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An Investigation into the Effect of Stigmatization on the Academic Performance Amongst Disabled Students at Kabulonga Cheshire Home in Lusaka

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Abstract
This study investigated the effects of stigmatization on academic performance among differently abled pupils at Kabulonga Cheshire Home in Lusaka. Using a mixed-methods approach with 45 pupils and 15 staff members, the research revealed that stigmatization manifests through verbal mockery (40%), social exclusion, and low expectations, creating significant academic barriers. Qualitative findings showed that stigma directly reduces classroom participation, increases psychological distress, and leads to tangible academic consequences like exclusion from assessments. Quantitatively, staff reported stigma affects attendance to a moderate/great extent (86.67%) and pupil confidence regularly (73.33%). Pupils demonstrated resilience through peer support systems, personal coping strategies, and institutional resources, though support services were inconsistently implemented. The study concludes that stigmatization substantially undermines academic achievement through multiple pathways, while institutional responses remain inadequate to fully address these challenges. Recommendations include implementing comprehensive anti-stigma programs, strengthening teacher training, formalizing peer support structures, and establishing systematic monitoring mechanisms to create an inclusive educational environment that supports pupil resilience and improves academic outcomes.

Keywords: Stigmatization, Academic Performance, Differently Abled Pupils, Inclusive Education, Coping Strategies

1. Introduction

Inclusive education has emerged as a global imperative, fundamentally rooted in the principles of educational equity and social justice. This paradigm asserts that education systems must adapt to accommodate the diverse needs of all learners, rather than expecting students to conform to rigid, one-size-fits-all structures (Ainscow, 2020) [2]. International frameworks, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006) and the seminal Salamanca Statement (UNESCO, 1994), have unequivocally championed the right to education without discrimination. These conventions represent a significant shift from historical models of segregation towards a philosophy of inclusion, where all children, regardless of physical, sensory, or cognitive abilities, learn together in supportive environments. The conceptualization of inclusive education by UNESCO (2015) as "a process of strengthening the capacity of the education system to reach out to all learners" underscores the proactive role institutions must play in dismantling barriers to participation. Despite these robust global commitments and policy advancements, the translation of these ideals into tangible, equitable classroom experiences remains a profound challenge worldwide, particularly in resource-constrained contexts.

A primary and persistent barrier to realizing genuine inclusive education is stigmatization. Conceptualized classically by Goffman (1963) as the process of devaluing individuals based on an undesirable attribute, stigma operates through powerful social mechanisms. In educational settings, this manifests through negative labeling, stereotyping, and discriminatory practices that severely undermine the academic potential and psychosocial well-being of differently abled students (Lindsay, 2007) [24]. Link and Phelan (2001) [25] further refine this understanding, arguing that stigma is a co-occurring process involving the labeling of human differences, the linking of labels to negative stereotypes, the separation of "us" from "them," and the resultant status loss and discrimination. This process is evident when teachers hold lower academic expectations for labeled students, a phenomenon Shifrer (2013) identifies as creating a self-fulfilling prophecy of reduced academic outcomes. Thus,

even within progressive legislative frameworks, stigma persists as a deeply ingrained social phenomenon that actively constrains the educational opportunities and achievements of differently abled learners.

The chasm between policy and practice is especially pronounced within the Sub-Saharan African and, more specifically, the Zambian context. While African governments, through instruments like the Continental Education Strategy for Africa (CESA 2016-2025), have committed to equitable education, implementation is critically hampered by limited resources, inadequate teacher preparation, and deeply entrenched cultural beliefs (Chataika *et al*., 2012) [4]. In many communities, disability is erroneously associated with curses, misfortune, or divine punishment, which perpetuates stigmatization and social exclusion (Abosi & Koay, 2008) [1]. Empirical studies across the region, from Kenya to Nigeria, consistently document that stigmatization through verbal abuse, social isolation, and exclusionary practices directly corrodes student motivation and leads to poor learning outcomes (Mwaura, 2015; Eleweke & Rodda, 2002 [11]). In Zambia, despite the progressive Education Act of 2011 and the establishment of specialized institutions like Kabulonga Cheshire Home, a stark discrepancy exists between policy commitments and the lived realities of learners. Research indicates that stigmatization continues to result in reduced classroom participation, diminished self-esteem, and poor academic performance among differently abled students (Chitiyo & Muwana, 2018; Kapungwe, 2003) [7, 15], highlighting a critical failure to bridge the gap between inclusive rhetoric and inclusive practice.

It is against this backdrop that the present study is situated. Despite global recognition of inclusive education as a fundamental human right, differently abled learners at institutions like Kabulonga Cheshire Home continue to experience stigmatization that significantly undermines their academic performance and psychosocial well-being (Muwana & Mbaluku, 2020) [40]. The persistence of this problem, fueled by both institutional and cultural forces (Ngwena, 2014), necessitates urgent scholarly investigation to inform effective interventions. Therefore, this research seeks to critically investigate the effects of stigmatization on the academic performance of differently abled pupils at Kabulonga Cheshire Home in Lusaka. Guided by Stigma Theory (Link & Phelan, 2001) [25], the study aims to achieve three specific objectives: to investigate the nature and forms of stigmatization experienced by the pupils; to examine the effects of this stigmatization on their academic performance; and to establish the coping strategies they employ. By providing localized, empirical evidence, this study aims to contribute to the development of targeted strategies that can foster genuine inclusion and academic success for all learners in Zambia.

1.1 General objective

To investigate the effects of stigmatization on the academic performance of differently abled pupils at Kabulonga Cheshire Home in Lusaka.

1.1.1 Specific objective

1. To investigate the nature and forms of stigmatization experienced by differently abled pupils at Kabulonga Cheshire Home.
2. To investigate the effects of stigmatization on the academic performance of differently abled pupils at Kabulonga Cheshire Home.
3. To establish coping strategies available to the differently abled pupils at Kabulonga Cheshire Home.

1.2 Theoretical Framework

This study is theoretically anchored in Stigma Theory as advanced by Link and Phelan (2001) [25], which conceptualizes stigmatization not merely as an individual attitude but as a pervasive social process comprising the co-occurring components of labeling, stereotyping, separation, and status loss, all perpetuated by power imbalances. This framework provides a critical lens for analyzing how differently abled students at Kabulonga Cheshire Home are labeled as "less capable," subjected to negative stereotypes, and consequently excluded from full academic participation, thereby directly constraining their educational achievements despite inclusive education policies in Zambia (Chitiyo & Muwana, 2018) [7]. The theory's relevance is further justified by its capacity to illuminate how these stigmatizing processes infiltrate classroom dynamics, shaping teacher expectations, peer relations, and student self-esteem (Byrne, 2020). Moreover, extending the framework to include the analysis of coping strategies, as suggested by Ditchman *et al*. (2017) [9], allows the research to holistically examine both the negative consequences of stigma and the resilient mechanisms such as peer support and self-advocacy that students employ to navigate their learning environment, thereby offering a comprehensive foundation for interpreting findings and developing targeted interventions.

2. Literature Review

2.1 Nature and Forms of Stigmatization Experienced by Differently Abled Students

Globally, the stigmatization of differently abled students is recognized as a profound social and structural barrier to inclusive education, operating through interrelated processes of labeling, stereotyping, separation, and status loss (Link & Phelan, 2001 [25]; Bos *et al*., 2013). This stigma is not a mere individual prejudice but is embedded in institutional practices and power relations, creating a pervasive "us versus them" dynamic that normalizes social distance and exclusion (Fox, 2017). In educational settings, this manifests through overt peer-driven mockery and social isolation, as well as more insidious institutional forms, such as teachers' low academic expectations and diagnostic labeling that systematically denies learners full curricular participation and access to challenging pedagogy (Shifrer, 2013; Haft, 2022; Strnadová, 2023). The consequences are severe, correlating strongly with diminished self-esteem, psychological distress, and academic disengagement (Said *et al*., 2022). Furthermore, global crises like the COVID-19 pandemic have exacerbated this marginalization, exposing how the neglect of adaptive resources institutionalizes stigma by rendering differently abled learners as "afterthoughts" in policy and practice (Shelton & Gezer, 2023). This complex interplay of interpersonal, institutional, and structural stigma has led scholars to conclude that its impacts can be "worse consequences than the conditions themselves" (Thornicroft *et al*., 2016), creating an urgent call for comprehensive interventions that target attitudes,

teacher preparation, and systemic reform in unison (UNESCO; Ainscow).

Within the Sub-Saharan African region, stigmatization is identified as one of the most entrenched barriers to inclusive education, deeply rooted in cultural beliefs that often associate disability with curses, misfortune, or divine punishment (Chireshe, 2013; Abosi & Koay, 2008) [6, 1]. These deeply seated societal attitudes translate directly into educational exclusion, where learners face discrimination from peers, teachers, and even their own families, sometimes being hidden at home due to fear of public shame (Mukuria & Obiakor, 2019) [34]. At the school level, teacher assumptions of incapability lead to the assignment of simplified tasks and outright exclusion from classroom activities, thereby reinforcing cycles of low achievement (Mugo *et al*., 2010; Sepadi, 2025) [33, 48]. This problem is critically compounded by the intersection of poverty and disability, where a dire lack of resources such as inaccessible infrastructure, and a shortage of Braille materials or sign language interpreters frames differently abled learners as "burdens" on already strained systems, further fuelling stigmatization and exclusion (Opini, 2016; Avoke, 2021) [44, 3]. While scholars note emerging progress through policy frameworks in nations like South Africa and Zambia, a significant implementation gap persists, revealing a fundamental tension between progressive legislation and the cultural and structural realities on the ground (Donohue & Bornman, 2015; Chitiyo & Muwana, 2018) [10, 7].

Zooming into the Zambian context, a stark contradiction is evident between the country's robust inclusive education policies, such as the Education Act of 2011, and the persistent stigmatization experienced by differently abled learners in both mainstream and specialized settings (Ng'andu & Chisanga, 2018 [43]; Mwansa & Musonda, 2019). Empirical studies reveal that stigma in Zambia operates on multiple fronts: through negative peer labeling and bullying; through subtle yet damaging institutionalized stigma where teachers, often lacking inclusive pedagogy training, unconsciously lower expectations and offer minimal academic support; and through pervasive cultural beliefs linking disability to spiritual misfortune, which spills over from the community into the classroom (Kalaba, 2020; Mulenga & Chikondi, 2021 [36]). The case of Kabulonga Cheshire Home epitomizes this national struggle, functioning as both a sanctuary and a potential site of segregation. While it provides essential specialized support, its very existence can reinforce the perception that differently abled students are separate and incapable of thriving in mainstream academic environments (Chanda, 2021; Mweemba, 2019). Research confirms that students here internalize societal labels, leading to reduced motivation and academic performance, while external stigma and a lack of tailored resources create tangible barriers to learning outcomes (Kalinda & Mumba, 2020; Chileshe, 2021) [14, 5]. This enduring chasm between policy intent and lived experience underscores the critical need for localized, empirical studies to inform interventions that can effectively dismantle stigma and foster genuine inclusion (Mwila, 2024) [42].

2.2 Effects of Stigmatization on Academic Performance

Globally, the detrimental effects of stigmatization on the academic performance of differently abled learners are both profound and multifaceted, operating through a cascade of interconnected psychological, social, and institutional pathways. Research consistently demonstrates that stigma directly corrodes academic achievement by fostering lowered teacher expectations, which translates into reduced opportunities for engaging with complex curricula and a systematic limitation of participation in collaborative learning (Said *et al*., 2022; Kosciulek & Merz, 2021 [19]). Concurrently, peer-mediated stigma manifesting as social isolation, teasing, and exclusion from group work triggers anxiety, diminished self-esteem, and increased absenteeism, creating a direct line from social marginalization to academic disengagement and higher dropout rates (Shelton & Gezer, 2023). Perhaps most insidiously, the internalization of stigma leads learners to adopt society's negative perceptions, resulting in crippling self-doubt, avoidance of academic challenges, and a significant reduction in academic self-efficacy, thereby ensuring that performance declines even in the absence of overt external barriers (Meulien *et al*., 2024) [29]. These mechanisms are not confined to any single context; from the tracking of students into lower-level streams in the United Kingdom (Norwich & Kelly, 2018) to chronic absenteeism in Germany (Rüegger *et al*., 2020), the evidence confirms that stigma is a universal barrier. The consequences are long-term, with longitudinal studies in Australia and New Zealand revealing that chronic stigma leads to early school leaving, lower qualifications, and severely constrained prospects for higher education and employment, thereby perpetuating cycles of marginalization (Takala *et al*., 2020; Margetts & Kearney, 2020) [51, 27]. This compels scholars to argue that holistic interventions combining policy reform, teacher training, and psychological support are non-negotiable for meaningful academic inclusion (King & Chiu, 2019 [18]; Pivik *et al*., 2022).

Within Sub-Saharan Africa, the academic repercussions of stigmatization are critically exacerbated by the region's unique confluence of deep-seated cultural beliefs and severe structural inadequacies. The pervasive cultural framing of disability as a curse or moral failure provides a powerful societal foundation for stigmatization, which is then enacted within schools through derogatory labeling, social exclusion, and profoundly low teacher expectations (Chireshe, 2013; Mugo *et al*., 2010) [6, 33]. This is not merely interpersonal; it becomes institutionalized when teachers, operating under misguided assumptions of incapability, segregate learners into lower-ability groups and assign them simplified tasks, thereby actively limiting their engagement with the standard curriculum and reinforcing a cycle of underachievement (Mukuria & Obiakor, 2019) [34]. This attitudinal barrier is compounded by a crushing resource deficit, where a lack of assistive technologies, inaccessible infrastructure, and insufficient teacher training visibly marginalize differently abled learners, framing them as "burdens" and creating compounded barriers that devastate motivation and participation (Opini, 2016; Avoke, 2021) [44, 3]. While some scholars point to learner resilience and coping strategies as mitigating factors, a powerful counter-argument asserts that an over-reliance on individual coping normalizes systemic failure and places the burden of navigating an oppressive environment on the learners themselves, rather than on the institutions and structures responsible for its creation (Lazarus & Folkman, 2013; Chireshe, 2013) [6, 22].

In the Zambian context, the chasm between progressive

inclusive education policy and the lived academic reality of differently abled learners is stark, with stigmatization acting as the primary mechanism undermining their performance. Despite the Education Act of 2011, learners face a toxic combination of negative labeling, social exclusion, and crucially, low academic expectations that collectively devastate motivation and classroom engagement (Chitiyo & Muwana, 2018; MoGE, 2020) [7, 32]. The case of Kabulonga Cheshire Home is emblematic, where even within a specialized supportive environment, students experience stigmatization that erodes their self-esteem and leads to tangible academic underperformance, as peer ridicule and teacher assumptions of incapability directly result in disengagement and lower achievement (Kapungulya, 2011; Mulenga & Zulu, 2019) [16, 37]. This is systemic; a chronic lack of trained teachers means educators often employ non-differentiated methods that inadvertently marginalize learners, while the physical inaccessibility of classrooms and assessments such as science labs directly causes academic failure, not due to a lack of ability, but due to exclusion (Muzata & Ng'uni, 2021 [38]; Njelesani, 2022). Ultimately, academic underperformance in Zambia is less a function of individual cognitive limits and more a direct consequence of a social and institutional context defined by stigma, where cultural beliefs associating disability with misfortune and systemic resource neglect create an educational environment that actively suppresses the academic potential of differently abled learners (Mulenga, 2017 [35]; Scherer, 2024).

2.3 Coping Strategies of Differently Abled Students

Globally, the coping strategies employed by differently abled students manifest along a critical spectrum from adaptive resilience to maladaptive survival, heavily influenced by the availability of institutional and technological scaffolds. Research consistently demonstrates that students who utilize active, problem-solving strategies such as seeking social support, engaging in proactive planning, and participating in structured peer-mentoring programs like the Circle of Friends achieve significantly better academic outcomes and psychological well-being (Suriá Martínez & Ortigosa Quiles, 2022; Li *et al*., 2021 [23]; Moeyaert *et al*., 2021 [31]). Conversely, when systemic support fails, students often resort to maladaptive avoidance, emotional suppression, and disengagement, which directly reinforces feelings of inadequacy and leads to decreased academic performance (Lone *et al*., 2024) [26]. The integration of assistive and collaborative technology, such as platforms like EmoBridge, has emerged as a transformative factor, reducing social isolation and enhancing participation when properly embedded into pedagogical design (Song *et al*., 2024 [50]; Beaux *et al*., 2024). A central scholarly debate critiques the over-reliance on individual coping, warning that it risks normalizing systemic failure by shifting the burden of adaptation onto students rather than addressing the structural roots of stigmatization (Shelton & Gezer, 2023). Therefore, global best practices converge on a systemic model that formally embeds peer support, invests in teacher capability for inclusive pedagogy, and integrates appropriate technologies to ensure coping strategies enhance learning rather than merely helping students endure a hostile environment (Strnadová *et al*., 2024; Wolfner *et al*., 2023).

In Sub-Saharan Africa, coping strategies are characterized by a profound reliance on community and familial networks, reflecting a resilient agency that operates within a context of severe structural constraints. Faced with institutional neglect and cultural stigmatization, students heavily depend on family advocacy, spiritual faith, and informal peer alliances as primary buffers against academic exclusion (Mwaura, 2015; Chitiyo & Muwana, 2018 [7]; Mmbaga, 2014 [30]). Studies from Kenya, Zimbabwe, and South Africa confirm that peer mentoring and buddy systems can significantly improve classroom participation and confidence, but their success is entirely contingent on active teacher facilitation and an inclusive school culture (Mugo *et al*., 2010; Donohue & Bornman, 2015) [33, 10]. The role of NGOs is critical, often providing bridging services from assistive devices to supplementary tutoring that directly reduce the need for avoidant coping (Opini, 2016; Mboya & Nyaruhucha, 2021) [44, 28]. However, a fierce scholarly debate underscores a fundamental tension: while these adaptive strategies are celebrated as evidence of remarkable individual resilience (Lazarus & Folkman, 2013) [22], they are simultaneously a stark indictment of systemic failure, as an over-reliance on community and personal coping absolves governments and institutions of their responsibility to provide equitable resources and accessible curricula (Chataika *et al*., 2012 [4]; Njelesani, 2018). Consequently, the literature demands a dual approach: investing immediately in locally-owned coping supports like community sensitization and peer networks, while simultaneously pursuing long-term systemic reforms in teacher training and policy enforcement (Phiri, 2022) [45].

Within the Zambian context, coping mechanisms reveal a poignant paradox where remarkable individual resilience is necessitated and ultimately constrained by pervasive institutional failure. Students across educational levels demonstrate ingenuity by forming informal peer-tutoring networks, relying deeply on religious faith for emotional fortitude, and seeking solace in family support (Banda & Chisanga, 2021; UNZA, 2022; Sitali & Mulenga, 2020 [49]). Nonetheless, these strategies are overwhelmingly reactive. Studies of Kabulonga Cheshire Home and universities reveal that without formal institutional backing, such coping is a fragile response to exclusion, leading many students to maladaptive but necessary tactics such as concealing their disabilities or self-isolating to avoid stigma, which further limits their access to academic accommodations (Muzata *et al*., 2019; Mwanza, 2019; Kumatongo *et al*., 2021) [39, 41, 20]. The critical insight from Zambian scholarship is that coping, however resilient, should not be romanticized. As Mwanza (2019) [41] argues, it is often a "survival tactic... born from institutional failure to provide inclusive education." The work of NGOs like Cheshire Homes Zambia provides crucial psychosocial and material support, but this creates a patchwork solution that highlights the absence of a robust state system (Cheshire Homes Zambia, 2019). The literature concludes that the ultimate goal for Zambia is not to perfect student coping strategies, but to render them supplementary through decisive institutional transformation that addresses the structural barriers of inaccessible infrastructure, untrained teachers, and inadequate learning materials (Simui *et al*., 2020; Kasongole & Muzata, 2020 [17]).

2.4 Identification of Research Gaps

While the extant literature comprehensively documents the pervasive nature of stigmatization, its deleterious effects on academic performance, and the coping strategies employed

by students, a significant gap persists in the Zambian context, particularly concerning the *interconnectedness* of these three themes within a single, localized institutional setting. Prior studies have tended to examine these elements in isolation; for instance, research has detailed the forms of stigma (Kalaba, 2020; Muzata & Ng'uni, 2021 [38]) and alluded to its general academic consequences (Chitiyo & Muwana, 2018) [7], but few have established a direct, empirical link between the specific manifestations of stigma and quantifiable academic outcomes within a defined pupil population. Furthermore, while the coping strategies of Zambian students have been noted, their documented reliance on personal resilience and informal support (UNZA, 2022; Sitali & Mulenga, 2020 [49]) is often presented without a critical analysis of their actual efficacy in mitigating the documented academic decline, thereby risking the romanticization of coping as a solution rather than a symptom of systemic failure (Mwanza, 2019) [41]. This creates a critical void, as a holistic understanding of how specific stigmatizing experiences directly translate into academic performance deficits, and how coping mechanisms mediate this relationship, is essential for designing targeted, evidence-based interventions. Therefore, this study seeks to fill this gap by conducting an integrated investigation at Kabulonga Cheshire Home to explicitly connect the forms of stigmatization to their academic consequences and to critically evaluate the adequacy of existing coping strategies, moving beyond siloed descriptions to a holistic analysis that can inform meaningful institutional and policy responses (Shelton & Gezer, 2023; Simui *et al*., 2020).

3. Methodology

3.1 Research Design

A descriptive research design was adopted to systematically describe and analyze the phenomena of stigmatization and its academic effects without manipulating variables, thereby capturing "what exists" within the case study context (Saunders *et al*., 2019; Kumar, 2019) [46, 21].

3.2 Target Population

The target population was defined as all differently abled pupils (approx. 120) and staff (15) at Kabulonga Cheshire Home, representing the complete group with the relevant characteristics for the study (Sekaran & Bougie, 2016) [47].

3.3 Sampling Design

Purposive sampling was employed to deliberately select participants who were most knowledgeable about the issues under investigation, a technique appropriate for gaining deep understanding in qualitative and descriptive research (Etikan & Bala, 2017; Creswell & Creswell, 2018) [12, 8].

3.4 Sample Size Determination

A sample of 45 pupils and 15 staff was selected, a size justified as it balanced the need for rich qualitative data and comprehensive staff perspectives with the practical feasibility of data collection within the institution (Taherdoost, 2016).

3.5 Data Collection Methods

Primary data collection utilized Focus Group Discussions (FGDs) with pupils and structured questionnaires with staff, supplemented by secondary data from documents, to gather first-hand insights and consistent observational data (Kumar, 2019) [21].

3.6 Data Analysis

Quantitative data from questionnaires were analyzed using STATA software for descriptive statistics, while qualitative data from FGDs were transcribed and analyzed using thematic analysis to identify patterns and themes (Saunders *et al*., 2019) [46].

3.7 Triangulation

Methodological triangulation was employed by combining qualitative and quantitative data sources to cross-validate results, enhancing the credibility and providing a more holistic understanding of the findings (Flick, 2018) [13].

3.8 Limitations of the Study

Key limitations included the single-institution focus limiting generalizability, potential communication challenges with some pupils, the sensitive nature of the topic, and resource constraints, all of which were mitigated through confidentiality, triangulation, and careful facilitation.

3.9 Ethical Considerations

The study adhered to strict ethical guidelines, ensuring informed consent, confidentiality, anonymity, and the principle of nonmaleficence to protect the rights and welfare of all participants (Resnik, 2020).

4. Findings and Results

4.1 Characteristics of Respondents (Bio Data)

The study captured a robust demographic profile, featuring 45 differently abled pupils with a mean age of 17.18 years, situating them in a critical developmental period for identity formation, and representing a nearly equal gender split (51.11% female, 48.89% male) alongside a diverse range of disabilities physical (31.11%), hearing (24.44%), visual (24.44%), and cognitive (20.00%) ensuring comprehensive insights across impairment types. The pupil cohort was primarily concentrated in Grades 8-10, with an average institutional tenure of 3.16 years, indicating significant familiarity with the school environment, and was almost evenly divided between hostel residents (51.11%) and those living with family (48.89), providing perspectives from both institutional and domestic settings. Complementing this, the 15 staff respondents were a predominantly female (66.67%), mature (mean age 36.93), and experienced group (mean 6.73 years of service), with the majority being classroom teachers (73.33%) who held substantial qualifications (46.67% with Bachelor's degrees, 20.00% with Master's) and, critically, two-thirds (66.67%) had received inclusive education training, establishing a credible and contextually aware professional baseline for interpreting the phenomena of stigmatization.

4.2 Nature and Forms of Stigmatization Experienced by Differently Abled Pupils

This section reports findings for the first research objective by outlining the various forms of stigmatization pupils face,

including frequent negative peer comments, low teacher expectations, social exclusion, and other discriminatory behaviours.

4.2.1 Pupil-Reported Experiences of Stigmatization

This section presents the qualitative findings from the six Focus Group Discussions (FGDs) related to the first objective, which aimed to investigate the nature and forms of stigmatization experienced by the pupils. The analysis is structured around three key themes that emerged from the data.

Theme 1: Verbal Stigmatization and Mockery

Table 4.13: Actual and Illustrative Quotations on Verbal Stigmatization and Mockery

Focus Group	Actual and Illustrative Quotations
FGD 2 (Hearing Impairment)	They call us deaf and dumb. The worst is when people stop talking when you approach, or they exaggerate their mouth movements to mock us."
FGD 4 (Cognitive Disability)	"When they call me a slow learner, I start to believe it. It makes me feel less than others."
FGD 3 (Physical Disability)	Sometimes they laugh and call me names when I am walking to class. They say things like 'look how he walks'."
FGD 5 (Junior Classes)	"One of the most painful things is being laughed at by other students for how you look or talk."

Source: Primary Data, 2025

As revealed in Table 4.13, verbal abuse was a common and painful form of stigmatization reported across multiple focus groups. Pupils with hearing impairments faced derogatory labels and mockery of their communication methods. Similarly, those with cognitive disabilities were negatively labeled as "slow learners," a tag which they reported internalizing, thereby affecting their self-perception.

Theme 2: Social and Academic Exclusion

Table 4.14: Actual and Illustrative Quotations on Social and Academic Exclusion

Focus Group	Actual and Illustrative Quotation
FGD 1 (Visual Impairment)	During group work, my members were discussing the diagram and just skipped me. They said it is fine, you will not see it anyway. I just sat there feeling useless."
FGD 3 (Physical Disability)	"They never pass the ball to me in football. They say you might fall. I am always the last one to be picked for any team."
FGD 6 (Senior Classes)	"I failed my last science practical because the lab is upstairs and no one helped me get my wheelchair up there. I was just marked absent."
Focus Group	Actual and Illustrative Quotation
FGD 5 (Junior Classes	"Being left alone at break time is a big problem. Nobody wants to sit with you."

Source: Primary Data, 2025

Table 4.14 demonstrates that exclusion from both social and academic activities is a pervasive form of stigmatization. Pupils with visual impairments were sidelined in group tasks, while those with physical disabilities were excluded from sports and even essential academic assessments due to inaccessible infrastructure.

Theme 3: Low Expectations and Patronizing Attitudes

Table 4.15: Actual and Illustrative Quotations on Low Expectations and Patronizing Attitudes

Focus Group	Actual and Illustrative Quotation
FGD 4 (Cognitive Disability)	The teacher gives me a colouring book when others are doing mathematics. She says it is for my level. It makes me feel like a baby."
FGD 1 (Visual Impairment)	"The teacher just tells me to go and sit under the tree and watch during Physical Education. My grade is always low, not because I cannot, but because I am not allowed."
FGD 6 (Senior Classes)	"As I have grown older, the stigma has changed. People talk to me in a baby voice and act like I cannot make my own decisions. It is insulting."
FGD 5 (Junior Classes)	"Teachers not believing you can do something is very painful. It kills your spirit."

Source: Primary Data, 2025

The data in Table 4.15 uncovers a more subtle yet profound form of stigma: low expectations and patronizing attitudes from both teachers and peers. Pupils with cognitive disabilities were given academically undemanding tasks, signalling a perceived lack of capability. Furthermore, senior pupils reported being treated in an infantilizing manner, which they found deeply disrespectful. This theme highlights how stigma can be embedded in the attitudes of authority figures, limiting pupils' academic opportunities and damaging their sense of autonomy and maturity.

4.2.2 Teacher and Administrator Observations on Stigmatization

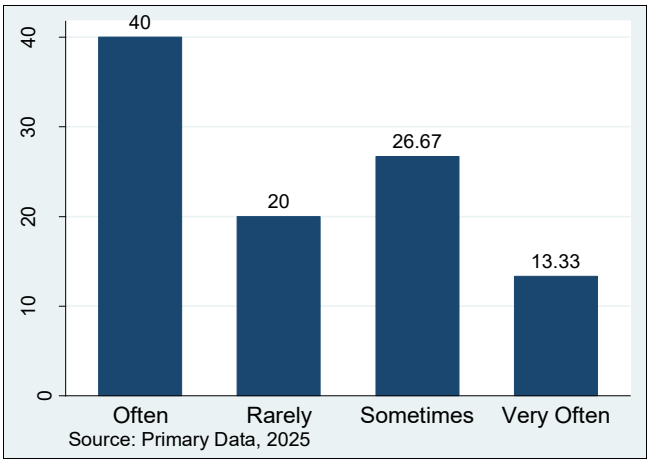


Chart 4.1: Frequency of Observed Peer Stigma by Teachers and Administrators

Chart 4.1 presents staff observations on the frequency of peer stigma, revealing that 40.00% (n=6) of teachers and administrators witness this behaviour "Often," while 26.67% (n=4) see it "Sometimes." A further 13.33% (n=2) report it happening "Very Often," and 20.00% (n=3) observe it "Rarely."

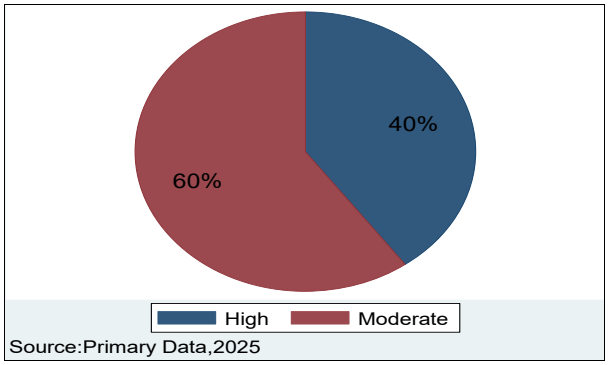


Chart 4.2: Level of Peer Acceptance According to Staff Observations

As shown in Chart 4.2, staff assessments of peer acceptance reveal that 60.00% (n=9) perceive the level of acceptance as only "Moderate," while 40.00% (n=6) describe it as "High." The complete absence of "Low" or "Very Low" ratings suggests a foundational level of tolerance exists; however, the dominant "Moderate" classification clearly indicates a significant deficit in genuine, high-level social inclusion and acceptance among the pupil population.

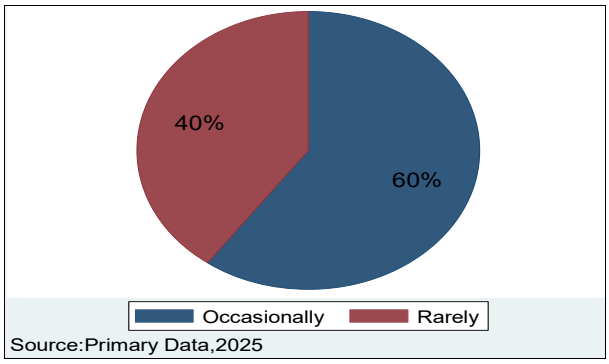


Chart 4.3: Frequency of Observed Social Exclusion Incidents

Chart 4.3 demonstrates that a majority of staff, 60.00% (n=9), observe social exclusion happening "Occasionally," while 40.00% (n=6) see it "Rarely." The fact that no staff members selected "Never" or "Very Frequently" indicates that social exclusion is a recognized, recurring issue, but not necessarily a daily occurrence for all pupils.

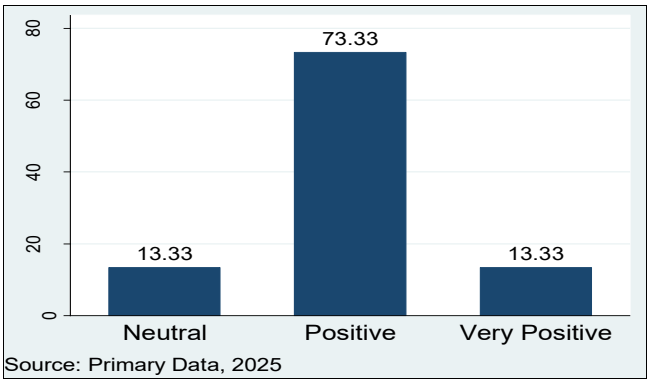


Chart 4.4: Staff Self-Assessment of Teacher Attitudes Toward Differently Abled Pupils

Chart 4.4 illustrates staff self-perception of their attitudes, with a strong majority of 73.33% (n=11) describing their approach as "Positive" and 13.33% (n=2) as "Very Positive." A further 13.33% (n=2) reported "Neutral" attitudes, while notably, no staff members selected "Negative" or "Very Negative."

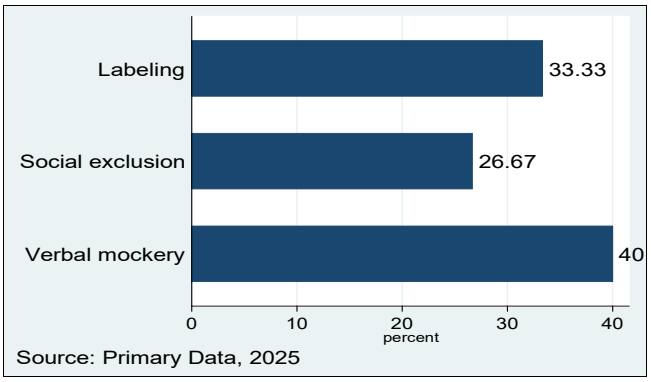


Chart 4.5: Most Common Forms of Stigmatization Identified by Staff

Chart 4.5 identifies the forms of stigma most commonly observed by staff, with "Verbal Mockery" being the most frequent at 40.00% (n=6). This is followed by "Labeling" at 33.33% (n=5) and "Social Exclusion" at 26.67% (n=4). The data shows that overt, interpersonal forms of stigma like verbal abuse and labeling collectively account for 73.33% of observed incidents, pinpointing these as the primary manifestations of stigma that require immediate and direct intervention strategies within the school.

4.3 Effects of Stigmatization on Academic Performance

This section addresses the study's second objective by presenting data on how the experienced stigmatization impacts the pupils' academic outcomes. It examines factors such as school attendance, average grades, classroom participation, motivation, and anxiety levels.

4.3.1 Pupil-Reported Effects on Academic Performance

This section presents the qualitative findings from the six Focus Group Discussions related to the second objective, which aimed to investigate the effects of stigmatization on the academic performance of the pupils. The analysis revealed three key themes: Reduced Classroom Participation and Engagement, Psychological Distress and Diminished Motivation, and Direct Negative Impact on Learning Outcomes.

Theme 1: Reduced Classroom Participation and Engagement

Table 4.16: Illustrative Quotations on Reduced Classroom Participation and Engagement

Focus Group	Illustrative Quotation
FGD 3 (Physical Disability)	"I know the answers, but raising my hand takes so much courage. Everyone turns to look at me. The attention is too much, so I often just stay quiet."
FGD 2 (Hearing Impairment)	"If the teacher turns away from me while speaking, I lose everything. I have to constantly look at my friend's notes to guess what I missed. It is exhausting and I often fall behind."
FGD 6 (Senior Classes)	"How can I participate in a science discussion when I was not even allowed in the lab for the practical? You feel disconnected from the entire topic."
FGD 1 (Visual Impairment)	"When they skip me in group work, I do not get to contribute. My ideas are not heard, and my grade for that activity suffers."

Source: Primary Data, 2025

As evidenced in Table 4.16, stigmatization creates significant barriers to classroom participation and engagement. Pupils with physical disabilities reported self-silencing due to the fear of unwanted attention, while those with hearing impairments faced practical obstacles that hindered their ability to follow lessons. Furthermore, exclusion from foundational activities, like laboratory work, created a knowledge gap that prevented meaningful participation in subsequent discussions. This collective withdrawal from the learning process directly impedes their academic involvement.

Theme 2: Psychological Distress and Diminished Motivation

Table 4.17: Illustrative Quotations on Psychological Distress and Diminished Motivation

Focus Group	Illustrative Quotation
FGD 5 (Junior Classes)	"There are days I pretend to be sick so my mother does not bring me to school. I just do not have the strength to face the pointing and laughing."
FGD 4 (Cognitive Disability)	"Why should I try hard if everyone thinks I will fail? So sometimes, I do not even try, and then I fail. It is a cycle."
FGD 6 (Senior Classes)	"The constant pity and being talked down to is draining. It makes you lose the motivation to even open a book because you start to believe what they say about you."
FGD 1 (Visual Impairment)	"Being made to feel useless in class makes you not want to contribute at all. You just switch off."

Source: Primary Data, 2025

The data in Table 4.17 illustrates the profound psychological impact of stigma, which in turn severely diminishes academic motivation. Pupils from junior classes reported school avoidance as a direct result of the emotional toll of stigmatization. More critically, as expressed by pupils with cognitive disabilities, the experience fosters a cycle of learned helplessness and academic disengagement.

Theme 3: Direct Negative Impact on Learning Outcomes

Table 4.18: Illustrative Quotations on Direct Negative Impact on Learning Outcomes

Focus Group	Illustrative Quotation
FGD 6 (Senior Classes)	"I failed my last science practical because i could not do lab test properly “
FGD 1 (Visual Impairment)	"My grade for PE is always low, not because I cannot, but because I am not allowed to participate that much."
FGD 2 (Hearing Impairment)	"Because I miss parts of the lesson, my assignments often have mistakes. Then the teacher marks me down, but it is not my fault I could not hear the instructions."
FGD 3 (Physical Disability)	When I am quiet in class because I am afraid to speak, the teacher assumes I do not know the work, and it affects my participation marks maybe."

Source: Primary Data, 2025

Table 4.18 provides direct evidence of how stigmatization and the failure to provide an inclusive environment translate into tangible negative academic outcomes. Pupils reported receiving failing grades in subjects like Physical Education and science practicals not due to a lack of ability, but because they were systematically excluded from the assessments. Furthermore, the consequences of stigma such as missing information or choosing not to participate directly resulted in lower scores on assignments and class contributions.

4.3.2 Teacher and Administrator Perceptions on Academic Effects

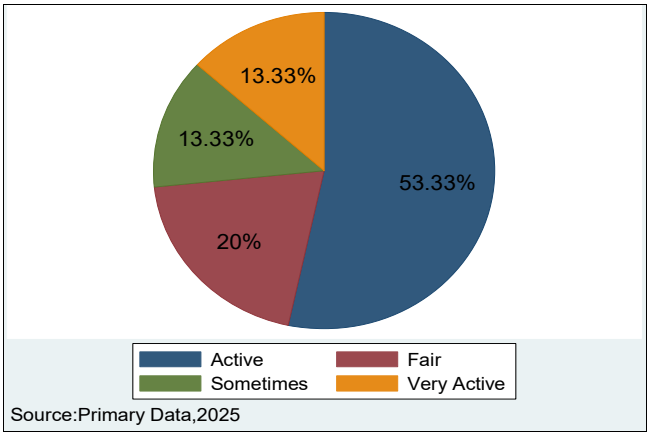


Chart 4.6: Teacher and Administrator Perceptions of Pupil Academic Participation

Chart 4.6 presents staff assessments of pupil academic participation, showing that 53.33% (n=8) describe it as "Active," while 13.33% (n=2) view it as "Very Active." However, a significant portion of staff, 20.00% (n=3), report only "Fair" participation, and 13.33% (n=2) note that pupils participate only "Sometimes."

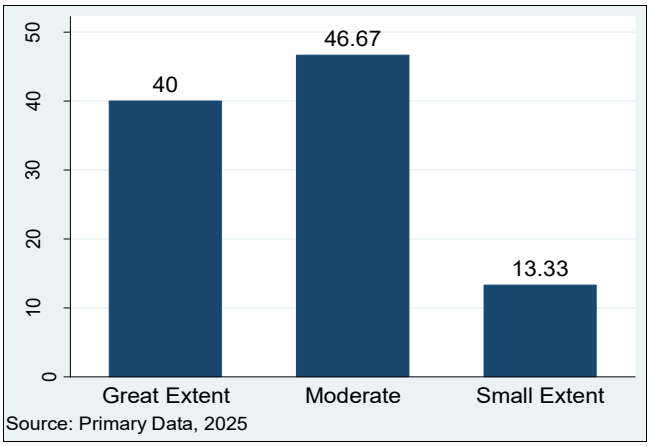


Chart 4.7: Perceived Impact of Stigma on Class Attendance

As shown in Chart 4.7, staff perceptions regarding stigma's impact on attendance reveal that 40.00% (n=6) believe it affects attendance to a "Great Extent," while 46.67% (n=7) report a "Moderate" impact. Only 13.33% (n=2) perceive a "Small Extent" of impact. The fact that 86.67% of staff observe at least a moderate impact confirms that stigmatization significantly contributes to absenteeism patterns, directly affecting pupils' consistent engagement with their education.

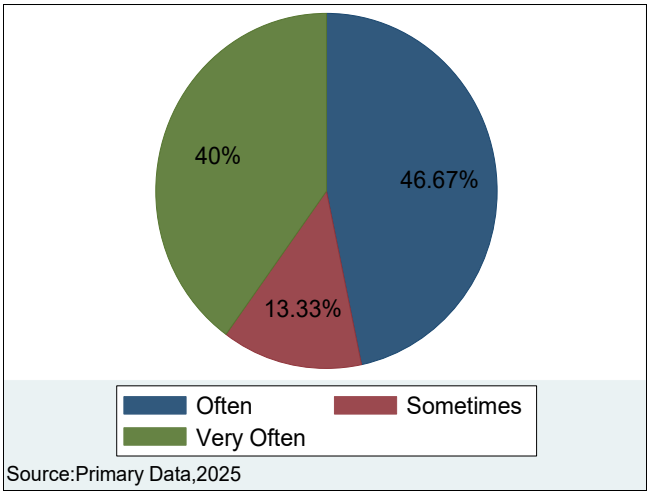


Chart 4.8: Frequency of Pupil Help-Seeking Behavior

Chart 4.8 illustrates that 40.00% (n=6) of staff report pupils seek help "Very Often," and 46.67% (n=7) note they do so "Often," while 13.33% (n=2) observe help-seeking only "Sometimes." The high frequency of help-seeking behavior (86.67% combined for "Often" and "Very Often") suggests that pupils generally feel comfortable approaching staff for academic support, indicating that teacher-pupil communication channels are functional despite the presence of stigmatization in other areas.

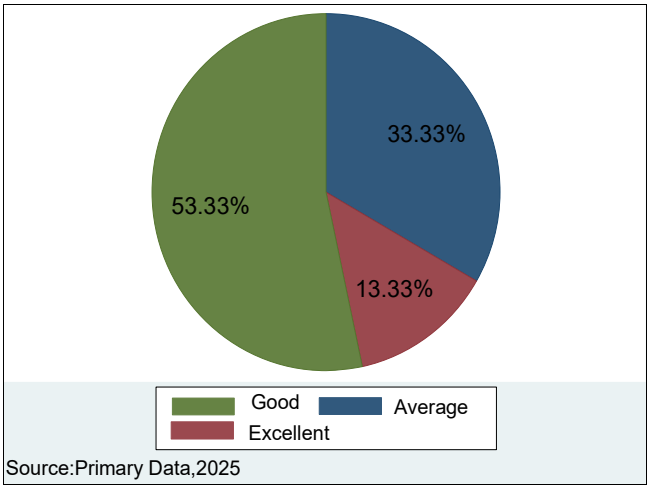


Chart 4.9: Staff Assessment of Pupil Academic Performance

Chart 4.9 demonstrates staff evaluations of overall academic performance, with 53.33% (n=8) rating it as "Good" and 13.33% (n=2) as "Excellent," while 33.33% (n=5) describe it as "Average." The absence of "Poor" or "Very Poor" ratings suggests that academic performance is generally adequate, though the significant proportion of "Average" evaluations indicates room for improvement, potentially linked to the effects of stigmatization on learning outcomes.

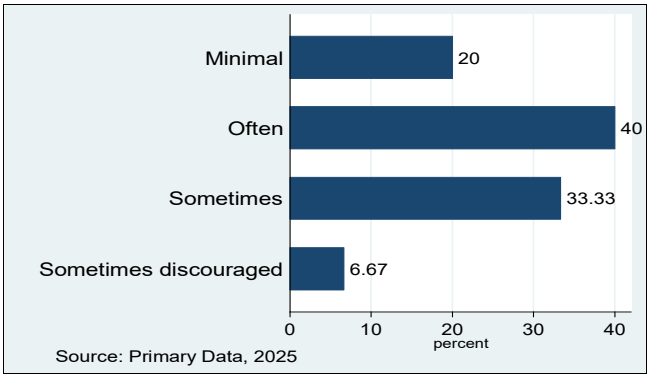


Chart 4.10: Perceived Impact of Stigma on Pupil Confidence

Chart 4.10 reveals that 40.00% (n=6) of staff observe stigma affecting pupil confidence "Often," while 33.33% (n=5) see this impact "Sometimes." Additionally, 20.00% (n=3) report "Minimal" impact, and 6.67% (n=1) note pupils are "Sometimes discouraged." The data shows that 73.33% of staff witness regular negative impacts on confidence, highlighting stigmatization's profound psychological effect on pupils' self-belief and classroom engagement.

4.4 Coping Strategies of Differently Abled Pupils

This section presents findings for the third research objective by outlining the coping strategies pupils use, highlighting personal, social, and institutional mechanisms that help them manage the effects of stigma.

4.4.1 Coping Strategies Reported by Pupils

This section presents the qualitative findings from the six Focus Group Discussions related to the third objective, which aimed to establish the coping strategies employed by the pupils. The analysis examines three key themes: Reliance on Social Support Systems, Use of Personal and Psychological Strategies, and Engagement with Institutional Resources.

Theme 1: Reliance on Social Support Systems

Table 4.19: Actual and Illustrative Quotations on Reliance on Social Support Systems

Focus Group	Actual and Illustrative Quotation
FGD 2 (Hearing Impairment	"We have a small group, the ears group. We explain lessons to each other using our signs. They are my real support."
FGD 3 (Physical Disability)	"My advice is to find one true friend who sees you for you, not the wheelchair. That one person can make this whole place feel bearable."
FGD 5 (Junior Classes)	"I talk to my mother when I come home sad. She encourages me and tells me to be strong and focus on my books."
FGD 6 (Senior Classes)	"I have a cousin in Grade 12 who also uses a wheelchair. He understands my struggle and advises me. Talking to him gives me strength."

Source: Primary Data, 2025

As detailed in Table 4.13, pupils consistently reported relying on robust social support systems as a primary coping mechanism. This involved forming tight-knit peer groups with those who shared similar experiences, such as the "ears group" for pupils with hearing impairments. The critical importance of having even one trusted friend or a supportive family member was emphasized across groups. These relationships provided emotional comfort, academic assistance, and a vital sense of belonging, which helped to buffer the negative effects of stigmatization.

Theme 2: Use of Personal and Psychological Strategies

Table 4.20: Actual and Illustrative Quotations on Use of Personal and Psychological Strategies

Focus Group	Actual and Illustrative Quotation
FGD 4 (Cognitive Disability)	"I pray. I tell God that I am smart in my own way, even if others do not see it. Prayer gives me peace."
FGD 1 (Visual)	"I cope by focusing on what I am best at, which is languages. When I score highest in English, it reminds me and everyone that my blindness is not my brain."
FGD 6 (Senior)	"I set small goals for myself every day. Achieving them, like finishing my homework without help, makes me feel capable and in control."
FGD 2 (Hearing Impairment)	"I have decided to ignore the negative comments. I focus on my books and my future. Their words cannot stop me from becoming a tailor."

Source: Primary Data, 2025

The data in Table 4.20 reveals that pupils employ a range of personal and psychological strategies to build resilience. Spirituality and prayer were commonly cited as sources of inner peace and self-affirmation. A prominent strategy was conscious self-validation through academic excellence in specific subjects, allowing pupils to redefine their identity around their abilities rather than their disabilities. Furthermore, pupils reported using goal-setting and conscious ignoring of negative stimuli as cognitive techniques to maintain focus on their education and future aspirations, demonstrating significant personal agency.

Theme 3: Engagement with Institutional Resources

Table 4.21: Illustrative Quotations on Engagement with Institutional Resources

Focus Group	Illustrative Quotation
FGD 5 (Junior Classes)	"The best thing is the resource room with Mr. Banda. In that room, I feel normal. He explains things until I understand. He does not rush me."
FGD 1 (Visual Impairment)	"Using audio books and the talking calculator in the resource room has helped me a lot. I can learn at the same pace as others."
FGD 3 (Physical Disability)	"I went to the school counselor after being bullied. She talked to the boys and it stopped for some time. It helped to report it."
FGD 6 (Senior Classes)	"The peer tutoring program is helpful. When a fellow student explains, sometimes it is easier to understand than when the teacher does."

Source: Primary Data, 2025

As illustrated in Table 4.21, pupils actively engage with available institutional resources to cope with academic and social challenges. The resource room was highlighted as a critical safe space that provided not only specialized learning materials like audio books but also a supportive teaching approach. Pupils also reported the benefits of seeking formal intervention through counseling and participating in structured peer-support programs. These institutional mechanisms were valued for providing tailored academic support, resolving conflicts, and creating a more inclusive learning environment, though their availability and consistency were sometimes noted as areas for improvement.

4.4.2 Institutional Support as Reported by Teachers and Administrators

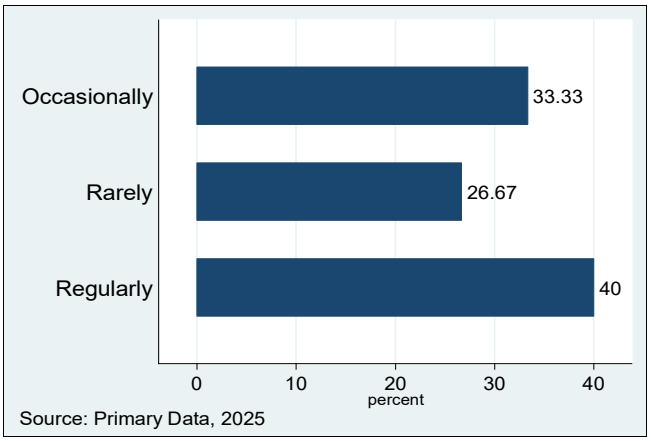


Chart 4.11: Frequency of Conducted Awareness Programs on Stigma

Chart 4.11 shows that awareness programs are conducted "Regularly" according to 40.00% (n=6) of staff, while 33.33% (n=5) report they happen only "Occasionally" and 26.67% (n=4) say "Rarely." This indicates that while a substantial portion of staff see regular efforts, over half (60%) perceive these crucial sensitization activities as inconsistent, suggesting a need for more systematic and frequent implementation to effectively combat stigmatization.

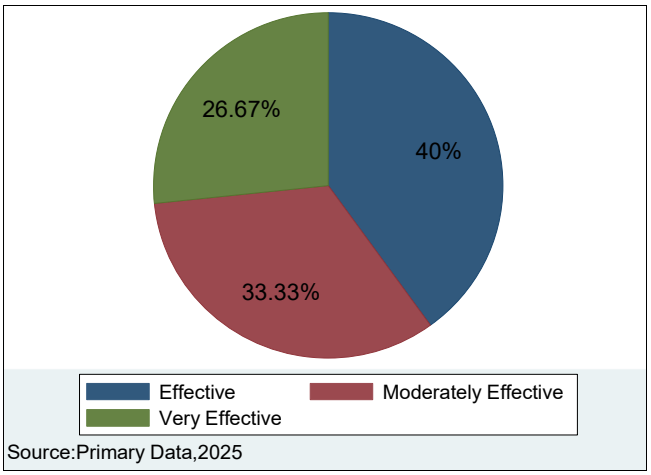


Chart 4.12: Perceived Effectiveness of Institutional Support Services

As shown in Chart 4.12, staff evaluations of support service effectiveness reveal that 40.00% (n=6) find them "Effective," 33.33% (n=5) rate them as "Moderately Effective," and 26.67% (n=4) consider them "Very Effective." The absence of "Ineffective" ratings is positive,

yet the fact that only a quarter view services as highly effective indicates significant room for improving the impact and quality of institutional support mechanisms.

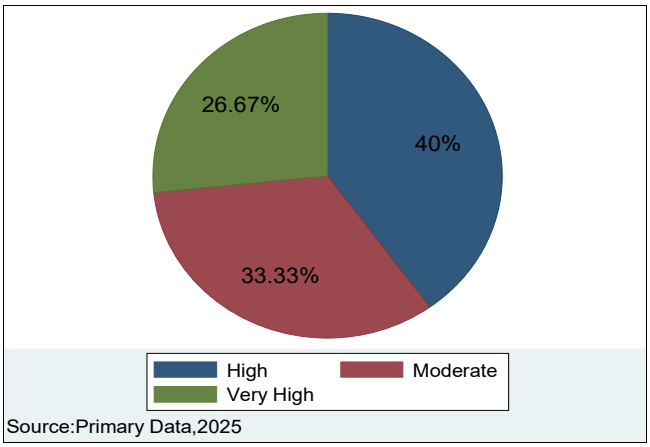


Chart 4.13: Level of Teacher Collaboration in Supporting Pupils

Chart 4.13 demonstrates that teacher collaboration levels are rated as "High" by 40.00% (n=6) of staff and "Very High" by 26.67% (n=4), while 33.33% (n=5) describe it as "Moderate." This distribution shows that two-thirds of staff perceive strong collaborative efforts, though the remaining one-third reporting only moderate collaboration suggests potential for strengthening teamwork and shared strategies in supporting differently-abled pupils.

Table 4.22: Most Effective Support Strategies as Identified by Teachers and Administrators

Effective Strategy	Freq.	(%)
Positive reinforcement and mentoring	3	20%
Peer tutoring and counseling	2	13.33%
Peer support and classroom adjustments	2	13.33%
Counseling sessions and inclusion programs	2	13.33%
Classroom adjustments and mentorship	2	13.33%
Resource rooms and peer support	1	6.67%
Peer mentorship and counseling	1	6.67%
Institutional policies and peer support	1	6.67%
Counseling and peer mentorship	1	6.67%
Total	15	100%

Source: Primary Data, 2025

Table 4.22 presents staff perspectives on the most effective support strategies, showing that "Positive reinforcement and mentoring" was the most frequently identified approach at 20.00% (n=3). Various combinations of peer support, counseling, and classroom adjustments each accounted for 13.33% (n=2) of responses, indicating these are consistently valued interventions.

4.5 Discussion of Findings

The discussion of findings reveals that stigmatization at Kabulonga Cheshire Home operates as a multifaceted social process, powerfully aligning with Link and Phelan's (2001) [25] theoretical framework by demonstrating how labeling, stereotyping, separation, and status loss manifest through distinct yet interconnected channels. The pervasive verbal mockery and derogatory labeling experienced by pupils, which staff identified as the most common form of stigma (40%), directly corrodes self-perception and resonates with global evidence identifying negative labeling as a primary driver of psychological distress (Said *et al*., 2022). Furthermore, the systemic social and academic exclusion where pupils are sidelined from group work and essential assessments exemplifies the "separation" mechanism of stigma theory and reinforces Shelton and Gezer's (2023) assertion that exclusionary practices create fundamental participation barriers. Most critically, the identification of low expectations and patronizing attitudes as an insidious form of stigma uncovers a profound policy-practice gap (Pivik *et al*., 2022), where a significant disconnect exists between staff self-perception (86.66% reporting positive attitudes) and pupil experiences of being systematically underestimated, a form of subtle systemic exclusion that Avoke (2021) [3] identifies as particularly damaging. This convergence of evidence from both pupil narratives and staff observations underscores the complex, embedded nature of stigmatization in this Zambian context and strongly supports the contention by Chitiyo and Muwana (2018) [7] that comprehensive interventions must target not only individual behaviors but also the institutional practices and cultural norms that perpetuate these damaging dynamics.

The findings compellingly demonstrate that stigmatization triggers a devastating cascade of academic consequences, initiating with immediate psychological withdrawal and self-silencing in the classroom a manifestation of what Kosciulek and Merz (2021) [19] term "academic disidentification" which is then exacerbated by the profound psychological toll that erodes motivation and fuels absenteeism, creating a vicious cycle of "reciprocal effects" where stigma and academic struggle mutually reinforce one another (Norwich & Kelly, 2018). This psychological distress, corroborated by staff who reported stigma significantly impacts attendance (86.67%), culminates in the most tangible outcome: direct academic failure not due to a lack of capability, but as a direct result of exclusion from assessments and learning activities, a clear form of institutional stigma as argued by Shelton and Gezer (2023). The critical nuance that pupils continue to seek help despite this environment speaks to a resilient academic identity, yet this occurs within a context where the vast majority of staff (73.33%) observe a regular erosion of pupil confidence, perfectly illustrating the self-fulfilling prophecy at the heart of stigma theory (Link & Phelan, 2001) [25]. Collectively, this evidence validates a comprehensive model where stigma operates through intertwined social-psychological and institutional pathways to severely constrain educational trajectories (Shifrer, 2013), demanding interventions that address this entire cascade, from the internalized self-doubt to the systemic practices that convert stigma into academic failure.

The findings reveal a sophisticated ecology of coping strategies at Kabulonga Cheshire Home, where pupils demonstrate remarkable agency in deploying social, psychological, and institutional resources to navigate stigmatization, yet this very resilience underscores a profound systemic failure. Pupils strategically build "resistance capital" (Ditchman *et al*., 2017) [9] through tight-knit peer alliances and familial support, reflecting deeply rooted communal values, while simultaneously engaging in "transformational coping" (Suriá Martínez & Ortigosa Quiles, 2022) by leveraging spiritual faith and academic self-validation to reconstruct positive identities against stigmatizing labels. However, this individual ingenuity is critically undermined by the institution's fragmented support

infrastructure, where the stark disconnect between pupil-reported benefits and staff admissions of inconsistently implemented programs (60% noting only occasional awareness campaigns) and limited effectiveness (only 26.67% rating services as "Very Effective") exposes a debilitating policy-practice gap (Simui *et al*., 2020). Consequently, while pupils' resourcefulness in utilizing peer networks and institutional niches like the resource room aligns with global evidence on effective support (Moeyaert *et al*., 2021) [31], their coping ultimately functions less as an empowering tool and more as a "survival tactic" (Mwanza, 2019) [41] within a system that offloads the burden of inclusion onto the very individuals it fails to adequately support.

5. Conclusion

This study conclusively demonstrates that stigmatization at Kabulonga Cheshire Home is the primary mechanism directly undermining academic achievement, operating through an empirically validated triad of destructive pathways. The data definitively declares that pervasive verbal mockery and systemic low expectations actively trigger a cascade of psychological withdrawal and academic disengagement, which is quantitatively confirmed by staff observations that stigma severely impacts both attendance (86.67%) and pupil confidence (73.33%). Critically, the research establishes that tangible academic failure such as failing grades in practical assessments is not a function of pupil inability but a direct consequence of exclusionary practices and institutional neglect, converting social stigma into measurable academic deficit. Furthermore, while pupils exhibit remarkable agency through resilient coping strategies, this resilience is ultimately a symptom of systemic failure, not a solution to it, as the institution's fragmented and inconsistently implemented support systems are proven inadequate to counteract the profound, stigmatizing environment. Therefore, the academic underperformance of differently abled pupils is empirically concluded to be a direct and preventable outcome of unaddressed stigmatization, demanding immediate and systemic intervention.

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