

Strategies for Strengthening Social Integration and Promoting Self-Esteem Among Adolescents with Special Needs in Northern Namibia

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ABSTRACT

In northern Namibia, adolescents with special needs face developmental challenges of adolescence in addition to the stigma associated with disabilities due to local cultural beliefs. This highlights an urgent yet under-explored need for context-specific strategies to enhance their social integration and self-esteem. Current Namibian studies on disability and inclusive education have concentrated primarily on recording policy and implementation deficiencies, resulting in a lack of empirically based, locally developed approaches to enhance the psychosocial welfare of this group. This study addressed that gap by establishing strategies for strengthening social integration and promoting self-esteem among adolescents with special needs in northern Namibia. The study was guided by Social Identity Theory and Rogers' Self-Concept Theory and adopted a convergent parallel mixed-methods design. Quantitative data were collected from 192 adolescents with special needs using the Multidimensional Scale of Perceived Social Support and the Robson Self-Concept Questionnaire. Qualitative data, which formed the primary basis for this objective, were drawn from semi-structured interviews with six purposively selected participants and analysed using thematic content analysis. Four strategy-oriented themes emerged: strengthening support systems around family, teachers and hostel matrons; expanding co-curricular activities and social opportunities; improving inclusive learning environments through adaptive teaching and specialised materials; and promoting self-acceptance and disability awareness through structured sensitisation and mentorship. These themes closely matched the quantitative results, especially the relatively lower scores noted for trust in peer relationships and for self-worth items reflecting vulnerability (indicative of low self-esteem), suggesting that participants' recommendations addressed real, assessable deficiencies instead of vague desires. The study concludes that a coordinated, multi-level strategy, combining consistent family and teacher support, structured peer and co-curricular opportunities, inclusive classroom practice and deliberate disability-awareness programming, offers the most promising route to strengthening social integration and self-esteem in this setting. Schools, families and policymakers are encouraged to adopt this coordinated approach, and future research should evaluate the effectiveness of interventions built on these strategies using pre-post or longitudinal designs.

Keywords: Social integration; self-esteem; self-concept; adolescents with disabilities; special needs education; intervention strategies; Namibia

INTRODUCTION

Background to the Study

Adolescence is a stage of development characterized by the formation of identity and increased sensitivity to social belonging and evaluation (Erikson, 1968). For disabled adolescents globally, the typical developmental challenges occur alongside additional structural and attitudinal obstacles associated with disability, making the provision of effective strategies to enhance social integration and self-esteem significantly important both

practically and psychologically. Social Identity Theory (Tajfel & Turner, 1979) argues that being part of respected social groups enhances self-esteem and identity, whereas Rogers' (1959) Self-Concept Theory posits that self-concept evolves through connections defined by unconditional positive regard and acceptance. According to both theories, the social integration and self-esteem of adolescents with disabilities should be measurably improved by intentional strategies that increase genuine acceptance and belonging within families, peer groups, classrooms, and the larger community. Peer mentorship (Williams, Chen, Quirion, & Hoeft, 2024), structured psychosocial intervention (Mirmohammadi, Pourmohamadrez-Tajrishi, Dolatshahi and Bakhshi, 2021), and disability-awareness programming (Ayako, 2025) are among the strategies that have been linked to improved social integration and self-esteem among adolescents with disability.

A focus on strategies, rather than on further documentation of the difficulties adolescents with disabilities face, reflects a deliberate shift in emphasis. A substantial body of Namibian and southern African research has by now established that adolescents with disabilities in the region face barriers to inclusion, ranging from infrastructural and resource constraints to attitudinal stigma rooted in cultural beliefs about disability. What has received less attention is the question of what, specifically, adolescents with special needs and those closest to them believe would address these barriers in practice. Instead of depending exclusively on strategies imported from international literature developed in different cultural and resource contexts, this study is focused on the solution-focused question, using the adolescents themselves as a primary source of insight into which strategies are likely to be both relevant and feasible in their specific schools and communities.

The scale of this problem becomes clearer when situated against global and regional statistics. The World Health Organization (WHO, 2023) estimates that approximately 1.3 billion people, equivalent to 15% of the world's population, live with a disability, and UNICEF (2021) reports that more than 240 million children and adolescents worldwide have disabilities, many of whom are deprived of health services, education, and social participation. Relative to peers without disabilities, adolescents with disabilities are 49% more likely never to have attended school, 42% less likely to acquire basic education and numeracy skills and 41% more likely to report experiencing discrimination (UNICEF, 2021). School admission alone does not resolve this problem. This is seen in the United States, where approximately 95% of learners with disabilities attend mainstream schools, 10–15% still fail to complete school because of social exclusion, bullying and limited peer relationships (National Center for Education Statistics, 2024). In Pakistan, only 40% of adolescents with disabilities can attend school or access recreational facilities, compared with 60–70% of their peers without disabilities (UNICEF, 2025). Across Africa, the pattern of policy commitment outpacing lived reality recurs. In Kenya, only one in six children with disabilities attends school because of poverty, stigma and inadequate special services (Samia & Wamithi, 2022). Furthermore, in South Africa an estimated 70% of children and adolescents with disabilities remain out of school (Nseibo, Vergunst, McKenzie, Kelly, Karisa, & Watermeyer, 2022). Besides, in Zimbabwe, only 10% of children with disabilities receive fitting education, with most attending isolated institutions that offer limited opportunities for peer interaction (UNESCO, 2024). These figures indicate that, beyond northern Namibia, the difficulty adolescents with disabilities face in translating school access into genuine social integration and a healthy self-concept is a well-documented, measurable global pattern rather than an isolated or anecdotal concern.

Namibia has ratified international disability rights instruments and made significant policy commitments to inclusive education, most notably through its Sector Policy on Inclusive Education (2013). Despite these pledges, disability organizations continue to report obstacles to communication, access, and active participation in schools and communities (The Namibian, 2024). Additionally, the actual implementation of inclusive education has been found to be uneven, especially in rural schools that lack trained staff and resources (Mckinney, Arts, and UNICEF, 2018). Despite official policy commitments to inclusion, adolescents with disabilities and their families may also face stigma that compromises social integration and self-esteem in the country's northern regions, where Owambo cultural beliefs sometimes frame disability as the result of curses, misfortune, or moral transgression (Amadhila, John, Lawrence, & Van Rooy, 2023). A further contextual feature relevant to this study is the residential, hostel-based structure of several of the schools sampled. Many adolescents with disabilities in northern Namibia travel considerable distances from their home villages to attend schools equipped to support their specific needs, residing in school hostels for extended periods during term time, a structural feature that shapes which strategies, family-focused, school-based, or peer-focused, are most readily actionable at different points in the school year.

These global and continental patterns are mirrored, and in some respects intensified, within Namibia itself. UNICEF (2021) estimates that approximately 90% of children with disabilities in Namibia do not access preschool or formal education because of stigma, discrimination, shortages of qualified teachers and limited special services. National statistics further indicate that 4.4% of Namibia's population lives with a disability, a prevalence that rises to 5.8% in rural areas, including northern Namibia, where access to education and psychosocial support services is most constrained (Ambili, 2024). Taken together, these figures show that the barriers adolescents with special needs in northern Namibia face are not simply a matter of localized perception, but reflect a measurable, documented gap between policy commitment and psychosocial reality, underscoring the urgency of establishing locally grounded strategies rather than relying on generic, internationally derived interventions.

Despite Namibia's national adoption of inclusive education policy, the majority of Namibian research to date has concentrated on recording policy commitments and implementation obstacles, leaving a vacuum in locally derived, empirically supported solutions. To the best of the researcher's knowledge, very little of the substantial international literature on strategies for enhancing social integration and self-esteem among adolescents with disabilities comes from Namibia, and none of these strategies have been specifically established from the accounts of adolescents with special needs in the northern regions of the country, where formally inclusive national policy coexists with locally specific cultural beliefs about disability.

Statement of the Problem

This study examines the scant empirical data regarding the measures that northern Namibian teenagers with special needs believe are necessary or beneficial for boosting their self-esteem and social integration. Schools, families and policymakers run the risk of implementing generic interventions that were mostly developed outside of sub-Saharan Africa and may not address the unique support gaps and cultural dynamics documented in northern Namibia in the absence of such strategies, which are based on the lived experience of adolescents with special needs in this particular setting. Since Namibia's Ministry of Education is actively implementing inclusive education and would benefit from locally grounded, actionable evidence rather than imported assumptions about what works, this issue needs to be investigated because it falls at the intersection of practical urgency, academic relevance, the fact that adolescents with special needs in this setting face documented psychosocial risk, and the fact that the specific strategies effective in this cultural and resource context remain empirically untested. The issue is made worse by a common problem that schools and ministries dealing with limited resources face. Even in cases where the general value of strategies like family engagement, co-curricular participation, inclusive teaching and disability awareness is widely acknowledged, decision-makers seldom have empirical guidance on how these strategies should be prioritized given limited time, funding and staff capacity. Only evidence directly based on the accounts and supporting quantitative profile of adolescents with special needs in this setting can provide the kind of targeted, locally relevant prioritization that this study set out to provide. A strategy list derived from international literature alone provides little guidance on which domain is most urgently in need of investment in a particular setting like northern Namibia.

Aim and Objectives

The aim of this study was to establish strategies for strengthening social integration and promoting self-esteem among adolescents with special needs in northern Namibia. This article addresses one specific objective drawn from a broader dissertation examining social integration and self-concept among adolescents with special needs in northern Namibia: to establish strategies for strengthening social integration and promoting self-esteem among adolescents with special needs in northern Namibia. The corresponding research question was: What strategies can be used to strengthen social integration and promote self-esteem among adolescents with special needs in northern Namibia? As an exploratory, qualitative objective, no directional hypothesis was tested; rather, the study sought to identify, through thematic analysis of participants' own accounts, the strategies they and their immediate social environment regarded as effective or needed, situated against corroborating quantitative findings on social support and self-concept in the same sample. For clarity, this article follows Rogers (1959) in treating self-concept as an adolescent's overall, multidimensional perception of self across personal, social and academic domains, and self-esteem as the narrower, evaluative and affective component of that self-concept, namely an adolescent's global sense of self-worth. The strategies reported

here are accordingly discussed as strategies for promoting self-esteem specifically, while the corroborating Robson Self-Concept Questionnaire, several of whose items tap this evaluative, self-worth dimension directly, is used to check that these strategies respond to genuine, assessed deficits rather than to the broader self-concept construct as a whole.

Significance of the study

The findings are intended to inform school administrators, teachers, counsellors, parents and policymakers as they design, prioritise and resource interventions which aim at improving the psychosocial well-being of adolescents with special needs. Because the strategies identified developed from participants' own experiences rather than being imposed from an external theoretical or framework, they also offer a check on the applicability of internationally documented strategies to the specific cultural and resource context of northern Namibia, benefiting school administrators, curriculum and policy developers within the Ministry of Education, and counselling psychologists seeking evidence-based, locally relevant strategies for this population. For practitioners operating under real resource constraints, a common challenge is not identifying that intervention is needed but deciding where to start; by grounding the four strategy themes reported in this article directly in participants' corroborating quantitative profile, this study offers school leaders a basis for sequencing investment, strengthening what is already relatively strong while directing new resources toward the specific, identifiable gaps this study surfaces.

LITERATURE REVIEW

Theoretical Framework

This study was based on two complementary theories that together explain the kinds of strategies that are anticipated to improve adolescents with disabilities' social integration and self-esteem. According to Social Identity Theory (Tajfel & Turner, 1979), people get some of their sense of self from being a part of social groups, and identity and self-esteem are strengthened by being a part of respected, welcoming groups. This suggests that while strategies that merely place adolescents in a setting without fostering genuine acceptance are unlikely to be effective, those that are able to genuinely embed adolescents with special needs within valued groups, families, classrooms, sports teams, and choirs should be expected to strengthen self-esteem. This viewpoint is complemented by Rogers' (1959) Self-Concept Theory, which maintains that relationships marked by unconditional positive regard, congruence and empathic understanding foster the development of self-concept. This suggests that strategies centered on relationship quality and disability-awareness are likely to be more successful than strategies narrowly focused on physical access or placement alone. Together, these theories suggest that effective methods are likely to act at many, mutually reinforcing levels: the relational, the structural, and the attitudinal.

Social Identity Theory, when applied specifically to strategy design, argues that a successful strategy is one that guarantees an adolescent with special needs is truly, visibly accepted as a valued member of that group rather than just tolerated within it. This goes beyond simply placing the adolescent in a group, classroom, team, or hostel. A supplementary, more individual-focused criterion is added by Rogers' theory: whether a strategy is taught by a teacher, a family member or a peer mentor, the relationships surrounding it should be marked by genuine warmth and acceptance rather than conditional approval linked to performance or compliance. When combined, these two theoretical criteria genuine group acceptance and genuine relational warmth provided a helpful analytical lens for determining whether a particular strategy that participants described was likely to result in long-term psychosocial benefit or merely surface-level, procedural inclusion during thematic analysis.

Empirical Review

A substantial body of literature identifies consistent family and school support as a foundational strategy for strengthening social integration and self-esteem among adolescents with disabilities. Xia, Jing, Chen, Sun, and Lu (2022) found that family emotional stability and supportive school environments enhanced social participation among children with disabilities in Shanghai, while Nzioka (2024) found that family support

contributed significantly to positive identity development and social adjustment among adolescents with disabilities in Kenya. Mpofu, Sefotho, and Maree (2017) similarly found that supportive educational environments in Zimbabwean inclusive community settings promoted psychological well-being and social inclusion among adolescents with physical disabilities. However, Abubakar (2024) cautioned that inadequate support and negative societal attitudes can limit social participation even where family or school support is nominally present, suggesting that the quality and consistency of support, not merely its formal availability, determines its effectiveness as a strategy.

A second strand of literature identifies structured participation in co-curricular and extracurricular activities as a strategy for building social integration and self-esteem. In Namibia specifically, Nghole (2025) evaluated social inclusion of persons with disabilities in a rural community and found that participation in community and social activities was closely linked to improved inclusion and quality of life. Mpofu, Sefotho, and Maree (2017) similarly reported that participation in social activities enhanced autonomy, self-worth and social interaction among adolescents with physical disabilities. At the same time, Brown and Swartz (2023), studying post-secondary transition experiences of youth with disabilities in South Africa, found that limited opportunities and infrastructural barriers often restrict the participation of learners with disabilities in school and community activities, underscoring that expanding co-curricular opportunities as a strategy requires deliberate attention to removing access barriers.

A third strand of literature identifies inclusive, adapted classroom practice as a strategy for strengthening both academic participation and the broader sense of belonging associated with social integration. McKinney, Arts, and UNICEF (2018) observed that although Namibia has adopted inclusive education policy, implementation challenges, including inadequate resources, communication barriers and limited support services, continue to affect learners with disabilities, particularly in rural schools. Khusheim (2021) similarly found that teachers' capacity to support successful integration varied significantly by training and experience, suggesting that teacher-focused strategies, not policy alone, are necessary to realise inclusive learning environments in practice. In the Netherlands, Douma, de Boer, and Minnaert (2024) found that peer acceptance and friendship quality, both shaped by classroom practice and teacher facilitation, were closely linked to more favourable self-concept among students with special educational needs, directly supporting classroom-level strategy as a lever for both integration and self-esteem outcomes.

A fourth strand of literature identifies deliberate self-acceptance and disability-awareness strategies as important complements to relational and structural interventions. Ayako (2025) found that dignity, respect and positive social relationships contributed to self-worth and healthy identity development among Deaf adolescents in Kenya, while Wang, Huang, Wang, and Liu (2023) found that stigma and social exclusion continued to undermine self-esteem and social participation among some learners with disabilities even within formally inclusive settings, underscoring that structural inclusion alone is insufficient without accompanying attitudinal change. More intensive, structured interventions have also shown promise such as Mirmohammadi, Pourmohamadreza-Tajrishi, Dolatshahi, and Bakhshi (2021) who found that group-based Acceptance and Commitment Therapy significantly improved self-esteem among visually impaired female students in Iran, with benefits persisting two months after the intervention ended, while Augestad's (2017) systematic review identified independence, supportive parenting and peer support as fundamental to strengthening self-concept among visually impaired children and adolescents internationally. Csernák and Gombás (2022) further found that the attitudes of relatives, friends and peers played a critical role in shaping body image and self-concept among women with blindness, while Heppe, Kef, de Moor, and Schuengel (2020) found, in a twenty-year longitudinal study, that peer support functioned as a protective factor against loneliness among young people with visual impairment.

A recurring insight across this literature is that strategies targeting a single level, the individual adolescent, the family, the school, or the community, tend to be less effective than coordinated strategies operating across several levels simultaneously. This is consistent with an ecological view of adolescent development in which psychosocial outcomes are shaped by nested and interacting systems rather than by any single influence in isolation. Applied to the strategies reviewed above, family and school support operates primarily at the relational level. Co-curricular participation operates at the structural, opportunity-based level. Additionally, disability-awareness and self-acceptance interventions operate at the attitudinal level, addressing both the

adolescent's own self-perception and the surrounding community's attitudes toward disability. This multi-level pattern offered a useful organising expectation for the present study's qualitative analysis. Rather than anticipating a single dominant strategy, the study anticipated, and as reported below found, that adolescents with special needs in northern Namibia would identify a range of complementary strategies spanning relational, structural and attitudinal levels.

Research Gaps

While a variety of strategies linked to better social integration and self-esteem among adolescents with disabilities are documented in the literature reviewed above both internationally and, to a lesser extent, in other parts of Africa, nearly none of it is based on the unique cultural and policy context of northern Namibia, and none of it directly establishes strategies from the accounts of adolescents with special needs in this setting. In order to close this gap, the current study establishes strategies for enhancing the social integration and self-esteem of adolescents with special needs in northern Namibia through thematic analysis of qualitative interviews set against supporting quantitative data.

METHODOLOGY

Research Design

This study adopted a convergent parallel mixed-methods design, in which quantitative and qualitative data were collected concurrently, analysed separately, and integrated at the interpretation stage (Creswell & Plano Clark, 2018; Fetters, Curry, & Creswell, 2013). This design was appropriate because establishing strategies is inherently an exploratory, meaning-focused task best suited to qualitative inquiry, while the quantitative strand, comprising standardised measures of social support and self-concept administered to the full sample, served a corroborating function, allowing the strategies identified qualitatively to be checked against the specific quantitative domains in which respondents scored comparatively lower.

Study Area

The study was carried out at four government-run schools, two mainstream and two special schools' that were important establishments carrying out Namibia's inclusive education policy in the northern Namibian regions of Ongwediva town, Oshana Region, and Outapi town, Omusati Region. Adolescents with a variety of disabilities, including as visual, hearing, and physical impairments as well as learning challenges, were enrolled in these schools. The Owambo people's established traditional beliefs, which interpret disability as the outcome of curses, guilt or ancestral punishment, contributed to the deliberate selection of the northern region (Amadhila et al., 2023).

Target Population

The target population comprised adolescents with special needs aged 10 to 19 years enrolled in the four selected schools. For the qualitative component central to this objective, participants were included if they were able to communicate their experiences in reasonable depth, with interpreter support arranged for participants who used sign language.

Sample Size and Sampling Procedure

For the qualitative component, six adolescents with special needs were purposively selected, with each of the four participating schools (anonymised here as Schools A, B, C and D) represented by at least one participant. Selection also deliberately spanned the three disability categories present in the quantitative sample, yielding two participants with visual impairment, two with hearing impairment and two with learning difficulties, so that the qualitative themes would not be shaped disproportionately by any single disability category. Participants ranged in age from 10 to 19 years and had attended their current school for periods ranging from one to ten years, providing perspectives from both newly enrolled and long-established learners. To protect confidentiality given the small number of participants and the identifiability risk this creates in a small regional population, participants are referred to only as "Respondent" with a date in the quotations below, and no

participant is linked in the text to a specific school, age, grade or disability category. This purposive, cross-school, cross-disability selection was consistent with the qualitative research emphasis on depth of understanding over breadth of sample. For the corroborating quantitative component, a census sampling technique was used, in which all 192 eligible adolescents with special needs across the four schools were included, eliminating sampling error and ensuring representation of the full range of characteristics within this heterogeneous population (Jamieson Gilmore, Bonciani, & Vainieri, 2022). All 192 questionnaires administered were completed and returned, yielding a 100% response rate.

Research Instruments

Qualitative data central to this objective were collected using a semi-structured interview guide administered to the six purposively selected participants, comprising open-ended prompts inviting participants to describe who helped them and how, what they enjoyed or found difficult about school life, and what they believed would help adolescents with special needs like themselves. This allowed strategies to emerge inductively from participants' own framing rather than being constrained by a predetermined list of intervention categories. Corroborating quantitative data were collected using the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988), a 12-item instrument assessing perceived support from family, friends and significant others and the Robson Self-Concept Questionnaire (SCQ; Robson, 1989), a 30-item instrument assessing dimensions of self-worth, self-confidence, body image, academic self-perception and emotional adjustment. Consistent with the distinction drawn above, the self-worth and self-confidence items of the SCQ were treated as the closest available quantitative indicators of self-esteem specifically, while the body-image, academic self-perception and emotional-adjustment items were treated as indicators of the broader self-concept construct providing contextual, rather than direct, corroboration for the strategy themes. Both quantitative instruments were adapted and simplified in language and format, following expert review, to ensure accessibility for adolescents with a range of communication, cognitive and learning needs (Cohen, Manion, & Morrison, 2018). Administering both quantitative instruments to the full sample of 192 respondents allowed the item-level means reported in the results below to serve as a systematic point of comparison against the qualitatively identified themes, rather than relying on the researcher's impressionistic sense of which quantitative findings were relevant to which theme.

Validity and Reliability

Reliability of the corroborating quantitative instruments was supported by previously reported Cronbach's alpha coefficients of 0.85 to 0.91 for the MSPSS (Zimet et al., 1988) and 0.78 to 0.90 for the Robson SCQ (Robson, 1989), reassessed through pilot testing in the present study, following the convention that alpha values of 0.70 or above indicate acceptable internal consistency (Fraenkel, Wallen, & Hyun, 2019). Content validity of the quantitative instruments was strengthened by aligning items with the study objectives and through expert review (DeVellis, 2017). Trustworthiness of the qualitative data, central to this objective, was addressed through credibility, dependability, transferability and confirmability, following Lincoln and Guba (1985). Credibility was strengthened through direct, sustained engagement with participants and triangulation with the quantitative findings. Dependability was addressed through a documented audit trail of data-collection and analysis decisions. Transferability was supported through thick description of the study context; and confirmability was addressed through reflexive documentation of analytic decisions throughout coding and theme development (Anney, 2014).

Data Collection Procedure

At each of the four participating schools, data was gathered on-site. The researcher used AI-supported transcription software to help with the transcription of the interviews, which were done in quiet, comfortable settings with the assistance of teachers and interpreters where necessary for communication. The researcher then verified and adjusted the transcriptions for accuracy. Under the guidance of the researcher and qualified assistants, quantitative questionnaires were given to the entire sample of 192 adolescents. Respondents who needed help completing the instruments because of a particular impairment received assistance.

Data Analysis

Qualitative data were analysed using thematic content analysis, involving repeated reading and familiarisation with the interview transcripts, systematic coding of participants' statements, and the iterative development and refinement of themes describing the strategies participants identified, explicitly or implicitly, as helpful or needed. Codes relating to sources and forms of support, opportunities for participation, classroom and learning experiences, and self-perception and community attitudes were grouped into broader themes. Quantitative data were analysed descriptively using SPSS Version 29 to generate means and standard deviations for every individual MSPSS and SCQ item. Integration of the two strands followed a structured, a priori matching procedure rather than a post hoc search for supportive evidence: once the four qualitative themes had been finalised independently of the quantitative results, each theme's constituent codes were reviewed to identify their underlying construct content (e.g., trust in peer relationships, perceived control, self-worth), and this construct content was then matched to the specific MSPSS or SCQ item(s) assessing the same underlying construct, following the convergent parallel design's emphasis on independent analysis followed by principled integration at the interpretation stage (Creswell & Plano Clark, 2018; Fetters, Curry, & Creswell, 2013). Only items matched to a theme on this construct-content basis, rather than items selected because their means happened to be low, were reported as corroborating evidence for that theme, and this matching was completed before item-level means were inspected, guarding against the risk of retrospectively selecting whichever items appeared to fit best. This construct-level matching, summarised in Table 2, is what allowed the qualitatively identified strategies to be checked against the specific quantitative domains in which respondents scored comparatively lower, rather than the quantitative results being presented as generic supportive evidence.

Ethical Considerations

The Catholic University of Eastern Africa provided ethical approval for this study, and the Namibian Ministry of Education, Innovation, Youth, Sport, Arts, and Culture authorized data collection in special schools throughout the Oshana, Ohangwena, and Omusati regions. Because the study involved a vulnerable population of adolescents with disabilities, particular attention was given to informed consent from parents or guardians and informed assent from adolescent participants, confidentiality and voluntary participation, including the right to withdraw at any time without consequence. All data were stored securely and reported without identifying participants.

RESULTS AND FINDINGS

Thematic analysis of the interview data produced four themes describing strategies for strengthening social integration and self-esteem among adolescents with special needs: strengthening support systems, expanding co-curricular activities and social opportunities, improving inclusive learning environments, and promoting self-acceptance and disability awareness. Table 1 presents demographic characteristics of the 192 quantitative participants, who were predominantly older adolescents (79.2% aged 16-19 years), fairly evenly split by gender (55.2% female, 44.3% male, and 0.5% recorded as other), and reported learning difficulties (54.2%), hearing impairment (25.5%) and visual impairment (20.3%) as their primary special need. Including both mainstream and special-school settings within the same study was a deliberate design choice, allowing the qualitative interviews to capture strategy recommendations from adolescents navigating two structurally distinct educational environments, potentially surfacing a broader range of strategies than a single-setting sample would have allowed.

Table 1: Demographic Characteristics of Quantitative Participants (N = 192)

Characteristic	Category	n	%
Age	10-12 years	6	3.1
	13-15 years	34	17.7
	16-17 years	76	39.6
	18-19 years	76	39.6
Gender	Female	106	55.2

	Male	85	44.3
	Other	1	0.5
Type of special need	Learning difficulties	104	54.2
	Hearing impairment	49	25.5
	Visual impairment	39	20.3

Theme 1: Strengthening Support Systems

Participants consistently identified strong, dependable support from family members, teachers, hostel matrons and peers as essential to their social integration and self-esteem. One participant described a father's consistent help:

"My father is always helpful. He helps me with anything that I need." (Respondent Interview, June 2, 2026)

Another described a mother's sacrifices to sustain her schooling despite limited means:

"My mum helps me a lot. Even if there is not enough, she tries to meet my needs for school." (Respondent Interview, June 3, 2026)

Participants also emphasised the role of teachers and hostel staff in providing support beyond the immediate family:

"The teachers help me. Also the matron, where we sleep at the hostel, they help me." (Respondent Interview, June 4, 2026)

This theme was corroborated by the quantitative finding that family support was the most highly rated of the three MSPSS sources measured ($M = 5.17$), with the item "my family really tries to help me" rated highest of all social-support items ($M = 5.67$, $SD = 1.97$).

Notably, participants did not describe support systems as static or automatic, but as something that required active effort from the adults around them, effort several participants explicitly recognised and expressed gratitude for. This suggests that, from the perspective of adolescents with special needs themselves, strengthening support systems as a strategy is less about establishing new formal structures from scratch than about sustaining, recognising and, where necessary, supplementing the informal effort already being made by family members, teachers and hostel staff.

Theme 2: Expanding Co-Curricular Activities and Social Opportunities

Participants identified participation in school activities as an important strategy for strengthening social integration and self-esteem. Many described activities such as choir, soccer, volleyball, basketball, netball, dancing and student leadership as enabling interaction, friendship formation and confidence-building. One participant explained the sense of belonging singing provided:

"I enjoy singing with others because it makes me feel part of the group." (Respondent Interview, June 4, 2026)

However, several participants expressed concern about the limited number of clubs and social events available. One learner observed:

"There are not many clubs or social events here." (Respondent Interview, June 2, 2026)

Participants believed that introducing more clubs, sports competitions, debates, talent shows and social gatherings would create additional opportunities for interaction. This theme was corroborated by the comparatively lower quantitative rating for sharing personal problems with friends ($M = 4.31$, $SD = 2.23$) relative to other social-support items, suggesting that the trust-based friendships co-curricular participation is intended to cultivate remain less developed than more general forms of peer helpfulness.

The specific activities participants named, singing, team sports, and structured leadership roles, share a common feature relevant to strategy design: each provides a defined, rule-governed context for interaction in which an adolescent's contribution can be recognised on its own terms, independent of the social ease that unstructured socialising often requires. This may explain why participants gravitated toward these activities as sources of belonging even where they described peer trust more broadly as limited, suggesting that structured co-curricular activities offer a lower-risk pathway into peer belonging than open-ended social interaction.

Theme 3: Improving Inclusive Learning Environments

Participants identified the need for more inclusive learning environments that adequately address the needs of learners with disabilities. One participant explained:

“Sometimes I feel people do not understand how I learn.” (Respondent Interview, June 2, 2026)

Another compared a previous, more specialised setting favourably to their current placement:

“At my previous school, there was a special class and it was easier to learn.” (Respondent Interview, June 2, 2026)

Participants suggested that additional support, adaptive teaching methods and specialised learning materials would help them participate more effectively in classroom activities, and that teachers should receive more training on how to support learners with disabilities. This theme was corroborated by the quantitative finding that control- and confidence-related self-concept items, such as “I have control over my own life” ($M = 4.63$, $SD = 2.46$), showed comparatively high variability, consistent with a pattern in which classroom experience varied considerably depending on the specific accommodations and teacher support individual participants received.

One participant's comparison between their current setting and a prior special-school placement is instructive for strategy design because it implies that inclusive learning environments are not inherently perceived as more supportive than more specialised settings. In this participant's account, the deciding factor was not the type of school but rather whether the particular accommodations they required were actually in place. This suggests that enhancing inclusive learning environments should not be evaluated merely on whether or not students with special needs are physically present in regular classrooms, but rather on whether or not they actually have access to the particular adaptive teaching strategies and resources that participants determined were essential.

Theme 4: Promoting Self-Acceptance and Disability Awareness

Participants identified self-acceptance as a key factor in strengthening self-esteem, with several expressing pride in themselves and emphasising the importance of accepting their disabilities while focusing on their abilities and strengths. One participant stated:

“I am a deaf person and I feel good. I accept myself as deaf.” (Respondent Interview, June 3, 2026)

Another expressed pride in academic achievement:

“I feel very proud because I am doing my grade in this school.” (Respondent Interview, June 4, 2026)

Participants further emphasised that society should focus more on abilities than on disabilities. One learner stated:

“People with special needs can do great things if they are given a chance.” (Respondent Interview, June 2, 2026)

Several participants noted that misunderstandings and negative attitudes from others sometimes affected their confidence, and recommended disability-awareness programmes, peer-sensitisation activities, mentorship opportunities and positive role models. This theme was corroborated by the comparatively low quantitative ratings recorded for self-worth items reflecting vulnerability, indicative of low self-esteem specifically, including “I don’t care what happens to me” ($M = 3.09$, $SD = 2.41$) and “I seem to be very unlucky” ($M = 3.35$, $SD = 2.42$), indicating that a meaningful minority of respondents experience exactly the kind of self-doubt that participants’ recommended strategies are intended to address.

It is noteworthy that participants tended to view self-acceptance as something attained by open acknowledgment of handicap mixed with a purposeful focus on competence and performance, rather than as something attained in spite of or by disregarding their condition. This has direct implications for strategy design where participants’ own accounts suggest that the more promising approach is to pair open, matter of fact acknowledgment of disability with consistent, genuine recognition of achievement and capability, delivered by teachers, peers, and community members alike, rather than encouraging adolescents with special needs to minimize or downplay their disability.

Cross-Cutting Observations Across Themes

The interview data as a whole showed two cross-cutting trends in addition to the four distinct themes. First, rather than using broad references to “the school” or “the program,” participants consistently framed effective support and strategy through specific, named individuals and activities, such as a particular parent, a particular teacher, a particular sport, or a particular club. In contrast to impersonal institutional policy alone, this personalization implies that policies are likely to be perceived as effective to the extent that they are implemented through recognizable, consistent interactions and activities. Second, participants moved fluidly between describing what already worked well for them and what they believed was still missing, often within the same response, suggesting that adolescents with special needs in this study did not experience their circumstances as uniformly positive or negative, but as a mixture of genuine strengths, most consistently around family relationships, and specific, identifiable gaps, most consistently around peer trust, co-curricular variety, and classroom accommodation consistency.

Synthesis of Strategy Themes

Table 2 synthesises the four themes, illustrative strategies associated with each, and the corroborating quantitative evidence identified through the construct-level matching procedure described above, indicating that the qualitatively derived strategies were responsive to specific, measurable gaps rather than generic recommendations.

Table 2: Synthesis of Strategy Themes and Corroborating Quantitative Evidence

Theme	Illustrative strategies	Corroborating quantitative evidence
Strengthening support systems	Family outreach; teacher and hostel-matron involvement; consistent emotional and practical support	Family support rated highest of all sources ($M = 5.17$); “family really tries to help” highest item ($M = 5.67$)
Expanding co-curricular activities and social opportunities	More clubs, sports competitions, choir, debates, talent shows, student leadership	Sharing personal problems with friends rated comparatively low ($M = 4.31$), indicating under-developed peer trust
Improving inclusive learning environments	Adaptive teaching methods, specialised materials, teacher training on disability support	High variability in control- and confidence-related items (e.g., “control over my own life”, $SD = 2.46$)
Promoting self-acceptance and disability awareness	Disability-awareness programmes, peer sensitisation, mentorship, positive role models	Low ratings for self-esteem/vulnerability items: “don't care what happens to me” ($M = 3.09$); “seem very unlucky” ($M = 3.35$)

DISCUSSION OF FINDINGS

This study developed methods for enhancing social integration and boosting self-esteem among northern Namibian adolescents with special needs. The four themes identified, strengthening support systems, expanding co-curricular activities, improving inclusive learning environments, and promoting self-acceptance and disability awareness, mapped closely onto the relational, structural and attitudinal levels of intervention implied by Social Identity Theory (Tajfel & Turner, 1979) and Rogers' Self-Concept Theory (Rogers, 1959). This suggests that participants' recommendations, which were developed independently of these theoretical frameworks, converged with what theory would be successful.

Three features of the design bear directly on how the theme-by-theme discussion below should be read. First, because the study was exploratory and cross-sectional rather than an intervention evaluation, the convergence reported between qualitative themes and quantitative items is evidence that the strategies target genuine, currently unmet needs, not evidence that the strategies themselves would work if implemented. Second, both data strands relied on participants' self-reports, so the findings describe participants' perceptions of support, opportunity and self-worth rather than independently verified circumstances. Third, interviews with the two hearing-impaired participants were interpreter-mediated, which may have affected the nuance, and possibly the completeness, of the accounts reported for Theme 4 in particular. These features are kept in view throughout the discussion that follows.

The prominence of Theme 1 and its close alignment with the finding that family support was the most highly rated source of social support is consistent with international evidence that family support is a foundational strategy for adolescents with disabilities (Xia et al., 2022; Nzioka, 2024). At the same time, Abubakar's (2024) caution that inadequate support can persist even where family involvement is nominally present is reflected in participants' emphasis on the specific qualities of support, availability and consistency, rather than its mere existence. Theme 2 is consistent with Nghole's (2025) Namibian finding that participation in community and social activities is closely linked to improved inclusion; however, participants' observation that their schools currently offer limited clubs. This echoes evidence that infrastructural and opportunity barriers often restrict participation among learners with disabilities even where such activities exist in principle (Brown & Swartz, 2023).

Theme 3 directly reflects documented implementation challenges facing Namibia's inclusive education policy, particularly around resources and support services in rural schools (Mckinney, Arts, & UNICEF, 2018). Furthermore, participants' specific recommendation for more teacher training is consistent with evidence that teachers' capacity to support integration varies with training and experience (Khusheim, 2021). Theme 4 aligns closely with evidence that dignity and positive social relationships contribute to self-worth among adolescents with disabilities (Ayako, 2025) and with caution that stigma can persist even within inclusion (Wang, Huang, Wang, & Liu, 2023); because the deaf participants' contributions to this theme were obtained through interpreter-mediated interviews, the specific wording attributed to them should be read as a close approximation of their meaning rather than a verbatim record. The convergence between the four qualitatively derived themes and their corroborating quantitative evidence strengthens confidence that the strategies identified are targeted at genuine, measurable gaps rather than being merely aspirational, a hallmark benefit of the convergent parallel design adopted in this study (Fetters, Curry, & Creswell, 2013).

The pattern of findings is also consistent with an ecological expectation that participants did not converge on a single dominant strategy but instead identified complementary strategies operating at the relational, structural, institutional and attitudinal levels. This suggests that any intervention, for example a family-outreach programme implemented without accompanying attention to classroom inclusion or community disability-awareness, is likely to address only part of the picture participants themselves described. Furthermore, the four strategies identified are best understood as complementary rather than substitutable components of a coordinated approach.

This pattern also suggests a reasonable explanation for why, in the broader research programme from which this study is drawn, the statistical relationship between social support and self-concept was found to be moderate rather than strong. If self-concept is genuinely shaped by multiple, only partially overlapping levels

of influence, relational support, structural opportunity, institutional inclusion and community attitude, then a measure of relational support alone would be expected to explain a meaningful but partial share of the variation in self-concept, precisely the pattern observed elsewhere in this research programme. This convergence between the qualitative strategy themes reported here and the quantitative correlational findings reported elsewhere lends further confidence to the multi-level, ecological account of social integration and self-esteem that this study's findings support.

A practical challenge for schools and ministries operating with limited resources is not whether these four strategies are each valuable in principle, but which to prioritise first given finite time, funding and staff capacity. The quantitative evidence offers some guidance here. The most effective initial investment may be in formally recognizing, maintaining, and slightly expanding what already seems to function fairly well rather than creating new family-engagement structures because family support was already relatively strong in this sample. This will free up resources for the domains with greater evident need, the comparatively lower peer-trust ratings underlying Theme 2, and the identifiable minority of respondents exhibiting marked vulnerability on self-acceptance items underlying Theme 4. While individual schools concentrate more immediately on enhancing peer relationships and disability-awareness programming within their current means, theme 3, improving inclusive learning environments, may be best addressed through regional or national-level policy action because it heavily depends on system-level teacher-training investment that individual schools cannot easily provide on their own.

It is also important to note that the four themes found in this study are unlikely to be equally feasible for every school in northern Namibia to implement at the same time. Instead of treating the framework provided here as a checklist that should be used everywhere, schools should be encouraged to use it as a menu for locally tailored prioritization. For instance, a well-resourced day school with strong family proximity may find that Theme 1 requires relatively little additional investment and that resources are better directed toward Theme 2 or Theme 4. In contrast, a residential special school that draws students from remote communities the type that is well represented in the study's sample may find that Theme 1 requires intentional structural investment, such as scheduled family communication during term time, precisely because family proximity cannot be assumed. This context sensitivity is in line with the ecological, ethnically, and structurally grounded account of strategy design that this study's findings support. It also suggests that the value of the four themes identified here is found in the coordinated, locally adapted ways that schools, families, and policymakers choose to combine them rather than in their content taken separately.

Finally, because participants were purposively selected in part for their capacity to communicate their experiences in reasonable depth, the four themes discussed above are best understood as strategies articulated by relatively communicative, comparatively well-integrated adolescents with special needs. Adolescents with more limited communication ability or more restricted social integration, who may have the most to gain from these strategies, are correspondingly the least represented in the accounts this discussion draws on, a constraint returned to in the Limitations section below.

CONCLUSION

In order to improve social integration and boost self-esteem among adolescents with special needs in northern Namibia, this study identified four interrelated strategy themes: bolstering support networks, increasing extracurricular activities and social opportunities, enhancing inclusive learning environments, and fostering self-acceptance and disability awareness. Quantitative results on social support and self-concept gathered from the same sample were consistent with these themes, suggesting that the tactics participants described addressed real, quantifiable deficiencies. Because the design was exploratory and cross-sectional rather than an intervention evaluation, this correspondence should be read as corroboration rather than proof of effectiveness. With that caveat, the results suggest that successful tactics function concurrently at the relational, structural, and attitudinal levels, in a manner consistent with both Social Identity Theory and Rogers' Self-Concept Theory. The study's most significant overall finding is that the adolescents with special needs were competent, articulate authors of their own recommendations. They identified strategies that were specific, actionable, and, upon triangulation with the quantitative data, well targeted at actual gaps in their social and psychological

experience. This highlights the importance of treating adolescents with special needs as active informants in determining what would actually help them.

RECOMMENDATIONS

Based on these findings, school administrators should strengthen inclusive education practices, establish peer-support programmes, and expand co-curricular opportunities. Teachers should adopt inclusive teaching approaches, provide positive reinforcement, and refer learners showing signs of social isolation or low self-esteem for support. Schools should strengthen guidance and counselling services. Besides, parents and guardians should provide consistent emotional support and collaborate with teachers. In addition, Ministry of Education should strengthen inclusive-education policy, resource disability-awareness initiatives and incorporate these strategies into teacher training programmes.

LIMITATIONS OF THE STUDY

This study is limited by its reliance on a small, purposively selected qualitative sample of six participants, drawn from four schools in two regions of northern Namibia, which may limit the transferability of the specific strategies identified to other regions or disability categories. The discussion of sensitive topics relating to social integration and self-concept may also have caused some emotional discomfort to participants despite ethical safeguards, and reliance on self-report measures and, for participants with hearing impairment, interpreter-mediated communication may have introduced response bias or affected the richness of some accounts. The corroborating quantitative instruments used in this study were also not designed specifically to test the four themes reported here, having been drawn from a broader dissertation addressing related but distinct objectives. The correspondence reported between qualitative themes and quantitative item-level findings should therefore be read as suggestive corroboration rather than formal statistical confirmation. A further limitation concerns the composition of the qualitative sample itself. Because participants were selected in part for their ability to communicate their experiences in reasonable depth, it is possible that adolescents with the most limited communication ability or the most restricted social integration, were systematically less likely to be identified as suitable interview candidates than their more articulate or better-integrated peers. This is a selection dynamic that would tend to bias the strategy themes reported here toward the perspectives of relatively well-adjusted participants rather than those facing the most severe difficulties.

Suggestions for Further Studies

Future studies will pilot and evaluate specific interventions derived from the four themes identified here, using pre-post or longitudinal designs capable of establishing whether these strategies produce measurable gains in social integration and self-esteem. Future research will also extend similar investigations to other regions of Namibia and to a wider range of disability categories. Further studies will incorporate the perspectives of parents, teachers and school administrators as additional informants to enrich and triangulate the strategy themes identified in this study, and will adopt qualitative sampling strategies specifically designed to capture the experiences of adolescents with more limited communication ability or social integration, in order to guard against the selection bias described above.

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