



## Exploring barriers to learning hindering Learners with albinism' academic achievement at schools in the Masvingo district in Zimbabwe

Margaret Machingambi

Faculty of Education,

Department of Inclusive and Special Needs Education,

Great Zimbabwe University, Zimbabwe

Primary author: [maggiemachingambi@yahoo.co.uk](mailto:maggiemachingambi@yahoo.co.uk)

**Abstract** – This study explores the barriers to learning that hindered the academic achievement of learners with albinism in inclusive schools in the Masvingo district in Zimbabwe. These include lack of sunscreen lotions, learning equipment, peer inequality, parental involvement, peers' unacceptance, protective clothing, and inclusion in mainstream schools. A qualitative case study approach was employed in this study. Ten participants were purposively selected. All the participants were from four different High Schools in Masvingo District. Semi-structured interviews were conducted during data collection. Thematic analysis was used to analyse data. The results revealed that Learners With Albinism (LWA) lack sunscreen lotions and adequate learning equipment, peers do not accept them, stigmatisation, and they have unequal feelings. Furthermore, LWA lacked parental involvement, sufficient safety provisions, and sharing of confidential information. The findings also revealed that negative attitudes of teachers, abuses from the community, poor quality family care, and LWA face challenging moments. All the findings mentioned above are barriers that hinder their academic achievements. This study recommends the government supply sunscreen lotions to LWA, provide school learning equipment, and sponsor psychosocial support camps.

**Keywords:** Hindering, Stigmatisation, Academic achievement, Confidential information

To cite this article (APA): Machingambi, M. (2023). Exploring barriers to learning hindering learners with albinism' academic achievement at schools in the Masvingo district in Zimbabwe. *International Journal of Studies in Psychology*, 3(1), 28-37. <https://doi.org/10.38140/ijpspy.v3i1.901>.

### I. INTRODUCTION

LEARNERS With Albinism (LWA) experience many barriers to learning in inclusive schools; as a result, they are not provided real learning opportunities. Various barriers can create barriers to educational inclusion to LWA, participation, and attainment amongst LWA, including inadequate teacher training skills in inclusive education, teacher attitudes, and lack of resources to support inclusive education (Taneja-Johansson, Singal & Samson 2021). Sunscreen lotions are essential for LWA because they protect their skin from direct sunlight and reduce the development of skin cancer. Access to appropriate materials is crucial for all learners, particularly for LWA. LWA are at higher risk of abuse, neglect, sexual assault, and psychological abuse. LWA needed equal treatment in class, sunscreen lotions, adequate learning equipment, peer acceptance, sufficient safety provisions, and positive attitudes from teachers and peers. They also need protection from community abuses. If their needs are unmet, they develop low self-esteem, lack confidence and motivation, and expect academic achievements.

#### Lack of knowledge among stakeholders

According to the United Nations International Children's Emergency Fund (UNICEF) (2011), ignorance about albinism among families and communities sometimes dictates the rationale for parents to unenroll their children in school due to the erroneous beliefs that are educating a child living with albinism believing is a waste of resources. It is important to note that LWA encountered various barriers at schools.

They faced a lack of knowledge among stakeholders. Some scholars found that teachers, school managers, and educational supervisors misunderstood LWA at schools in the African context (Ndomondo, 2015; Franklin, Lund, Bradbury-Jones, & Tylor, 2018). This insufficient knowledge of albinism could cause practical problems associated with living with albinism. People viewed albinism differently in schools and communities locally and globally. Some are placed in special schools, while others are enrolled in mainstream schools. The World Health Organization (WHO) (2011) mentioned in India, LWA are in special schools, and they fall under the responsibility of the Ministry of Social Justice and Empowerment, while their peers in mainstream schools come under the Department of Education in the Ministry of Human Resources Development. In Tanzania, LWA are placed from their family homes into special schools and camps to protect them (Burke, Kaijage & John-Langba, 2014).

The impact of this form of segregation on family life has received less attention because of its effect on the wellbeing of the children (Franklin et al. 2018). It is important to note that special schools have adequate facilities and support. However, LWA may prefer to attend special schools because of the fear of stigma or bullying in mainstream schools (WHO, 2011). The LWA could face discrimination. However, a study on inclusive education identified gender inequalities in the education of LWA in Malawi (Lynch, Luna & Massah, 2014). Despite albinism affecting boys and girls equally, twice as many boys as girls attended resource centres offering specialist support for their low vision, indicating a gender bias in accessing this service (Franklin et al. 2018). Girls with albinism face multiple discriminations and are often more disadvantaged than boys with albinism in similar circumstances.

The LWA risked developing skin cancer if they could not apply appropriate lotion cream on their body. In Zimbabwe, some children with albinism never had their skin examined by a health professional, and this happened only when they were babies. LWA should apply sunscreen and cover the skin with clothing to reduce the risk of sunburn.

The myths and beliefs played an important role in challenging LWA. Studies in Malawi, Nigeria, Uganda, Tanzania, South Africa, and Zimbabwe reflected superstitions, thoughts, and myths surrounding LWA (Kajiru & Nyimbi, 2020). Some believed that if someone with albinism touched food, it would not be eaten by anyone else (Baker, Lund, Nyathi, & Taylor, 2010). Similarly, in Zimbabwe, after a person with albinism uses a cup, the cup must be broken, as though it has been contaminated (Baker et al., 2010). To avoid getting the condition, people believe they should spit as a response to seeing a person with a disability. This is buttressed by Baker et al. (2010), who stated that in Zimbabwe, after seeing a person with albinism, pregnant women spit on their stomachs, believing that the act would prevent their unborn babies from being born with albinism. The consequences of such beliefs lead to social isolation.

Teachers can fear teaching LWA because a lack of education and correct information about the condition in the local community inevitably increases the probability of teachers drawing on local myths in their approach to LWA (Miles, 2009; Baker et al., 2010). WHO (2011) commented that the attitudes of teachers, school administration, other children, and even family members affect the inclusion of LWA in mainstream schools. Poee-Money more, Mavundla & Christianson (2012) pointed out that access to appropriate educational support, including teachers with the knowledge of how to assist LWA, has been recognised as necessary in enhancing the self-esteem of LWA, promoting their personal development and growth, and creating a sense of belonging.

LWA continued to face social exclusion, which creates barriers to adequate health care, education, and employment opportunities. However, traditional beliefs are associated with albinism-initiated discrimination, stigmatization, and isolation of those children and their parents in the African context (Aldersey, 2012). These could affect the relationships between LWA and their peers in the community. In Ghana, LWA are viewed as non-humans and subjected to physical, emotional, and social abuses (Kassah, 2012; WHO, 2011). Other communities restricted LWA from participating in social activities (Hervie, 2013; Kassah, 2012) and hardly land social and political societal positions (Sackey, 2015). LWA are deprived of their right to live happily in society, so learning is affected (Hervie 2013).

In Tanzania, Fortin (2013) believes that LWA could bring luck if you hack off their arms, steal their blood, or even take their lives. Others believe their body parts can make portions that give users good luck and wealth (Ash, 2014). At the same time, few people believe that LWA are not infected with the human immune virus (HIV) (Tanzanian German Programme to Support Health, 2009; Mutsaka, 2020). Mutsaka (2020) reported that some people believe sleeping with them can cure HIV.

In the Zimbabwean context, traditional healers lie about albinism to HIV-positive men and claim that if they sleep with a woman with albinism, HIV/ AIDS is cured (Machoko, 2013). These myths result in cases of child rape, which affect LWA's education. Allen (2010) expresses that some children are taught to run away from LWA, saying they will eat them.

LWA had limitations in adaptive functioning, including living independently, communicating with others, and being responsible (American Psychiatric Association, 2013). However, laws in Africa and other continents seek to protect LWA, which needs to be implemented effectively (Alum, Gomez, Ruiz, & Hocus, 2009). There is a need to make a follow-up to see if the laws are enforced to protect LWA. Brocco (2016) agreed that there is an indication that the stigmatisation of LWA is represented by many denigrating labels that circulate widely in Africa. The standard terms used to refer to PWA are zeruzeru (ghost), mzungu (white person), and mwalbino (albino). Name-calling hurts LWA

(Baker, 2018; Ngalomba, 2016).

According to Bucaro (2010), some of the superstitious beliefs in Tanzania relating to the health issues faced by LWA included that albinism was a result of a curse or 'omens of disaster'. In Zimbabwe, albinism is seen as an unfortunate occurrence or a curse from avenging ancestral spirits at worst (Zimbabwe Albino Association, 2016; Machoko, 2013; Mutsaka, 2020). Mothers of LWA are often blamed for their child's condition and accused of infidelity with White people, carriers, or spirits (Franklin et al., 2018). Thus, many LWA are raised without the support of both parents, creating financial difficulties and inability to afford health care or education for their children (Bucaro, 2010). Phatoli, Bila, and Ross (2017) investigated myths and beliefs given to LWA at a university in South Africa. The findings revealed that stereotypes, thoughts, and lack of knowledge about albinism dramatically affected how students without albinism interacted with students with albinism in the study and viewed themselves and how they needed to present themselves to prove their worth (Phatoli, et al., 2017). Lund (2001) propounds that learners become cruel to other learners only because they are different. This form of discrimination was the most painful and unforgettable experience for LWA, especially teenagers looking for group interaction and acceptance (Tuso, 2015).

LWA had vision problems and required adequate learning assets. These problems include strabismus, photophobia, nystagmus, refractive errors, and low vision (Maurer, 2015). A study at a special school for LWA in rural South Africa identified that although the school had access to magnifiers and low-vision devices, they were only used in specific lessons such as map reading (Owoeye, Eaimo, Ottun-Eaimo & Adekalu (2023). This can make learning more difficult (Maurer, 2015).

Peers could not accept joining the group activities with LWA and isolated themselves because of myths and beliefs. This could affect their transition, and discrimination continues into adulthood (Franklin et al., 2018). This unacceptance could affect their self-esteem through group and team activities in outside spaces being denied (Owoeye et al., 2023). Literature has shown common misconceptions about albinism in Zimbabwe, South Africa, and Tanzania related to its contagious conditions (Baker et al., 2010; Nebre, 2018; Bradbury-Jones et al., 2018). Some learners avoid contact and sit next to LWA because they believe in myths and rumours about albinism (TGPSH, 2009). Children with albinism are prevented from mixing with other children because they fear their "disease" will spread (Bakers et al., 2010). Shaking hands can be particularly problematic in certain circumstances, such as at a funeral, where it is customary to shake hands as a sign of bereavement (Baker et al., 2010). Furthermore, some parents advise their children to stay away from LWA at school because they fear their children will contract albinism.

#### Parental attitudes

The attitude of parents, teachers, peers, and the community could affect the LWA's academic achievement in inclusive schools. WHO (2011) indicated that negative community attitude is reflected in the language used to refer to LWA. The social isolation of LWA can be confounded by the barriers they face to playing outside with other children and participating in outdoor activities at school (Franklin et al., 2018). Many scholars have researched factors affecting LWA in mainstream schools (Mukwena & Penda, 2018; Udongo, Bagonza & Namutebi, 2018; Adelakun & Ajayi, 2020). Most of these studies employed a qualitative approach, but all revealed that LWA are affected by their peers' negative attitudes. Most researchers found that if these negative experiences are removed, LWA will have a more excellent outlook on life.

This is supported by The Albino Foundation (2017), which states that parents deliberately neglect to educate CLWA, believing their employment chances are limited and, therefore, their education wastes resources. Baker et al. (2010) found that LWA remained excluded from education and employment. Lynch and Lund (2011) noted problems with the environment for LWA, including stigmatization by other learners. Furthermore, LWA are rejected by their families and

communities. School-age children with albinism often leave themselves out of extracurricular activities and social events in school (TGPSH, 2009). Studies reveal that discrimination is rampant in Malawi, Nigeria, Uganda, South Africa, Tanzania, and Zimbabwe (Braathen & Ingstad, 2006). In Zimbabwe and parts of Zambia, LWA attended mainstream schools where inclusion can be challenging (Franklin et al., 2018). LWA had the right to education in neighbourhood schools, so attention needs to be given to ensuring their needs are met within the mainstream settings. This can sometimes mean that minor adaptations to classroom layouts may be necessary, such as access to visual aids, but perhaps more fundamentally, a change in attitudes among teaching staff and other learners (Franklin et al., 2018). The WHO (2011) indicated that limited or inappropriate resources were significant barriers to ensuring inclusive education for LWA. In some families and communities, LWA are not seen as worth educating as they cannot contribute to society like others (Lynch et al., 2014). As a result, LWA could not be permitted to attend school. While LWA mixed well with their school peers, it takes a different dimension at the community level, with insults and name-calling being the major concern among LWA parents (UNICEF, 2011). However, some parents overprotect their CLWA, so they do not send them to school. Some LWAs face these experiences, which may affect their education and academic performance. The peers' attitudes could barrier LWA in schools. Selepe (2007) reported that peers called LWA different names, teasing and insensitivity as a language to dehumanize them. Some people tease to express affection (Selepe, 2007). These societal attitudes can determine their self-esteem (Lund et al., 2007).

#### **Stigmatization**

It is essential to consider that the stigmatization and labelling could cause a delay in academic achievement among LWA at schools. Baker (2018) further highlighted that stigmatization, bullying, and neglect could affect their ability to learn effectively and develop a positive sense of personal identity. When LWA are stigmatised by their peers and those peers have opposing beliefs, their behaviours and abilities can affect their self-efficacy, self-esteem, and motivation (Mueller et al., 2012). The negative attitudes of LWA towards them by teachers and peers make them feel inferior and worthless. LWA may feel bad due to low self-esteem, making it difficult to move out of this (JU & Amadi, 2020). These experiences of stigma can damage their identity and negatively affect their psychological and physical health. LWA can perform very well, just like their peers, if given adequate attention, resources, and destigmatisation. Furthermore, skin sensitivity problems can isolate them from participating in outdoor activities such as sporting activities, gardening, preventive maintenance of surrounding cleaning, and field trips due to sunburns (Mukwenda & Penda, 2018). The skin sensitivity problem deprives the LWA of boosting their confidence, social skills, communication, physical skills, knowledge, and understanding of the concepts. Outdoor activities help learners work cooperatively, develop a positive attitude to learning, and build essential life skills and better coping mechanisms. Skin sensitivity leads to social adaptation experiences of LWA.

#### **Teachers' attitudes**

Teachers play a vital role in the cognitive, social, and emotional development of LWA. Baker (2018) states that teachers could help them grow, learn, and realize their potential goals. Thus, teachers' attitudes might affect the inclusion of LWA in mainstream schools (Mukwenda & Penda 2018). Similarly, Ndomondo (2015) emphasized that these actions might interfere with the learners' learning and affect them socially and psychologically, leading to poor self-concept and lowered self-esteem, which further retard their ability to learn. Some teachers might accommodate who LWA required to learn effectively. With proper modifications, LWA can study in regular schools (Uromi 2014). Mukwenda and Penda (2018) pointed out that some teachers believe that they are not obliged to teach LWA because they were not trained in special education.

#### **Accessibility of sunscreen lotions by LWA**

The accessibility of sunscreen lotions plays a considerable role in the

life of LWA. The lack of access risks skin cancer (Couteau & Coiffard, 2015). LWA had no natural UV protection. Therefore, their skin is more sensitive to sunlight, and they develop sunburns (Couteau & Coiffard, 2015). LWA have sensitive skin that needs sunscreen lotions to protect them from sun's ultraviolet rays. Sunscreen lotions are essential as they might save their skin from the effects of direct sun. LWA are expected to use sunscreen lotions with a sun protection factor of 20 to 30 (Couteau & Coiffard, 2015). The effects of the sun on the skin are sunburns, dryness, and chapping on the lips (Couteau & Coiffard, 2015). LWA needed lip products with a sun screening agent to alleviate sun-induced damage to the lips (Lund & Talyor, 2008). Protection from the sun must start at birth and continue throughout life (Lund & Taylor 2008). Ruszkiewicz et al. (2017) mentioned that sunscreen application remains the primary strategy to prevent disorders inflicted by ultraviolet radiation. Therefore, LWA needed sunscreen lotions to protect their skin from the sun at school. Lund and Taylor (2008) point out that childhood is a high-risk time for ultraviolet-induced skin damage as these age groups have more time and opportunity to be outdoors in the sun. Sun exposure is particularly acute during leisure activities, and there is a balance to be found between sun protection and normal childhood activity (Lund, 2008). In Zimbabwe, there is limited access to sunscreen lotions. Although some learners come from families who could afford sun protection factor creams, these were unaffordable for lower-income families (Lund, 2008). LWA fail to access sunscreen lotions, sunhats, and other protective clothing that will ease their suffering due to Zimbabwe's high poverty levels and inequalities (Zimbabwe Albino Association, 2016). However, the South African government provides a generic SPF 15 sunscreen cream free of charge to PWA and LWA through regional hospitals (Lund & Taylor, 2008). Some of them are dependent on donors and well-wishers. United Nations Human Rights (2019) revealed that people with albinism complained that sunscreen lotions were costly for most of them and their parents.

#### **Social discrimination against LWA**

LWA are still misunderstood socially by most people. Nebre (2018) indicates that LWA are not seen as like others. LWA experienced significant discrimination in education, gender, health, and equality (United Nations for Youth, 2012). Teachers, peers, and community members see PWA as people who must be socially excluded from societal activities. PWA are associated with myths and beliefs, influenced by superstitions leading to marginalisation, discrimination, and social exclusion. Society expects and influences LWA to exclude themselves from educational institutions because they do not want them to mix with their children. Due to the different physical appearances, especially different skin, LWA are shunned by the rest of their community and are at an elevated risk of being abused and enduring harmful beliefs about the condition (Benyah 2017; Munyuzangabo, 2018). Ojedokun (2018) points out that the LWA suffer due to their colours. Peers call them names they do not like, such as 'white pig' because of their appearance. Brown (2015) commented that experiencing discrimination can provoke stress responses like post-traumatic stress disorder (PTSD). This is buttressed by the Zimbabwe Albino Association (2016), that LWA are still facing stigma and discrimination, resulting in them dropping out of school. LWA are discriminated against in health care and education because they are perceived as different and threatening to the status quo (Munyuzangabo, 2018). Their forms of discrimination are interrelated. Because LWA are seen as a disgrace, they lack access to health care (Nebre 2018). To achieve their education, they need medication, sunscreen lotions, and to visit the eye clinic since they have vision problems. Worldwide, LWA are ostracised and often have limited social and medical support because albinism is still profoundly misunderstood (Munyuzangabo, 2018). LWA had double vulnerabilities, which had adverse effects on them.

Social discrimination against LWA is common in many African countries, such as Tanzania, Malawi, Nigeria, Uganda, South Africa, and Zimbabwe (Bradbury-Jones et al., 2018; Braathen & Ingstad, 2006).

Discrimination and violence against albinism in Africa are entrenched in cultural and religious beliefs and practices (Benyah, 2017). Benyah (2017) avers that beliefs generate attitudes, which become rooted in society and influence people's way of doing things. Since some beliefs on albinism have been handed down or passed on through generations, there are no questions regarding them, and only a few people attempt to question their place in society. As these discriminatory beliefs and social attitudes have spread and are supported in social and medical institutions, LWA are pushed further to the margins of society (Munyuzangabo, 2018). Prejudice begins by stereotyping LWA by promoting negative beliefs about LWA based on myths and beliefs about albinism, leading to discrimination. Discrimination influences several aspects of LWA, such as educational opportunities and medical care.

LWA are isolated, discriminated and face violence in their communities. The main perpetrators who discriminate LWA are family members unwilling to share their food and clothes with the affected individuals (Nebre, 2018). Negative images are common in many societies, and discrimination is rampant in Zimbabwe. Nebre (2018) shows the difficulty of excluding themselves from anything in society. LWA are also faced with several barriers, including that they cannot have life experiences of feeling a bond or relationship with others among their non-supportive communities. Education and awareness campaigns can help to combat myths, beliefs, superstitions, stigma, and social discrimination against LWA. Discrimination is also said to impact dignity, self-image, and self-confidence negatively (Ojedokun, 2018). Previous studies were conducted with CLWA in African regions and their rights to 'being' and 'doing'. Franklin et al. (2018) established that the impacts of albinism are particularly serious in areas that associate albinism with legends and folklore, leading to stigmatization and discrimination. Further, Franklin et al. (2018) found that in regions of Africa, those with albinism may be assaulted and sometimes killed for their body parts used in witchcraft-related rites or to make 'lucky' charms.

## II. OBJECTIVE OF THE STUDY

This study explored the barriers that hinder LWA's academic achievement in inclusive schools in the Masvingo district in Zimbabwe.

## III. METHODS

### Research approach

This study adopted a qualitative research design to address the research question. Qualitative research studies phenomena are appropriate for answering why something is (not) observed, assessing complex multi-component interventions, and focussing on improvement (Busetto, Wick & Gumbinger, 2020). Qualitative research is inductive and generally explores meanings and insights in situations (Levitt, Motulsky, Wertz, Morrow & Ponterotto, 2017). Qualitative research typically studies people or systems by interacting with and observing the participants in their natural environment and focusing on their meanings and interpretations (Maree, 2019). Qualitative research is an effective model that occurs naturally and enables the researcher to develop a level of detail from high involvement in the actual experiences (Creswell, 2009). Qualitative research is a method of naturalistic inquiry that LWA explores to generate data and study real-world situations as they unfold naturally. It is a form of social action that stresses how people interpret and make sense of their experiences to understand the social reality of individuals (Mohajan, 2018). This study employed a case study research design. Creswell (2009) defines a case study as the researcher exploring an in-depth program, an event, an activity, a process, or one or more individuals. This design could help to analyse and describe each person individually for his/her activity, special needs, life situation, and life history (Mohajan, 2018). It is further relevant because it helps the researcher to gain concrete, contextual, in-depth knowledge about a specific real-world subject. It enables the

study to explore the meanings and implications of the case.

### Participants and setting

Ten participants (five males and five females) were purposively selected from four schools: one special school in Masvingo, one High School in Masvingo urban, one High School in Masvingo peri-urban, and one rural High School in Masvingo District in Zimbabwe. All participants were LWA in High Schools, and their ages ranged from 14 to 18 years. The culture, home language, and economic status of the caregivers were considered. The participants were interviewed in English.

### Data collection method

The study used in-depth semi-interviews to collect qualitative data. According to Robertson et al. (2014), a qualitative research interview is a tool that seeks to cover both the factual and meaning levels. However, it is usually more difficult to interview on a meaningful level. The interviews included open questions exploring the barriers to learning hindering LWA's academic achievement at schools in the Masvingo District in Zimbabwe.

### Procedure

This study obtained ethical clearance from the University of the Free State (Reference number UFS-HSD2019/1357). Permission was obtained from the Ministry of Primary and Secondary Education to conduct the research involving learners in Zimbabwe. The researcher ensured the protection of participants from harm. However, participants were not subjected to undue influence or any harm. The researcher ensured confidentiality, informed consent, protection from harm, anonymity, and voluntary participation. Confidentiality was ensured in this study. The study subjects were informed that their information would be kept confidential and that their identities would not be revealed in association with the information they provided (Sileyew, 2019). The researcher was responsible for maintaining confidentiality by not revealing sensitive materials in the resultant report or published documents. As Trochim-William, (2020) advises, it is very important to consider how reports are worded to ensure no opportunities for participants to be identified even though their names are not used. The researcher ensured confidentiality by mentioning in the information sheet that the participants' answers would be kept confidential and anonymous. Participants were informed about the study's nature and allowed to participate. Informed consent can result in self-determination in action according to a personal plan (Beauchamp & Childress, 2001). Participants need to be aware of the purpose of the research and how the findings would be used. The most effective way for the researcher to address the issue is through consent forms provided to all those invited to participate. A copy of the consent form that was used in the study is attached in the appendices. Since individuals have privacy interests about their bodies, personal information, expressed thoughts and opinions, and spaces they occupy, the participants remained unknown to the researcher. The subjects understood that their names and identities would not be released to anyone without their written consent. Where the subjects refused to give personal information as they regarded it as privacy, the researcher respected their views. The researcher had to bear in mind that participants were assisting and were invited to participate with a clear understanding that they were not obligated to do so and that there were no negative consequences for them if they did not want to assist in the research. The researcher did not promise coercion to make them participate in this study. Participants could withdraw anytime without negatively impacting their involvement in future services or the current programme. The research did not pressure those who chose not to continue, and explanations were not required.

### Data analysis

The study employed thematic analysis to analyse qualitative data to interpret it. Qualitative data analysis refers to non-numeric information such as interview transcripts, notes, video and audio recordings, images, and text documents (Creswell & Poth, 2018). Thematic analysis is a method for systematically identifying, organising, and offering

insight into patterns of meaning (themes) across a dataset (Braun & Clarke 2006). The thematic analysis underscores identifying, analysing, and interpreting patterns of meaning within qualitative data. This study's thematic approach followed different stages, including data organisation, familiarization with the data, data coding, identifying themes and sub-themes, and examining the themes (Mukuna, 2021).

#### IV. RESULTS

##### Biographic results

*Table 1: Biographic results of participants*

##### Barriers to learning hindering LWA' academic achievement

The findings from in-depth interviews have revealed that the LWA encountered various skin pigmentation and safety barriers. These include lack of sunscreen lotions, learning equipment, peer inequality, parental involvement, protective clothing, and inclusion in mainstream schools.

##### Lacking sunscreen lotions

The results revealed that lacking sunscreen lotions could hinder the LWA's academic achievement in inclusive schools. Most participants mentioned that their accessories are so expensive that most families cannot afford eye medication and sunscreen lotions. Most LWA do not have sunscreen lotions. One participant shared the following:

*"Our parents cannot afford to buy sunscreen lotions"* (SS-B).

From the above stated, other participants have revealed that they get sunscreen lotions from donors. They declared that their parents registered them with organisations for people with albinism, where they collected their accessories. Some participants have revealed that sometimes their parents afford sunscreen lotions for them, but most of the time, they use ordinary creams, which the rest of the family uses.

Therefore, a significant barrier for LWA in Zimbabwe is that their parents/guardians cannot afford sunscreen lotions because their socioeconomic status is lower, and their lotions are expensive.

##### Inadequate learning equipment

The results revealed that inadequate learning equipment could barrier LWA' academic achievement at schools. Most participants agreed they had proper learning equipment at the school. They showed that their parents and guardians must send them to special schools because they are fully equipped, well-resourced, and reputable in Zimbabwe, which addressed various barriers to learning. Hence, some learners drop out of school due to insufficient learning equipment. The LWA needed large print textbooks and computers. Responsible authorities either lack an understanding of the importance of learning equipment for the LWA or have financial constraints. One of the participants mentioned that:

*"Lack of learning materials is affecting LWA in mainstream schools, and educational needs are not met"* (SS-F).

From the above statement, a few participants revealed that the school has proper learning equipment, such as print textbooks and hand-held magnifiers. The participant intimated that the hand-held magnifiers were donated to the school by the student alumnus. One of the participants revealed that:

*"The school has adequate learning materials and appropriate facilities for teaching and learning. The educational programmes are implemented effectively"* (SS-C).

It is essential to consider that the special schools in the Masvingo district have adequate learning equipment for LWA, while mainstream schools struggle to have proper learning equipment. The LWA require more specialized resources for their education to enhance resilience.

##### LWA needed support to learn effectively

##### Peers unacceptance

The results indicated that inequality among peers could barrier LWA at inclusive schools. Like all human beings, LWA accepted their condition if their peers accept and tolerate them. Most participants mentioned that their peers could not accept them at schools and felt unequal. One participant indicated that:

*"My peers in my class do not want to walk with me and/or play with me.*

*They said that they will be embarrassed if they meet their friends walking or playing with me. They also tease me"* (SS-E).

Other participants felt equal because their peers love them. One of the participants revealed that:

*"My peers love me because I am more intelligent than them, so they rely on me most of the time, especially when conducting research in groups"* (SS-J).

This happens if the teachers, peers, and community treat the LWA equally without labelling, discrimination, and stigmatisation. The LWA felt respected and equal to their peers if the school provided them with learning equipment.

##### Unequal feelings

The results suggested unequal feelings could barrier LWA in inclusive schools. Some participants declared that they do not feel equal to their peers. The abstract of one LWA said this.

*"I do not feel equal because there are games my peers can play outside if the weather is hot"* (SS-I).

It is vital to note that their barriers contribute to their feelings of being unequal.

##### Stigmatization and labelling

The results demonstrated that stigmatization and labelling could hinder LWA learning in inclusive schools. They mentioned their peers, teachers, and administrators stigmatized and mocked them at school.

*"My peers without albinism used to say abusive language and name-calling, and nothing was done to protect me from the perpetrators"* (SS-E).

Therefore, some participants have revealed that their parents are not discriminative since they treat each other and every child equally regardless of the disability they have.

##### Lacking parental involvement

The results found that parental involvement could hinder LWA's academic achievement in inclusive schools. Participants declared that parents or guardians are their first natural supporters since they provide their primary needs, like adequate clothing. One of the participants revealed that:

*"My parents have accepted me as I am, so they provide me with the basic needs. They play a greater role in my education, and they make sure that I receive a proper education"* (SS-G).

From the above mentioned, some participants seem to be satisfied with what parents offer to resolve the issue of harsh weather to their condition optimally. They explained that their parents provided them with protective clothing, which might help them when they go for co-curricular activities and outdoor lessons. One participant shared the following:

*"It is important for us to have a hat that covers the face and neck, along with protective clothing that will keep sun rays from penetrating the skin"* (SS-A).

Hence, the parents also helped him by providing sunscreen lotions. Some participants revealed that parents impart knowledge about sexual abuse and negotiation skills to maneuver environmental conditions. One of the participants mentioned that:

*"My parents teach me about child sexual abuse, knowledge, values, and life skills around safety, protection, boundaries, and where to turn for help and make healthy decisions"* (SS-D).

Therefore, LWA needed protective clothing for their safety. Parents and schools should seek aid in resources to build LWA's resilience and promote their wellbeing and education. Providing safety clothing helps manage the emotions of the LWA and fosters resilience.

*"My parents or guardians were God-given gifts since they accepted my condition and provided me with all basic needs, particularly protective clothing from harsh weather like sunscreen lotions"* (SS-F).

The LWA usually requires extra care and are more expensive because parents or guardians must buy protective clothing and sunscreen lotions.

##### Insufficient safety provisions

The results indicated insufficient safety provisions could barrier the LWA's academic achievement in inclusive education. Participants mentioned that they got little attention in these schools. The schools

were unaccommodating the LWA. The extracts of two participants could illustrate these.

*"The playgrounds do not have shades where I can sit to avoid the scorching sun. I do not participate in any outdoor activities for that reason"* (SS-C).

*"The classrooms are not user-friendly to me because they do not have curtains. My eyes are sensitive to too much light, so I cannot read from the chalkboard"* (SS-G).

Therefore, the lack of provisions disturbs the academic performance of the LWA. It is important to note that LWA had no visual problems but different visual acuity. Thus, schools should consider sitting positions in classrooms, and teachers must use large print, so they do not strain their eyes. The learning and teaching for the LWA should occur in the least restrictive environment. Assessment of visual function and education assessment should be done so that the schools might offer sufficient safety provisions.

#### **Attitudes of teachers and peers**

The results showed that the attitude of teachers and peers could barrier the LWA's academic achievement in inclusive schools. One of the participants revealed that:

*"My English teacher ignores me if I complain that I cannot read from the chalkboard. She uses small handwriting and is not willing to write large print"* (SS-I)

The other participants mentioned the following:

*"I hate break time and lunch time because my peers do not want to play with me. They do not want me in their teams because they say that I cannot run fast or catch the ball due to my poor sight"* (SS-B).

School administrators and teachers in mainstream schools need special training to mitigate the suffering of the LWA and respect their rights to education and freedom.

#### **Community abuses**

The results highlighted that community abuses could barrier the LWA's academic achievement in inclusive schools. Some participants indicated that their communities did not care about whatever names were used to label them. Hence, correcting them is not their business, which does not affect their daily chores. One participant shared this.

*"Name-calling starts as a joke, but if quickly taken too far, it develops into bullying"* (SS-A).

Participants mentioned that they are neglected and abused violently by perpetrators with impunity. These abuses affect the psychological, intellectual, social, emotional, and physical development of the LWA. Participants said that communities lack social support to eradicate labelling and discrimination of the LWA.

Thus, some participants highlighted that their communities are working urgently to stop their offspring from calling the LWA negative terms that regard them as inferior. Few participants declared that their parents or guardians are against abusive terms and ordered their children to use the LWA's real birth names. The abstract of one participant shared this.

*"Community has accepted people with albinism as human beings with normal, human needs, goals, and wishes, like everyone else in society"* (SS-B).

In summary, the LWA developed resilience to fit well in the community. Developing resilience skills helped the LWA to reduce stress and emotions. Thus, facing barriers in life helped them to cope. However, schools must provide safety and security to enhance the LWA's resilience.

#### **Poor quality family care**

The results revealed that poor-quality family care could barrier LWA's academic achievement in inclusive schools. One participant pointed out that he was sent to a special school where there were other learners with the same disability, and consequently, the LWA experience poor quality family care. One of the participants revealed that:

*"My parents accompany me to a special school on the opening, but they will never come to see me. If I run short of something, I will ask my friends and teachers"* (SS-F).

Hence, besides protective clothing and financial resources, the LWA

needed love and a sense of belonging like any other child in the family.

Another participant also revealed that her parents were ignorant about her disability and that no proper care was taken until they referred her to her uncle, who seemed knowledgeable about it. Therefore, the LWA also needed quality family care, protective clothing, and financial resources to excel academically.

#### **Lacking sharing of confidential information**

The results showed that lacking sharing of confidential information could barrier LWA's academic achievement in inclusive schools. Some participants reported having colleagues to play with and sharing daily social difficulties experienced in their communities. One of the participants shared the following:

*"Sharing a problem is important because they can help me to the best of their ability and try to understand what I am going through"* (SS-F).

Two participants had only one mutual friend with whom they shared their problems. The other two participants have revealed that the community is shunning them, so they never experienced life with a friend. One argued that sharing a problem with a friend would not solve anything since the friend would tell other people their problems. One participant has revealed an exciting response: many friends flock to him because he excels at academics.

#### **Challenging moments**

The findings reported that the LWA also experienced challenging moments in inclusive schools. Most participants strongly asserted that life still goes well for the LWA despite life barriers. One participant shared the following:

*"I remain positive and remind myself that there is a light at the end of the tunnel, and I will make it through"* (SS-C).

One participant has revealed that, although his life is going well nowadays, he experienced a torrid time during primary education. One participant mentioned that she becomes angry when adults call her names attached to her condition.

## **V. DISCUSSION**

The findings reported that lacking sunscreen lotions could hinder the LWA's academic achievement in inclusive schools. These findings are supported by Tambala-Kalati, Adomaka, and Frimpong-Manso (2021a), who said that LWA experienced psychological distress and emotional stress; as a result, their academic performance will be affected. Likewise, Maunganidze, Machiha, and Mapuranga (2022) affirmed that the lack of sunscreen lotions for LWA made their lives difficult as their skins will be damaged. The findings demonstrated that parental involvement could hinder LWA's academic achievement in inclusive schools. The findings revealed that parental involvement was hindered by various barriers related to parents, such as low income, negative attitudes, low level of education, and unwillingness to collaborate with the teachers (Gedfie, Getahun & Negassa, 2021). These findings are supported by Lehman (2018), who mentioned that a lack of parental involvement implies that parents are not participating in making decisions for their children's education and are not involved in IEP meetings. The findings indicated insufficient safety provisions could hinder LWA's academic achievement in inclusive schools. Gyasi, Okrah, and Anku (2020) reported a lack of knowledge on inclusivity among the administration and teachers regarding supporting and accommodating LWA. The findings revealed that the attitude of teachers and peers could be a barrier to LWA's academic achievement in inclusive schools. These findings have been attested by Ndomondo (2015), who said that negative attitudes of teachers interfere with the learners' learning and affect them socially and psychologically, leading to poor self-concept and lowered self-esteem, which further retard their ability to learn successfully. Gallego-Ortega and Rodriguez-Fuentes (2021) confirm that teachers' negative beliefs on inclusion could be one of the most hurtful factors towards inclusive practices, as they can contribute to the development of negative notions related to the inclusion of LWA into normalised educational milieus. The findings suggested community

abuses could barrier the LWA's academic achievement in inclusive schools. The findings concur with Njelesani, Si, and Swarm (2022), who said that when the community inflicts emotional abuse on LWA through intimidation, stigmatisation, threats, and humiliation, negative consequences like poor academic performance and social withdrawal are often observed. Exposure to violence is related to problems in school operations, including mental health, cognitive processing, and language development (Hendricks, 2019). Such barriers mean that LWA are often excluded from educational activities, and their mobility in the community is limited (Machingambi, 2021). The findings showed that poor-quality family care could barrier LWA's academic achievement in inclusive schools. The findings also agreed with families of children with albinism and special needs report constrained childcare options (Weglarz-Ward & Santos, 2018). Previous studies have also reported that parents of LWA face greater financial burdens than parents who have non-disabled children, as they need to pay for health care and therapy services for their children (Leung & Li-Tsang (2003). The findings demonstrated that a lack of sharing of confidential information could barrier LWA's academic achievement in inclusive schools. It has been found that confirming information can be exchanged for schools to cultivate a stronger foundation of emotional understanding for those experiencing mental health difficulties (Hart & O'Reilly, 2018). Myths and superstitions, fuelled by a lack of understanding surrounding albinism and the visible difference in the appearance of LWA, can lead to stigmatization, rejection, a lack of acceptance, perceptions of difference, and limited social integration (Pooe-Moneymore, et al., 2012; Brocco, 2016).

## VI. CONCLUSION

Participants can participate in inclusive schools when appropriate intervention strategies are implemented. A lack of knowledge about the learning needs of LWA might cause these learners to hate school and obtain low pass rates. LWA need sunscreen lotions to protect their skins from scorching heat. Participants indicated that their parents could not afford to buy sunscreen lotions. LWA are excluded from participating in outdoor activities such as gardening, physical education, sporting activities, and general work to protect their sensitive skins. Thus, lacking sunscreen lotions to LWA affect the learner's academic performance. Most schools do not have adequate learning equipment. Participants indicated that mainstream schools have no adequate learning equipment such as hand magnifiers, dome magnifiers, reading glasses, or large print books to accommodate LWA. Lack of learning equipment hinders LWA's academic achievement in mainstream schools.

It is essential to note that peers' unacceptance is a specific issue to LWA's academic performance. Peers play an essential role in the lives of LWA. LWA are often targets for bullying, name-calling, and teasing. Peers do not want to do group work and group activities during the lessons. Hence, peers' unacceptance is a major barrier to full inclusion at school for LWA.

The aspect of stigmatisation has major barriers to the education of LWA in inclusion. It is due to established beliefs that they are believed to be a curse in families. They are stigmatised and marginalised because of their skin colour. Labelling, attitudes, and unacceptance result in social discrimination and thus lead to isolation which produces barriers to inclusive education. Furthermore, lacking parental involvement is a major barrier to academic performance. Parents and teachers of LWA need to collaborate and help each other with the learner's performance. Parents should give the teacher the learner's background and contribute to formulating the Individualised Educational Programme (IEP). LWA whose parents stay involved in school activities have better attendance and behaviour and achieve good academic results. Lack of parental information and background serve as challenging barriers that hinder LWA's academic achievement. LWA need protective clothes to protect them from the sun. Parents should ensure their children have long-

sleeved shirts, hats, and sunglasses to protect them from the sun. Due to the lack of protective melanin pigment in their skin, LWA are sensitive to damaging ultraviolet rays of the sun, which will cause burning and aging in the skin. Thus, insufficient provision has contributed to the LWA's academic achievement. Moreso, teachers are known as the key players in learning LWA. The attitude of teachers contributes to LWA's academic achievement. LWA needed adequate support, cooperation, provision of professional experience, and preparation to help LWA achieve quality education. However, some teachers have negative attitudes toward LWA. Negative attitudes can damage LWA, such as low self-esteem, loneliness, and withdrawal. The negative attitudes of the teacher lead to unsuccessful learning of LWA. It was discovered that community abuses impact the academic achievement of LWA. Stigma, cultural prejudices, and ill perceptions can surround LWA. These learners are neglected, abused, bullied, and exploited by community members.

On the other hand, these learners share confidential information. LWA face barriers in the community, but they do not share the information. Community abuses and lack of sharing of personal details hinder LWA's academic achievements. Finally, LWA faced challenging moments because of their conditions. LWA faced a lack of appropriate learning materials, peer discrimination, reasonable accommodations, and individual attention. These barriers hinder the academic achievement of LWA in mainstream schools in Masvingo District. This study recommends that learners should be taught about disability issues, and teachers must be trained to teach learners with albinism at schools. The community should understand to live together with children with albinism by avoiding stigmatisation and discrimination, and people need to be educated on the benefit of inclusive education. The Zimbabwean government must provide adequate learning resources, supply sunscreen lotions to LWA for free, and sponsor psychosocial support camps for LWA.

## REFERENCES

- Adelakun, O. S., & Ajayi, M. A. O. (2020). Eliminating discrimination and enhancing equality: A case for inclusive basic education rights of children with albinism in Africa, *Nigerian Journal of Medicine*, 29(2), 244-251. [http://doi.org/10.4103/NJM.NJM\\_50\\_20](http://doi.org/10.4103/NJM.NJM_50_20).
- Aldersey, H. M. (2012). Family Perceptions of Intellectual disability: Understanding and support in Dar-se Salam, *African Journal of Disability*, 1(32), 1-12. <http://doi.org/10.4102/ajod.v1i1.32>.
- Allen, K. (2010). *Oppression through omission: The human rights case of persons with albinism in Uganda*. Retrieved from <http://www.underthesun.com/sites/default/files/Kelly%20Allen%27s%20research%20on%20PWA%20in%20in%20Uganda.pdf>.
- Alum, A., Gomez, M., Ruiz, E., & Hocus, P. (2009). *Witchcraft and murder: the plight of Tanzanian albinos*. Retrieved from <http://www.underthesun.com/node/7>.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorder*, American Psychiatric Publishing, Arlington VA.
- Ash, P. (2014). *Children with albinism: violence and displacement*. A report to the United Nations Convention on the Rights of the Child. Retrieved from [www.underthesun.com](http://www.underthesun.com).
- Baker, C. (2018). *Children with albinism find it hard to navigate school: Teachers can help*. Retrieved from <https://theconversation.com>.
- Baker, C., Lund, P., Nyathi, R., & Taylor, J. (2010). The myths surrounding people with albinism in South Africa and Zimbabwe, *Journal of African Cultural Studies*, 22(2), 169-181. <https://doi.org/10.1080/13696815.2010.491412>.
- Benyah, F. (2017). *Equally able, differently looking: discrimination and physical violence against persons with albinism in Ghana*. Retrieved from <http://doi.org/10.1759/2413-3027/2017/v30n1d7>.
- Braathen, S. H., & Ingstad, B. (2006). Albinism in Malawi: knowledge and beliefs from an African setting. *Disability and Society*, 21(6), 599-611. <https://doi.org/10.1080/09687590600918081>.

- Bradbury-Jones, C., Ogik, P., Betta, J., Taylor, J., & Lund, P. (2018). Beliefs about people with albinism in Uganda. *A Qualitative Study Using the CommonSense Model*, 13(10), 1-14. <https://doi.org/10.1371/journal.pone.0205774>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3(2), 77-101. <https://doi.org/10.1191/1478088706qp063oa>.
- Brocco, G. (2016). Albinism, stigma, subjectivity and global-local discourses in Tanzania, *Anthropol & Medicine* 23(3), 229-243. <https://doi.org/10.1080/13648470.2016.1184009>.
- Brown, E. D., & Williams, B. K. (2015). Resilience and resource management. *Environmental Management*, 56(1), 1416-1427. <https://doi.org/10.1007/s00267-015-0582-1>.
- Bucaro, S. (2010). A black market for magical bones: the current plight of East African Albinos, *Public Interest Law Journal*, 15(2), 131-140. Retrieved from <https://heionline.org>.
- Burke, J., Kaijage, T. J., & John-Langba., J. (2014). Media analysis of albino killings in Tanzania: a human rights perspective, *Ethics and Social Welfare*, 8(2), 117-134. <https://doi.org/10.1080/17496535.2014.895398>.
- Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, 2(14), 1-5. <https://doi.org/10.1186/s42466-020-00059-z>.
- Couteau, C., & Coiffard, L. (2015). The interest in nanomaterials for topical photoprotection, *Cosmetics*, 2(4), 394-408. <https://doi.org/10.3390/cosmetics2040394>.
- Creswell, J. (2009). *Research design: qualitative, quantitative and mixed method approaches* (3rd ed.). Los Angeles: SAGE.
- Creswell, J. W., & Poth, C. N. (2018). *Quantitative inquiry and research designs: Choosing among five approaches*. Los Angeles, CA: SAGE.
- Fortin, E. R. M. (2013). Transnational multi-stakeholder sustainability standards and biofuels: understanding standards processes. *Journal of Peasant*, 40(1), 563-587. <https://doi.org/10.1080/03066150.2013.796455>.
- Franklin, A., Lund, P., Bradbury-Jones, C., & Tylor, D. (2018). Children with albinism in African regions: their rights to 'being' and 'doing', *BioMed Central International Human Rights*, 18(2), 1-8. <https://doi.org/10.1186/s12914-018-0144-8>.
- Gallego-Ortega, J. L., & Rodriguez-Fuentes, A. (2021). Teaching attitudes towards students with disabilities, *Mathematics*, 9(14), 1637. <https://doi.org/10.3390/math9141637>.
- Gedfie, M., Getahun, D. A., & Negassa, D. (2021). Barriers to and strategies for parental involvement in the education of children with disabilities in primary schools in Bahir Dar City Administration, Ethiopia, *British Journal of Special Education*, 48(2), 235-258. <https://doi.org/10.1111/1467-8578.12360>.
- Gyasi, M. N. K., Okrah, A. K., & Anku, J. S. A. (2020). Teachers' knowledge of special educational needs and disability students and their classroom management approaches, *World Journal of Education*, 10(4), 160-172. <https://doi.org/10.5430/wje.v10n4p160>.
- Hart, T., & O'Reilly, M. (2018). The barriers of sharing information when a young person is experiencing severe emotional difficulties: implications for schools and CAMHS, *Child and Adolescent Mental Health*, 23(3), 235-242. <https://doi.org/10.1111/camh.12245>.
- Hendricks, E. A. (2019). The effects of exposure to violence in schools on the psychological well-being of learners in the Sarah Baartman District Municipality. *African Journal of Social Work*, 9(2), 1-9. Retrieved from <https://www.ajol.info/index.php/ajsw/article/view/192173>.
- Hervie, V. M. (2013). *Shut up! Social Inclusion of Children with intellectual disabilities in Ghana: An empirical study of how parents and teachers experience social inclusion of Children with intellectual disabilities* (Unpublished master's thesis). University of Wonderland. California.
- JU, N., & Amadi, C. N. (2020). Psychosocial dimensions of stigmatisation of albinos in Rivers state and the barriers of learning among students with albinism. *Journal of Advances in Education and Philosophy*, 4(4), 155-159. <https://doi.org/10.36348/jaep.2020.v04i04.003>.
- Kajiru, I., & Nyimbi, I. (2020). The impact of myths, superstition and harmful cultural beliefs against albinism in Tanzania: A human rights perspective". *Pioneer in peer-reviewed, open access online law publications*, 23(1), 1-19. <http://doi.org/10.17159/1727-3781/2020/v23i0a8793>.
- Kassah, A., (2021). Abuse of disabled children in Ghana, *Disability and Society*, 27(5), 689-701. <https://doi.org/10.1080/09687599.2012.673079>.
- Lehman, L. E. (2018). *Parental involvement within the special education system* (Unpublished master's thesis). Bethel University, Tennessee.
- Leung, C. Y. S., & Li-Tsang, W. P. (2003). Quality of life of parents who have children with disabilities, *Hong Kong Journal of Occupational Therapy*, 13(1), 19-24. [https://doi.org/10.1016/S1569-1861\(09\)70019-1](https://doi.org/10.1016/S1569-1861(09)70019-1).
- Levitt, H. M., Motulsky, S. L., Wertz, F. J., Morrow, S. L., & Ponterotto, J. G. (2017). Recommendations for designing and reviewing qualitative research in psychology: Promoting methodological integrity. *Qualitative Psychology*, 4(1), 2-22. <http://doi.org/10.1037/qp0000082>.
- Lund, P. M. (2001). Measuring usability with the use questionnaire 12, *Usability interface*, 8(2), 3-6. Retrieved from [www.stcsig.org/usability/newsletter/index.html](http://www.stcsig.org/usability/newsletter/index.html).
- Lund, P. M., & Taylor, J. (2008). Lack of adequate sun protection for children with oculocutaneous albinism in South Africa, *Bio Med Central Public Health*, 8(225), 1-8. <https://doi.org/10.1186/1471-2458-8-225>.
- Lynch, P., & Lund, P. (2011). *Education of children and young people with albinism in Malawi*. London: Commonwealth Secretariat. Field report for the Commonwealth Secretariat. Retrieved from <http://www.birmingham.ac.uk/research/activity/education/projects/albinism-in-malawi.aspx>.
- Lynch, P., Lund, P., & Massah, B. (2014). Identifying strategies to enhance the educational inclusion of visually impaired children with albinism in Malawi, *International Journal of Educational Development*, 39(1), 226-234. <http://doi.org/10.1016/j.ijedudev.2014.07.002>.
- Machingambi, M. (2021). *Exploring the resilience of learners with albinism in the Masvingo District in Zimbabwe* (Unpublished doctoral thesis). University of the Free State, Bloemfontein.
- Machoko, G. C. (2013). Albinism: A life of ambiguity: A zimbabwean experience, *African Identities* 11(3), 318-333. <https://doi.org/10.1080/14725843.2013.838896>.
- Maree, K. (2019). *First steps in research* (3rd ed.). Pretoria: Van Schaik Publishers.
- Maunganidze, F., Machina, K., & Mapuranga, M. M. (2022). Employment barriers and opportunities faced by people with albinism. A case of youths with albinism in Harare, Zimbabwe. *Cogent Social Sciences*, 8(1), <https://doi.org/10.1080/23311886.2022.2092309>.
- Maurer, K. (2015). *Albinism in Children*, Kellogg Eye Cente, Michigan.
- Miles, S. (2009). Engaging with teachers' knowledge: Promoting inclusion in Zambian schools. *Disability & Society*, 24(5), 611-624. <https://doi.org/10.1080/09687590903010990>.
- Mohajan, H. M. (2018). Two Criterial for good measurements in research: validity and reliability, *Arrivals of Spiru Haret University* 17(3), 58-82. Retrieved from <https://mpr.a.ub.uni-muenchen.de>.
- Mueller, A. K., Fuermaier, A., B.m Koerts, J., & Tucha, L. (2012). Stigma in attention deficit hyperactivity disorder, *ADHD Attention Deficit and Hyperactivity Disorders*, 4(1), 101-114. <https://doi.org/10.1007/s12402-012-0085-3>.
- Mukuna, K. R. (2021). Exploring enabler actions influencing basotho teachers' wellbeing to cope with schools' adversities at a rural school, *Journal of Educational and Social Research*, 11(3), 227-240. <https://doi.org/10.36941/jesr-2021-0065>.
- Mukwenda, S. E., & Penda, A. (2018). The factors affecting the LWA in inclusive schools: Theoretical and conceptual frameworks. *Worldwide Journal of Multidisciplinary Research and Development*, 4(10), 50-54. Retrieved from <https://www.researchgate.net/publication/336666901>.



- Munyuzangabo, C. (2018). *The Harmful indivisibility of people with albinism*. Retrieved from <http://www.socialconnectedness.org/theharmful-invisibility-of-peoplewithalbinism/.225>.
- Mutsaka, F. (2020). *In Zimbabwe people with albinism struggle against prejudice*. Retrieved from <https://abcnews.go.com/international/wirestory/zimbabwe-people-albinismstruggle-prejudice-71232597>.
- Ndomondo, E. (2015). Education Children with Albinism in Tanzania Regular Secondary schools: Barriers and opportunity, *International Journal of Education and Research*, 3(6), 389-398. Retrieved from <https://ijern.com/journal/2015/June-2015/32.pdf>.
- Nebre, M. (2018). *Social discrimination against people with albinism*. Retrieved from [www.csustan.edu/groups/journal-two/17nebre](http://www.csustan.edu/groups/journal-two/17nebre).
- Ngalomba, S. (2016). *Experience of students with albinism in Tanzania: An Exploration of Barriers to School Completion*. Dar-es-Salaam. Retrieved from <https://papers.ssrn.com>.
- Njelesani, J., Si, J., & Swarm, D. (2022). Unreported and unaddressed: Students with disabilities experience of school violence in Zambia, *African Journal of Disability*, 11(0), a849. <https://doi.org/10.4102/ajod.v11i0.849>.
- Ojedokun, I. M. (2018). Effects of stigmatisation on psychological and health well-being of people living with albinism in southwest Nigeria, *African Journal of Social Work*, 8(1), 31-38. Retrieved from <https://www.ajol.info/index.php>.
- Owoeye, S. M., Emaimo, J., Ottun-Emaimo, O., & Adekalu, S. O. (2023). Inclusive Education for Children with Albinism: Unleashing the Prime Enabler. *International Journal of Academic Research in Progressive Education and Development*, 12(1), 1309-1316. <http://doi.org/10.6007/IJARPEd/v12-i1/16483>.
- Phatoli, R., Bila, N., & Ross, E. (2015). 'Being black in white skin.' Beliefs and stereotypes around albinism at a South African University, *African Journal of Disability*, 4(1), 106-110. <http://doi.org/10.4102/ajod.v4i1.106>.
- Poe-Moneymore, M. B. J., Mavundla, T. R., & Christianson, A. L. (2012). The experience of people with oculocutaneous albinism, *Health SA Gesondheid*, 17(1), 592-599. <http://doi.org/10.4102/hsag.v17i1.592>.
- Robertson, C., Archibald, D., Avenell, A., Douglas, F., Hoddinott, P., van Teijlingen, E., ..., & Wilkins, D. (2014). Systematic reviews of and integrated report on the quantitative, qualitative and economic evidence base for the management of obesity in men, *Health Technology Assessment (Winchester England)*, 18(35), v-424. <https://doi.org/10.3310/hta18350>.
- Ruszkiewicz, J. A., Pinkas, A., Ferrer, B., Peresm, T. V., Tsatsakis, A., & Aschner, M. (2017). Neurotoxic effect of active ingredients in sunscreen products, a contemporary review, *Toxicology Reports*, 4, 245-259. <http://doi.org/10.1016/j.toxrep.2017.05.006>.
- Sackey, E. (2015). Disability and political participation in Ghana: An alternative Perspective, *Scandinavian Journal of Disability Research*, 17(4), 336-381. <http://doi.org/10.1080/15017419.2014.941925>.
- Selepe, S. D. (2007). *Teenagers with oculocutaneous albinism in Polokwane: their self-esteem and perceptions of societal attitudes* (Unpublished master's thesis). University of Limpopo, Polokwane.
- Tambala-Kaliati, T., Brenya, E.A., & Frimpong -Manso, K. (2021). *Living with albinism in African community exploring the barriers of persons with albinism in Lilongwe District, Malawi*. <https://doi.org/10.1016/j.helion.2021e07034>.
- Taneja-Johansson, S., Singal, N., & Samson, M. (2021). Education of children with disabilities in rural Indian government schools: A long road to inclusion, *International Journal of Disability, Development, and Education*, 70(5), 1-16. <https://doi.org/10.1080/1034912X.2021.1917525>.
- Tanzanian German Programme to Support Health (TGPSH). (2009). *For albinos, their families, and friends*. Retrieved from [www.tgpsah.or.tz](http://www.tgpsah.or.tz).
- The Albino Foundation. (2017). *Albinism in Africa*. Retrieved from [www.ab=lbinofoundation/albinism-in-africa](http://www.ab=lbinofoundation/albinism-in-africa).
- Tuso, P. (2015). Strategies to increase physical activity, *The Permanent Journal*, 19(4), 84-88. <https://doi.org/10.7812/TPP/14-242>.
- Udongo, B. P., Bagonza, A., & Namutebi, O. (2018). *Spatial Mapping and Profiling of Persons with Albinism in Eastern Uganda*. Report on Pilot Study of persons with Albinism in the districts of Budaka, Bududa, Butalega, Buyenda, Manafwa, Majuge, Kamuli, Kumi, Sironko and Soroti. Kampala: Albinism umbrella. Retrieved from <https://voice.global>.
- United Nations International Children's Emergency Fund (UNICEF). (2011). *Report on Knowledge, Attitude and Practices Study on Children with Albinism in Nigeria*. Lagos.
- World Health Organization (WHO). (2011). *World report on disability 2011*. World Health Organization.
- Zimbabwe Albino Association. (2016). *Why people with Albinism*. Retrieved from <https://zimbabwealbinoassociation.wordpress.com/home/about-us/>.

*Table 1: Biographic results of participants*

| <b>Participants</b> | <b>Gender</b> | <b>Age</b> | <b>Grade Levels</b> | <b>Residential areas</b> | <b>Culture</b> | <b>Economical status</b> | <b>Religions</b> | <b>Type of schools</b> |
|---------------------|---------------|------------|---------------------|--------------------------|----------------|--------------------------|------------------|------------------------|
| A                   | Male          | 18         | Form 6              | Urban                    | Manyika        | Middle class             | Christian        | Special school         |
| B                   | Male          | 15         | Form 2              | Peri-urban               | Shona          | Working class            | Christian        | Special school         |
| C                   | Male          | 14         | Form 1              | Rural                    | Shona          | Low class                | Christian        | Mainstream             |
| D                   | Male          | 16         | Form 3              | Urban                    | Shangaan       | Working class            | Christian        | Special school         |
| E                   | Male          | 17         | Form 5              | Urban                    | Shona          | Working class            | Christian        | Mainstream             |
| F                   | Female        | 14         | Form 1              | Urban                    | Zezuru         | Middle class             | Christian        | Special school         |
| G                   | Female        | 16         | Form 2              | Urban                    | Shona          | Working class            | Christian        | Mainstream             |
| H                   | Female        | 16         | Form 3              | Urban                    | Shona          | Working class            | Christian        | Special school         |
| I                   | Female        | 18         | Form 6              | Rural                    | Shangaan       | Low class                | Christian        | Special school         |
| J                   | Female        | 17         | Form 4              | Peri-urban               | Shona          | Low class                | ATR              | Mainstream             |