

# SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE – AFRICA

**Maria Nivalda de Carvalho-Freitas**

Universidade Federal de São João del Rei - UFSJ

E-mail: [nivalda@ufsj.edu.br](mailto:nivalda@ufsj.edu.br)

**Antônio Luiz Marques**

Universidade Federal de Minas Gerais

E-mail: [marques@face.ufmg.br](mailto:marques@face.ufmg.br)

## ABSTRACT

The present study investigates the perception of difficulties and possibilities of social inclusion of People with Disabilities in three of the ten islands of the archipelago of Cape Verde and in two towns of Brazil. It used both concepts the *differentiation principles* of Bourdieu and the *stigma* of Goffman to build the instrument of investigation. A questionnaire was applied to 121 People with Disabilities in the Brazilian towns and in 67 in Cape Verdean Islands. KMO's Index and Bartlett test of sphericity were used to analyze the appropriateness of factor analysis and the Cronbach's alpha assessed the degree of consistency of the scale. Four factors were considered in Brazil: barriers to citizenship; discrimination regarding work; self-esteem and knowledge of the rights. In Cape Verde three factors were considered: perception of the social relations; self-esteem and barriers to citizenship. Not only in Brazil but also in Cape Verde it was verified that with the increase of the family income, the instruction level of People with Disabilities increases and smaller are the difficulties regarding the barriers to citizenship.

**Key words:** people with disabilities, social inclusion, world market, Cape Verde, Brazil

## 1 INTRODUCTION

Modern organizations have faced many challenges in order to obtain competitive advantages and better performance level. In addition, at the most competitive markets a better social image becomes important to the organization reputation, bringing prestige and world recognition, what makes the partnerships and join-ventures easier, it also opens opportunities of financing and facilitates the relationship among suppliers, deliverers and authorities all over the world (Gomes and Sapiro, 1993).

A key factor to maintain a good organization image has been work in a social responsibility perspective, what, inclusively, improve the organization value in a foreigner/  
REAd – Edição 56 Vol 13 N° 2 mai-ago 2007

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

exterior market. The measures of affirmative actions and diversity management into the workplace are ways to maintain a good corporative image and make up competitive advantage. Conciliating economical efficiency and social trust has been a challenge to organizations.

Then the organizations need to face the necessity of keeping the equality principles joined with the diversity in order to introduce, maintain, develop and assess the people into their workplace. In this scenery, studies about the inclusion of minorities become important to amplify the knowledge about the diversity, improving this way the perspectives of these people and helping the development of new organizational strategies. Into this context, this research intends to investigate the perception of difficulties and possibilities of social inclusion of people with disabilities in three out of the ten islands in the archipelago of Cape Verde and in two towns in Brazil.

It will be regarded in this study, the premises that the conceptions about some phenomenon or circumstances influence the actions about them. This is an epistemological presupposition which points out that the observation depends on theory, which according to Kuhn (1998), what a man sees depends not only on the object that he sees but also on his previous conceptual experience.

In this investigation, disability will be defined like the International Classification of impairments, disabilities, and handicaps, a manual of classification related to the consequences of disease (ICIDH) that defines:

- Disability as a temporary or definitely difficulty or abnormality in psychological, physiological or anatomical structure;
- Incapacity as a skill restriction on doing activities considered normal for a human being;
- Handicap as the damage to the person resulting from a disability or incapacity that limits or impedes the social roles skills expected from the person. It is also connected with social barriers.

According to Amiralian *et al* (2000), the conception of handicap does not focus on people or their capacities, but in the environmental conditions which affect them. These authors discuss, therefore, that a person can have a disability with no incapacity, a handicap with no impairment or impairment with no incapacity or disability. This research has taken into account people with disabilities. People who, according to Neri *et al* (2003), have at least some incapacity to walk, to hear, to see or mental disabilities.

This paper, then, is divided into five parts, besides this introduction: a brief overview of the inclusion of the person with disability, the theoretical references, the method, the results and the general discussion.

## **2 BRIEF OVERVIEW OF THE INCLUSION OF THE PERSON WITH DISABILITY**

All over the world, in general, the questioning about inclusion of a person with disability was never a systematic matter of concern over the marketplace, although Ford (1952) has ordered a classification of the tasks in his factory to be done accordingly to the kind of machine and the kind of work, considering the necessary strength physique, the work condition and the requirement to do the task like using one or two hands, working in a sat down or stood up position, the intensity of lighting and so on.

Only after the Second World War some rights for people with disabilities were established in Europe due to the fact that the ex-servicemen came back from war mutilated. Nevertheless, this right was extended to all people with disability. In the 20<sup>th</sup> century many specialized institutions were created, all over the world, to deal with human rights and ensure the rehabilitation and the inclusion for the people with disabilities, for instance United Nations, International Labor Organization, World Health Organization and others, which began to support the equality principles and made up for an exchange of knowledge about the disability.

According to Goss, Goss and Adam-Smith (2000), since the 1940s the Europe has been adopted the quota schemes to employ ex-servicemen, applicable to all those people registered as disabled, as a form of social charity. According to these authors, two dominant approaches can be identified in this form of social charity: the medical model and the tragedy model, both emphasizing the professional perspective and the social legislation. The medical model defines the disability as an individual characteristic resulting from pathology and which needs a professional intervention to be “rectified”. The tragedy model provides a common-sense counterpart to the medical model, assuming that the best way to help people with disability is to make donations to the charities where they have been looked after. Both approaches about the people with disability defend the premise that people with disability cannot take care of themselves or they cannot make choices in their lives, therefore these approaches emphasize a negative perception of people with disability when these people are compared with the ones with no disabilities.

Still according to these authors, since the 1960s/70s, the dominance of the medical/tragedy models of disability has decreased because of the growing in the international

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

movement for people with disabilities. Inspired by the US civil rights movement, it has been organized for the achievement of civil and human rights for people with disabilities. The social model of disability appears under this movement, which in contrast to the medical and tragedy models, defends that disadvantage and handicap are the products of society's attitudinal and structural barriers, and far less the result of personal limitations caused by impairment and disability.

According to Batavia and Schriener (2001), *The Americans with Disabilities Act*, the regulation of the people with disabilities rights in United States is based on the civil rights of minority groups and independent living models of disability and it looks forward the taking away of discrimination against people with disabilities.

Nowadays, the studies about inclusion of people with disability are, in an explicit or implicit way, under two dominant international disability paradigms. One paradigm deriving from USA, Canada e Australia focuses on the strong anti-discrimination measures, civil rights and in the independent living model for people with disabilities (Batavia and Schriener, 2001; Goss, Goss and Adam-Smith, 2000); the other paradigm is European in origin and relies primarily on the compulsory employment quotas and extensive state intervention (Goss, Goss and Adam-Smith, 2000). Brazil more intensively than Cape Verde has adopted the quota models looking for the state arbitration to answer the problems about the inclusion of people with disability.

The researches about social inclusion show the difficulties that the people with disabilities have to be introduced, maintained and to grow as members in the organizations (Lewis and Allee, 1992); the little preparation of industry to hire people with disabilities due to the necessary adjustments to accommodate employees with disabilities in the workplace (Silva, 1993); the necessary modification which must be made in the practices of recruitment into the organizations (Carvalho-Freitas, Marques and Scherer, 2004); the higher possibility to contract people with disabilities in the organizations which have a specialized Human Resource manager (Goss, Goss and Adam-Smith, 2000); and the organization contradictions in the engaging process, some of them keeping the people with disabilities in separated places in a discriminatory attitude while others have an effective inclusion process (Batista, 2004).

On the other hand, investigations also show that the work associated with a job plays an important role in the minority groups like people with disabilities: reducing the poverty rates, the social isolation and increasing the political participation (Schur, 2002), improving the self-esteem (Oliveira, 1993), making the people with disability feel themselves like

citizens (Martins, 1996) and changing the perception of their lives and themselves (Carvalho-Freitas, Marques and Scherer, 2004).

### 3 THEORETICAL REFERENCES

In order to understand how the inclusion of people with disabilities takes place, it is necessary to begin with the adoption of the presupposition that they are different people due to disabilities (individual incapacities) or to the social impediments which happen once the society is not prepared to receive all people. Hence, it becomes more difficult to them to have autonomy and an independent life. Moreover, it is necessary to verify the inclusion questioning into a society supported by the differences.

Bourdieu (1996) built up a new theoretical construction that acts like principles to a relational reality reading, as it helps the researchers understand the different ways used by the society to separate and distinguish the people into the social area / field.

This author understands the social space as an objective relationship network among positions. Every position depends on its potential and actual situation in a structure of power distribution (kind and quantity of capital). The symbolic power is the social recognition by a possessive influence and it gives to his (her) owner the strength and the possibility to see what he/ she was not able to realize and legitimize a form to understand and face the world (Bourdieu, 1996, 1998).

Bourdieu and Wacquant (1992) declare that, although the different social fields have their specific capitals, nowadays, the societies have their most important differentiation principles in the economical, cultural and social capitals. Economical capital means income, property, and financial resource in general. Cultural capital means the education legitimated by educational institutions. Social capital refers to the relationship network people have and it gives them distinguished possibilities in their social area. This different kind of capital concentration becomes a symbolic capital and brings prestige to the people who own it.

On the other hand, considering the different conceptions of disability during the history we can verify that the disability, since the Ancient times, has always been realized as a subject marked by the contradiction between inclusion and exclusion. Only after the Second World War the labor right to the people with disability was legitimated and the *status* of these people began to be modified. This change happened because the ex-servicemen returned home mutilated from war and became themselves people with disabilities. As these ex-servicemen have differentiated social and cultural capitals and they represented the struggle efforts of a country, they had the necessary conditions to make the disability be seen as a

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

social disadvantage. Moreover, the European countries were in a difficult situation and needed those men on the market. The beginning of the changes about the people with disabilities was benefited by these situations combined. This history fragment is important to show that the changes only became possible when a new kind of individual began to be considered into the category of people with disability, individuals who have economical, cultural and social capitals and who make the changes in the society possible.

Furthermore, it is important to consider that the people with disabilities have a differentiated position in the social structure that, as far as it is concerned by Goffman (1982), is a result of history, of the group strategies and of the contingences that these people have to deal with in the face-to-face interaction. The disability possession is understood as a depreciative attribute connected with the people who have it. This attribute receives a negative value (*stigma*) into the social relationships, because the society establishes the ways to categorize the people and all the attributes to be considered as common and natural to a determined social category.

So, the *stigma* is measured as a differentiation criterion used to people with disabilities. This stigmatization process involves a double movement: an attribution of the negative value to people with disabilities by the society and the higher or lower legitimating of these characteristics attributed by the people with disabilities. The result of this double movement, of attribution and of legitimating, will contribute to the better or worse perception that the people with disabilities will have about themselves, about their possibilities and social acceptance.

Then, to analyze the people with disabilities social inclusion questioning, it is necessary to consider the main differentiation forms adopted by the society, its larger or smaller opening to make changes that contribute to all members of society, and it is necessary to hold the internal values of people with disabilities as well. It means the higher or lower possibilities of these people to overcome the difficulties and the social restrictions.

Considering these perspectives, the aim of this research is to verify the perceptions of people with disabilities, not only in Brazil but also in Cape Verde, which are related to their social inclusion possibilities, taking into account the position of these people according to the possession of economical, cultural and social capitals and their difficulties and facilities which may be felt due to social *stigma*.

## 4 METHOD

The investigation was carried out in two different times: firstly the research was conducted in two Brazilian towns, and the data were collected between October 2003 and January 2004, and later in three out of the ten islands in the archipelago of Cape Verde, from June to August 2004.

The methodological process adopted in the investigation carried out in Brazil and later in Cape Verde so as to show the methodological strategies used in each country and the ways used to analyze the data will be presented.

### 4.1 Research conducted in Brazil

In Brazil, according to the Census conducted in 2000 by IBGE – Instituto Brasileiro de Geografia e Estatística – 24,5 million of Brazilians with some kind of disability exist. That means, 14,5% of Brazilian population and around 2,5% of this population are constituted by people who may be endowed with some incapacity to do some sort of activities which are considered to be normal to a human being (Neri *et al*, 2003).

The Brazilian Constitution protects the people with disabilities and injuries so that they may work through compulsory employment quotas. According to Neri *et al* (2003), Brazil has 26 million formal employees on the market and 537 thousand are people with disabilities who represent 2,05% of all workers. Among the people with disabilities 29,05% lives in poverty. The instruction level of people with disabilities is low as well. 27,61% of these people do not have any formal education

Both towns, where the investigation was hold, have 82 thousand and 8 thousand inhabitants (IBGE, 2006) and 15,71% and 19,37% are people with some disabilities respectively (Neri *et al*, 2003).

Having this context been considered, the investigation was carried out into two phases. The first one, a Focus Group was conducted with twelve people with disabilities, who were chosen from the People with Disabilities Association and its aim was to ratify or rectify the premise that the people with disability were submitted to the differentiation principles and stigmatization which excluded them, mainly when they looked for a job. This procedure allowed the construct operation for the differentiation principles and stigma and the questionnaire elaboration. The following step was to apply the questionnaire in a small group of ten people with disabilities to do a pre-test. Some questions were modified to aim at providing people with better comprehension. The final version of the questionnaire was built

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

through closed questions and using the Likert Scale of measure, a five-point scale, considering a variation from 1 (totally disagree) and 5 (totally agree).

The option on the questionnaire occurred owing to the previous choice of the discriminated factors indicated by the literature and ratified by the Focus Group. These factors were the differentiation principles by Bourdieu (1996, 1998) and the stigma by Goffman (1982).

The second phase of the investigation was the questionnaire application to the people registered in a People with Disabilities Association where the two towns researched were attended. These towns were located in the state of Minas Gerais, Brazil.

The convenience sample was chosen due to the difficulty to have the addresses of all the people with disabilities from the towns and consequently build the aleatory sample. The questionnaire was answered by 121 people with disabilities.

As researching strategy, only people who had disabilities and incapacity were chosen to cover the sample, which means 3,07% and 3,39 of the inhabitants in both towns considered (Neri *et al*, 2003).

### **4.2 Research conducted in Cape Verde – Africa**

Cape Verde is an African country, which was colonized by Portugal until 1975. The official language is the Portuguese and the mother tongue is the Creole. Until 1990, Cape Verde was run by the group that led the liberty fight in the country. Nowadays, the country tries to consolidate the democratic regime, through a parliamentary republic, therefore a political and economical opening was hold and it has tried to attract the foreign capital to improve its development. It is a country with a desert climate, it has few natural resources and it is rather dependent on imports.

According to the data of the Brazilian Foreign Office (2005) – Ministério das Relações Exteriores do Brasil – more than 50% of Capeverdean population immigrates to European countries and to the American continent to improve their life conditions; however they carry on sending their financial resources to their country. The tourism is the main investment conducted by the country as a result of its beautiful nature and of the diversity from the ten islands in the country.

According to the Census 2000, the country population has nearly 450,000 inhabitants; the majority is African natives. Cape Verde has 13.948 people with disabilities, which represents 3,2% of people with at least some incapacity to walk, to listen or see and which

may be mental disabled (Instituto Nacional de Estatística, 2005). In the country there are no laws that protect the employment of people with disabilities, there are only some incentives such as tax reductions to the enterprises (Cabo Verde, 2001).

According to *Instituto Nacional de Estatística* (2005), the Census 2000 verified that 59,3% of people with disabilities do not have any money related activity, 53% of these people are financial dependent on their families and they do not have any kind of government pension. Moreover, it was verified that 53% of these people live in poverty. The instruction level is low among people with disabilities, about 41,2% have never been to school. It is important to underline that 55% of the people with disabilities in Cape Verde lived in a rural environment, which makes it more difficult to go to school.

Considering this scenery, the investigation was carried out in three phases:

- The research on the historical and cultural context of the country;
- The literature revision and the semantically adjustment to the questionnaire;
- The questionnaire application to the sample of people with disabilities.

The questionnaire was adjusted to the country reality; it was similar/ an adaptation to the one used in Brazil. However, it was necessary to make changes such as: the form as some of the questions were written; the country currency with the purpose of defining the family income; the educational levels and others.

The final version of the questionnaire was built through closed questions and using the Likert Scale of measure, a five-point scale, considering a variation from 1 (totally disagree) and 5 (totally agree).

The investigation was run out in three of ten islands of country, it means: Salt Island, Saint Vicent Island and Saint Antão Island. These three islands have together 121.962 inhabitants and 4.814 people with disabilities, which represent 3,95% of the population. The aleatory sample with sixty people would be suitable, however, down to difficulties to have an aleatory sample, a convenience group was chosen to be worked with. The adopted criterion was the possibility to find out these people. The questionnaire was answered by 67 people with disabilities who were more than 16 years old.

### **4.3 Procedure**

The procedures were the same in both investigated countries. A survey was carried out in both countries and the collected data by the questionnaire were analyzed with the support of Statistical Package for the Social Sciences (SPSS). It was made the Descriptive Statistics

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

and the Factor Analysis – Exploratory perspective – to identify a structure which explains the perceptions of people with disabilities with reference to their possibilities and difficulties to obtain their social inclusion.

According to Hair *et al* (1998)

The critical assumptions underlying factor analysis are more conceptual than statistical. From a statistical standpoint, the departures from normality, homoscedasticity, and linearity apply only to the extent that they diminish the observed correlations. Only normality is necessary if a statistical test is applied to the significance of the factors, but these tests are rarely used. In fact, some degree of multicollinearity is desirable, because the objective is to identify interrelated sets of variables (p. 99).

The preliminary data analysis had as result the elimination of those questions, which had ‘missing values’ above 30%. The Kaiser-Meyer-Olkin (KMO) was 0,621 and the Bartlett test of sphericity (significance level = 0,001) indicated that the Factor Analysis was appropriated. Diagnostic measurement was done to access internal consistency, with Cronbach’s alpha.

The technique used to decide the number of factors to extract was the Latent Root Criterion. Then, only the factors having latent roots or eigenvalues greater than 1 were considered significant.

In the interpretation of the factors and in the selection of the final factor solution was considered both: the factor loadings, which indicate the correlation of each variable and the factor; and the communalities ( $h^2$ ) which are estimates of the shared, or common, variance among the variables. The oblique rotational method was used to simplify the factor structure and because the theoretically important underlying are not assumed to be uncorrelated with each other.

In Brazil, five factors were extracted, though; only four of them presented internal consistency above 0,66, which, according to Malhotra (2001) indicates that the factor analysis is appropriate. The eliminated factor presented a Cronbach’s alpha equal 0,22, which led to its analysis elimination.

In Cape Verde four factors were extracted, three factors presented internal consistency above 0,70, which indicated that the factor analysis was appropriated. The eliminated factor presented a Cronbach’s alpha equal 0,45, which led to its analysis elimination.

In both countries, it was also verified the variance among factors, family income and instruction level in order to analyze the possible correlation among these data, because the economical and cultural capitals are been considered important items according to theoretical

references. Spearman's rho correlation was used because the normality was not a critical assumption necessary to this statistical test.

## 5 RESULTS

In this section, the characteristics of the samples supported by Descriptive Statistics in both countries, the factors and their interpretation and the correlation among the factors, family income and instruction level in each country will be presented.

### 5.1 Descriptive Statistics

It will be presented in separated ways as a result of the different characteristics of samples in Brazil and Cape Verde.

#### a) Brazil

**TABLE 1**  
Investigated Sample in Brazil (n = 121 people with disabilities)

Variables	Observations	Variables	Observations
Age	Mean = 44,69 years old	Number of children	Average = 1,12 children
Sex	Male = 56,2% Female = 43,8%	Marital status	Married = 30,0% Single = 55,0% Widowed = 6,7% Divorced = 4,2% Other = 4,2%
Family income	*Until 1 base salary = 22,9% From 1 to 3 base salary = 53,4% From 3 to 5 base salary = 13,6% More than 5 base salary = 10,2%	Educational Level	Illiterate = 20,0% 4 years of schooldays = 37,5% From 4 to 7 years of schooldays = 11,7% 8 years of schooldays = 4,2% From 9 to 10 years of schooldays = 11,7% 11 years of schooldays = 12,5% High School incomplete = 1,7% High School complete = 3,3% Pos-graduation = 4,2%
Kind of disability	Hearing = 6,6% Physical = 60,3% Mental = 13,2% Motor = 3,3% Multidisabilities = 13,2% Visual = 3,3%	Kind of Job	Unemployed = 40,4% Formal job = 21,3% Informal job = 22,3% Voluntary activity = 13,8% Formal job and other = 2,1%

Source: Research data, 2004.

\* The base salary regulated by the Brazilian government is about US\$ 100,00.

The presented data show that the average age of people who took part in the investigation is nearly 45 years old, what demonstrates a sample constituted by mature people.

SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE  
VERDE - AFRICA

With reference to sex a small predominance of male people occurs. The majority of people was single and earned until three base salaries as the family income (76,3%). The instruction level is really low, with 20% of illiterate and 37,5% with no more than 4 years of schooldays, however people who finished high school (5,0%) and people with pos-graduate (4,2%) participated in this investigation as well. Concerning the kind of disability, it was identified that the physical disabilities are more frequent among the people investigated. Finally, a great number of unemployed people was observed (40,4%). Only 21,3% of people declared to have a job with labor rights ensured. With this analysis, the characteristic of the sample investigated in Brazil is shown.

**b) Cape Verde**

**TABLE 2**  
Sample investigated in Cape Verde (n = 67 people with disabilities)

Variables	Observations	Variables	Observations
Age	Mean = 35,35 years old	Number of Children	Average = 1,12 children
Sex	Male = 56,7% Female = 43,3%	Marital Status	Married = 13,4% Single = 85,1% Other = 1,5%
Family Income	*Until 8 mil shields = 41,7% From 8 to 10 mil shields = 30,0% From 10 to 30 mil shields = 13,3% From 30 to 50 mil shields = 3,3% More than 50 mil shields = 11,7%	Educational Level	Illiterate = 23,9% Less than 6 years of schooldays = 25,4% 6 years of schooldays = 10,4% From 7 to 11 years of schooldays = 17,9% 12 years of schooldays = 7,5% Professional School = 4,5% High School incomplete = 6,0% High School complete = 4,5%
Kind of disability	Motor = 10,4% Mental = 21,0% Hearing = 9,0% Visual = 9,0% Multidisabilities = 10,4% Physical = 40,3%	Kind of Job	Unemployed = 65,2% Formal job = 19,7% Informal job = 12,1% Voluntary activity = 3,0%

Source: Research data, 2004

\* 10 thousand Capeverdean shields are about U\$ 100,00.

The presented figures show that the average age of the people who took part in the investigation is 35 years old and there is a small predominance of male. The majority of people were single (85,1%) and earned until 10 thousand Capeverdean shields as the family income (71,7%). The instruction level is really low, with 59,7% of people having no more than 6 years schooldays, however, people with professional school (4,5%) and complete high READ – Edição 56 Vol 13 N° 2 mai-ago 2007

school education (4,5%) participated in this investigation as well. Concerning the kind of disability, it was identified that the physical disabilities (40,3%) are more frequent among the investigated people. Finally, a great number of unemployed people was observed (65,2%). Only 19,7% of people declared to have a job with labor rights ensured. With this analysis, the characteristic of the sample investigated in Cape Verde is shown.

## 5.2 Analysis of factors

The analysis of factors will be presented in separated ways by the reason of the different results obtained in Brazil and in Cape Verde.

### a) Brazil

The statistics results of research indicated, in the beginning, five factors with eigenvalue above 1,0. It suggested an adjustment to a factor matrix of five issues that explained 61,65% of total variance. The variables that did not present loadings above 0,30 or presented ambiguity were eliminated from the analysis.

The description that comes lately is based on the theoretical definitions presented. The result of factor analysis (principal axis factoring) is demonstrated on the Tables from 3 until 6. The tables present the loading of each variable, the communalities of the variables ( $h^2$ ), the average and the description of the variables. Therefore, it presents the internal consistency (Cronbach's alpha) of each factor.

**TABLE 3**  
Factor Matrix – Barriers to Citizenship (Alpha = 0,67)

Variable	Loading	$h^2$	Mean	Description
06	0,54	0,33	3,85	More difficulty to achieve the wished projects than the people without disability
13	0,58	0,38	3,58	Absence of guarantee of rights to come and go due to urban architectonic barriers
17	0,79	0,64	3,69	Difficulty to apply for a job due to be a person with disabilities

Source: Research data, 2004

This factor represents the construct which means the perception of people with disabilities about citizenship barriers, mainly in relation to the difficulties to achieve the projects, the urban architectonic barriers and the difficulties to apply for a job, which mean that the people with disabilities have less possibility to practice their citizenship with plenitude, mainly at work.

SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE  
VERDE - AFRICA

About the research sample, the mean shows a tendency to agree with the presence of these barriers.

**TABLE 4**  
Factor Matrix - Self-Esteem (Alpha = 0,72)

Variable	Loading	h <sup>2</sup>	Mean	Description
16	0,39	0,17	4,78	Importance of the work to the life of the people with disabilities
19	0,83	0,75	4,83	Taste for life
23	0,95	0,94	4,89	Taste for themselves

Source: Research data, 2004

A good self-esteem qualifies people with high score on this factor. The people associate a taste for life and for themselves with the importance of work in their lives. On the other hand, a small score may indicate low self-esteem.

The means verified in the research show high agreement with the variables, which symbolizes good self-esteem for these people.

**TABLE 5**  
Factor Matrix - Knowledge of the Rights (Alpha = 0,74)

Variable	Loading	h <sup>2</sup>	Mean	Description
26	0,74	0,56	2,15	Knowledge about rights of participation in qualification and rehabilitation programs
30	0,80	0,74	2,46	Knowledge about laws which protect the employment of people with disabilities

Source: Research data, 2004

This factor indicates the knowledge of the rights that protect the employment of the people with disabilities.

The means of research show a tendency to the lack of knowledge about their rights by people with disabilities.

**TABLE 6**  
Factor Matrix - Discrimination to obtain a Job (Alpha = 0,75)

Variable	Loading	h <sup>2</sup>	Mean	Description
12	0,45	0,44	3,81	Loss on the opportunity to obtain a job due to be a person with disabilities
33	0,93	0,85	2,94	Felling discriminated when applying for a job
35	0,54	0,50	3,58	Difficulties to obtain a job due to be a person with disabilities

Source: Research data, 2004

This factor represents the construct that indicate the perception of people with disabilities due to discrimination to obtain a job. A high mean in this factor shows a high perception of discrimination.

The means of people indicate a tendency to agreement in the variables 12 and 35 and a tendency to neutrality in the variable 33.

So it is verified in Brazil that the main difficulties that the people with disabilities feel are the barriers to citizenship, lack of knowledge about the rights and discrimination to obtain a job. However, a good self-esteem from these people is noticed.

### b) Cape Verde

The statistics results of research indicated, in the beginning, four factors with eigenvalue above 1,0. It suggested an adjustment to a matrix of five issues that explained 60% of total variance. The variables that did not present loadings above 0,30 or presented ambiguity were eliminated from the analysis.

The description that comes after is based on the theoretical definitions presented. The result of factor analysis (principal axis factoring) is demonstrated in the Tables from 7 to 9. The tables present the loading of each variable, the communalities of the variables ( $h^2$ ), the means and the description of the variables. Therefore, it presents the internal consistency (Cronbach's alpha) of each factor.

**TABLE 7**  
Factor Matrix - Social Relationship Perception and Learning (Alpha = 0,92)

Variable	Loading	$h^2$	Mean	Description
01	0,76	0,79	3,91	Being considered by the family as a person able to make decisions
02	0,40	0,16	2,53	Do not feel the capacity to learn at school
03	0,39	0,41	2,45	Do not be treated with prejudice

Source: Research data, 2004

This factor represents the construct that shows the perception of people with disabilities about the social relationship and learning. It verifies that the trust, in which the family has in the capacity of the people with disabilities to make decisions, is joined by the way that the people with disabilities face the social prejudice and their feelings of being able to learn when they were at school.

Concerning the sample, the means show a tendency to neutrality in these questions, which can be explained due to the people having no more than 6 years of schooldays (59,7%).

**TABLE 8**  
Factor Matrix - Self-Esteem (Alpha = 0,72)

Variable	Loading	$h^2$	Mean	Description
04	0,88	0,70	3,25	Being considered inferior by people without disabilities
05	0,32	0,81	4,55	Taste for themselves

SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE  
VERDE - AFRICA

Source: Research data, 2004

This factor indicates that the people associate the relation between equality in social relationship and the taste for themselves. In the sample the people declare to like themselves, however they have a tendency to agree with the fact that people may consider them inferior to the ones without disabilities. It verifies, through the mean, that a positive emphasis on the question about the liking for themselves can be associated with the necessity of dealing with the social discriminations.

**TABLE 9**  
Factor Matrix - Barriers to Citizenship (Alpha = 0,79)

Variable	Loading	h <sup>2</sup>	Mean	Description
06	0,68	0,61	3,37	More difficulties to achieve the wished projects than the people without disability
07	0,86	0,82	3,31	Difficulty to apply for a job due to be a person with disabilities

Source: Research data, 2004

This factor represents the construct which means the perception of people with disabilities about barriers of citizenship, essentially when the difficulties to achieve the projects and the difficulties to apply for a job, which mean to the people with disabilities less possibilities to practice their citizenship with plenitude, mainly in the job are concerned.

About the research sample, the means show a tendency to agree with the presence of these barriers.

In Cape Verde, it is verified that the main factors which make the social inclusion of people with disabilities more difficult are the barriers of citizenship and social relationship perception and learning. In Cape Verde, a good self-esteem from the people with disabilities is shown.

### 5.3 Correlation among Factors, Family Income and Instruction level

The tables 10 and 11 show the relation among the factors, the family income and the instruction level in Brazil and Cape Verde respectively.

**TABLE 10**  
Spearman's rho Correlation among Factor Matrix of Social Inclusion, Family Income and Instruction level in Brazil

Variables	F1	F2	F3	F4	Family Income	Instruction level
Family Income	-0,225*	-	-	-0,327*	-	0,469**
Instruction level	-0,257*	-	0,503**	-	0,469**	-

---

\* Indicates significant correlations at the 0,05 level (2-tailed).

\*\* Indicates significant correlations at the 0,01level (2-tailed).

F1 = Barriers of Citizenship

F2 = Self-Esteem

F3 = Knowledge of the Rights

F4 = Discrimination to obtain a job

---

Source: Research data, 2004

It is observed on Table 10 that:

- 1) By increasing the family income, there is the decrease in the barriers to citizenship and the discrimination to obtain a job;
- 2) The higher the instruction level the lower the perception of citizenship barriers and the higher the knowledge of the rights of people with disabilities;
- 3) The higher the family income the higher the instruction level of people with disabilities.

**TABLE 11**

Spearman's rho Correlation among Factor Matrix of Social Inclusion, Family Income and Instruction level in Cape Verde

Variables	F1	F2	F3	Family Income	Instruction level
Family Income	-	-	-0,376 *	-	0,449**
Instruction Level	-	-	-0,435**	0,449**	-

\* Indicates significant correlations at the 0,05 level (2-tailed).

\*\* Indicates significant correlations at the 0,01 level (2-tailed).

F1 = Social Relationship Perception and Learning

F2 = Self-Esteem

F3 = Barriers to Citizenship

---

Source: Research data, 2004

It is observed on Table 11 that:

- 1) By increasing the family income, there is the decrease in the perception about the barriers to citizenship;
- 2) The higher the instruction level the lower the perception of barriers to citizenship of people with disabilities;
- 3) The higher the family income the higher the instruction level of people with disabilities.

## 6 GENERAL DISCUSSIONS

Bearing in mind the set of data of this research, it was possible to verify that the people with disabilities have difficulties to their social inclusion in both countries investigated. In Cape Verde the difficulties become worse as a result of the lack of government regulations about the labor rights of these people. Conversely, in Brazil, although

## SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE VERDE - AFRICA

there is the law of employment quotas, the people with disabilities still feel discriminated when applying for a job.

In Brazil, the rate of unemployment among people with disabilities (40,4%) is an index that shows the great difficulty of people with disabilities to obtain a job. Additionally, the predominance of low family income among the people with disabilities confirms the findings of previous researches, like Neri *et al* (2003).

In Cape Verde the rate of unemployed people (65,2%) is a serious indicator of the difficulty that people with disabilities have to deal with to obtain a job.

This results are not different from other countries such as USA, as said by Harris and Associates (1986, 1998), only about 30% of working-age people with disabilities are employed, compared with 80% of adults without disabilities, therefore the family income of people with disabilities is shorter than the adults with no disabilities.

In addition, in Cape Verde, the analysis of the questions, which had a high index of missing values in the questionnaire, indicates the lack of knowledge with regard to work conditions and the lack of previous experience in the marketplace. Other questions with great number of missing values were those ones related to the perceptions of rights and to the knowledge about public policies addressing to people with disabilities.

Analyzing each country, it is confirmed that in Brazil a matrix of four factors summarize the data: Barriers to Citizenship, Self-esteem, Knowledge of the Rights and Discrimination to obtain a Job. In Cape Verde, three factors were found: Social Relationship Perception and Learning, Self-esteem and Barriers to Citizenship. These factors were analyzed under the conceptions of stigma by Goffman (1982).

The Barriers to Citizenship identified in both countries that the independence and autonomy of people with disabilities become more difficult. The perception of these difficulties is confirmed by the great number of people with disabilities without a job. However the perceptions of barriers to citizenship decrease when the family income and the instruction level increase, what confirms the presupposition of Bourdieu (1996, 1998) that the economical and cultural capitals are the outstanding differentiation principles in the present society. For that reason, the presences of economical and cultural capitals increase the chances to establish new relations (social capital) in which the social inclusion becomes easier.

As the Self-esteem factor, it was demonstrated that a positive score in both countries can be associated with the necessity of dealing with the social discriminations. In Brazil this

factor includes the importance of work connected with the feeling of taste for life and for themselves, which show the value of work in the Brazilian society. According to Martins (1996), the work is considered as a way to get hold of the social prestige, economical reward and to keep the own survival. In Cape Verde, the feeling of taste for themselves is associated with the manner in which the people with disabilities are considered by the society.

The Knowledge of the Rights was found only in Brazil although the little scores. This factor has the positive relation with the instruction level, it means, the higher the instruction level the higher the knowledge of the Rights. The lack of this factor in Cape Verde confirms the necessity of regulations on labor rights of people with disabilities.

The factor Discrimination to obtain a Job was only found in Brazil. It is interesting to observe that when there is an increase in the family income, there is also a decrease in the perception of this kind of discrimination, what confirms again that the economical capital, according to Bourdieu (1996), is the imperative differentiation principle in the present society.

The Social Relationship Perception and Learning which was only found in Cape Verde, identifies the relation among the trust of family and society and the feelings of learning capacity that the people with disabilities have. Nonetheless, it is necessary to consider that the shorter the family income the lower the instruction level, thus it is essential to consider not only the trust of the family but also the family income.

In addition, it is important to reaffirm that the empiric data analysis confirmed the presupposition of Goffman (1982) that the negative social image that the society has in regards to people with disabilities is an important element to the social inclusion. This assertive also contributes to the organization reflections on their actions of social responsibility and their practices of diversity management, because the social fairness needs to come together with the economical increase which means the decrease in the social disadvantage.

On the other hand, learning to work with diversity increases the competitive advantage of the organizations and transforms the work environment into an ethic way. Thus, it's necessary that human resource professionals examine their inclusion practices and policies.

Furthermore, the research results indicate that rethinking the public policies of inclusion is important/ essential. Mainly the educational policies once the instruction level is correlated with the knowledge of Rights by people with disabilities. In Cape Verde, it becomes necessary to build public policies of employment that ensure the insertion of people with disability. In Brazil, it is necessary to ensure that the policies are applied.

SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE  
VERDE - AFRICA

Moreover, some future research is relevant to verify how the people with disabilities are seen by managers and human resource professionals in the enterprise and what work practice and condition suitability are been changed to include those people in the work market. This kind of research would contribute with a new perspective of inclusion comprehension, according to the analysis of an enterprise perspective.

Finally, it is important to underline that the present research can contribute to a new approach in order to diagnose the social inclusion question and bring information to the Human Resource in the organizations as well as to People with Disabilities Associations with the purpose of building up the elements of a more equal society. However, it's ideal to consider the limits of this research which was carried out in specific realities and with convenience samples. New research to amplify the explaining factors about the social inclusion of people with disabilities will be requested.

## REFERENCE

AMIRALIAN, M. L. T. *et al.* (2000), **Conceituando deficiência**. *Revista de Saúde Pública*, 34, 1: 97-103.

BATAVIA, A. I.; SCHRINER, K. (2001), **The Americans with Disabilities Act as engine of social change: models of disability and the potencial of civil rights approach**. *Policy Studies Journal*, 29, 4, 690-702.

BATISTA, C. A. M. (2004), **Inclusão: construção na diversidade**. Belo Horizonte, Armazém de Idéias.

BOURDIEU, P. (1996), **Razões práticas: sobre a teoria da ação**. Campinas, Papirus.

\_\_\_\_\_. (1998), **O Poder Simbólico**. 2a. edição. Rio de Janeiro, Bertrand Brasil..

\_\_\_\_\_; WACQUANT, L. (1992), **An invitation to reflexive sociology**. Chicago, The University of Chicago Press.

BRASIL. **Lei n. 8.213**, de 24 de julho de 1991. Dispõe sobre os Planos de Benefícios da Previdência Social e dá outras providências.

\_\_\_\_\_. **Decreto n. 3.298**, de 20 de dezembro de 1999. Regulamenta a Lei n. 7.853, de 24 de outubro de 1989, que dispõe sobre a Política Nacional para a Integração da Pessoa Portadora de Deficiência, consolida as normas de proteção, e dá outras providências.

CABO VERDE. **Código Laboral** (2001). Documento da Câmara Municipal da Ilha do Sal de Cabo Verde sobre medidas da legislação laboral do país.

CARVALHO-FREITAS, M. N. C.; MARQUES, A. L.; SCHERER, F. L. (2004), **Inclusão no Mercado de Trabalho: um Estudo com Pessoas Portadoras de Deficiência** in: ENCONTRO ANUAL DA ASSOCIAÇÃO NACIONAL DE PÓS-GRADUAÇÃO E PESQUISA EM ADMINISTRAÇÃO, 28, Curitiba. **Anais eletrônicos**, CD-ROM.

FORD, H. (1925), **Minha vida e minha obra**. São Paulo, Cia Graphico-Editora Monteiro Lobato.

FRANÇA, J. L.; VASCONCELOS, A. C. (2004), **Manual para normalização de publicações técnico-científicas**. 7a. edição. Belo Horizonte, UFMG.

GIL, M. (Coord.). (2002), **O que as empresas podem fazer pela inclusão das pessoas com deficiência**. São Paulo, Instituto Ethos.

GOFFMAN, E. (1982), **Estigma: notas sobre a manipulação da identidade deteriorada**. 4a. edição. São Paulo, J. Zahar.

GOMES, M. T.; SAPIRO, A. (1993), “**Imagem Corporativa: uma vantagem competitiva sustentável**”. **Revista de Administração de Empresas**. São Paulo, 33, 6: 84-96.

GOSS, D.; GOSS, F.; ADAM-SMITH, D. (2000), **Disability and employment: a comparative critique of UK legislation**. *The International Journal of Human Resource Management*, 11, 4: 807-821.

HARRIS, L and ASSOCIATES. (1986), **The ICD survey of disabled Americans: Bringing disabled Americans into the mainstream**. New York, International Center for the Disabled.

\_\_\_\_\_. (1998), **NOD/Harris survey of Americans with disabilities**. Washington, DC, Author.0

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. (2002), **Censo 2000**. Sistema IBGE de Recuperação Automática – SIDRA, Disponível em: <http://www.sidra.ibge.gov.br>.

INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA. (2006), **Censo 2000**. Sistema IBGE de Recuperação Automática – SIDRA, Disponível em: <http://www.sidra.ibge.gov.br>.

INSTITUTO NACIONAL DE ESTATÍSTICA. (2005), **Cabo Verde em números: Censo 2000**. Disponível em: <http://www.ine.cv>.

KUHN, T. S. (1998), **A estrutura das revoluções científicas**. 5a. edição. São Paulo, Perspectiva.

LEWIS, G. B.; ALLEE, C. L. (1992), **The impact of disabilities on Federal Career Success**. *Public Administration Review*, 53, 4: 389-397.

MALHOTRA, N. K. (2001), **Pesquisa de Marketing: uma orientação aplicada**. 3a. edição. Porto Alegre: Bookman.

MARTINS, S. M. F. C. (1996), **Deficiência física e mercado de trabalho: o ponto de vista do trabalhador deficiente**. *Consciência*, Palmar-Pr, 10, 1: 55-70.

SOCIAL INCLUSION OF PEOPLE WITH DISABILITIES IN BRAZIL AND IN CAPE  
VERDE - AFRICA

MINISTÉRIO DAS RELAÇÕES EXTERIORES DO BRASIL. (2005), **Política externa.** Informações sobre Cabo Verde. Disponível em: <http://www.mre.gov.br/portugues/politica-externa>.

NERI, M. *et al.* (2003), **Retratos da Deficiência no Brasil.** Rio de Janeiro: FGV/IBRE, CPS.

OLIVEIRA, M. H. A. (1993), **Núcleos cooperativos: uma perspectiva profissional para o portador de deficiência.** Em Aberto, Brasília, 13, 60: 106-108.

PORTUGAL. Secretariado Nacional de Reabilitação. (1989), **Classificação Internacional das Deficiências, Incapacidades e Desvantagens (Handicaps): um manual de classificação das conseqüências das doenças (CIDID).** Lisboa, SNR/OMS.

SCHUR, L. (2002), **The difference a job makes: the effects of employment among people with disabilities.** Journal of Economic Issues, 36, 2: 339-348.

SILVA, M. C. O. (1993), **Uma questão de competência.** São Paulo, Memnon.