taken serious notice of the realities and experiences of PWDs in our time. Even before the task of engaging in theological reflection from a disability perspective commences, it is necessary that theologians acquaint themselves with the various models of disability that shape people's perceptions and ideas about PWDs. Such a preliminary assessment of various models of disability is important, because, as Smart (2004:25-29) points out, such models serve a number of important purposes::

- Models of disability provide definitions of disability.
- Models of disability provide explanations of causal attribution and responsibility attributions.
- Models of disability are based on (perceived) needs.
- Models guide the formulation and implementation of policy.
- Models of disability are not value neutral.
- Models of disability determine which academic disciplines study and learn about PWDs.
- Models of disability shape the self-identity of PWDs.

- Models of disability can cause prejudice and discrimination.

2.2 The moral and/or religious model: Disability as an act of God

The moral/religious model of disability is the oldest model of disability and is found in a number of religious traditions, including the Judeo-Christian tradition (Pardeck & Murphy 2012: xvii). According to one of the primary forms of moral and/or religious models of disability, disability should be regarded as a punishment from God for a particular sin or sins that may have been committed by the person with disability. Henderson and Bryan (2011) offer a thorough explanation of the moral and/or religious model of disability:

Some people, if not many, believe that some disabilities are the result of lack of adherence to social morality and religious proclamations that warn against engaging in certain behavior. To further explain this model, some beliefs are based upon the assumption that some disabilities are the result of punishment from an all-powerful entity. Furthermore, the belief is that the punishment is for an act or acts of transgression against prevailing moral and/or religious edicts. (p. 7)

McClure (2007:23) laments the devastating influence the thinking characteristic of the moral and/or religious model of disability has had on preaching, highlighting how some forms of Bible interpretation exclude PWDs by directly or indirectly equating "'blindness", "lameness", "deafness", "uncleanness" (chronic illness), mental illness (demonic possession), and other forms of disability ... with human sin, evil, or spiritual ineptitude'.

Sometimes it is not only the individuals' sin that is regarded as a possible cause of their disability, but also any sin that may have been committed by their parents and/or ancestors (Henderson & Bryan 2011:7). Elaborating on the negative impact of this model on the individual with disability and his or her family, Rimmerman (2013:24) emphasizes the potentially destructive consequences of such a view, in the sense that it may lead to entire families being excluded from social participation in their local communities.

Another prominent form of the moral and/or religious model of disability is the idea that disabilities are essentially a test of faith or even salvific in nature. Niemann (2005:106) offers a concise description of the conception of disability as a test of faith, whereby 'individuals and families are specially selected by God to receive a disability and are given the opportunity to redeem themselves through their endurance, resilience, and piety'. Black (1996:26) points out that some people conceive of passing the test of faith as receiving physical healing. If the person does not experience the physical healing of their disability, he or she is regarded as having a lack of faith in God.

Black (1996:27) discusses an additional form of the moral and/or religious model of disability, whereby the challenges associated with disability are viewed as a God-given opportunity for character development. Such an understanding regards the development and deepening of particular character traits (such as patience, courage and perseverance) as the primary focus of God's plan for PWDs. Consequently, PWDs may be regarded as 'blessed', as they have the opportunity to learn some important life lessons that able-bodied people do not necessarily have the opportunity to learn.

Sometimes the moral and/or religious model of disability perpetuates the myth of disability as mysticism or some kind of metaphysical blessing. According to the mysticism perspective of disability, the fact that one of the senses of a person is impaired inevitably heightens the functioning of other senses of that person, as well as granting him or her 'special abilities to perceive, reflect, transcend, be spiritual' (Olkin 1999:25-26). From this perspective, '[I]ndividuals are selected by God or a higher power to receive a disability not as a curse or punishment but to demonstrate a special purpose or calling' (Niemann 2005:106).

Although the moral and/or religious model of disability is no longer as prevalent as it was in premodern times, the basic philosophy underlying the model is still frequently encountered in the way people reason when confronted with illness or disability (cf. Henderson & Bryan 2011:7; Rimmerman 2013:24). Moreover, there are certain cultures where the moral and/or religious model of disability is still the predominant view (Dunn 2015:10), especially 'societies dominated by religious or magical ways of thinking'

(Karna 1999:13). In such societies, PWDs are often severely marginalized, even facing the prospect of abandonment or infanticide (Anderson 2013:11).

Niemann (2005:106) highlights the negative influence of the moral and/or religious model of disability on theological reflection: 'Whether congenital or acquired, many theologies have historically constructed disabilities to be a curse, one often associated with the attribution of shame onto an individual or family'. Most contemporary biblical scholars and theologians reject the moral and/or religious model of disability (cf. Creamer 2009; Yong 2007, 2011), although it is still found - in some form or other - in some theological circles (cf. Swartley 2012).

2.3 The medical model: Disability as a disease

From the mid-1800s onwards, the medical (or biomedical) model of disability began to gradually replace the moral and/or religious model in lieu of significant advances in the field of medical science. Olkin (1999) outlines the basic characteristics of the medical model of disability:

Disability is seen as a medical problem that resides in the individual. It is a defect in or failure of a bodily system and as such is inherently abnormal and pathological. The goals of intervention are cure, amelioration of the physical condition to the greatest extent possible, and rehabilitation (i.e., the adjustment of the person with the disability to the condition and to the environment). Persons with disabilities are expected to avail themselves of the variety of services offered to them and to spend time in the role of patient or learner being helped by trained professionals. (p. 26)

The medical model of disability is sometimes also referred to as the 'personal tragedy' model (Thomas & Woods 2003:15), because it defines disability in a fundamentally negative way. Disability is regarded as objectively bad, as a pitiable condition, 'a personal tragedy for both the individual and her family, something to be prevented and, if possible, cured' (Carlson 2010:5). As Carlson points out, this negative conception of disability has contributed to some of the questionable medical treatments performed on PWDs, including, for example, involuntary sterilisation and euthanasia.

According to the medical model, PWDs deviate from what is normal. Terms such as 'invalid', 'cripple', 'spastic', 'handicapped' and 'retarded' are all derived from the medical model (Creamer 2009:22). This approach to disability reinforces the notion that PWDs are not comparable with their able-bodied counterparts. As Johnstone (2012:16) avers, 'The medical model of interpretation of disability projects a dualism which tends to categorise the able-bodied as somehow 'better' or superior to people with disabilities'.

Medical professionals who subscribe to the medical model tend to treat people as problems to be solved, often failing to take into account the various aspects related to the person's life as a whole (Thomas & Woods 2003:15). Kasser and Lytle (2005:11) highlight the medical model's exclusive focus on the limitation(s) associated with a person's disability, which essentially '[disregards] environments that might intensify or adversely affect a person's functional abilities'. Accordingly, the medical model tends to regard the person with disability as the one who needs to change or be fixed, not the conditions that might be contributing to the person's disability (Kasser & Lytle 2005:11).

The medical model of disability assigns tremendous power to the medical professionals who diagnose people using criteria such as the ones noted above, because the very criteria being used for diagnosis have been developed from the perspective of what is considered 'normal' in society (Thomas & Woods 2003:15). Nevertheless, because many PWDs will never experience a cure that eliminates their disability, it is often the case that medical professionals who adhere to the medical model will regard PWDs as failures and an embarrassment (Pfeiffer 2003:100).

In his seminal sociological study of illness and the role of the physician, Parsons (1951) insightfully described the basic characteristics of the 'sick role' people are expected to play in any social context where the medical model prevails:

The first of these is the exemption of the sick person from the performance of certain of his normal social obligations. Secondly, the sick person is, in a very specific sense, also exempted from a certain type of responsibility for his own state. The third aspect of the sick role is the partial character of its legitimation, hence the deprivation of a claim to full legitimacy. Finally, fourth, being sick is also defined, except for the mildest cases, as being 'in need of help'. (pp. 455-456)

For medical professionals who adhere to the medical model of disability, PWDs should play the 'sick role' properly if they desire to receive continued help and support. However, Llewellyn, Agu and Mercer (2008:256) highlight the shortcomings of the medical model's 'sick role' approach, especially in relation to the fact that many chronically ill or disabled people do not consider themselves as sick. Furthermore, the 'sick role' approach fails to take account of the vital distinction between impairment and sickness. As Llewellyn et al. (2008:256) note, 'Many disabled people are not sick, but have ongoing impairments that do not present as daily health problems'.

2.4 The social model: Disability as a socially constructed phenomenon

Inspired by the activism of the British disability movement in the 1960s and the 1970s, the social model of disability developed in reaction to the limitations of the medical model of disability (D'Alessio 2011:44). According to the social model (sometimes also referred to as the minority model), it is society 'which disables people with impairments, and therefore any meaningful solution must be directed at societal change rather than individual adjustment and rehabilitation' (Barnes, Mercer & Shakespeare 2010:163). One of the most important documents in the development of this approach is the Union of the Physically Impaired against Segregation's (UPIAS) manifesto document, *Fundamental Principles of Disability* (1976). Fundamental to the social model of disability is the notion that disability is ultimately a socially constructed phenomenon. UPIAS (1976) emphasizes the importance of this social dimension in its definition of disability:

Disability is a situation, caused by social conditions, which requires for its elimination, (a) that no one aspect such as incomes, mobility or institutions is treated in isolation, (b) that disabled people should, with the advice and help of others, assume control over their own lives, and (c) that professionals, experts and others who seek to help must be committed to promoting such control by disabled people. (p. 3)

Oliver (1981:28), a disabled activist and lecturer, who also coined the phrase 'social model of disability', stresses the need to focus on the social aspects of disability, especially how 'the physical and social environment impose limitations upon certain categories of people'.

UPIAS (1976) draws an important conceptual distinction between the terms 'impairment' and 'disability'. Impairment is defined as 'lacking part of or all of a limb, or having a defective limb, organ or mechanism of the body', while disability is defined as: the disadvantage or restriction of activity caused by a contemporary social organization which takes no or little account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities. (UPIAS 1976:14)

From this point of view, disability is a socially constructed disadvantage, which is, in a very real sense, imposed on PWDs, constituting 'a particular form of social oppression' (UPIAS 1976). Schipper (2006) explains the critical importance of the distinction between impairment and disability in the development of the social model, especially in terms of its relevance to different cultures:

These definitions provided a theoretical underpinning for the social model by making a clear distinction between social disability and physical impairment. While an impairment is universally constant (e.g. the inability to conceive children), the extent to which this impairment has social/political consequences shifts from culture to culture (i.e. the inability to conceive children may be more 'disabling' in ancient Near Eastern cultures than in industrialized Western ones). (p. 17)

UPIAS' approach has subsequently been slightly amended by those working in the disability community so that the term 'impairment' is utilized in preference to the term 'physical impairment', which could be construed as excluding sensory and intellectual disabilities (Barnes et al. 2010:163).

Social model theorists argue that the term 'people with disabilities' is directly linked to the philosophy underlying the medical model and therefore insist that the term 'disabled people' better reflects the societal oppression that people with impairments are faced with every day. As Purtell (2013:26) observes, 'Disabled people are people who are "disabled" by the society they live in and by the impact of society's structures and attitudes'. Purtell illustrates the social model's argument about the utility of the term 'disabled people' by reference to people with learning difficulties: 'People with learning difficulties are 'disabled people' whose impairment is their learning difficulty: they are disabled by the social reactions to it' (2013:26). The social model is especially concerned with addressing the 'barriers to participation' experienced by PWDs as a result of various ableist social and environmental factors in society (O'Connell, Finnerty & Egan 2008:15).

The social model of disability has had a profound influence on how disability is understood in our time (Giddens 2006:282). The social model has played a crucial role in shaping social policy *vis-à-vis* PWDs, not only in national levels but also in international level. In the South African context, the social model is reflected in the *Integrated National Disability Strategy* (1997), as well as the Department of Labour's *Code of Good Practice: Key Aspects on the Employment of People with Disabilities* (2002).

Within the field of disability theology, the theological models of Block (2002) and Eiesland (1994) may be regarded as variants of the social model of disability (Creamer 2006). Block (2002:11) argues for a 'theology of access' and calls on the church to challenge oppressive social and ecclesial structures, ensuring 'that people with disabilities take their rightful place within the Christian community'. Block's (2002:122) reliance on the social model is evident when she emphasises the church's need to 'search our community with truth and face the serious reality that some of the people of God have been systematically denied access to the community'.

Eiesland (2002:10) is also in agreement with the central argument of the social model when she declares, 'Sadly, rather than offering empowerment, the church has more often supported societal structures and attitudes that have treated people with disabilities as objects of pity and paternalism'. Eiesland's (2002) emphasis on the serious need for social

change is cogently articulated in her remarks about 'disabling theology':

The problem is a disabling theology that functionally denies inclusion and justice for many of God's children. Much of church theology and practice - including the Bible itself - has often been dangerous for persons with disabilities, who encounter prejudice, hostility, and suspicion that cannot be dismissed simply as relics of an unenlightened past. Christians today continue to interpret and spin theologies in ways that reinforce negative stereotypes, support social and environmental segregation, and mask the lived realities of people with disabilities. (p. 10)

In order to develop a 'liberating theology of disability', Eiesland (2002:10-12) insists on the need to critically examine the Biblical foundation of disabling theology, and subsequently the production of 'a theology of disability, emerging from the lives and even the bodies of those with disabilities'.

Both Block's and Eiesland's approaches to the social model of disability have been criticized (cf. Adam 2014; Creamer 2009). Creamer (2009:88-89) questions the utility of Block's approach once social and ecclesial injustices against PWDs have been remedied, noting three points of concern. Firstly, while the notion of an Accessible God imbues PWDs with a sense of God's solidarity with them, it fails to offer 'clear direction in terms of action, devotion, or even imagination' (Creamer 2009:88). Secondly, Block's image of an Accessible God does not provide churches and able-bodied people with a holistic approach: 'This image demands justice and inclusion but proposes little else about God or about human life'. Thirdly, even in terms of its utility for developing an inclusive community, Block's approach 'offers little that would aid in the

construction of an inclusive community' (Creamer 2009:89). As for Eiesland's notion of the Disabled God, Adam (2014) questions to what extent such a metaphor may offer a sense of eschatological hope for Christians with disabilities:

The eternal condition of the disabled God has yet to be narrated. Humans and God could share disabilities eternally, but that scenario does not relieve resurrected people of their disabilities. (pp. 185-186)

While a number of people in the disability community regard the insights of the social model as liberating, Giddens (2006:283) notes several points of critique that have been noted against the social approach. Firstly, some argue that the social model seemingly ignores the often painful realities of impairment. As Shakespeare and Watson (in Giddens 2006:283) remark, 'We are not just disabled people, we are also people with impairments, and to pretend otherwise is to ignore a major part of our biographies'. Secondly, while many people accept the fact that they have impairments, they prefer not to be referred to as 'disabled'. Giddens (2006:284) notes a recent survey of people claiming government benefits that found fewer than half the people opted to describe themselves as disabled. Lastly, medical sociologists are very skeptical of the model, as they reject the social model's distinction between impairment and disability as artificial. While acknowledging that the differentiation seems valid at the surface, such a simplistic division collapses once one asks the following question: 'where does impairment end and disability start?'

Social model theorists have responded to critique such as the above by pointing out that they neither deny the fact that some forms of illness may have disabling consequences nor do they deny the role of medical professionals in treating various illnesses. For these theorists, the problem is that medical professionals fail to distinguish between a person's illness and his or her disability.

2.5 The identity model: Disability as an identity

Closely related to the social model of disability - yet with a fundamental difference in emphasis - is the identity model (or affirmation model) of disability. This model shares the social model's understanding that the experience of disability is socially constructed, but differs to the extent that it 'claims disability as a positive identity' (Brewer et al. 2012:5). Brewer et al. (2012) offer the following illuminating definition, which also explains how the identity model departs from the social model's approach:

Under the identity model, disability is a marker of membership in a minority identity, much like gender or race ... Under an identity model, disability is primarily defined by a certain type of experience in the world - a social and political experience of the effects of a social system not designed with disabled people in mind. While the identity model owes much to the social model, it is less interested in the ways environments, policies, and institutions disable people, and more interested in forging a positive definition of disability identity based on experiences and circumstances that have created a recognizable minority group called 'people with disabilities'. (p. 5)

Swain and French (2000:577-578) discuss a number of ways in which the identity model of disability, which they term 'the affirmation model', shapes the identity of PWDs:

- An acknowledgement of the socially constructed dimension of disability, especially as articulated by the social model.
- Motivating PWDs to belong to a campaigning group, which aids in the development of a collective identity?
- The collective expression of 'frustration and anger'.
- A realization that there is nothing wrong with PWDs embracing an identity as 'outsiders', but PWDs should have the right to be 'insiders' if they prefer.
- Group identity has inspired many PWDs to endeavor for revolutionary 'visions of change, often under the flags of "civil rights" and "equal opportunities"'.

The identity model has influenced many in the disability community, inspiring PWDs to adopt a positive self-image that celebrates 'disability pride' (Darling & Heckert 2010:207).

As with the social model, the identity model is not without its critics. One of the major points of critique against the approach is that it seems to compel individuals to identify with a specific group culture (Fraser 2003:26). A further point of critique is that the identity model negates the struggle for redistribution, failing to pay sufficient attention to the reality of economic inequality faced by PWDs (Fraser 2003:24).

2.6 The human rights model: Disability as a human rights issue

Another model that bears close affinity to the social model of disability is the human rights model of disability. Although some researchers treat the social model and the human rights model as virtually synonymous, Degener (2017) highlights a number of important differences between them. Firstly, while the social model helps people to understand the underlying social factors that shape our understanding of disability, the human rights model moves beyond explanation, offering a theoretical framework for disability policy that emphasises the human dignity of PWDs (Degener 2017:43). Secondly, the human rights model incorporates both first and second generation human rights, in the sense that 'it encompasses both sets of human rights, civil and political as well as economic, social and cultural rights' (Degener 2017:44). Thirdly, while the social model mostly fails to appreciate the reality of pain and suffering in the lives of some PWDs, the human rights model respects the fact that some PWDs are indeed confronted by such challenging life situations and argues that such factors should be taken into account in the development of relevant social justice theories (Degener 2017:47). Fourthly, while the social model does not pay adequate attention to the importance of identity politics, the human rights model 'offers room for minority and cultural identification' (Degener 2017:49). Fifthly, while the social model is mostly critical of public health policies that advocate the prevention of impairment, the human rights model recognizes the fact that properly formulated prevention policy may be regarded as an instance of human rights protection for PWDs (Degener 2017:52). Lastly, while the social model can helpfully explain why so many PWDs are living in poverty, the human rights model offers constructive proposals for improving the life situation of PWDs (Degener 2017:54).

2.7 The cultural model: Disability as culture

The cultural model of disability developed in the North American context, where disability studies have been approached in an interdisciplinary manner by a number of scholars working in the social sciences and humanities (cf. Michalko 2002; Titchkosky 2007). Junior and Schipper (2013:23) outline the primary characteristics of the cultural model, specifically in terms of how it differs from the medical model and social model. While the medical model and the social model each focus on only one factor in their approach to disability, the cultural model focuses on a range of cultural factors. Such factors may include medical and social factors but are by no means limited to these factors. Accordingly, the cultural approach does not seek to define disability in any specific way but rather focuses on how different notions of disability and non-disability operate in the context of a specific culture.

The work of Snyder and Mitchell (2006) has played a critically important role in shaping the theoretical contours of the cultural approach to understand disability. Snyder and Mitchell (2006) argue that particular 'cultural locations of disability' have been created on behalf of PWDs, locations where PWDs 'find themselves deposited, often against their will'. Some of these 'cultural locations' include:

Nineteenth century charity systems; institutions for the feeble-minded during the eugenics period; the international disability research industry; sheltered workshops for the 'multi-handicapped'; medically based and documentary film representations of disability; and current academic research trends on disability. (p. 3)

The primary problem with these manufactured locations is the modernist assumptions which underpin them, specifically the strategy 'to classify and pathologize human differences (known today as disabilities) and then manage them through various institutional locations' (Snyder & Mitchell 2006:4-5). Nevertheless, such artificial or manufactured locations of disability knowledge should be distinguished from 'more authenticating cultural modes of disability knowledge', which are necessary and important ways of understanding disability, for example, 'the disability rights movement, disability culture, the independent

living movement, and other experientially based organizations of disabled people' (Snyder & Mitchell 2006:4).

The cultural model of disability is gaining increasing acceptance in the disability community, especially through its adoption by a number of deaf culture theorists (cf. Holcomb 2013; Lewis 2007).

2.8 The charity model: Disability as victimhood

According to the charity model, PWDs are victims of circumstance who should be pitied. As Duyan (2007:71) explains, 'The Charity Model sees people with disabilities as victims of their impairment. Their situation is tragic, and they are suffering'. Able-bodied people should therefore assist PWDs in whatever way possible, as 'they need special services, special institutions, etc., because they are different' (Duyan 2007:71). In contrast with the moral and/or religious model of disability, which has a largely negative view of PWDs, the charity model seeks to act to the benefit of PWDs, encouraging 'humane treatment of persons with disabilities' (Henderson & Bryan 2011:7-8).

Many people in the disability community regard the charity model in a very negative light. The model is often seen as depicting PWDs as helpless, depressed and dependent on other people for care and protection, contributing to the preservation of harmful stereotypes and misconceptions about PWDs (Seale 2006:10).

2.9 The economic model: Disability as a challenge to productivity

The economic model of disability approaches disability from the viewpoint of economic analysis, focusing on 'the various *disabling effects* of an impairment on a person's capabilities, and in particular on labour and employment capabilities' (Armstrong, Noble & Rosenbaum 2006:151, original emphasis). While the economic model insists on the importance of 'respect, accommodations, and civil rights to people with disabilities', such concerns are subservient to the economic model's estimation of a disabled person's ability to work and contribute to the economy (Smart 2004:37).

The economic model is often utilized by governments as a basic point of reference for formulating disability policy (Jordan 2008:193). In South Africa, the influence of the economic model may be seen in the definition of disability adopted by the Department of Labour's *Code of Good Practice: Key Aspects on the Employment of People with Disabilities* (2002):

People are considered as persons with disabilities who satisfy all the criteria in the definition: (i) having a physical or mental impairment; (ii) which is long term or recurring; and (iii) which substantially limits their prospects of entry into or advancement in employment. (Paragraph 5.1)

The economic model of disability has been criticized for framing disability almost exclusively in terms of a cost-benefit analysis, neglecting to take other important factors into account (cf. Aylward, Cohen & Sawney 2013; Smart 2004). Such an economic focus may contribute to the dehumanization of the person with disability as someone who is somehow 'missing parts' (Stone cited by Smart 2004:40).

2.10 The limits model: Disability as embodied experience

According to the limits model of disability - a distinctly theological model of disability developed by Creamer (2009) - disability is best understood with reference to the notions of embodiment and 'limitness'. Firstly, with regard to understanding the concept of embodiment, Creamer (2009:57), along with embodiment theologians such as McFague (1993), argues that the reality of the human body should be taken seriously when engaging in theology. From this point of view, the reality of embodied experience must be regarded as an important source for engaging in theology (Creamer 2009:57). Creamer (2009:56) emphasises that such theological reflection focuses on 'all that is written on, of, or by the body, going far beyond sensory experiences to include science, politics, economics, media, and many other concerns of postmodern life'. Moreover, such an approach has particular significance for how the issue of disability is approached, especially when considered in the context of what Creamer (2009:96) calls 'limit-ness'.

According to the limits model, it is important that people accept the fact that all human beings experience some level of limitation in their everyday lives (Creamer 2009:109). Moreover, such limits are experienced to varying degrees during all the phases of our life (Creamer 2009:118). Rather than being something foreign to human experience, limits are as a matter of fact 'a common, indeed quite unsurprising, aspect of being human' (Creamer 2009:31). Indeed, Creamer (2009:96,116) prefers to utilize the neologism 'limit-ness' - as opposed to the terms 'limitation' or 'limitedness' - in order to emphasize that 'human limits need not (and perhaps ought not) be seen as negative or as something that is not or that cannot be done', but rather as 'an important part of being human'. Furthermore, as people experience 'various formations' of embodiment, 'disabled embodiment' is one of those formations of embodiment (Creamer 2009:32).

The limits model of disability has profound implications for how disability is understood. Firstly, it seeks to avoid categorization such as 'disabled', 'able-bodied', 'abnormal body' or 'normal body', preferring to focus on 'a web of related experiences' that recognizes - for example - that a person who is legally blind might have more in common with someone who wears glasses than someone who uses wheelchair (Creamer 2009:31).

Secondly, because the limits model emphasises that 'limits are an unsurprising aspect of being human' (Creamer 2009:93), it guards against over determining the situation of PWDs *vis-à-vis* the wider population (Mawson 2013:410). As Creamer (2009) points out:

This model also highlights that limits go far beyond those labeled as part of the province of disability, and shows that some limits are viewed as more normal (I cannot fly) than others (I cannot run). (p. 96)

Lastly, while acknowledging the social model's key insight that disability is primarily social in nature, the limits model departs from the social model by allowing for the viewpoint that not 'all limits are necessarily "normal" or even "good"' (Creamer 2009:109). Mawson (2013:411) further explains this aspect of the limits model, noting how embodied experience puts things in different perspective by 'recognizing that some of us may wish to strive to overcome certain limits, that is, without suggesting that limitedness itself is simply something that should be overcome'.

2.11 Definition of Key terms

Disability: A disability is an impairment that may be cognitive, developmental, intellectual, mental, physical, sensory, or some combination of these. It substantially affects a person's life activities and may be present from birth or occur during a person's lifetime. The WHO International Classification (2001) defined disability as the outcome of the interaction between a person with an impairment (long-term/permanent loss of physical, mental or sensory function) and the personal and environmental and other barriers he/she may face, and focuses on the implications of impairment for functioning in a variety of contexts and for a range of purposes.

Inclusion and Inclusive education: Literature has described concepts of inclusion and inclusive education in the same way. UNESCO (2003: 7) defines inclusion as: a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children. Ainscow, Booth and Dyson (2006: 5) describe inclusion as an approach to education 'that is concerned with all learners and with overcoming barriers to all forms of marginalization, exclusion and underachievement. Similarly, inclusive education is defined as a process that involves the transformation of schools and other centers of learning to cater for all children and to provide learning opportunities for all youth and adults as well (UNESCO 2009: 4). Therefore, in this study inclusion and inclusive education are used interchangeably in reference to an instructional process where all possible accommodations are made so that SVI will have the opportunity for increased participation and ultimately enhance their learning.

Modern technology: Modern technology is the advancement of the old technology with new additions and modifications. For an example, it is impossible for the people in this decade to live with a wired telephone placed on the table. So, the mobile phone which can be taken with us anywhere is the perfect example of the technology advancement or simply, the modern technology. Any machine or device we see around us is the product of the modern technology (Tech Quintal. July 2017)

Performance: According to the Business Dictionary performance is the accomplishment of a given task measured against preset known standards of accuracy, completeness, cost, and speed. In a contract, performance is deemed to be the fulfillment of an obligation, in a manner that releases the performer from all liabilities under the contract.

Impairment: Disabled Persons International (cited in Peters 2003: 12) defines impairment as the loss or limitation of physical, mental or sensory function on a long term or permanent basis. Booth (2002: 6) gives a similar definition: a long term limitation of physical, intellectual or sensory function. Likewise, impairment in this study is used for a situation where students have lost their sensory function, particularly their sense of vision, and have difficulty to effectively use the curriculum unless appropriate adaptations and modifications are made. Powell (2003) states that if students with visual impairments are to participate fully in the teaching and learning process, among many other considerations, certain adaptations and modifications have to be made to the regular curriculum. Various researchers have found out that most students with disabilities at the tertiary level of education, including those with visual impairments, receive no special support while they take their courses (Eleweke & Rodda 2000; ADB 2010).

ICT: ICT refers to technologies that provide access to information through telecommunications. It is similar to Information Technology (IT), but focuses primarily on communication technologies. This includes the Internet, wireless networks, cell phones, and other communication mediums. stands for Information and Communications Technology and is defined as a “Diverse set of Technological tools and resources used to communicate, and to create, disseminate, store and manage information” (Sharma, & Tripathi, 2010).

Education: Education is about teaching and learning skills and knowledge. Education also means helping people to learn how to do things and encouraging them to think about what they learn. It is also important for educators to teach ways to find and use information. Education is the process of facilitating learning, or the acquisition of knowledge, skills, values, beliefs, and habits. Educational methods include storytelling, discussion, teaching, training, and directed research. Education can take place in formal or informal settings and any experience that has a formative effect on the way one thinks, feels, or acts may be considered educational. The methodology of teaching is called pedagogy (Morin and Brunet, 1992).

Medical model of disability: This view which equates disability with impairment, holds the belief that the individual person ‘s physical or mental problems are the causes of disablement and, therefore, the solution lies in restoring the normal functioning ‘of the physical or mental body by medical personnel (Albert 2004; Carson 2009). Similarly, Kearney (2009) states that the social model views disability as an individual deficit; in order to cure this disability, the change has to be made on the disabled person and not in the environment or the society. In the context of this study, the social model of disability is used to refer to the institutional and environmental factors that prevent children with special education needs CSEN from fully participating in the learning process so as to develop their potential to its maximum. It specifically focuses on the disabling barriers that may exist in the curriculum objectives and contents, the instructional process, instructional resources and the assessment mechanism.

Social model of disability: This concept refers to a perspective towards disability that holds the view that disability is a result of the limitations imposed by social, cultural, economic, and environmental barriers (Ainscow & Booth 2002; Carson 2009; UNICEF 2007). Singal (2007: 9) describes this perspective towards disability as a social outcome of a physical, sensory and/or mental impairment. Albert (2004) further elaborates this perspective writing that disability is a socio-political issue ‘concerned with discrimination and exclusion and the solution to this problem mainly focuses on the removal of the disabling barriers. In the context of this study, the social model of disability is used to refer to the institutional and environmental

factors that prevent children with special education needs CSEN from fully participating in the learning process so as to develop their potential to its maximum. It specifically focuses on the disabling barriers that may exist in the curriculum objectives and contents, the instructional process, instructional resources and the assessment mechanism.

Accessible curriculum: This concept is used in the literature in reference to a curriculum which allows flexibility in order that instructors can make reasonable adjustments to meet the educational needs of individual learners in the classroom. The elements of curriculum where these adjustments can be made include contents, methods of delivery, and assessment mechanisms (Teachability 2000; UNESCO 2005; UNESCO 2009). Accessible curriculum in the context of this research refers to an instructional situation where all possible adaptations and modifications are made to maximize the learning experience of children with special education needs (CSEN) in higher education.

Assistive technology: This concept is used to describe the devices and services that lessen or remove barriers faced by persons with disabilities (Encyclopedia of Education 2002: 149). Similarly, Stodden, Whelley, Chang and Harding (2001: 190) define this concept as any device that enhances the capacity of a person to function in his or her environment. Garner (2009) describes this concept in terms of a mechanism of using technology to make the learning environment more accessible to students with special needs. In the context of this study, it refers to the devices that can be used to facilitate the learning of CSEN I such as Braille, tape recorders and note-takers.

Bi-directional interactions: According to Bronfenbrenner 's bio-ecological systems theory, the term bi-directional interactions are used to refer to the relationship that exists between the developing individual and his/her environment and ecology. In this regard, Smith (2011: 2) writes that individuals are active in their development through selective patterns of attention, action and responses with people, objects and symbols from within their environment. This bi-directionality also refers to the fact that the growing individual will influence his/her environment as much as he/she will be influenced by the environment.

Exclusion: Although exclusion does have varieties of meanings, in the context of inclusive education it refers to those temporary or longer lasting pressures which get in the way of full participation. This might result from difficulties in relationships or with what is taught, as well as from feelings of not being valued (Booth 2002: 2). Kearney (2009) supports this definition explaining that exclusion has the opposite meaning of inclusion; where there is an education system which is not inclusive, there is exclusion. In this study, exclusion also refers to a situation where CSEN do not get equal opportunity to participate in the mainstream curriculum. It has the same meaning as marginalization and therefore the two are used interchangeably.

Inclusion: Means the efforts made to include learners with a range of physical, sensory, communication or cognitive disabilities in both learning and wider social opportunities (Becta, 2003). Special needs include conditions such as dyslexia, physical disabilities, speech and language disorders, visual impairment, hearing loss, difficulties in communication, emotional and behavioral difficulties, and gifted and talented children (Becta, 2003). Inclusion is fundamentally about assuring access, permanence, quality learning and full participation and integration of all children and adolescents, particularly for members of disadvantaged and poor societies, those with disabilities, those who are homeless, those who are workers, those living with HIV and Aids and other vulnerable children (Mwamwenda, 2014:29; Du Plessis 2013:85). Some teachers develop negative attitudes towards inclusion policy because they do not have sufficient knowledge and skills to assist them in implementing the policy with confidence (Gwala, 2006:103). Legislation relating to the implementation of inclusive education for children with disabilities has been a major feature of educational policy in recent years (Winter & O 'Raw, 2010:28). Fullan (1991:96) and Mwamwenda (2013:425) assert that one of the basic reasons that policy planning fails is that the planners or decision-makers of change are unaware of the situations that potential implementers of the policies are facing. The teachers need to be able and allowed to form their own positions and perspectives on the development of inclusive education policies (Kearney & Kane, 2006:216).

Inclusive Technology: it provides the very best special educational needs software, switches and computer access devices, simple communication aids, and Assistive Technology for learners with a physical disability, sensory impairment or learning difficulty.

2.13 Capability Theory (CT)

The Capability Approach was first articulated by the Indian economist and philosopher Amartya Sen in the 1980s. The theory remains most closely associated with him. His focus is on the impact of personal characteristics, including what he calls a handicap or disability, which is an impairment in disability theory, on a person's capabilities set and the assessment of poverty and well-being (Sen, 2002). The approach has been used by Toboso (2011) to present an assessment of disability in Sen's abilities and functioning technique based on information and communication technologies.

After a crucial assessment of the aspect of disability from its initial description as medical concept to its later explanation as a culturally constructed group we will bring into being the aspect of functional diversity. Toboso (2011) the essence of one's diversity in the abilities and functioning technique requires inclusion of this concept to the assessment of welfare and standard of life in disabled people concepts in which technologies apparently plays a crucial role. In the event of a contemplation of the technologies, it is explicit that elements like accessibility, inclusive design, and user engagement in growth and execution procedures are important techniques in fostering similar rights and opportunities for disabled people in the diverse environments of information. Based on the capability approach, disability can be assessed at two diverse levels, as a shortage of abilities (Mitra, 2006).

Adopting the capability theory in the world of ICT and PWDs. Toboso (2011) asserts, 'a culture of 'standard' design for applicants attached in some theoretical parameters of 'normality'-still is present in goods and services development. Unfortunately, web technologies are devoid of barriers.' To further elaborate on the abilities of all individuals in their complete diversity, therefore the author points out that more emphasis needs to be paid to the universal design and user engagement in the nature of ICT. To allow this transition, Toboso points out to substitute the notion of disability 'with its adverse connotations', with the more overall concept of 'functional diverse' explaining the real aspects of people with possible access to similar functions as other in a different manner.

The capability theory is significant for the study as it provides a basis for the need for accessibility of ICT among the disabled. The theory argues that capability is a function of accessibility. In this case, access to ICT provides an opportunity for PWDs to reach their potential and live fulfilling lives. According to Sen, the proponent of this theory, capability can be socially constructed whereby PWDs may be socially excluded from accessing ICTs by not having manufacturers not provide ICTs that are inclusive of the needs of PWDs. This theory was mainly selected to meet the research objectives such as assessing teachers' knowledge and skills in integrating ICT in teaching and learning of students with disabilities, determining teachers' knowledge and skills in integrating ICT in teaching and learning of students with disabilities in inclusive classroom, assessing teachers' knowledge and skills in facilitating ICT training to students with disabilities.

The term 'disability' is often used interchangeably with the words 'handicap' and 'impairment' in the literature. According to Ugorji (2004:10–11), '[t]he term disability could be understood from people with impairment from participating fully in the society or oppressive structures that inhibit them in the process within the community'. In other words, the surroundings are inaccessible and this is where people with disability find themselves in Africa and the global world. They are limited by structures in society that accommodate those who are able to physically use buildings that have no access to people with disabilities. The question to ask is, 'who is handicapped, us or them?' and 'why do we create structures that isolate others in order to function in the community?'

The World Health Organization (WHO) explains impairment as '[a]n impairment which refers to any loss or abnormality of psychological, physiological or abnormal structure or function' (<https://www.ascleiden.nl/content/webdossiers/disability-africa>). In other words, disability is any restriction or lack resulting from an impairment or disability to perform an activity in the manner or within the range

considered as normal for a human being. Disability can appear in various forms, such as physical disabilities that affect a person's mobility or dexterity (e.g. quadriplegic multiple sclerosis, cerebral palsy, absent limb, reduced limb, polio, etc.). The social stigma associated with disability is derived from all these perspectives (Ndukwe 2013:68).

The term 'handicap' implies that an impaired person is socially disadvantaged and may be discriminated against for deviating from social norms. All the above definitions make this not only a health problem but also a complex phenomenon reflecting the interaction between features of a person's body and features of the society in which he or she lives.

In an African community, the differently abled are also viewed as people who avert impending danger or impairment that might come upon them as a result of relating with a cursed family. The African church failed to theologically address this problem, especially based on creation of human beings in the image and likeness of God. If members of the church continue to nurture this myth of stigma, isolation and rejection because of viewing them as people who have no image and likeness of God, it will lead them to treat them as objects. For example, a number of African (black) churches do not have ramps in order to accommodate people with disability to access the building; this act also fails to give persons with disability an opportunity to socialise with people considered as able-bodied. The results lead others into depression and could result in suicide because of discrimination within the community. The main problem faced by African people is that they define disability and name it as it relates to the body part that does not function normally (using Oliver's [2008:308] words). The reader needs to note Oliver's further suggestion that 'language also plays an important part in discriminate against people with disability' (Oliver 2008:308). This leads to people describing those with impairment as non-human being. The African church which is supposed to care for them theologically adds insult to injury by referring to them as people who are cursed by God. In some of the charismatic, Pentecostal churches, people with disability are regarded as a sign of prayerlessness and weakness. Hence, they want to heal them so that they would look like them. They want to combat or excise the promises of Scripture and the ability of the church by attacking the demons that are seen as the causes of such deformities. For example, when people with disability come to worship, they are seen as people seeking healing from their disability (Black 1996). When they are not healed, they are blamed as being people with less faith. The African church needs to respect them, and thus enter into their space with holiness, and let the agenda of healing take a secondary place. We need to stop thinking that when they come to church they seek to be healed. If they are not healed, we need to stop blaming people for not having enough faith. This way of pastoral care destroys God's image in us who think we are normal. Kunhiyop (2012) states that:

Many African Churches feel that the presence of person with disabilities dampens their acclaimed confession as living churches, and therefore efforts are made to discourage people with disabilities from continuous coming to church, or repelled from joining in the worship life of church. (p. 42)

Time has come that we respect and allow people to worship freely, and not place our agenda on them. Pastors need to be sensitive to the needs of people who come to worship. Thomson (1997) connects to the above by saying that:

Persons with disability are treated like second class citizens, and object of charity, and are never granted enough space to take part in worship in the life of the (*African*) Church. (p. 42, [*author's own italics*])

Pastors in worship

People with disability intimidate pastors. As a result, they ostracise them because when they are not healed it weakens their reputation as men of God, and it portrays them as people who are unable to perform miracles (Oliver 1996:30). They then transfer their negative attitude to them. The African church needs to ask this question. Is it wrong for people with disability to enjoy worship? Each time they come to church, they are visualised as people who seek healing. I am also aware that the mainline churches have failed in pastorally to care for people with disabilities. They feel abandoned, marginalised, embarrassed and, in many cases, offended by treatment meted out to them by members of the church. For example, the black churches in

particular do not have ramps, which is a sign of not being welcomed in the church. In other words, the architectural design keeps them at a distance, while some of the clergy are sensitive to their needs, especially in preaching the word of God. Their sermons are centred on God's mercy and kindness to the suffering of the disabled. Sin is seen as the major reason for their disabilities. The focus is based on how God can remove these infinities from those who have faith. They are finally seen as people who are cursed, as lacking faith and are wretched. As mentioned before, this issue also brings a burden to their parents because they feel that they have offended God. In brief, their God is cruel, who watches those who default. I do not want to research or talk about them entering into ministry or going for ordination. This process will lead us to destruction. It will also make us treat them like objects. The readers cannot be surprised when pastors focus on Romans 8:19–21, which is based on healing and cure. Some clergy argue that persons with disabilities eagerly wait for the liberation of their body from the bondage of decay, and before they are brought into the glorious freedom of Christ in bodily form (cure). When are we going to accept people with disability to worship freely as God's people rather than focus on healing their bodies? Pastoral care does not only focus on the body but also on spiritual healing, which is part of pastoral care.

Reinders (2013) shares an insight of Paul regarding suffering and frustration, among God's children, which needs to be analysed. Paul in 2 Corinthians 4:8–10 talks about afflictions, crushed down, perplexed and driven to despair.

Using the readers response approach, there is no other experience that comes closer to the categories used by Paul than the experiences of persons with disabilities. The role of the African church should be to ensure that they are not crushed, abandoned, forsaken and destroyed. The so-called normal people need to be liberated from this sinful way of thinking that people with disability are not complete human beings.

Some preachers will use Paul as a way of focusing on groaning and eager waiting for the redemption of the body. Finally, they will encourage those with disabilities to wait patiently in the hope for healing. Do they have to be healed all the time they come to worship? Other preachers have used this as a showcase and agree with the suffering and groaning of persons with disabilities that they are suffering not by their own choice but as allowed by the creator. They forget that God is merciful and kind, ready to forgive our sins. The author is of the opinion that if the will is based on healing and cure, then the African church should create a space for person with disabilities and encourage them to patiently wait in hope, including those who are not sick. We must also balance the above with spiritual healing, which often is not taken care of.

We now need a theology that will help us to reconstruct a full understanding that persons with disabilities are also created in the image and likeness of God, and thus they can and must participate in the worship life of the church. Note that God also loves them. We therefore need to leave our agenda of healing aside and receive them as God's people who are created in the image and likeness of God. In this way, they will also heal us from our prejudices and stigma that hinder us from receiving them as God's children. The African church can no longer afford to discriminate against them, and reinforce the exclusion of people who does not belong to worship life of the church. Longchar (2011:47) has identified two positions of weakness of the African church: (1) the interpretation of physical impairment as the work of demons and the result of sin and (2) the denial that people with disability are created in the image of God. In brief, some of the African churches fail to affirm people with disabilities. They are bound by cultural norms, which affect their theological interpretation of disabilities.

The challenge faced is that the African church should really analyse how African culture has dictated the above issue into negative attitude in their theology. Hence, they consider people who are straight and normal (so called) to be favoured by God. They are now given high respect and due regards in the African community. Abraham's (2007:138) summary was correct, '[h]e noted that the idea of perfection and beauty that are ingrained in peoples psyche and sanctioned by culture tend to preclude any form of disabilities'. Ogechi and Jerop (2002) will connect shame to the above experience, but saying that '[i]t is only when feelings are not expressed that we swallow shame'. In other words, swallowing shame is what creates internal problem, especially for those we are caring for. Some of our churches affect people in such a way

that they carry burdens of shame instead of being healed. Clergy and caregivers need to analyse their position of healing.

Times have permitted the positive acceptance of intelligent persons with physical disabilities: e.g., Didymus the Blind (4th century) was nick-named Didymus the See-er because he saw more profoundly than those with physical sight. It has also encouraged positive responses to persons with profound and multiple disabilities on the grounds that "you can see the soul peeping out through their eyes". But this understanding of human nature is both inherently elitist and dualist. It ultimately tends to exclude those whose mental or physical incapacities profoundly affect their entire personality and existence.

The notion that humanity is made in the image of God is taken to mean that each of us is made in the image of God and, therefore, each of us deserves to be equally respected. It conspires with modern human rights ideologies to encourage individuals to assert their right to a decent deal in society, and to recognition of each person's inherent dignity, no matter what his/her race, religion or impairment. This tendency has had a positive impact in encouraging respect for those who are not white, male, able-bodied and intelligent. But it has also exacerbated the prejudice that we should all be perfect since we are made in God's image. Obvious failure to reach such notional perfection then becomes problematic. How can this person, who apparently has physical or mental defects, be made in God's image? The modernist rights approach may challenge the attitudes of some past traditional societies, but the success-oriented values of modern individualism encourage an interpretation of *imago Dei* which, we would argue, does not take account of core elements in Christian theology. In a sense, Christ alone is the true image of God; the image of God in Adam (the old humanity) was marred. So we are in God's image because we are in Christ. If Christ is the true image of God, then radical questions have to be asked about the nature of the God who is imaged. At the heart of Christian theology are a critique of success, power, and perfection, and an honoring of weakness, brokenness and vulnerability. Being in Christ is being in the Body of Christ. This is essentially a corporate image; a body is made up of many members, all of whom bring different contributions to the whole (1 Cor 12, Romans 12). Indeed, the weak limbs (members), and even those body parts we are ashamed of and cover up (1 Cor 12:23), are indispensable and are to be especially honored, their essential contribution recognized. Furthermore, this is a physical image, and the physical reality was that in His bodily existence, Christ was abused, disabled, and put to death. Some aspects of God's image in Christ can only be reflected in the Church as the Body of Christ by the full inclusion and honoring of those who have bodies that are likewise impaired.

Christian theology needs to interpret the *imago Dei* from a Christological and soteriological (the saving work of Christ for the world) stand-point, which takes us beyond the usual creationist and anthropological perspectives. Christian theology needs to embrace a non-elitist, inclusive understanding of the Body of Christ as the paradigm for understanding the *imago Dei*. Without the full incorporation of persons who can contribute from the experience of disability, the Church falls short of the glory of God, and cannot claim to be in the image of God and without the insight of those who have experience of disability, some of the most profound and distinctive elements of Christian theology are easily corrupted or lost.

As Christians, we worship a God who became flesh and hung motionless and utterly incapacitated on the Cross. Ours is a God of vulnerability and roundedness. Yet often, we choose to forego or forget the crucifixion, preferring to turn directly to the resurrection. Christ rose from the dead with His wounds. We too discover Him in our wounds, and we discern His presence in our vulnerability and in our courage to live the lives we have been given. For us Christians, the Cross of Jesus Christ is a symbol of life. When the Word became flesh (John 1:14), it was the broken flesh of humanity that was assumed. Even when Christ rose from the dead, He did so with the wounds that He suffered on the Cross (Luke 24:36-39). And, when St Paul confessed his own thorn in the flesh, he received the revelation that God's strength is perfected in weakness (2 Cor. 12:7-8).

As the author of the letter to the Ephesians stressed: Christ came to tear down the walls (Eph 2:14). Whenever we consider the ways in which to respond to issues of disability, we do well to remember the walls that we have set up. All of these walls are so human, yet they contradict Christ's ministry of reconciliation; walls that shut people in or shut people out; walls that prevent people from meeting and

talking to others. In days gone by, people with disabilities were actually kept behind walls, inside institutions. Now we are all a part of mainstream society. It is estimated that some 600 million people are persons with disabilities. Yet people, especially persons with disabilities, still find themselves isolated. Now there are walls of shame; walls of prejudice; walls of hatred; walls of competition; walls of fear; walls of ignorance; walls of theological prejudice and cultural misunderstanding. The Church is called to be an inclusive community, to tear down the walls. This interim statement is an invitation to journey towards making that more of a reality. It has been written by disabled people, parents and others who experience life alongside them in various ways.

Historically, disability has been interpreted as loss, as something that illustrates the human tragedy. The stories in the gospels about how Jesus healed persons with different diseases and disabilities are traditionally interpreted as acts of liberation, stories of how human beings receive possibilities to live a richer life. From that time, churches have often wrestled with how best to exercise an appropriate ministry for, to and with persons with disabilities.

The ecumenical movement also found itself faced with the necessity of addressing the issue. After the fourth assembly of the World Council of Churches in 1968, the theme "The Unity of the Church and the Renewal of Humankind" emerged as a means of relating issues of church and society. At the assembly and subsequently, the attempt to explore the church as a more inclusive community intensified. A concern to address the inclusion of handicapped people in the church emerged within the Faith and Order Commission, and gathered momentum at the Louvain meeting of the Commission in 1971. This first attempt to address the situation of persons with disabilities was a theological examination of service for the disabled in the light of the compassion of Christ.

In the period which followed, concern with persons with disabilities moved from theological reflection to practical questions of inclusiveness within churches and church communities. But often, this reflection and action in the churches treated "persons with handicaps" and "the differently-abled" and "persons with a disability" (all those terms were designed to reflect inclusiveness and each replaced the other) as objects rather than subjects of reflection. The appearance of EDAN (Ecumenical Disabilities Advocates Network), founded at the WCC's 1998 assembly, and its assimilation within the WCC structures within the JPC team has itself come to be a sign of hope in the process of conscientization of Christian churches and institutions, because now persons with disabilities are themselves the subjects or actors of reflection or action. EDAN works in the eight regions of the world and serves as a network of encounter and support as persons with disabilities seek to address the specific issues and challenges in their own contexts.

However, there has been a growing awareness in some churches that persons with disabilities invite the Church to explore anew the understanding of the Gospel and the nature of the Church. This awareness was evident in a first interim statement at the 1997 Central Committee of the WCC which sought to reflect theologically and engage the churches in acting to be more inclusive communities. This new Interim Statement, conducted with participation from the Faith and Order Commission, is thus a stage on a continuing journey. It is not comprehensive but offers pointers and insights on major theological themes. It is hoped that the statement will also enable the churches to interact with the disability discourse and help the churches address inclusion, active participation and full involvement in the spiritual and social life of the church in particular and society in general.

"The disabled" have struggled hard to become recognized as "disabled people". The fight was worthwhile for two reasons. First, throughout history, disabled people have been de-personalized and perceived as a problem to be dealt with. Second, they are often seen as a homogeneous group whose individual differences do not need to be respected. This section is about whom we are, our common experience. Its purpose is to make the point that, in common with all groups in society; we too are very diverse and have different stories. We also want to explore a possible framework to help disabled people and the churches to find a common starting point from which to begin this exploration.

We have probably all experienced limitations; in how we move, feel, think, perceive. Due to our impairments and resultant disabilities, we have been marginalized by the attitudes, actions or barriers in society. In many societies, persons with disabilities have organized themselves into powerful lobby groups which advocate against such marginalization and for disability rights and independence, even from their familial carers. Yet one of the hardest challenges facing many carers is to maintain the voice of the voiceless when those for whom they care often have such profound and multiple disabilities that their silence is only understood in the depth of the loving relationship of care. Modern society has brought with it many hazards that clearly make humankind collectively responsible for injuries caused by the likes of landmines and substance abuse, but the cause of some disabilities remains inexplicable.

Most disabled people are economically disenfranchised and experience some deprivation in their standard of living or employment opportunities. Carers also have to make considerable sacrifices, experiencing significant demands on their time and resources that limit their ability to pursue other activities and careers. Yet, to protest against the economic deprivation of disabled people and their carers in a global context is to grossly under-estimate the relativity of poverty between societies and countries. The disparity between the material situation of a disabled person in the economic North and that of a non-disabled person in the economic South (the former may be "better off" than the latter) should not be ignored. Those factors represent the existential bond and reality facing the overwhelming majority of persons with disabilities and their families today.

Disability can cause not only economic disenfranchisement but also poverty of relationships and opportunity. Persons with disabilities often become vulnerable to discriminatory social trends. A market economy encourages abortion and the allowing of babies to die. In many countries the systematic abortion of the foetus with certain malformations and those with Down's syndrome give a very negative message of society's view of disability. Such a market economy further leads to institutionalization and reduced access to adequate medical care for the majority of the world's population. Disabled people become vulnerable to easy commercial fixes and religious groups which offer miraculous healing in the setting of superficial acceptance and friendship.

No social group is ever the same, and disabled people are no exception to the rule. We come from a variety of cultures, and are thus culturally conditioned in the same manner as every person. We have experienced different kinds and levels of medical care and differing social attitudes. We have come to an acceptance of our disabilities by diverse routes. Some of us have been disabled since birth, either by congenital conditions or by the trauma of birth itself, whilst others have been victims of accidents or have had disabilities develop later in life. Each one of us has struggled to accept our disability and has found that we have been accepted or hindered in this acceptance by the quality of medical care or education we have received, or by the attitudes of people who have had an influence in our lives and spiritual well-being. We have been supported by the bonds of different disability cultures such as the uniqueness of sign-language or a particular political understanding of our minority status. We wish to assert that our differences are part of the richness of disabled people as a group, and that we rejoice in them.

Those disabled people who share a Christian faith are united by their awareness of God's love and Jesus' compassion for sick and disabled people, and find strength in the care of Christ. However, many have found that the Church's teaching on this truth has been too limited, and have looked for their own understanding. Each one's awareness of how long he/she might expect to live, and their own faith experience have affected how they accept their disabilities. They have relied upon certain theological tools to address their existential need to explain the mystery and paradox of love and suffering, coexisting and giving meaning to their lives.

We affirm that God loves all disabled people and extends to all the opportunity to respond to that love. We believe that every disabled person has the opportunity to find peace with God.

Genesis 32: 24—26 ⁴ Jacob was left alone, and a man wrestled with him until daybreak. ²⁵ When the man saw that he did not prevail against Jacob, he struck him on the hip socket, and Jacob's hip was put out of

joint as he wrestled with him. ²⁶ Then he said, "Let me go, for the day is breaking." But Jacob said, "I will not let you go unless you bless me."

In our wrestling with God, as disabled people we all ask the same basic questions, but the theological enquiry involved may be complex. Why me or my loved one? Is there a purpose to my disability? The answers to those questions can be influenced by the expected time-span of a disability, and by the time and circumstances of its onset. Acceptance or otherwise of a disabling impairment is influenced by knowledge of how long one can expect to live and what quality of life one can expect to experience.

We have wrestled with God intellectually and physically to achieve this peace, and whilst some of us have been privileged to write intellectually about it, others have shown it in their innate gift of grace which is shown in the love and affection to those who care for them so deeply. If so many disabled people have this ability to come to terms with God, the Church must surely find ways of accepting the gifts which we have to offer. It is not a case of meeting halfway but of full acceptance.

How can we interpret from a theological perspective the fact that some people live with disabilities? What does that fact tell us about human life in God's world? We have learned from 20th century philosophy and theology that we are historical beings and our interpretations are always made from within history. Our interpretations of reality are always finite because we are finite beings. When we are developing a theological interpretation of the fact of human disabilities, we must acknowledge that history has changed and will change the way we interpret it. And by history, we may mean the story of an individual, or the developing perceptions of the community in which persons with disabilities live.

As has been noted above, disability has historically been interpreted as loss, an example of the tragedies that human beings can experience. The Gospel stories about how Jesus heals persons with different diseases and disabilities are traditionally interpreted as illustrating how human beings are liberated and empowered to live a richer life.

In this understanding, people with disabilities are seen as weak and needing care. As a result, they are viewed as objects for charity, those who receive what other persons give. Thus, people with disabilities cannot meet other people in the churches on equal terms. They are regarded as somehow less than fully human.

The church has justified this view from different theological perspectives. For instance, disability has been interpreted as a punishment for sins, either committed by the persons with disabilities themselves or by their relatives in earlier generations. Or disability has been understood as a sign of lack of faith that prevents God from performing a healing miracle. Or disability has been understood as a sign of demonic activity, in which case exorcism is needed to overcome the disability. Such interpretations have led to the oppression of people with disabilities in the churches. In that respect, the churches' attitudes have reflected attitudes in societies as a whole. Structures of oppression within societies and churches have mutually reinforced each other.

When new ways to understand disability have emerged in society, new theological ways to understand this issue have also emerged in the churches and in the ecumenical movement. But the churches have not taken a leading role here. Even though one can find inspiration for such an approach in the Bible, they have not been a prophetic voice against oppression. Rather, churches have generally followed the trends in society, often with distinct reluctance. Conservative structures in the churches, often related to the churches' own charitable institutions, have enforced old ways of interpreting disability. Theological ideas, like that linking disability and divine punishment for sins, remain evident in every part of the world, and disabled persons have been subjected to "pastoral counseling" to address the presumed causes of their "punishment".

When new understandings of disabilities emerge in society, traditional theological interpretations are challenged. In some churches, this has raised awareness that people with disabilities were not seen as equal. In many churches, traditional ways of treating people with disabilities were then perceived as oppressive and discriminatory, and actions towards people with disabilities moved from "charity" to recognition of their human rights. Changing attitudes have led to new questions and interpretations. Awareness has slowly grown that people with disability have experienced that which can enrich the churches themselves. In the search for unity and inclusion, some have acknowledged that people with disability must be included in the

life and the witness of the churches. Often, this has been connected to the language about weakness found in the New Testament, especially in the two Epistles to the Corinthians.

But even this insight has been challenged. Is disability really something that shows the weaknesses in human life? Is that in itself a limiting and oppressive interpretation? Do we not have to take another, more radical step? Is disability really something that is limiting? Is the language of disability as a "loss" an adequate one at all, despite it being a stage of the journey undertaken by persons with disabilities themselves? Is a language of plurality not more adequate? To live with a disability is to live with other abilities and limitations that others do not have? All human beings live with limitations. Is not disability something that God has created in order to build a plural, and richer, world? Is not disability a gift from God rather than a limiting condition with which some persons have to live?

Such questions need to be taken seriously when we are searching for a new theological understanding of disability. This interim statement is an ongoing process. We will never reach the point where we find "the" theological understanding. We must acknowledge the fact that we will have a different way of raising the theological perspectives tomorrow than today. The main purpose of an interim statement is not to impose one understanding of disability, but to enable us to engage in an ongoing conversation. It is the process in itself that is valuable. It can be liberating both for the churches and people with disabilities.

Disability is a human condition and, as such, it is ambiguous. To be human is to live a life that is marked both by the God-given good of creation and the brokenness that is a part of human life. We experience both sides of human life with disabilities. To interpret disability from one of these perspectives is to deny the ambiguity of life and to create an artificial ontological split in the heart of our understanding of disability.

We have to let different and conflicting interpretations stand beside each other and let them challenge and correct each other. We should not try to create syntheses that remove the conflict between the different interpretations. Rather, we should hold on to the tension between them as that which keeps the process going.

In the history of Christian theology, the notion that humanity is made in the image of God has tended to mean that it is the mind or soul which is in God's image, since the bodily (corporeal or physical) aspect of human nature can hardly represent the incorporeal, spiritual reality of the transcendent God. We should not underestimate the profound reaction against idolatry in early Christianity; no animal or human form should be taken to represent God who is invisible. However, the perceived kinship between our minds and God's Mind (or Logos), coupled with the assumed analogy between the incarnation of God's Logos in Christ and the embodiment of the (immortal) soul/mind in the human person, encouraged a predominantly intellectual interpretation of how human beings are made in the image of God.

This tendency may at times have permitted the positive acceptance of intelligent persons with physical disabilities: e.g., Didymus the Blind (4th century) was nick-named Didymus the See-er because he saw more profoundly than those with physical sight. It has also encouraged positive (if somewhat patronising) responses to persons with profound and multiple disabilities on the grounds that "you can see the soul peeping out through their eyes". But this understanding of human nature is both inherently elitist and dualist. It ultimately tends to exclude those whose mental or physical incapacities profoundly affect their entire personality and existence.

More recently, the notion that humanity is made in the image of God is taken to mean that each of us is made in the image of God and, therefore, each of us deserves to be equally respected. It conspires with modern human rights ideologies to encourage individuals to assert their right to a decent deal in society, and to recognition of each person's inherent dignity, no matter what his/her race, religion or impairment.

This tendency has had a positive impact in encouraging respect for those who are not white, male, able-bodied and intelligent. But it has also exacerbated the prejudice that we should all be perfect since we are made in God's image. Obvious failure to reach such notional perfection then becomes problematic. How can

this person, who apparently has physical or mental defects, be made in God's image? The modernist rights approach may challenge the attitudes of some past traditional societies, but the success-oriented values of modern individualism encourage an interpretation of imago Dei which, we would argue, does not take account of core elements in Christian theology.

The phrase we are examining occurs in the Genesis narrative of the creation of Adam. So there are two important features that need to be taken seriously: firstly, Adam represents the whole human race. The very name Adam means man-humanity in the generic sense, for the creation of Eve from his rib represents sexual differentiation in the human race. Secondly, while Adam was indeed made in the image and likeness of God, this was marred by his disobedience, classically known as the Fall. Some early theologians suggested that he retained the image but lost the likeness. The point here is that glib theological talk about being made in God's image needs to be countered with a sensitivity to the corporate nature of that image, and the fact that all have fallen short of the glory (image) of God (Rom 3:23).

For the Christian community, this reflection on Genesis 1 is confirmed by the New Testament. A reading of Paul's Epistles soon shows that the dynamic of salvation depends upon the parallel between Adam and Christ. Adam is the "old man", Christ the "new man" (Rom 5:2, 2 Cor 5:17), and all of us (male and female) are in Adam and potentially in Christ (Romans 7, 1 Cor 15:22). Both are in some sense corporate figures. In Christ we are a new creation, but as in Adam all die, so in Christ all will be made alive. In a sense, Christ alone is the true image of God; the image of God in Adam (the old humanity) was marred. So we are in God's image because we are in Christ.

If Christ is the true image of God, then radical questions have to be asked about the nature of the God who is imaged. At the heart of Christian theology is a critique of success, power, and perfection, and an honoring of weakness, brokenness and vulnerability. Being in Christ is being in the Body of Christ. This is essentially a corporate image; a body is made up of many members, all of whom bring different contributions to the whole (1 Cor 12, Romans 12). Indeed, the weak limbs (members), and even those body parts we are ashamed of and cover up (see the Greek of 1 Cor 12:23), are indispensable and are to be especially honored, their essential contribution recognized. Furthermore, this is a physical image, and the physical reality was that in His bodily existence, Christ was abused, disabled, and put to death. Some aspects of God's image in Christ can only be reflected in the Church as the Body of Christ by the full inclusion and honoring of those who have bodies that are likewise impaired.

We would therefore argue that: Christian theology needs to interpret the imago Dei from a Christological and soteriological (the saving work of Christ for the world) stand-point, which takes us beyond the usual creationist and anthropological perspectives. Christian theology needs to embrace a non-elitist, inclusive understanding of the Body of Christ as the paradigm for understanding. Without the full incorporation of persons who can contribute from the experience of disability, the Church falls short of the glory of God, and cannot claim to be in the image of God. Without the insight of those who have experience of disability, some of the most profound and distinctive elements of Christian theology are easily corrupted or lost. "When any one of us, or a group of us, is excluded because of some lack of ability, we are prevented from using our God-given gifts to make Christ's body complete. Together, let us make the beautiful mosaic that God intends." (Norma Mengel on mental illness)

The study of the Bible as the source of Christian theological reflection and as the revelation of the purpose of God, and the knowledge of the Creator, leads us to the certainty that we have accepted and been accepted by a God of Love. It is God who encourages us to live in the light of his Son with our errors, afflictions and disabilities. The prophet Isaiah points to the One who carries all our afflictions (Is 53:4-6). The God "who shows no partiality" (Gal 2:6), includes everyone in His bosom, male or female, whatever their physical or mental conditions.

Disabilities and healing

However, the Scriptures speak not only of the God who identifies Himself with human affliction, but also the One who exercised a ministry of healing and wholeness. How does this relate to the continuing witness

of persons with disabilities? We cannot deal with the relationship between healing and disability without asking the following questions: What does it mean to talk about the image of God in relation to persons with disability? If the image is described as "perfect body", or "perfect reason", how can persons with disability embrace such an image of God? What is the relationship between our theological language and practice with regards to the issue of disability? How much of the medical and social language which treats persons with disability as objects determines both academic theologies and general attitudes about and towards persons with disability as objects of pity, forgiveness and healing? How far do we have a holistic understanding of healing which integrates the moral, spiritual and the physical? Furthermore, we want to raise questions about what it means to call the Church the body of Christ. Can persons who are visually impaired or who have a body with cerebral palsy be included? Although many Christians consciously deny any relationship between disability and sin (which also includes suffering), some of their attitudes seem to reflect such a link.

"Wherefore, when we now attempt to speak of that image, we speak of a thing unknown; an image which we not only have never experienced all our lives, and experience still. Of this image, therefore, all we now possess are mere terms — the image of God!.... But there was, in Adam, an illumined reason, a true knowledge of God and a will the most upright to love both God, and his neighbor." (Luther)

From a disability perspective of a hermeneutic of suspicion, it is obvious that persons with some form of disability cannot accept the image of God defined thus. For example, persons with some form of mental disability or some form of learning disability will be disqualified as human beings because they will not reflect the definition of the image of God as soul, as reason or as rationality. A hermeneutic of suspicion cannot accept the image of God or soul as reason or rationality. It is also obvious that these interpretations of the image of God or soul as rationality are inconsistent with other world-views, e.g. African. Traditional definitions of healing, wholeness and holiness (based on a particular theological anthropology of God, the image of God, and the body of Christ which, in turn, is based on cultural images of beauty and perfection with regard to the image of God and the body of Christ) are extremely unhelpful, especially during the celebration of the Eucharist. Such theologies sometimes treat healing as metaphor in very exclusive and victimizing ways to persons with disabilities.

In the case of disability, it is often assumed that healing is either to eradicate the problem as if it were a contagious virus, or that it promotes virtuous suffering, or a means to induce greater faith in God. Such theological approaches to healing either emphasize "cure" or "acceptance" of a condition. Other definitions of healing make a clear theological distinction between healing and curing. Healing refers to the removal of oppressive systems, whereas curing has to do with the physiological reconstruction of the physical body. For some theologians, Jesus' ministry was one of healing and not curing. In this kind of theology, disability is a social construct, and healing is the removal of social barriers. From these perspectives, the healing stories in the gospels are primarily concerned with restoration of the persons to their communities, not the cure of their physiological conditions. For example, the man with leprosy in Mark 1:40-45 who asks Jesus to make him clean is mainly asking Jesus to restore him to his community. In like manner, in Mark 2:1-12, Jesus met the paralytic and forgave him his sins. Forgiving sins here means removing the stigma imposed on him by a culture in which disabilities were associated with sin. Hence this man was ostracized as sinful and unworthy of his society's acceptance. In these healing stories Jesus is primarily removing societal barriers in order to create accessible and accepting communities.

The good news of the Gospel from this perspective is that it creates inclusive communities by challenging oppressive and dehumanizing systems and structures. Africans, for example, might argue that theologians who pursue this line of exploration are engaging in theological reductionism of healing from a scientific viewpoint. A western scientific world-view might argue that the medical conditions described in the biblical narratives could not be physiologically cured by divine intervention. Some theologians would even argue that the dispensation of such types of healing ended with the advent of western scientific medicine.

It must be noted that Jesus did not make a distinction between social restoration and physical healing. Both always happened at any given time of healing. Consequently, the integral relationship of health, salvation and healing is an imperative for a holistic theological interpretation of disability. That requires a different

theological discourse on the body of Christ and the image of God from the perspectives of persons with disability. The biblical healing narratives are important bases for a theological hermeneutic of disability. However, one must try to engage in such an investigation without falling into another theological pitfall: what Nancy Lane calls "victim theology". Victim theologies tend to either blame persons for their lack of faith, which accounts for their disabilities not being healed; accuse persons of possessing demons, which must be exorcised; say that through the sufferings of persons with disability, God shows forth God's glory and power; or blame disability on either the sins of parents or of disabled people themselves.

Victim theologies "place the burden for healing on the person who is disabled, causing further suffering and continued alienation from faith communities." (Lane) For persons with disability, the relationship between healing and disability is both ambivalent and ambiguous. While for other theologians, there is an obvious definition of healing evident in the Bible, for persons with disability, healing is tentative, relative, ambivalent, ambiguous, and ongoing. Healing can bring joy and relief. It can also bring pain, frustration, and serious theological questions. A straightjacket understanding of healing in general and the biblical healing narratives in particular makes discussion of healing in relation to disability very difficult. It is obvious that the main danger to avoid is to treat healing, especially healing with respect to disability, to justify our favorable notion of healing without any reference to the totality of the *raison d'être* of Christian theology. To discuss healing either from socio-economic emancipation or physical body reparation perspectives or from psychological/spiritual perspectives is to engage in distracting and speculative arguments as to the kind of healing Jesus carried out and why.

A theological statement of healing with respect to disability needs to be made with reference to the history of salvation. Salvation history is here defined as the self-revelation of God then, now, and in the future through events and acts through which God transforms, empowers, renews, reconciles, and liberates God's creation and everything therein made possible by the work of the Holy Spirit. Such a theology is evident in Holy Scripture. It is against the background of salvation history that a definition of healing from the perspective of disability is attempted. But there is also a need to give a working definition of disability, based on which healing is also defined. In Gen 1:25b, God pronounced creation as good. It was good, for God has enacted salvation history in creation in which God will continue to transform, renew, reconcile, and liberate creation. God's creating and saving acts are concurrent. An illustration with the body will help to make this point clear. When we are well, there is within the body provision of antibodies to prevent illness as well as to produce more antibodies to fight viruses and bacteria that will make us sick.

Disability in this theological understanding is a negation of God's intention for his creation to be good. Disability in all its forms and causes is a negation of God's good intention. Similarly, all negative attitudes, systems and structures that exclude and prevent or contribute in any way to the exclusion of persons with disability do not actualize God's intended good of God's creation.⁵⁰ Healing then is an act, event, system, and structure which encourages, facilitates God's empowering, renewing, reconciling, and liberating processes in order to reverse the negation of God's intended good for God's creation. Therefore, the overall theological contribution of the healing narratives in the New Testament is to demonstrate or serve as signs of God's salvation history. God wills the acceptance and inclusion of each in a community of interdependence where each supports and builds up the other, and where each lives life to the full according to their circumstances and to the glory of God.

Each human being a gift

All life is a gift from God, and there is integrity to this creation. We read in Genesis (1:31) that after creating all of heaven and earth and every form of life, God saw that "... indeed, it was very good." God did not say it was "perfect". With the breath of life, God has imbued each person with dignity and worth. We believe that humanity is "created in the image and likeness of God," (Gen 1:26) with each human bearing aspects of that divine nature yet no one of us reflecting God fully or completely. Being in God's image does not just mean bearing this likeness, but the possibility of becoming as God intends.

This includes all people, whatever their abilities or impairments. It means that every human being is innately gifted and has something to offer that others need. This may be simply one's presence, one's capacity to

respond to attention, to exhibit some sign of appreciation, and love for other people. Each has something unique to contribute (1 Cor 12:12-27) and should thus be considered as a gift. We cannot speak about this "giftedness" without also speaking about each person's limitations. They are the basis of our need of each other and of God, irrespective of the labeling of our abilities. Living in this interdependence opens us to one another and to a deeper, more honest, self-knowledge, and so makes us each more fully human, more fully people of communion, more fully realizing the Imago Dei we bear.

Besides the innate gifts of relationship that are inherent in each person, most people with disabilities have other gifts to contribute to the life of the community and church. These are as varied as the many different parts of the human body, but all are necessary to the whole. They include natural abilities in perception and movement; talents and skills developed through education and training in areas such as academic disciplines, religion, science, business, athletics, technology, medicine, and the arts. While many gifts are brought to fruition throughout an individual's lifetime, some may never be realized due to circumstances, including the presence of disability. We need one another for our gifts to be revealed. A person who has suffered rejection or has been devalued may not show or share many of her own gifts or his own contribution to humanity, unless he/she is shown full acceptance and unconditional love. In our relationships, it is our task to call out the gifts of each other so that each person's potential may be realized and God may be glorified.

Individuals with disabilities, as well as their families, friends and carers/care-givers, may also have gifts to share that have emerged precisely from the experience of living with disability. Individuals with disabilities know what it is to have one's life turned upside-down by the unexpected. We have found ourselves in that liminal space between what is known and what is yet unknown, able only to listen and wait. We have faced fear and death and know our own vulnerability. We have met God in that empty darkness, where we realized we were no longer "in control" and learned to rely on God's presence and care. We have learned to accept graciously and to give graciously, to be appreciative of the present moment. We have learned to negotiate a new terrain, a new way of life that is unfamiliar. We have learned to be adaptable and innovative, to use our imaginations to solve new problems. We can be resilient. We know what it is to live with ambiguity and in the midst of paradox, that simplistic answers and certitudes do not sustain us.

We have become skillful in areas we never expected to master. We have become accidental experts with skills and expertise to share with the wider community and church. While people with disabilities are endowed with gifts, we are also called to be a gift, to give ourselves to God's service. God wants our whole being, for us to give all of ourselves, to hold nothing back. That includes the disability (the impairment). It is not something of which to be ashamed or to be kept hidden at all cost. For a disabled person, the impairment is one attribute of who he/she is, and is to be included as part of the "holy and acceptable" offering of the self. However, just as it would be wrong to deny the reality of disability as part of our lives, it is also wrong to attribute more honor and recognition to a person's contributions just because he or she also happens to have a disability.

The inclusion of people with disabilities in the church by Barbara Watt .According to the World Health Organization there are 650 million people with disabilities in the world. They are the most unreached people from a Christian perspective. For instance, how many people with disabilities have you seen in your church? People with disabilities need God just as much as anyone else. Therefore the church needs to actively reach out to and be inclusive of people with disabilities by being accessible in attitude, buildings and correct Biblical teaching. The Bible has much to say about disability.

There are many misconceptions about disability in the world and in the church. Fear and a lack of understanding cause people with disabilities to be ignored. Also those people with disabilities in the church have endured much wrong teaching regarding faith and healing. Some churches will not allow people with disabilities into the church!

However, paradigms are changing. People with disabilities should not just be viewed as "needy" but as participants in the life of the church for they have much to contribute. They can be a unique witness to the grace and glory of God. They need to be in a "user friendly" atmosphere where by they can realize their full potential and purpose, which God has for them.

The inclusion of people with disabilities in the church

According to the World Health Organization, there are 650 million (11%) people with disabilities (PWD) in the world. This group of people would be the most uneducated, the most unemployed, they would have the most transport, housing and family problems. From a Christian perspective they are the most unreached people in the world. According to this 11%, there would be about 5 million PWDs in Rwanda. Unfortunately, due to inaccessible buildings, negative attitudes, ignorance and some incorrect teaching, PWDs are not generally included in the life of the church.

The apostle Paul says in 1 Cor. 12:22 that “those parts of the body that seem to be weaker are indispensable, and the parts that we think are less honorable we treat with special honor.” Note that he says, “Seem to be” and “that we think.” We may think people with disabilities are weak and less honorable but Paul says they are indispensable.

Yet in the past there have been many misconceptions about disability. Many people even today, believe disability is caused by sin in the person’s life or in some family member’s life, perhaps in a previous generation. Many believe it is a curse.

When Jesus healed the paralyzed man in Luke 5, he firstly said to the man, “Friend, your sins are forgiven.” This was perceived, as the link between sin, disability and healing.

Conversely, Jesus was asked who sinned regarding the man born blind. He quite clearly replied, “Neither this man nor his parents sinned, but this happened so that the work of God might be displayed in his life.” John 9:3.

Fear and a lack of understanding of how to speak to PWDs causes non-disabled people to generally ignore them. From the onset of disability, PWDs discover they have difficulties with other people’s attitudes, the environment, employment, transport and housing, depending on the severity of the disability. A friend wrote “life with a disability in the church is not any better than out there in the world –in fact it’s even worse at times, because as a Christian one thinks of the church as being a place of refuge... but they will treat you as if you’re invisible...otherwise you are given glares for being in the way. No wonder Mephibosheth, a disabled man in the Bible said he was as good as a ‘dead dog.’ ”

Everyone benefits when all children are able to learn, worship, and play together (Center for Children with Special Needs, 2007). Inclusion offers the experience of an environment in which the effects of segregation are limited and role models exist to foster the development of adaptive skills through imitation (Wolery & Wilbers, 1994). Children gain skills in social interactions and develop friendships with their peers that help them prepare to live more successful lives in the community. In addition, inclusion allows whole families the opportunity to develop meaningful relationships with others and reduces feelings of isolation (Guralnick, 2001; Thompson et al., 1993; Wolery & Wilbers, 1994).

Inclusion reflects our larger community, in which people with and without disabilities live, work, learn, and play together. "Inclusion contributes to acceptance, improved socialization, and understanding of individual differences" (Center for Children with Special Needs, 2007, p. 2). This offers the opportunity for typically developing children to gain a realistic understanding of disabilities; acquire an appreciation for others different from themselves; learn altruistic behaviors such as kindness, patience, and respect; and build social skills, self-esteem, and principles of responsibility for others (Staub, 1996; Thompson et al., 1993; Wolery & Wilbers, 1994).

For the Church, inclusion of children with disabilities offers an opportunity to minister to whole families who may have limited options for worship and expression of their spirituality with others. Welcoming children with disabilities benefits the children, their families, and the congregation:

The opportunity to minister to special-needs people is a blessing, not a burden. Special-needs people are inherently blessed in very special ways by God, and it is the unique privilege of those who get to know them at a deeper level to see God's grace manifested in them. Ministry to special-needs people always results in extraordinary and, in most cases, total life-changing blessing to those who minister-the grace of God is never more real. (Zachariah's Way, 2004, p. 27)

Spirituality, coping, and health

Families experiencing disability face a dynamic ongoing process of dealing with coping, adapting, adjusting, and learning to live healthy lives within their communities (HHS, 2000). Coping with health-related issues incorporates many spiritual elements. Moltmann (1983) described health as it relates to spirituality by stating: "True health is the strength to live, the strength to suffer, and the strength to die. Health is not a condition of my body; it is the power of my soul to cope with the varying conditions of that body" (p. 142).

Spirituality and religion play major roles in the lives of families of children with disabilities. Family involvement in religious practices helps to bring meaning and purpose as well as solace, strength, friendships, and emotional and practical support. The strength and sense of well-being gained through religious belief and practice enhances the ability of families to meet the challenges they face in other aspects of their everyday lives (Poston & Turnbull, 2004).

Studies in various fields of health have shown that spiritual belief and practices contribute to resilience in people with illness or disability (e.g., Canda, 2001). Views of illness and disability correlate with religious and spiritual beliefs. Families often rely on their spiritual traditions to help them interpret disability (Zhang & Bennett, 2001). Moreover, families who participate in religious activities tend to have better coping skills in dealing with the added stress of a family member with disabilities (Todis & Singer, 1991). Furthermore, the emotional support and relationships derived from a social support system, such as a church family, helps a person cope with stress and provides a protective factor in various life situations (Novack & Gage, 1995).

Accommodating disability

Historically, disability has been viewed in terms of a medical model, which concentrates mainly on the impairments and not on the person (Bricher, 2000). This view emphasizes disability as intrinsic to the individual and inspires pity and fear. A more contemporary view follows the social model, which suggests that disability is a social construct and that problems exist mainly within the environment rather than in the person. This view emphasizes dignity, independence, and choice by placing the person first. The social model focuses on the fact that in many cases, society disables people. The way we organize our culture or community can limit and restrict what some of its members can do. These barriers exist in the physical, organizational, and personal aspects of our communities (Bricher, 2000).

Two key pieces of legislation guarantee the civil and educational rights of people with disabilities: (1) the Americans With Disabilities Act (ADA) and (2) the Individuals With Disabilities Education Act (IDEA). Signed into law in 1990, ADA is a comprehensive civil rights law protecting individuals with mental or physical disabilities from discrimination (United States House of Congress, 1991). The IDEA ensures educational rights, giving the states the responsibility of providing a free appropriate public education to all children (NICHCY, 2006). The consistent concept embedded in these mandates is that individuals with disabilities must have the opportunity to participate equally in all community activities alongside their peers without disabilities.

Churches and places of worship are exempt from ADA and IDEA (Pridmore, 2006) and can decide how or whether accommodations are made for members or visitors with disabilities. However, Jesus' words "Love your neighbor as yourself" (Matthew 22:39, NIV) tell us that we should love and include everyone. Zachariah's Way (2004), an organization that helps churches minister to people with special needs, summarizes Christ's words:

Jesus tells us that all the law can be crystallized down to simply loving God supremely and others as ourselves. Jesus said relationships, with him and with people, are what we as Christians are to be primarily

concerned. Further, it should be noted that Jesus commands us to love all of our "neighbors"-everyone, not just people who look, talk, dress, and respond as we do. According to the Word of God, an authentic body of believers will ultimately be concerned with fulfilling this commandment as Jesus instructed and will be a church based on relationships. (p. 29)

As Christians live by Christ's teaching, they love, accept, and recognize each person's unique gifts and abilities. "All children should have access to full inclusion in religious education programs, regardless of their faith or their disability" (Collins, Epstein, Reiss, & Lowe, 2001, p. 53). Zachariah's Way (2004) notes, "Jesus spent the majority of his time on this earth ministering to the needs of the lame, blind, and infirmed-why should his church today be different?" (2004, p. 27).

2.14 Empirical Studies.

In Rwanda, people with disabilities are not encouraged to attend churches by their own families and also the church has not come out to encourage them to attend. Many pastors and churches administrators are not so much bothered by this category of people which makes them remain isolated.

According to the Fourth Rwanda Population and Housing Census (2021) there are 446,453 persons living with disabilities in Rwanda, of a total population of 10,515,973. This equates to just under 5% of the population over the age of 5. The total number of people with disabilities is likely to be higher; the World Health Organisation estimates that approximately 15% of any population will have a disability. However, despite strong political will and a robust legal framework, there are challenges in terms of technical implementation. Persons with disabilities in Rwanda are less educated, less likely to be employed and more likely to be living in poverty than people without a disability. NUDOR has identified the biggest issues that persons with disabilities face is access to education, health and poverty reduction and has consequently decided to focus on these areas.

Poor health can be both a cause and a consequence of living with a disability. Whilst 85% of persons with disabilities in Rwanda have some form of health insurance, many assistive devices such as orthosis, prosthesis, white canes, hearing aids and certain types of psychiatric medicine are not offered. Furthermore specialist services such as audiology and speech and language therapy are not covered nor readily available. Rehabilitation services, which could help people to participate fully in society, are limited. There are also many barriers to general healthcare, including services such as sexual and reproductive healthcare, for example physical accessibility and communication barriers.

Rwanda has a comprehensive legislative and policy framework on disability but faces challenges in the implementation and enforcement of it. The Constitution of Rwanda forbids discrimination on the basis of physical and mental disability while committing the nation to supporting genocide survivors with disabilities and to providing special measures to educate persons with disabilities. The legislative framework on the protection of disabled persons sets out a range of rights to linked access to services and employment. However, the law does not state that persons with disabilities have any right to social protection. A major step forward for persons with disabilities was achieved in the 2011 National Social Protection Strategy (NSPS) which stated: "We will ensure that those who really need long-term support – such as older people and people with disabilities – will be able to receive it." It committed the Ministry of Local Government and Community Affairs (MINALOC) to undertaking a feasibility study on a social pension by 2012 and a disability benefit by 2014. However, this commitment was removed when the NSPS was revised in 2013. In the 2013 version, it was stated that persons with disabilities were "evenly spread across the income quintiles." In effect, it accepted the findings from the EICV 3 on disability prevalence rates as well as the finding that poorer households are less likely to include elderly people, without challenging the underlying assumptions or the validity of the questions on disability. Instead of fulfilling its previous commitments, the strategy adopted by the 2013 NSPS was to improve the access of persons with disability to existing social protection programmes.

The preachers of the gospel in Rwandan churches have not been seen applying the following biblical verses about supporting and preaching to people with disabilities:

Exodus 4:11 Then the LORD said to him, "Who has made man's mouth? Who makes him mute, or deaf, or seeing, or blind? Is it not I, the LORD? Leviticus 19:14 You shall not curse the deaf or put a stumbling block before the blind, but you shall fear your God: I am the LORD. 2 Corinthians 12:9 But he said to me, "My grace is sufficient for you, for my power is made perfect in weakness." Therefore I will boast all the more gladly of my weaknesses, so that the power of Christ may rest upon me. John 9:2-7 and his disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be displayed in him. We must work the works of him who sent me while it is day; night is coming, when no one can work. As long as I am in the world, I am the light of the world." Having said these things, he spat on the ground and made mud with the saliva. Then he anointed the man's eyes with the mud.

John 9:1-3 As he passed by, he saw a man blind from birth. And his disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be displayed in him. Romans 5:3-5 More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not put us to shame, because God's love has been poured into our hearts through the Holy Spirit who has been given to us. Luke 14:12-14 He said also to the man who had invited him, "When you give a dinner or a banquet, do not invite your friends or your brothers or your relatives or rich neighbors, lest they also invite you in return and you be repaid. But when you give a feast, invite the poor, the crippled, the lame, the blind, and you will be blessed, because they cannot repay you. For you will be repaid at the resurrection of the just.

Romans 5:12 Therefore, just as sin came into the world through one man, and death through sin, and so death spread to all men because all sinned. Luke 14:12-13 He said also to the man who had invited him, "When you give a dinner or a banquet, do not invite your friends or your brothers or your relatives or rich neighbors, lest they also invite you in return and you be repaid. But when you give a feast, invite the poor, the crippled, the lame, the blind, Mark 1:40-45 And a leper came to him, imploring him, and kneeling said to him, "If you will, you can make me clean." Moved with pity, he stretched out his hand and touched him and said to him, "I will; be clean." And immediately the leprosy left him, and he was made clean. And Jesus sternly charged him and sent him away at once, and said to him, "See that you say nothing to anyone, but go, show yourself to the priest and offer for your cleansing what Moses commanded, for a proof to them."

1 Peter 5:10 And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, confirm, strengthen, and establish you. Matthew 15:31 So that the crowd wondered, when they saw the mute speaking, the crippled healthy, the lame walking, and the blind seeing. And they glorified the God of Israel. Mark 2:1-12 and when he returned to Capernaum after some days, it was reported that he was at home. And many were gathered together, so that there was no more room, not even at the door. And he was preaching the word to them. And they came, bringing to him a paralytic carried by four men. And when they could not get near him because of the crowd, they removed the roof above him, and when they had made an opening, they let down the bed on which the paralytic lay. And when Jesus saw their faith, he said to the paralytic, "Son, your sins are forgiven."

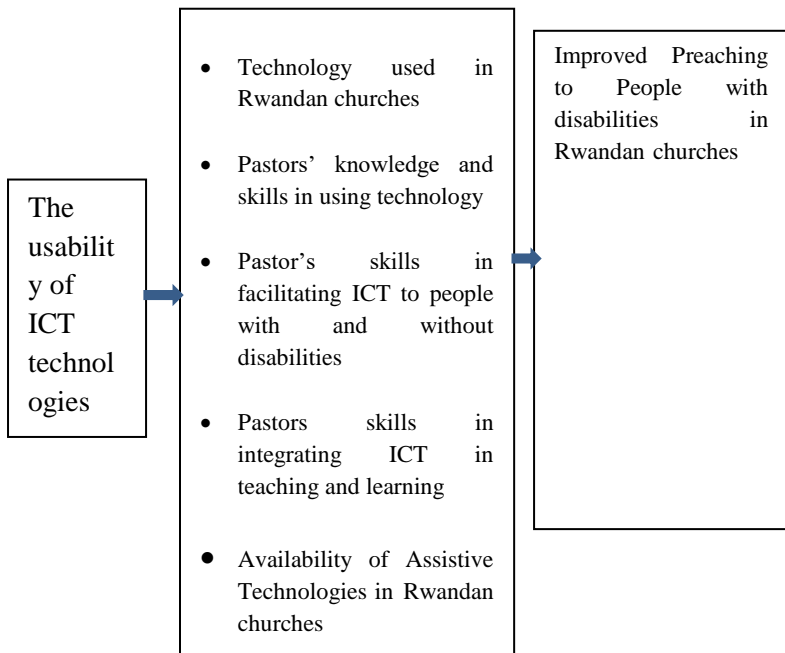
Psalms 139:13-14 For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Wonderful are your works; my soul knows it very well. John 9:1-41 as he passed by, he saw a man blind from birth. And his disciples asked him, "Rabbi, who sinned, this man or his parents, that he was born blind?" Jesus answered, "It was not that this man sinned, or his parents, but that the works of God might be displayed in him. We must work the works of him who sent me while it is day; night is coming,

when no one can work. As long as I am in the world, I am the light of the world." Romans 8:28 and we know that for those who love God all things work together for good, for those who are called according to his purpose.

2.15. Conceptual Framework

The research study was guided by concepts such as *usability of ICT technologies, modern technology, disabilities and performance, gospel preaching, Rwandan churches*. This part seeks to explore relevant literature as it pertains to the important concepts that strengthen this study. The usability of ICT technologies serves as the Independent variables whereas gospel preaching to people with disabilities in Rwandan churches serves as the dependent variables.

Independent Variable Dependent Variable



Source: Researcher 2022 (Samuel Kabera)

The conceptual framework relies on the fact that inclusion is about having both people with and without disabilities in the same church. Assumptions are that if there are technologies used in churches and that preachers have knowledge and skills to support people with and without disabilities in accessing the technologies and that all preachers are capable of integrating technologies in gospel preaching, the learning and life of people with disabilities in Rwandan churches will be improved.

2.16 The research gap

Researchers have found that, ICTs is very vital in the area of inclusive education. More researchers have stated that people with SEN experience many difficulties in learning, which can be permanent, recently acquired, fluctuating, or circumstantial. In Rwanda the existing research has been in the area of rights for children with disabilities but has done little on the learning of disabled children. Learners with disabilities are given some ICT technologies and encouraged to attend schools but their learning remains a big challenge. It is from this background that; the researcher is interested to make a study entitled “The usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.” Even though the majority of UN member countries agreed to implement the Salamanca Framework of inclusive education, there is not enough information about the successful implementation of transformative principles of inclusion in developing countries as compared with developed countries (Nguyen, 2010:352). There is no research has been conducted in Rwanda about Preaching the Gospel of our Lord Jesus Christ to people with disabilities. Therefore, this study comes as a solution and a bridge to bridge the identified gap.

3.0 Research Methodology

3.1 Introduction

This chapter indicates the methods of data collection process. It consists the research design, study area, population, sampling techniques, sampling procedures, data collection methods, data collection procedures, instruments used for data collection, data collection techniques and data analysis and interpretations.

3.2 Research Design

This study used the interpretive paradigm. Interpretive makes use of qualitative methodology, which pays more attention to words and meanings than quantitative methodology. The interpretive approach was preferred because of the nature of the problem to be investigated, required respondents to express themselves from their own perspective as opposed to relying on the researcher's knowledge in the area as would be the case using a hypothesis. This approach is based on the notion of qualitative research, which is that "qualitative research is a multi-method in focus, involving an interpretive, naturalistic approach to its subject matter" (Denzin & Lincoln, 1994; Klenke, 2008). Scientific research is carried out within a specific paradigm, or theoretical framework, (De Vos, 2004:45; Ladbrook, 2009:70). Mouton (2009:15) defines a paradigm as a set of basic beliefs that deal with the ultimate principles and represent the worldview that defines its holder. According to de Vos, Strydom, Fouche and Delpont (2012:40), a paradigm is a model or pattern containing a set of legitimated assumptions and a design for collecting and interpreting data. It dictates the research agenda of the study by defining what problems count as legitimate scientific problems and, more importantly, what would constitute acceptable solutions to such problems (Mouton, 2009:15).

This implies that qualitative researchers study occurrences in their usual settings and attempt to understand or interpret issues in terms of the meanings that people convey (Klenke, 2008). In addition, interpretive research recognizes that there may be many explanations for certain actions (Mukherji & Albon, 2010), which is not the case with positivist methodology. In this study inclusive education stakeholders including the students, the teachers, Disability Peoples Organization's and the Government are expected to participate in explaining the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. Since disability affects people differently and the use of technology could affect them differently, it was important to study the issue of technology use by people with disabilities in a naturalistic manner that will allow respondents to discuss the subject matter from their own understanding of the phenomenon.

3.3 Sampling

According to Saunder (2012), define sampling technique as the technique of identifying or act of selecting a suitable sample or a representative part of the population for the purpose of determining parameters or characteristics of the whole population of the study. According to Levy (2013), the sampling technique is the technique of identifying or act of selecting a suitable sample or a representative part of the population for the purpose of determining parameters or characteristics of the whole population of the study. Stratified random sampling refers to a type of sampling method. With stratified random sampling, the researcher divides the population into separate groups, called strata. Briefly, a probability sample (often a simple random sampling) is drawn from each group.

According to Saunder (2012), define a simple random sampling as the basic sampling technique where we select a group of subjects (a sample) for study from a larger group (a population). Every individual or objects is selected entirely by probabilities (chance) to because every individual or objects has equal chance to be selected from their sample and represent entire population. Two churches in Kigali were selected to serve as a sample for this study.

3.4 Data Collection

Data collection, according to Burns and Grove (2009:733), is a systematic process of getting information relevant to the study and should be able to address the research purpose, objectives and answer the research questions. Collected data provides an evidential base from which researchers can make interpretations and advance knowledge and understanding with regard to a specific research question or problem (Lankshear & Knobel, 2004:172). Data collection is the vehicle with which researchers collect information to answer the research questions and defend conclusions and recommendations based on the findings from the research (McMillan & Schumacher, 2010:162). In order to gather information on the views and opinions of individual participants with regard to the research questions, interviewing, observation and analysis of existing texts were used as data collection instruments in this study.

Interviews

The purpose of the research interview was to explore the views, experiences, beliefs and/or motivations of individuals on a specific matter (Gall et al., 2007). The main task in interviewing is to understand the meaning of what the interviewees say. Qualitative methods, such as interviews, are believed to provide a 'deeper' understanding of exclusion as a phenomenon. The purpose of study was to determine the nature of the interview (e.g. structure, types of questions) (Gall, Gall and Borg, 2007). Because of these reasons, the nature of my research question, the interview is the natural method for obtaining the data I need to answer my question. The researcher (interviewer) is largely in control over the response situation, scheduling the time of the interview and controlling the pace and sequence to fit the circumstances of the situation (Gall, Gall and Borg, 2007). Kvale and Brinkman (2008) described the interview process as a social production of knowledge which eminently suits the constructivist paradigm. Conversation between two or more people where questions are asked by the interviewer to obtain information from the interviewee(s). The instrument of face to face individual interviews was used for data collection. Semi-structured and unstructured interviews are to be employed. Semi-structured interviews which refer to an interview guide approach which enables the researcher to decide in advance the wording and sequence of questions for the interview.

Unstructured or in depth interviews, on the other hand, are flexible and come with flexible questions (Tracy, 2012: 139). This approach permits the interviewer boundless freedom to ask extensive questions in ways that appears applicable (McMillian & Schumacher, 2010). The interviews which are to be conducted in the natural setting of the participant will facilitate rapport and enable the researcher to gain in-depth understanding of how teachers attribute meaning to their work experiences and the challenges that emanate from it. Crotty (cited in Creswell (2003: 9) stated that "The basic generation of meaning is always social, arising in and out of interaction with a human community". The data collection technique to be used in this study is interviewing. Maree (2010: 87) describes interview as a reciprocal dialogue that involves gathering of data from participants by the interviewer in order to understand their assumptions and behaviors. Semi-structured interviews are flexible and the researcher does not have to adhere to the interview guide, this allows participants to bring in issues that are not anticipated (McMillian & Schumacher, 2010: 356).

One-on-one interviews: As Patton (1990) cited in Human, (2006:199) stated that the purpose of interviewing is to find out what is in someone else's mind. The interview study was to be an in-depth analysis of the current situation of experiences of people with disability, service provision in academic area and social relation of people with disability at this particular in Rwandan churches. This is confirmed by Human (2010:66) and he said that qualitative interviews can be used to yield descriptive and explanatory data. Patton (2002) cited in Best and Kahn (2006:185) and point out that interviews simply serve as a basic checklist during the interview to make sure that all relevant topics are covered.

3.5 Data analysis

Data analysis is described as structured and flexible (Hennink *et al.*, 2011:205). For Grbich (2007:25) data analysis is an on-going process, which simply entails tracking and checking data to see what they are telling us, which areas need to be followed up; and interrogating the data to see where they are leading the researcher. The analysis of data in this study was a continuous and reflective process. All the interviews were recorded individually and transcriptions made verbatim. The researcher was able to look for consistencies and contradictions from the different interview responses, and themes as well as sub-themes to be constructed.

3.6 Reliability and Validity

Validity and reliability are important quality measures of every research. The main question regarding qualitative study is how to make sure that the conclusions made by the researcher are valid and trustworthy (Przeworski and Salomon, 1988 in Maxwell, 2013: 121-122). In interviews, inferences about validity are made too often on the basis of face validity (Cannell and Kahn 1968), that is, whether the questions asked look as if they are measuring what they claim to measure (Cohen et al., 2007: 150).

Reliability: Reliability is the degree to which an assessment tool produces stable and consistent results. Test-retest reliability is a measure of reliability obtained by administering the same test twice over a period of time to a group of individuals. The idea behind reliability is that any significant results must be more than a one-off finding and be inherently repeatable. Therefore, in this research study the principle of reliability

will be highly considered. Hitchcock and Hughes (1989) argue that because interviews are interpersonal, humans interacting with humans, it is inevitable that the researcher will have some influence on the interviewee and, thereby, on the data (Cohen et al., 2007: 150). I was able to check whether the participants' statements and opinions are properly understood. One way of controlling for reliability is to have a highly structured interview, with the same format and sequence of words and questions for each respondent (Silverman, 1993). However, controlling the wording is no guarantee of controlling the interview (Cohen et al., 2007: 150).

Validity: Validity encompasses the entire experimental concept and establishes whether the results obtained meet all of the requirements of the scientific research method. Validity refers to the issue of whether an indicator, that is devised to point a concept, really measures that concept truthfully. In other words, it refers to the bridge between a construct and the data (Bryman, 2004; Neuman, 2007). To increase trustworthiness of the results Maxwell suggests making specific solutions useful for minimizing validity threats within the context of a particular study (Maxwell, 2013: 124). The issues of reliability do not reside only in the preparations for and conduct of the interview; they extend to the ways in which interviews are analyzed. (Cohen et al., 2007).

To increase dependability in qualitative research, Yin suggests to make steps operational as much as possible by precisely documenting the undertaken procedures (Yin, 2014: 49). With this concern, I was able to carefully document the fieldwork details in the study report. According to Yin, "specific ethical considerations arise for all research involving human subjects" (2014: 77). As research in social sciences, particularly in education, always relates to humans, ethical considerations become vital. By emphasizing and addressing ethical concerns, educational researcher show respect for research participants, protects them from possible harm and honors their contribution (Gall, 2007: 69).

3.7 Ethical Clearance

The research and research findings are only for academic purpose and this was strongly emphasized by the researcher.

4.1 Data Presentation, Analysis and Discussion Of Findings

The study aimed at assessing the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.. The previous chapter presented the research methodology. Aspects discussed in the research methodology included: research paradigm, research design, the qualitative approach, the survey design, population, sample, instrumentation, procedure, data analysis, validity and reliability and ethical issues. The research was interested to discover whether people with disabilities are benefiting from attending Rwanda churches. During research, it was observed that preachers of the Gospel of our Lord Jesus Christ do not have deep understanding of how people with disabilities should perceive the gospel in the church. .

Therefore. This chapter focuses on the findings that were obtained through one-on-one interviews, focus group discussion and observation with the selected participants. As Patton (1990) cited in Human, (2006:199) stated that the purpose of interviewing is to find out what is in someone else's mind. This was put into consideration to obtain deep information for the qualitative component of the present research. All areas and targeted elements were covered during this study to make the findings more reliable. Patton (2002) cited in Best and Kahn (2006:185) and point out that interviews simply serve as a basic checklist during the interview to make sure that all relevant topics are covered. The specific research questions of the study are answered by using the opinions, experience, attitude, perceptions of respondents namely people with disabilities, preachers to people with disabilities. The explanation of the research findings is presented in this chapter in a form of themes and sub-themes that emerged from the data analysis and supported by the recurring extracts from the participants' utterances and literature.

4.2 Biographical variables of the Research Participants

GENDER	AGE	NUMBER S	QUALIFICATIO N	EXPERIENCE	PRESENT RESPONSIBILIT Y

MALE	37-40	10	Bachelor's Degree	8 years (skilled)	Pastor
FEMALE	33-38	20	Bachelor's Degree	5 years (not skilled)	Preacher
TOTAL		40			

The above table shows the number of respondents (Pastors and Preachers) in Rwandan churches. The research revealed that all respondents do not have skills and knowledge in dealing with people with learning disabilities. They only preach and care for those who are able to listen, see and talk.

4.3 People with disabilities attending Rwandan churches. (20 churches were visited)

DESCRIPTION	MALE	FEMALE
AGE	5-60	5-60
NUMBER OF PEOPLE WITH DISABILITIES	40	34
TOTAL NUMBER		= 74

The table above shows that in 20 churches visited 40 male churches members were found with disabilities. 34 female church members were found with different forms of disabilities. The total of identified people with disabilities was 74. The issue was that preachers and pastors in the churches visited had no any special plan for the disabled people.

This research study was guided by four specific objectives and each of the objectives is discussed according to the data found.

The specific objectives of this study were the following:

- 1) Identifying technologies used in preaching and ministering to people with disabilities in Rwanda churches.
- 2) Identifying technologies used by people with disabilities attending Rwandan churches.
- 3) Assessing pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities.
- 4) Determining pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

4.4 Data Presentation And Analysis

4.4.1 Technologies used in preaching and ministering to people with disabilities in Rwanda churches.

The research revealed that, all churches in Rwanda do not have a special preaching strategy for people with disabilities. Attending churches seem to be only for people who do not have forms of disabilities. This has been considered as a factor as to why people with disabilities stay home on Sunday when others go for church services.

It was revealed that, ICT tools being used are not favoring people with visual, hearing and mental impairments. ICT tools used in Rwandan churches today are:

1) PIANO KEYBOARD



2) A MICRO PHONE



4.4.2 Technologies used by people with disabilities attending Rwandan churches.

During this research study, it was revealed that in Rwandan Churches there are no ICT tools being used by people with disabilities. The few who manage to attend just sit and warm chairs and later go back home as they came. Their attendance to church service has no significant meaning into their lives.

4.4.3 Pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities.

It was revealed that, all pastors and preachers in Rwandan churches have no skills and knowledge about preaching and ministering to people with disabilities. This has forced them to ignore such category of people and yet they also have to be part of the body of Christ. People with disabilities are considered as seekers of help and financial assistance in church instead of being in church seeking God. Because pastors lack knowledge of interpreting disabilities of people around them, they end up asking God to perform miracles.

4.4.4 Pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

During the study, it was emerged that, all churches that were visited do not have qualified pastors and Gospel preachers in the area of special needs education and do not have the needed skills and knowledge as far ministering to people with disabilities is concerned. When pastors enter the church get surprised to see people with special learning needs and yet they do not have any way to facilitate their learning. Therefore, the research has revealed that pastors and gospel preachers lack knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

5.0 Summary, Interpretations, Conclusion And Recommendations

5.1 Introduction

This chapter serves as a wrap-up of the whole study. It provides an overview, interpretations and recommendations. It also carries closing statements on the main findings of the research and makes suggestions for further research.

This study focused on the following major objectives: Identifying technologies used in preaching and ministering to people with disabilities in Rwanda churches. Identifying technologies used by people with disabilities attending Rwandan churches. Assessing pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities. Determining pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

5.2 Summary of the findings

The preceding chapter presented detailed analysis and discussion of the findings that resulted from the extensive data collected in this study through individual interviews and observations.

5.2.1 Findings on technologies used in preaching and ministering to people with disabilities in Rwanda churches.

It was revealed that, ICT tools being used are not favoring people with visual, hearing and mental impairments. ICT tools used in Rwandan churches today are just mainly two tools: A piano Keyboard and Microphones. These ICT tools are just for music which do not really help people with disabilities get a message preached by pastors in the church. Some were found dancing in church because have seen other members dancing. People with disabilities dance without even hearing the sound of the music. This makes a hard and bad experience.

5.2.2 Findings on technologies used by people with disabilities attending Rwandan churches.

During this research study, it was revealed that in Rwandan Churches there are no ICT tools being used by people with disabilities. The few who manage to attend just sit and warm chairs and later go back home as they came. Their attendance to church service has no significant meaning into their lives.

5.2.3 Findings on pastors' knowledge and skills in using ICT in their gospel preaching to people with visual and hearing disabilities.

All pastors and preachers in Rwandan churches have no skills and knowledge about preaching and ministering to people with disabilities. This has forced them to ignore such category of people and yet they also have to be part of the body of Christ. People with disabilities are considered as seekers of help and financial assistance in church instead of being in church seeking God.

5.2.4 Findings on pastors' knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

The research has revealed that pastors and gospel preachers lack knowledge and skills in integrating ICT in preaching to people with disabilities in Rwandan churches.

5.3 Contribution Of The Study

The current study is the first of its kind to assess The usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. This study has made a significant contribution by generating evidence on the factors that affect the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

The research highlights the work of Dufour and Eaker (1998) and Levine and Shapiro (2004) who state the attributes of a professional learning community include developing a shared vision and values that lead to the collective commitment of school staff, which is expressed in day-to-day practices (pedagogy), actively seeking solutions to learning challenges, and having an openness to new ideas, working in teams with cooperation to achieve common goals. Through this work, it is hoped that the encouragement of experimentation as an opportunity to learn will lead to an ongoing quest for improvement and professional learning in which to improved outcomes for all students in the mainstream setting.

The knowledge will go a long way in assisting and supporting various stakeholders such as Bishops, Pastors, Evangelists, Church administrators, parents, people with disabilities, policy makers and the community at large to develop ways of improving the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. The findings will bring more life in the preaching of the gospel to people with disabilities attending Rwandan churches. As Dewey (1933) stated, "Education is a social process; ... education is growth; ... education is not a preparation for life but is life itself" (p. 37).

Further studies on the same topic could use this study as a springboard for future references and consultations. The research findings for the Usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches can be adapted for use in all Rwandan churches and in Africa in general.

5.4 Recommendations

Based on the findings of this study and the literature review, the researcher is able to make some recommendations for overcoming all the barriers faced by pastors when preaching the gospel in Rwandan churches. Recommendations given by the research will also help to improve on the usability of ICT technologies in the preaching and ministering to people with disabilities so as to improve on their live experience in churches.

5.4.1 Recommendations for Immediate Action

A Church of all and for all

This interim statement has outlined ideals to which every society might wish to aspire. It assumes that with increasing standards of health care, people with disabilities will be so valued, accorded equality with all, cared for in the community and not in institutions or on the margins of economically competitive societies. In such regimes of provision, rehabilitation may be less important than the achievement of a certain quality of life. Such care in the community is very expensive and is, at present, beyond the means of some societies. It may even become unsustainable in political climates which espouse low-tax economies. True care in the community tends to view disabled people in a holistic way, as this statement has attempted to show, but rehabilitation often has to focus on specific problems of impairment thus reinforcing the medical model of disability. Rehabilitation may reduce care costs and offer the possibility of a livelihood and a place in society. The fight for quality and rights tends to be encouraged by those disabled people who have no need of high dependency or who have been enabled by its services to join the articulate pressure groups seeking equality and social justice.

Whether the church is involved in provision of care, rehabilitation, chaplaincy or ministry to or with disabled people, it must recognize the central assumptions of equality and dignity within the Christian message and promote it at the fore all its work.

The church is by definition a place and a process of communion, open to and inviting all people without discrimination. It is a place of hospitality and a place of welcome, in the manner that Abraham and Sarah received God's messengers in the Old Testament (Gen. 18). It is an earthly reflection of a divine unity that is at the same time worshipped as Trinity. It is a community of people with different yet complementary gifts. It is a vision of wholeness as well as of healing, of caring and of sharing at once.

Just as the body is one and has many members so it is with Christ. (1 Cor 12:12) We all accept and proclaim that this is what the church is and stands for. It is the basis of our unity as Christians. Then why is it that, all too often, certain people among us and around us (usually those whom we consider as being unfamiliar or as strangers, as different or perhaps disabled) are marginalized and even excluded? Wherever this happens, even by passive omission, the church is not being what it is called to become. The church is denying its own reality. In the church, we are called to act differently. As St Paul says, the parts of the body which seem to be weaker (we should notice that he does not say "actually are weaker") are indispensable (1 Cor 12:22). When we think of people with disabilities, too often we tend to think of people who are weak and require our care. Yet, in his epistles, St Paul implies that weakness is not a characteristic of an individual or a particular group, but of the entire church. Disability does not affect only certain individuals, but involves all of us together as the people of God in a broken world. It is our world that is shattered, and each of us comprises one small, fragile, and precious piece. We all hold the treasure of God's life in earthen vessels (cf. 2 Cor 4:7). Yet we hold it; and, what is more, we hold it together. In our attitudes and actions toward one another, at all times, the guiding principle must be the conviction that we are incomplete, we are less than whole, without the gifts and talents of all people. We are not a full community without one another.

Responding to and fully including people with disabilities are not an option for the churches of Christ. It is the church's defining characteristic. Interdependence is the key here. Even though the secular world stresses independence, we are called to live as a community dependent on God and on one another. No one of us should be considered a burden for the rest; and no one of us is simply a burden-bearer. "We all bear one another's burdens in order to fulfill the law of Christ" (Gal 6:2). Perhaps it is the starting point in our attitude and in our response that requires redirection at this point.

Perhaps we should consider not simply the particular needs, but also the unique gifts of all people in the community. In another passage on the church as the Body of Christ, St Paul writes: "For as in one body we have many members, and not all members have the same function, so we, though we are many, are one body in Christ, and individually we are members one of another ..."

Every child and every adult, those with disabilities and those without disabilities alike, will bring specific and special gifts and talents to the church. This is the challenge addressed to us all. Thus we can truly be A Church of All and for All - a church which reflects God's intention for humankind.

May we who are made in your image, O God, mirror your compassion, creativity and imagination as we work to reshape our society, our buildings, our programmes, and our worship so that all may participate. In you we are no longer alone, but united in one body. Trusting in your wisdom and grace, we pray gratefully in Jesus' name.

Therefore, there is a need to come up with specific policies and a program that governs the preaching made by pastors in Rwandan Churches to benefit people with disabilities. Taylor (2000); Waddell (2000), computers can improve independent access for students to education. The following ICT technologies can be introduced in Rwanda churches to ease pastors' work when preaching. The tools recommended for use will facilitate the preaching process and people with disabilities will have to benefit from attending churches.

Perkins Braille: The Perkins Braille is a "braille typewriter" with a key corresponding to each of the six dots of the braille code, a space key, a backspace key, and a line space key. Like a manual typewriter, it has two side knobs to advance paper through the machine and a carriage return lever above the keys. The rollers that hold and advance the paper have grooves designed to avoid crushing the raised dots the brailleur creates. Although braille notation was designed for people who are blind or visually impaired to read, prior to the introduction of the Perkins Brailleur, writing braille was a cumbersome process. Braille writers created braille characters with a stylus and slate (as developed by Louis Braille) or by using one of the complex, expensive, and fragile braille writing machines available at the time. Braille is the foremost tactile reading and writing system and is considered the primary means by which people who are blind can become literate (Napier, 1988; Schroeder, 1989; Stephens, 1989). It is a basic medium of communication and has been an essential component of programs that educate children who are blind.



Slates: During the study, it was observed that, learners with learning disabilities (visually impaired in Rwanda secondary schools do use slates while typing and copying notes for their self-study. A slate is a thin piece of hard flat material, such as the rock also called slate that is used as a medium for writing. The rock is "a metamorphic rock created by the recrystallization of the minerals in shale from clay to parallel-aligned, flat, flake-like minerals such as mica". The writing slate consisted of a piece of slate, typically either 4x6 inches or 7x10 inches, encased in a wooden frame. A precise date range for writing slates of this type has not been established. Usually, a piece of cloth or slate sponge was used to clean it and this was sometimes attached with a string to the bottom of the writing slate. The writing slate was used by children in America in one-room schoolhouses to practice writing and arithmetic during classes or at home and in multi-room schools until the twentieth century. The writing slate was sometimes used by industry workers to track

goods and by sailors to calculate their geographical location at sea. Sometimes multiple pieces of slate were bound together into a "book" and horizontal lines were etched onto the slate surface as a guide for neat handwriting.

Variable Speed Recorders

Everyone has a different learning style, and many students struggle with understanding auditory lectures. For these students, a variable speed recorder is an ideal solution. In essence, the student just has to hit record while they are in class. Afterward, the recording can be slowed down or sped up for the student to listen to it again and again. If the pitch of the recording is hard to understand, students can modify the pitch up or down to make their lectures more accessible.

Videotaped Social Skills

Autistic children and other children with learning disabilities may struggle to figure out normal social interactions. In the past, the most common way to learn social interactions was to practice them. Unfortunately, many children inadvertently behaved inappropriately as they tried to learn what defined "normal" social interactions. With videotaped social interactions, students can learn important life skills and social behavior without accidentally offending someone. In addition to interpersonal skills, these videos can work for self-help, linguistic, academic and emotional problems as well.

Learning disabilities can manifest in a variety of different ways. From mild disabilities to debilitating problems, these disabilities affect the student's ability to learn and take part in a classroom. Unfairly stigmatized in popular culture, it is now possible to use technology to overcome many learning disabilities. From offering students ways to slow down the lecture to providing talking calculators, these technological devices are able to meet the student's unique needs. With help, students can become the competent, exceptional individuals that they already have the potential to be.

5.4.2 Recommendations for further Action

5.4.2.1 Pastors' knowledge and skills in using technology.

Basing on the findings of the research, there is a need to train pastors who are preaching the gospel of our Lord Jesus Christ to people with disabilities. In all that were visited, it was observed that pastors do lack knowledge and skills in using technology in church. The gospel preachers do will and are committed to preach to people with learning disabilities but needs to be trained on how to use Assistive technologies such as braille machines and produce documents to church members. Rwanda Interreligious council as a board in charge of Churches should find a persistent approach to train pastors in inclusive church ministering to attain knowledge and skills in using technology. If this is done, the Christian experience of people with disabilities will be improved.

5.4.2.2 Pastors skills in facilitating ICT to students with and without disabilities

Pastors are the pillars for effective Gospel preaching. No one can give what he does not have. Therefore, it was observed that, pastors are lacking skills in facilitating ICT to people with and without disabilities. There is a need to improve pastors' skills and knowledge through trainings, provision of ICT technologies for learners with learning disabilities to them and so by practicing on the available technologies they will gain knowledge and skills. The Ministry of education and Rwanda Education Board should pullout socks and devise means of training pastors a least every six months so that people with disabilities benefit a lot when attending Rwandan churches

5.4.2.3 Pastors skills in integrating ICT in teaching and learning.

Rwanda as a developing country still face a lot of challenges as far as teaching learners with learning disabilities is concerned. The government of Rwanda through the Ministry of Education and Rwanda Education Board should work closely with the Ministry of Technology and Innovation to come up with solid support to make the integration of ICT technologies a success in the teaching and learning of learners with learning disabilities. Pastors cannot make a good move as far as ICT integration in preaching and ministering to people with disabilities is concerned without support from the government and ministries in charge of teaching and learning in the country.

5.4.2.4 Availability of Assistive Technologies in Churches

There is a need for the government to provide ICT technologies in churches. The government should find a way of getting and circulating assistive technologies to all Rwandan churches and make tools available for pastors training, day to day practice and for the learners use. Once churches get assistive technologies that are relative to the nature of disabilities admitted will improve the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

5.5 Recommendations For Further Study

The current study was narrowed to only churches in Kigali. A more comprehensive study executed nationally in Rwanda would establish the challenges in the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. This would create a solid base for passing clear mandatory policy and legislation on the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches. The current study did not include parents, local administrators, districts leaders, as participants for inclusive education in the collection of data; it therefore recommends the inclusion of parents, local administrators, districts leaders, as participants for further research in the usability of ICT technologies in enhancing gospel preaching to people with disabilities in Rwandan churches.

The church is a place where all are welcomed as they are, beloved children made in the image of God. As a result, the church must be careful not to label individuals or groups of people in terms of lack or brokenness.

Words such as disabled, handicapped and retarded define individuals by what they don't have rather than what they do have. The church's role is one of loving embrace that says to all that they are full of dignity and worth, uniquely gifted for service and ministry in the body of Christ.

If this is the church's calling, then labels have no place. So what are the linguistic alternatives? One church has embraced the language of "people who experience disabilities" to describe the disability as part of the individual, but not all of who he/she is. The language defines the individual by his or her experience. Others have proposed "differently abled" as another alternative to describe those who are quite capable of accomplishing a particular task or performing a particular function, only in a different manner (*The American Heritage Book of English Users*, 1996). The bottom line in choosing our language is sensitivity.

We must be sensitive in our descriptions of people with disabilities, even to the extent that we not include those who don't describe themselves in such terms. People with disabilities must name themselves.

Accessibility

The church must evaluate its practices and facilities on the basis of whether or not they include or isolate. For example:

Worship. How sensitive is your church during its worship services to those who have visual or hearing disabilities?

Are large-print hymnals and enlarged worship orders available? What about hearing aids or sign language translation? How accessible is the platform, pulpit, or choir loft to those with physical disabilities? What about baptism and the Lord's Supper? Are people with disabilities full participants in these sacraments?

Church facility. Are ramps, elevators and lifts a part of the church's physical plant? Are bathrooms and classrooms easily accessed? What about handicap parking? Are provisions made to transport people from parking lot to the building? Does the church bus or van have wheelchair capabilities?

Although accessibility seems to be a practical issue, it also is a theological one. When the church prohibits individuals from its facilities, rituals and practices, the church is making a statement about God.

Education

Educate, educate, educate – you can never overdo it! Church leaders must take every opportunity to expose the church to the issues that people with disabilities confront. There is a great deal of misinformation about certain disabilities. Parents and other family members of people with disabilities are often the best sources for information. They are the ones dealing with the issues daily. They are the ones working with therapists, public educators and in support groups. They are the ones with the greatest experience and insight to offer

the church. Sunday school and other teachers, and even the family sitting on the pew next to the child with a disability, have much to learn. Some churches have even sought the benefit of inclusion specialists and other professionals outside the church to provide insight and guidance into the church learning environment.

Theological questions

These and other obstacles may prevent individuals with disabilities and their families from seeking a support system they so desperately need. Families are often asking hard, sometimes theological questions about their situation: Why did this happen to us? Why did God allow this? As a result, the church's role is to help make sense or meaning of life — or at the very least, walk alongside them in their questions. In many cases, the church is a place where families and individuals can grieve a perceived loss. In addition, many families feel overwhelmed by the demands of caregiving. “For many families who have suffered great traumas, the message that each family unit is not meant to do everything in life by itself may be just what they need to hear” (*Dancing with Disabilities: Opening the Church to All God's Children*, Brett Webb-Mitchell, p. 67-68). It is the church's role to provide a safe place where individuals with disabilities and their families can receive acceptance and support. It is the place where they are looked at with love and grace, instead of shame and embarrassment.

Reciprocally, these obstacles that exclude people with disabilities also may prevent the “rest of us” from a great blessing. The barriers the four friends faced in the Mark 2 story not only stood in the way of the one man's healing, but they also hindered worship for the crowd that gathered. It was not until these hurdles were overcome that both the man and the crowds were transformed. “And he stood up, and immediately took the mat and went out before all of them; so that they were all amazed and glorified God, saying, ‘We have never seen anything like this!’” (Mark 2:12)

In consideration of the current existential problem facing people with disabilities, the research project calls for a change in perception towards such people. We need to cultivate a positive approach that would safeguard the life of the people with disabilities. When a family or mother is confronted with the birth of a disabled child, the family option would be to take the child to a nearby health center or social welfare institution, where she could openly express her dissatisfaction with the child. The mother ought to present her financial condition, which shows that she is of sustaining, incapable the life of the child. People ought to be free enough to express their position, that they do not have the wish to keep the child, even if they have the resources available.

It is better to hand over the child to those who have the technical knowledge and expertise instead of abandoning or dumping the child. It is a criminal offence to discard a child. The children who are abandoned ought to be taken to institutions which that would keep them child safe. Abandoning, dumping, or killing the child, are all forms of violence towards children. Once a person commits such crimes, it becomes difficult to have a sense of guilt and remorse. In such a case, there is a spiral of violence and violence breeds more violence.

5.6 Conclusion

Finally, it can be concluded that gospel preachers in Rwanda, lacked training in the in how to preach to people with disabilities. The findings indicated that most of the gospel preachers and church administrators do not have the expertise or skill to assist people with disabilities attending their churches. It can also be concluded that pastors in Rwandan churches are not adequately trained to identify people with disabilities in their churches and how to assist them.

Acknowledgement

I am grateful to the almighty God for the gift of life and whose divine guidance has encouraged me in my academic career. I am very grateful for the entire management of Northwestern Christian University for making this work successful and effective.

Be blessed always by our Lord Jesus Christ.

Abbreviations and Acronyms

.PWDs: People with Disabilities

ICT: Information and Communication Technology

UPIAS: Union of the Physically Impaired against Segregation's

INDS: Integrated National Disability Strategy

WHO: World Health Organization

UNESCO: The United Nations Educational, Scientific and Cultural Organization

AC: Accessible curriculum

SMD: Social model of disability

AT: Assistive technology:

CT: Capability Theory

Bibliography

1. Abbott, C. and Cribb, A. (2001). Special Schools, Inclusion and the World Wide Web: The Emerging Research Agenda. *British Journal of Educational Technology (BJET)*, 32 (3), pp. 331-342.
2. ACE Centre Advisory Trust (1999). Catchnet: The Use of Telecommunications Technology to Provide Remote Support and Training to Young People with Access Difficulties. ACE Centre Advisory Trust. Online: <http://www.ace-centre.org.uk/download/catchreport.doc>
3. Acedo, C, Amadio, M & Operti, R (eds) 2008, Defining an Inclusive Education Agenda: Reflections around the 48th session of the International Conference on Education. UNESCO. [O]. Available: unesdoc.unesco.org/images/0018/001868/186807e.pdf (Accessed 09/25/2010).
4. Adams, KS & Proctor, BE 2010, 'Adaptation to College for Students with and Without Disabilities: Group Differences and Predictors', *Journal of Postsecondary Education and Disability*, Vol. 22, NO. 3, pp. 176-202.
5. Adams, M & Holland, S 2006, 'Improving access to higher education for disabled people' In Mike Adams and Sally Brown (eds), *Towards Inclusive Learning in Higher Education: Developing curricula for students with disabilities*, London: Routledge, pp. 10-22.
6. Adeyemi, T. O. (2011). The Impact of information communication and technology (ICT) on the effective management of Universities in South-west Nigeria. *American Journal of Social and Management Sciences*, 2(3), 248-257.
7. Adeyemi, T.O. & Olaleye, F.O. (2010) Information Communication and Technology (ICT) for the Effective Management of Secondary Schools for Sustainable Development in Ekiti State, Nigeria. *American-Eurasian Journal of Scientific Research* 5 (2): 106-113
8. Ainscow, M 1999, *Understanding the Development of Inclusive Schools*, Falmer Press, London.
9. Ainscow, M, Both, T. and Dyson, A 2006, *Improving Schools, Developing Inclusion*, London and New York: Routledge.
10. Nyambura, S. & Ong'eta, W. (2013). Use of ICT to Promote Access and Participation of students with disabilities in higher Education. In Churu, B. and Soko, J. (Eds.). *Proclaiming the Good News in Joyful Service and Hope*. Silver Jubilee Publication. Tangaza Occasional Papers. Paulines Publication
11. Akker, J. (2003). Curriculum Perspectives: an Introduction', In, J Akker, U Hameyer & W Kuiper (eds), *Curriculum landscapes and trends*, Dordrecht, Kluwer Academic Publishers , pp. 1-10.
12. Al rubiyea, A.I. (2010). Children with special needs in the Kingdom of Saudi Arabia: Their needs and rights (PhD thesis). University of Leicester, Leicester.
13. Al Shamsi, S., Talhami, H., & Shaalan, K. (2006). Teaching children with Down syndrome pronunciations using speech recognition. *Proceedings of the Ninth IASTED International Conference Computers and Advanced Technology in Education*, October 4–6, 2006, Lima, Peru (pp. 146-153).
14. Albert B. 2004, Briefing Note: The social model of disability, human rights and development, Disability Knowledge and Research. [O]. Available: www.disabilitykar.net (Accessed on 02/19/2012).
15. Ali, MA & Yusof, H 2011, Quality in Qualitative Studies: The Case of Validity, Reliability and Generalizability, *Issues in Social and Environmental Accounting*, Vol. 5, No. ½, pp. 25-64.

16. Al-Kindi, S.G., Al-Juhaishi, T., & Saffar, A.J. (2012). Community Attitudes towards People with Down's syndrome: A Sample from Iraq. *Public Health Research*, 2(4), 102-105. <http://dx.doi.org/10.5923/j.phr.20120204.06>
17. Allan, J & Clarke, K 2007, 'Nurturing Supportive Learning Environments in Higher Education Through the Teaching of Study Skills: To Embed or Not to Embed?', *International Journal of Teaching and Learning in Higher Education*, Vo.19, No.1, pp. 64-76. [O]. Available: <http://www.isetl.org/ijtlhe/> (Accessed on 02/22/2012).
18. Alquraini, T. (2010). Special education in Saudi Arabia: Challenges, perspectives, future possibilities. *International Journal of Special Education*, 25(3), 139–147.
19. Altbach, PG, Reisberg, L & Rumbley, LE 2009, *Trends in Global Higher Education: Tracking an Academic Revolution. A Report Prepared for the UNESCO 2009 World Conference on Higher Education* UNESCO, UNESCO. [O]. Available: <unesdoc.unesco.org/images/0018/001831/183168e.pdf> (Accessed on 11/18/2011).
20. ABBERLEY, Paul 1987 "The Concept of Oppression and the Development of a Social Theory of Disability." *Disability, Handicap and Society* 2.1 (1987): 5-19.
21. ABRAMS, Judith Z. 1998 *Judaism and Disability: Portrayals in Ancient Texts from Tanoch through Bavli*. Washington DC: Gallaudet University Press.
22. ADAMS, James Luther 1971a "The Protestant Ethic with Fewer Tears." In *In The Name of Life: Essays in Honour of Erick Fromm*, pp.174-190. Edited by Bernard Landis and Edward S Tauber. New York: Holt, Rinehart and Winston.
23. ADAMS, James Luther 1971b "The Voluntary Principle in the Forming of American Religion." In *The Religion of the Republic*, pp.217-246. Edited by Elwyn A. Smith. Philadelphia: Fortress Press.
24. ADLOFF, Frank 2007 "Civil Society, Civic Engagement and Religion: Findings and Research Problems in Germany and the US." In *Civil Society, Civic Engagement and Catholicism in the US*, pp.63-92. Edited by Antonius Liedhegener and Werner Kremp. Trier: Atlantische Akademie.
25. by Antonius Liedhegener and Werner Kremp. Trier: Atlantische Akademie.
26. AGER, A. & HATTON C. 1999 "Discerning the Appropriate Role and Status of 'Quality of Life' Assessment for Person's with Intellectual Disability: A Reply to Cummins." *Journal of Applied Research in Intellectual Disabilities* 12.4 (1999): 335-339.
27. ALESINA, Alberto "Participation in Heterogeneous Communities."
28. & LA FERRARA, Eliana 2000 *Quarterly Journal of Economics* 115.3 (2000): 847-904.