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RESEARCH QUESTION:

**THE EXPERIENCES AND OPPORTUNITIES OF CHILDREN WITH
DISABILITIES IN RURAL AREAS IN ZIMBAWE. A CASE STUDY OF
HWANGE DISTRICT AT LUKOSI VILLAGE.**

APPROVAL FORM

I certify that I have supervised **DZAMA MAIDEI REJOICE (B1852427)** in undertaking the research titled: **The experiences and opportunities of children with disabilities in rural areas in Zimbabwe. A case study of Hwange District at Lukosi village.** This is in partial fulfilment of the requirements of a Bachelor of Science, (Honours) Degree, in Social Work, and hereby recommend it for acceptance by Bindura University of Science Education.

Signature.....

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Chairperson of the Department Board of Examiners

The department board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by **DZAMA MAIDEI REJOICE (B1852427)** titled: **the experiences and opportunities of children with disabilities in rural areas in Zimbabwe. A case study of Hwange District at Lukosi village** in partial fulfilment of the Bachelor of Science, (Honours) Degree in Social work.

Chairperson

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I **DZAMA MAIDEI REJOICE** studying for the Bachelor of Science (Honours) Degree in Social Work, cognizant of the facts that plagiarism is a serious academic offence and that falsifying information is a breach of ethics in Social Work research, truthfully declare that:

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DEDICATION

This dissertation is dedicated to my lovely parents and siblings for their support and laying a foundation for my future. I am very grateful for your steadfast prayers and encouragement which gave me the strength to finish this project. I also dedicate this project to my lovely husband Kudakwashe Calvin Dahwa who stood by my side supporting and motivating me to keep me focused until the completion of my studies.

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I also acknowledge the Headman of Lukosi village for allowing me to carry out the research, the Head of Lukosi Secondary School for the venue and all the research participants for their willingness in contributing to the study.

ABSTRACT

The study sought to explore the experiences and opportunities of children with disabilities in rural areas in Zimbabwe, using a case study of Hwange District at Lukosi Village. The four objectives which led to the study were; to identify the causes of disability in Hwange District, to explore the experiences and opportunities faced by the children with disabilities in Lukosi village, to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better; and to bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe. Mixed methodology was used to collect, present and analyse data. Snowballing sampling technique was utilised to select a sample of 15 children with disabilities for semi-structured interviews while convenient sampling was used to select 5 parents for questionnaires and 5 key informants for interviews. Convenient sampling was also utilised to select 6 parents for Focus group discussion. Theoretically the study was underpinned by the Rights based approach and the systems theory. The study findings indicated that there are various causes of disability among children such as lineage, accidents, health problems, poverty and witchcraft. From the findings poverty is the leading cause of disability in Lukosi village. This might be articulated by the economic crisis and dollarization which has affected the balanced diet of expectant mothers . The study findings indicated that children with disabilities experience a lot challenges such as discrimination, child labour, sexual abuse, health problems and dropping out of school. Furthermore, the study indicated that due to the experiences being faced by children with disabilities, children with disabilities feel unwanted in the society as they are isolated from society functions and are not given attention at schools. Hence, children with disabilities drop out of school out of fear of being laughed at, which compromises their personal dignity in the society. The study findings indicated the opportunities that children with disabilities get which are in form of various services such as medical assistance, bus warrants, food aid, BEAM and counselling. To add on, most of the respondents indicated that they had no knowledge on the provision of services. The study findings indicated awareness, enforcement of strict laws and education as strategies that can be used for the betterment of the service provision. The findings pinpointed some recommendations such as follow ups, empowerment programs and awareness campaigns so as to enhance the social wellbeing of children with disabilities.

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LIST OF ABBREVIATIONS AND ACRONYMS

| | |
|---------------|-------------------------------------------------------------------|
| ADA..... | Americans Disability Act |
| AMTO..... | Assistance Medical Treatment Order |
| BEAM..... | Basic Education Assistance Module |
| BUSE..... | Bindura University of Science Education |
| CCW..... | Child Case Workers |
| CWD..... | Children with Disabilities |
| CRDP..... | Convention on the Rights of Persons with Disabilities |
| DSS..... | Department of Social Services |
| HIV/AIDS..... | Human Immune Virus/Acquired Immune Deficiency Syndrome |
| NASCOH..... | National Association of Societies for the Care of the Handicapped |
| NGOs..... | Non-Governmental Organisations |
| PSS..... | Psycho social support |
| WHO..... | World Health Organisation |
| UNICEF..... | United Nations International Children’s Emergence Fund |
| ZBC..... | Zimbabwe Broadcasting Co-operation |

CHAPTER ONE

INTRODUCTION AND BACKGROUND OF THE STUDY

1.0 Introduction and background to the study

The Convention on the Rights of Persons with Disabilities (CRDP) was adopted by resolution on December 13th, 2006 during the sixty-first session of the General Assembly. Disability is one of the phenomena disturbing the wellbeing of young boys and girls in the world, especially in Africa. This phenomenon has a negative impact on the lives of children as every child born with disability is regarded as a bad omen or an outcast in family as well in the community. According to WHO (2011), a world population of over one billion experience some form of disability. This corresponds to about 15% of the planet's population. Disability is becoming a significant matter; its prevalence is increasing, and this is a cause for concern (WB-WHO, 2011).

Disability prevalence is influenced by factors that vary across countries including trends in health conditions, environmental factors and other variables such as road traffic crashes, natural disasters, conflict, diet, and substance abuse. Children report from 2013 argues that while there is general agreement that definitions of disability should incorporate both medical and social determinants, the measurement of disability is still predominantly medical, with a focus on specific physical or mental impairments (Aslam, 2013). The long-term abuse of many substances can cause both disabilities and conditions that cause disability. For instance, certain forms of alcohol can cause blindness, long-term alcohol use can cause hepatitis, inhalant use can cause nerve damage and long-term marijuana smoking can cause lung damage. The burden of mental and substance use disorders increased by 37.6% between 1990 and 2010, which for most disorders was driven by population growth and ageing (Whiteford et al, 2013). Personality disorders are characterised by an enduring pattern of maladaptive thoughts, feelings, and behaviour. Therefore, it is of paramount importance to make sure that policies are put forward to make sure that these vulnerable people are treated with the utmost care and respect that they deserve and also that initiatives are put in place to ensure that people living with disabilities have equal chances with able bodied people to get what they need.

In Zimbabwe there are various vocational centres like Danhiko, Ruwa training school, Jairo's Jiri's, Kapota School for the Blind and Zimcare, which seek to assist people living with disabilities. According to NASCOH (2013), 52% of children with disabilities in Zimbabwe have no access to education. Children with disabilities also face the challenge of a shortage of

schools that caters for them. In Zimbabwe there are very few schools that cater for the children with disabilities. In terms of distance, in rural areas like Gokwe, transport to such centres is an obstacle. This is complicated by some children living with disabilities having assistance aids and compliances to enable their movement, in rough terrain, rugged and slippery roads during rainy season. It is therefore difficult for the children with disabilities to cope with the learning conditions at normal schools.

This study will specifically look at the aspect of experiences and opportunities of children with disabilities in rural areas in Zimbabwe, at Lukosi village Hwange district and examine the services provided to them in their best interest. The prevalence of disability is higher in rural areas than in urban areas, hence this has attracted many researchers and the study will focus in a rural area setup Lukosi village in Hwange District.

1.1 Statement of the problem

Children with disabilities face many problems due to diverse factors such as economic hardships, and cultural taboos. Disability in Zimbabwe has affected several sectors in terms of development. In the educational and economic sectors there is social exclusion, stigma attached as well as fear of the unknown due to disability. Mostert, (2016) suggests that the considerable lack of understanding and awareness regarding the causes of disabilities and their resulting characteristics is a key factor in the stigma experienced by people with disabilities in Africa. However, disability does not mean inability as the government of Zimbabwe thrives for inclusive education leaving no child behind despite their physical wellbeing. They also face challenges of lack of access to information, buildings, health care and education only to mention but a few, hence these might lead to poverty (Mtetwa, 2015).

The government of Zimbabwe helps the most vulnerable through the Department of Social welfare, by providing public assistance, medical assistance and assistive devices to mention a few. On the other hand, the government is facing challenges in meeting the needs of the people due to inadequate resources, as well as nepotism. Hence the Non state actors intervene to help the children with disabilities through food aid, shelter, stationery and clothes. Combined with poverty and other barriers, stigma and discrimination puts people with disabilities' rights at risk (Inguanzo, 2017). Hence, stigmatisation of the children living with disability is a threat to their psychological wellbeing and education, which results in them being absent from school eventually dropping out .However, this destroys the child's future.

Therefore, this has attracted the government of Zimbabwe, many local and international actors to respond with various interventions such as Basic Education Assistance Module (BEAM) as opportunities for marginalised children living with disability to access education. The European Union and UNICEF work together to promote respect for human rights as well as to increase the efficiency and inclusiveness of public services for vulnerable groups, including children with disabilities. Above all, the study seeks to investigate on the experiences and opportunities faced by children living with disabilities at Lukosi villag living a normal life like any other child, and explore on the possible intervention methods that can be used to counter the problems ,whilst enhancing inclusive education. The researcher seeks to recommend the government of Zimbabwe to improve the services in complementing the welfare of the children in Lukosi village so that children with disability can have a better social functioning like any other normal child in the society.

1.2 Aim

The study seeks to investigate the experiences and opportunities of children living with disabilities in rural areas and the factors hindering them from living a normal life like any other child in Zimbabwe and the possible services to assist them.

1.3 Objectives of the study

- To identify the causes of disability in Hwange District.
- To explore the experiences and opportunities faced by the children with disabilities in Lukosi village.
- To find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better.
- To bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe.

1.4 Research Questions

- What are the causes of disability in Zimbabwe?
- What are the experiences that are being faced by the children with disability in Lukosi Village and their opportunities?

- What are the services being provided by the State, society, local and international donors to improve the wellbeing of children living with disability?
- What strategies can be employed to mitigate challenges being faced by the children with disabilities in Zimbabwe?

1.5 Significance of the study

The study seeks to explore the experiences and opportunities that are being faced by children living with disabilities in Lukosi village and this will reveal the complementary role that is being played by the government and non-governmental organisations. This will inform several well-wishers and the government as it will look at the experiences and plights that come across in children with disabilities on their day to day lives and will know their needs and wants and provide better services. The study will also help the community at large to gain more knowledge on issues to do with disability especially on children with disabilities and how best they can be assisted. More so, this study can also assist programs like the Basic Education Assistance Module on how best they can offer their services in inclusive education. The study will enlighten social workers on policies when dealing with child welfare and also conscientise the vulnerable populations on their rights as human beings, whilst linking them to resource systems like Danhiko where they are taught vocational skills so that they will be able to afford to pay rentals.

1.6 Assumptions

A child born with any form of disability is believed to be an outcast in the family and society and some sacrifice the minor. Some cultures assume that having sexual intercourse with a child with disability as a ritual enables one to attain wealth. Claims are that disability is a taboo and is as a result of mother Eve's Biblical sin. Henceforth, children living with disabilities are exempted from performing some household and communal duties and are also excluded from attending community events.

1.7 Possible limitations of the study

The fundamental Covid-19 pandemic can affect the research as there will be a number of restrictions so as to protect both the researcher and the participants. To add on the information from the participants might be riddled to please the researcher therefore, the researcher might collect biased data. Furthermore, the study might face non-cooperation from the participants.

Parents or guardians might not allow their children to participate in the study. Moreso, the physical impairment is another barrier for effective participation.

1.8 Delimitations of the study

The research is confined at Lukosi secondary school which is located in Lukosi village. This has been necessitated by the fact that Lukosi village is a, rural area in Hwange District that is where the study is based upon in order to assess the experiences of the children with disabilities in remote areas. The age groups to be concentrated on are 07 to 17 years.

1.9 Definition of key terms

- **Disability**- Oliver (2012) defines disability as the disadvantage or restriction of activity caused by the political, economic and cultural norms of a society which takes little or no account of people who have impairments and thus excludes them from mainstream activity.
- **Rural**- Generally this means geographic areas that are located outside towns and cities most of which are primitive and backward in terms of development.
- **Child**- the African Charter on the rights and welfare of the child, defines a child as every human being below the age of eighteen years.
- **Experiences**- Dewey (2013) states that Experience is the way living organisms interact with their environment.
- **Opportunities**- Collins Dictionaries states that an opportunity is a situation in which it is possible for you to do what you want to do.

1.10 Proposed chapter outline

The research will be structured as follows,

- **CHAPTER ONE–Introduction and background**

This chapter unveils the scope of the study, giving a brief enlightenment or summation of the research. To add on, the chapter explains the important elements within the interest of the study. The chapter therefore gives a brief background to the study, states the objectives to be accomplished, whilst considering the limitations, delimitations and defines key concepts.

- **CHAPTER TWO- Literature review**

The chapter consists of a survey of academics providing an overview on the topic. Through the theoretical framework the researcher introduces and describes the research problem. The chapter also unveils the publications, the summary, discussions of gaps in research and an evaluation of the contribution of the research topic.

- **CHAPTER THREE- Research methodology**

This chapter uncover the research design, which is the plan to answer the research question and the methodology. The chapter contains the research design, methodology, population, sample size and ethical considerations among others.

- **CHAPTER FOUR- Data Analysis and presentations**

The chapter presents the outcome of the research first followed by a discussion of their significance, answering the research questions listed. The chapter also summarises the collected data and statistical treatment and analysis.

- **CHAPTER FIVE- Summary and finings, conclusions and recommendations**

This chapter summarises the research from chapter one to chapter five. Through this chapter also presents recommendations based on the research findings, whilst also suggesting areas of further research.

1.11 Conclusion

The chapter presented the research topic, the objectives, the background of the study giving an insight on the experiences and opportunities that come across children with disabilities. The statement of the problem also alluded in relation to the research. The aim of the study, research questions, limitations of the study and the suggested chapter outline were given.

CHAPTER TWO

LITERATURE REVIEW

2.0 INTRODUCTION

This chapter focuses on the review of previous work by other researchers on the area of experiences and opportunities faced by children with disability and the challenges preventing them from living a normal life like any other children. The chapter discusses the theoretical framework, of the human rights approach of disability and its relevance to the research explored. Regional and national contexts and policies on children with disabilities are interlinked too in support of the research. Of paramount importance, the chapter reviews the experiences, opportunities being faced by children with disabilities and strategies imposed to assist the children with disabilities and the community on the area of disability nationwide. Lastly, this chapter includes challenges encountered in delivering these services.

2.1. THEORETICAL FRAMEWORK

A theoretical framework is asserted by Babbie (2011) in agreement with Nueman (2011) to refer to concepts and guidelines put forth in an attempt to understand, define or model a given complex phenomena in a scientific measurable manner. The study will utilise the Right based approach and the Systems theory and they are explained below in detail

2.1.1 Right Based approach

The rights based approach is linked on the internationally agreed human rights from the Universal Declaration of Human Rights of 1948 which gave people the rights to education, health care, protection, support and freedom of expression. Human rights increasingly form part of the language and approach of many international organisations, governments, non-governmental organisations and civil society groups' children with disabilities. According to UNICEF (2009) the human rights-based approach is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress.

Henceforth, all persons including children with disabilities deserve respect and have human and legal rights protected by law. Sometime in March 2011 the UN Human Rights Council called upon State parties to reinforce international cooperation in support of national efforts for the realisation of the rights of persons with disabilities. The human rights approach reveals that one should respect a person's disability as an element of natural diversity, on the same basis as gender or ethnicity. It addresses disability-specific prejudices, attitudes and other barriers to the enjoyment of human rights. It aims to empower persons with disabilities to participate in all spheres of society, to make their own choices and to exercise control over their lives. According to Article 12 of the Convention of the Rights of the Child (2004) it is the duty of every citizen to respect their views. Human Rights Model of disability is against discrimination towards people living with disabilities. It is the right of every individual to be in a free society without being segregated because of the disability. Besides, the human rights model promotes accessible education to all.

All human beings have the right to be educated despite their physical being. Article 29 of the Convention of the Rights of the Child, (2004) asserts the right of every child to be educated so that they develop their personality, talents, mental and physical disabilities to their fullest potential. It is the right of students, staff, and faculty with disabilities to have be educated or employed. For inclusive education, all schools are mandated to build infrastructure which can also be accessible to children with disabilities. For example, in rural areas schools for people living with disability have to be built so that all the populations benefit equally and have access to education as well, and not only to those in urban areas. The researcher chose to use the human rights model because it promotes social justice as it aims to make equal education opportunities to both the able bodies and the disabled.

In Zimbabwe the existence of institutions such as Danhiko has proven to be of great assistance in assisting people living with disabilities including those that are deaf and hard of hearing, to become self-sufficient through vocational training. Some of the deaf and hard of hearing also get employed in non-governmental organisations that deal with people with disabilities and this may be inspirational to other people deaf and hard of hearing that disability does not mean inability.

The human rights model enables the participation of the children with disabilities economically. The Deaf Zimbabwe Trust (2015) was involved in the crafting of the Zimbabwe Sign Language Bill after recognizing that language is the major factor that ensures that there is

better interaction between the able bodied and the deaf and dumb community and possible be a tool for improving their participation in political decision making. Particularly important to the Bill is the fact that it makes provision for the need to have an interpreter always whenever there are parliamentary proceedings. Apart from the fact that the sign language was made official, the Bill makes a recommendation that everyone has the right to use it in any debates and other proceedings of Parliament. It is also stated that facilities shall be made available for the simultaneous interpretation of the debates and other proceedings of Parliament from one official language into the other. Everything reported in official reports of debates or other proceedings of Parliament shall be reported in the official language in which it was said and a translation thereof into the other official language shall be included therewith. Therefore recognizing the efforts being put in the crafting of this Bill, it can be noted that the government of Zimbabwe made efforts in trying to ensure that there is equal representation for everyone in the country's political meetings which shape the lives of everyone concerned.

The inclusion of sign language presenter in the airing of the ZBC news bulletin should also be applauded as it gives an opportunity for the deaf and hard of hearing to directly receive information which may be relevant and crucial to them. Therefore it can be noted that the media is also making an effort to include them in mainstream society.

2.1.2 Relevance of the model to the study.

The approach advocates for equal societal opportunities within a society where all people are treated equally regardless of their physical being. Therefore, this can improve the lives of children with disabilities as it advocates for the children with disabilities to be fully recognised and treated with respect in the society. The rights based approach is relevant to the study as it enables children with disabilities to have control over and improve their health whenever they face challenges such as child labour and sexual abuse. Henceforth, this enables the children with disabilities to stand firm in a community. The rights-based approach has general principles which include accountability, participation, transparency, empowerment, sustainability, international assistance and non-discrimination, and identifies entitlements as being core to human rights.

The rights based approach is significant to the study as it draws attention to the social, cultural, political and economic forces and inequalities among children with disabilities. On the other hand, the United Nations Programme of Action (1996) maintains that rights based approach moves beyond considering universal access as a goal to be strived towards, and through human

rights laws and advocacy, obliges governments to ensure equity in access to services, and address the wider discriminatory policies and laws that can constrain access. To add on, Meaningful participation of the children with disabilities is required in the identification of problems, policy design and budget allocation, and the evaluation of programs and policy implementation so as tackle the problem from the roots and apply the best method to overcome their challenges through the implementation of policies which are helpful to them. This will improve the experiences that are faced by children with disabilities as health problems and school dropouts.

The study seeks to make use of the rights based approach in understanding how environment brings about negative effects on children with disability and how it can be channeled to bring change in relation to their experiences in the society. This is so because the environment shapes the mentality and wellbeing of a child. The researcher chose to use this model as it will enable the researcher to pinpoint various aspects that may be of hindrance in relation to the children with disabilities. A user friendly environment enables children with disabilities to feel accommodated as children have the right to freedom and life.

Disability is regarded as a bad, partible condition, a personal tragedy for both the individual and her family, something to be prevented and if possible to be cured (Carlson, 2010). The rights based approach is very important as it outlines some aspects that promote social justice to people living with disabilities which makes it relevant to the study. The researcher is guided by the model as it also alludes that disability is as a result of marginalization of people with disabilities in the economy, therefore it promotes rights based opportunities, participation as well as removing barriers to these people with special needs reparations. Education should also be provided to the families of affected persons and the community at large so that they become aware of the causes, symptoms, possible ways of prevention and most importantly how they can provide a support system necessary to facilitate and nurture a sense of hope and positivity to their children with disabilities.

2.1.3 Systems theory

The systems theory, according to Lai & Lin (2017), seeks to explain the dynamic interdependence and relationships between components of a system and the organization - environment relationships. Systems theory is a practice that enables other professionals as well as social workers to look holistically at a client's conditions and environmental factors to gain

a better understanding of why they face issues or hardships. The Systems theory seeks to explain and develop hypotheses around characteristics that arise within complex systems that seemingly could not arise in any single system within the whole. This is referred to as emergent behaviour. If a complex system expresses emergent behaviour that means it has characteristics its properties do not display on their own. The researcher chose the systems theory because a holistic approach to an individual's personality, choices and hardships is important when it comes to successful social work. A social worker must look at all factors that come together in a unique way to shape their experiences and who they are. Through social exclusion of a child with disability from societal gathering causes challenges to the children living with disabilities.

The family, equally, is a system in its own right. Therefore, the systems theory looks at the family as a whole, usually envisaging it as a relatively closed set of interactions between individual members (Jennings, Breitzkreuz & James 2012). Micro systems refer to small -size social systems, such as individuals and couples. Mezzo systems focus on intermediate-size systems, including groups, support networks, and extended families. Macro systems focus on large systems, such as communities and organisation. The researcher chose the systems theory because these systems can also work together through community awareness, monetary support and psycho social support in eradicating all the challenges faced by children with disabilities. In this research, the researcher uses this theory to find out the implementation of services being provided to the children with disabilities in Zimbabwe who are experiencing stigmatization and abuse to mention a few. This becomes the main purpose of this research in which the researcher would want to unveil the experiences faced by the children living with disabilities and the programs available to assist such children to live a normal life, like any other child. The systems theory is important to social work and helps practitioners reach a better understanding of those they work with.

2.1.3.1 Relevance of the Theory to the study

The systems theory is relevant in social work in the fact that, human behavior and social problems are influenced by multiple factors that work together as a system. These factors encompass family, friends, social settings, economic class, home environment, and economic context. The children with disabilities are also affected by the systems they are attached to, like the family and friends. The family as a system can positively or negatively affect the way of life of a child with disability. The family members must accept the child with disability and make him or her realise that his part of the family. The systems theory is relevant to the study

as the family system will embrace the child and think positively. Henceforth, the systems theory is relevant to the study as it will enable the betterment of the wellbeing of children with disabilities through the love and support they would get from their family members.

Child protection is equally a system and this will enable the protection of children with disabilities facing various challenges like discrimination at home, school and the society at large. Therefore, the systems theory is relevant to the study as it has various components which constitute the legal and regulatory framework, structures, continuum of services, monitoring, social participation and others (Flores, 2018). The systems theory enables the researcher to depict long lasting positive results for children with disabilities through working with different systems for the benefit of the children. The systems theory is relevant to the study as it will help the children with disabilities through better services at schools. This is so because the education sector is a system on its own and it has different components that all lead to inclusive education, leaving no child behind. Children with disabilities also receive psycho-social support at schools from the school social workers as well as the teachers. Looking at the educational system the most vulnerable and children with disabilities are assisted financially through BEAM. Vocational training centers like Daniko, Kapota school of the blind and Jairos Jiri enable the less privileged to learn skills and empower them to stand firm in their darkest moments of life. Thus, the systems theory is relevant to the study as different systems work towards the betterment of the lives of children with disabilities.

Another system is the friends system. This is so, because children with disabilities' association determines their progress in life. When the children with disabilities are isolated by the system they feel lonely and some end up having traumatic disorders. Friends need to be educated that disability is not inability so that they accept the disability amongst them. The systems theory is relevant to social work practice to enable social workers observe and analyse how many systems that contribute to individuals and welfare. For example, health systems must be just and particular attention must be paid to marginalised groups, for example, the children with disabilities. According to Jesus (2021), there is need for public health and policy responses to reduce the challenges faced by children with disabilities. Therefore, system theory is relevant to the study as children with disabilities can be linked to the resource systems to assist children with disabilities medically and reduce deaths incidents nationwide.

The systems theory is also relevant to the study as there is need for one to use the systems theory in trying to solve some problems being faced by children with disabilities such as child

labour, discrimination and health problems. That means one can use the micro, macro and ecosystem to effect change to a client (Butyrin 1976). Therefore, the systems theory indicates that an individual does not survive in isolation but the systems or environment surrounding him makes his total functioning in the society. Therefore, through the systems theory the researcher depicts various ways on how to improve the living conditions of children with disabilities and how best they can be assisted nationally.

2.2 Literature review

Globally, the researcher has found out that a child born with any form of disability is regarded a bad omen to the family or an outcast. Over the years, research has emphasised the burden and the emotional distress associated with parenting of children with disabilities (Dambi, Jelsma & Mlambo 2015). On the other hand literature by the UNESCO Regional Office for Southern Africa based in Harare asserts that persons with disabilities are a key constituency in Zimbabwe and are estimated to make up 7% of the country's population. In Kenya, children with disabilities in rural areas and those among minority communities are particularly inhibited by negative cultural practices such as female genital mutilation and disinheritance of persons with disabilities (Inguanzo, 2017). The researcher agrees with the above view because people believe that having sexual intercourse with a disabled person is also a way of cleansing one's sins. Literature by other scholars reveals that a place in Namibia called Opuwo children with disabilities have demeaning names such as "ejova" meaning stupid or "otirengeona" meaning not a perfect human being. These views show that children with disabilities are treated unfairly, discriminated and hated by the people which may result in suicidal tendencies, as some choose to die than to endure the mockery. Therefore, the United Nations policy talks about zero discrimination of the disabled people in any form, in its principle of non-discrimination. In all countries, educational institutions are not always accessible to children with disabilities and in many cases such persons are not admitted to the same schools as other people which affects them as their right to education would not be considered. Attention is drawn at the highly discriminatory effect of means of transport for people living with disabilities in Lukosi village.

Regionally, World Health Organisation (2016), asserts that disability is an umbrella term covering impairments, activity limitations and participation restrictions. It can be seen that disability is a highly contested concept varying in definition, understanding and interpretation within and across cultural boundaries (Mnsaka 2012). An impairment is a problem in body

function or structure an activity limitation is a difficulty encountered by an individual in executing a task or action while a participation restriction is a problem experienced by an individual in involvement in life situations. According to the World Health Organisation Factsheet (2015) Over 5% of the world's population 360 million people has disabling hearing loss (328 million adults and 32 million children). Hence, disability is not just a health problem but it is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. UNICEF (2020), shows that a total of 12 619 vulnerable children including children with disabilities were reached with community-based psycho-social support (PSS) interventions including at child safe spaces. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. This is why the government of Zimbabwe and other NGOs pitch in to help children with disabilities and empower them in order to be independent. Through the vocational training centers in Zimbabwe persons with disabilities are accommodated to learn practical works like sewing, plumbing or gardening depending with the strength and interest of the individual. Americans Disability Act (ADA) defines person with disability as a person who has a physical or mental impairment that substantially limits one or more major life activity.

WHO in Business Dictionary (2016) affirms that, health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. Health is a dynamic condition resulting from a body's constant adjustment and adaption in response to stresses and changes in the environment for maintaining an inner equilibrium called homeostasis. Masinire (2015) noted that this is something that is missing in Zimbabwe's laws and it needs to be advocated for because those people affected have neither power nor the voice to change the status quo and they are also vulnerable such that they will always suffer if nothing is done about it. According to Krahn, Walker and Araujo (2015) people living with disabilities lack knowledge or education that can help them improve their health due to failure to receive information. State and Non-State actors do educational awareness programs to impart knowledge to the persons living with disabilities as well as the community to appreciate that disability is not inability. For instance the in 2021 from 21 to 25 August the Ministry of Primary and secondary Education together with other government stakeholders like the Department of Social welfare had a workshop in Matabeleland north on inclusive education with the theme of 'no child remains behind'. The disabled person's act (1992) defines "disabled person" means a person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from

participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society. Panther (2015), defines inclusive education as the process of educating all people in age-appropriate general classes in their community school. UNESCO sees it as a process of addressing and responding to the diverse needs of all learners through a meaningful participant in learning. In Lesotho, social workers in the Department of Social Welfare are responsible for collaborating with NGOs like World Vision, Care Lesotho and Lesotho Red Cross Society that provide assistance to people with disabilities. These organisations have poverty alleviation programs for people with disabilities.

Nationally, literature by UNICEF (2010) suggests that Zimbabwe has one of the highest rates of vulnerable children in the world with 25% of all the children in Zimbabwe either staying with terminally ill parents or one or both parents having died due to HIV and AIDS related causes of death. On the other hand, Mandipa and Manyatera (2014) reveals that although there have been four censuses in Zimbabwe since independence, none of them provided statistical data on the prevalence of deafness and hearing loss in the population or disability in general. According to Dube (2011), in a Manica Post article, noted that there were an estimated 135 000 (2.5%) school children in Zimbabwe have some degree of deafness. Finkelstein (2015) reveals that people with disabilities must find ways of engaging in the class struggle where the historical direction of society is fought, won or lost. With this statement by Finkelstein it means disability does not mean inability. The works of Marx are crucial to the field of body and disability (Goodley, Hughes, and Davis 2012). Through group work, social workers priority a holistic understanding of the person, seeing their impairment as only one aspect that makes them who they are. Focusing on this view there is a deep belief in the intrinsic worth of all human beings and their inalienable right to dignity and self-determination. It is from the group work that one fully understands that people with disability are a diverse group and have a wide range of experiences and potential for development. Degener (2017), reflects that we are all important and that disability is not inability. Thus creating equal opportunities for all and passing of skills.

The CRPD entered into force in 2008 and has been ratified by 125 countries (October 2012). The convention fosters a new understanding of disability that is “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” Whereas in the past, the focus was on the impairments of persons

and understanding is now widened and comprises the barriers persons with disabilities encounter.

2.3 Legislation and Policies of the Persons living with Disability in Africa

This section discusses and analyses the Legislation and policies of the Persons living with disabilities in Africa which include the African Charter, Convention on the rights of the child, the United Nations on the policy of disability and the Constitution of Zimbabwe.

2.3.1 African Charter 1981

Despite being one of the first countries in the world to enact Disability Discrimination Legislation, Zimbabwe has not developed necessary administrative infrastructure for its effective implementation (Lang and Charowa, 2007). On the other hand, literature by Choruma (2007), alludes that disability issues have a low priority within the Government of Zimbabwe despite the establishment of the National Disability Board and appointment of a Presidential Advisor on disability issues. Henceforth, despite having the Disability Act, there are no formal policies and implementation strategies in place to ensure the Act's enforcement (Choruma, 2007). This shows that children with disabilities are not fully recognised and assisted by the government. On the other hand, UNICEF (2008), reveals that the African Charter 1981, involves fifty-three countries that are parties to it and it prohibits the discrimination of children living with disability. Article 18 reveals that 'the aged and the disabled shall also have the right to special measures of protection in keeping with their physical or moral needs'. Moreso, like any other able bodied person children with disabilities rights includes, the right to life, the right to education, the right to participation and the right to freedom.

Therefore, the rights of the children with disabilities will be recognised and they will live a normal life like any other child in Zimbabwe. To add on , in other countries like Malawi and Mozambique children with disabilities are seen as outcasts as some are given harsh names like 'Capies' meaning idiot. Therefore, the African charter goes on to explain that every individual has a right to live and make his or her own decisions despite the fact of disability, thus disability is not inability. The children with disabilities are supposed to be involved in decision making and hear their views so as to help them fully. The African Charter also states that every child has the right to education henceforth every child is supposed to go to school thus inclusive education leaving no children behind. Therefore, children with disabilities must be included in making decisions that also concerns their education. This is so, because the child might be

affected by the environment and the association at school hence might want a change. Families Parents of a special-needs child face myriad challenges when it comes to their child's education.

2.3.2 Convention on the Rights of the Child

Children with disabilities face discrimination and accessibility barriers both related to their disability and also related to their age. Child protection is an important response that inspires a wide range of international policies and programming. The Preamble of the Convention on the Rights of Persons with Disabilities (CRPD) recognises that children with disabilities should have full enjoyment of all human rights on an equal basis with other children. Moreso, Section 3 of Article 4 of the CRPD requires countries ratifying the CRPD to consult with people with disabilities, including children with disabilities, in their decision-making processes. The researcher supports the above Section 3 which alludes that children with disabilities should be included in decision making. This is so, because no one else can understand the situation better than the victim. The people around children with disabilities can feel for them but they cannot feel the pain they encounter daily due to their inabilities.

2.1.4.3 United Nations Policy on disability

The United Nations policy talks about zero discrimination of the disabled people in any form, in its principle of non-discrimination. This shows that children with disabilities should be included in societal activities as well as everything that concerns their lives. The Universal Declaration of Human Rights made reference to disability in Article 25, "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." The policy even went on to name the International Day of Persons with Disabilities as 3 December. In all countries, educational institutions are not always accessible to disabled persons and in many cases such persons are not admitted to the same schools as other people which affects them as their right to education would not be considered. Attention is drawn also to the highly discriminatory effect of the failure to provide accessible means of transport for disabled persons. Therefore the United Nations policy is there to direct and give a pathway to the countries to prevent discrimination of the disabled in all its forms.

2.3.3 The Constitution of Zimbabwe

Zimbabwe has managed to include issues to do with disability in the constitution. The New Constitution of Zimbabwe highlights the Demands and Gains of People living with Disabilities. People with disabilities see the constitution as their huge opportunity to have their dreams realised and their expectations met. These include more opportunities in health, education, social protection, habitation, participation and employment. This is because they faced challenges of being excluded from the first stages of the process, but they were later actively involved as they were given the chance to participate by the constitution.

Furthermore, Section 19 of the constitution mentions that the state should adopt policies and measures that ensure that in matters relating to children the best interests of children concerned are paramount. This section highlights how the constitution tries to address the socio-cultural factors that place children with disabilities into stigmatisation, discrimination and vulnerability through the following rights stated in it.

- The right to enjoy family or parental care
- The right to shelter and basic nutrition
- The right to be protected from maltreatment, neglect or any form of abuse
- The right to have access to appropriate education and training.

Section 19 (3) goes on to state that children must be protected from exploitative labor practices and they should not provide services that are inappropriate for their age or be placed at risk of their wellbeing, education, physical or mental health and their social development. Most of these rights are violated on a child with disability isolated from the community and prone to abuse. Therefore, the government of Zimbabwe has managed to respond to the problem of disability nationwide.

2.4 CAUSES OF DISABILITY

Globally infection is a leading cause of chronic, developmental disability in children. A systematic review on childhood disability in low and middle income countries suggests that the commonest causes of hearing impairment are meningitis, measles, congenital rubella, iron deficiency, anaemia followed by skin diseases, protein-energy malnutrition, and diarrhoea are other causes of disability amongst children. In older children, iron deficiency anaemia, skin diseases, asthma, and mental health disorders such as conduct, autistic spectrum, and anxiety disorders were top ten causes of disability. In adolescents and young adults (aged between 15

and 39 years), iron-deficiency anaemia, skin diseases, depression, lower back and neck pain, and migraine led the rankings. Some communities in Namibia perceive disabilities as a punishment for what one has done wrong (Chilwalo 2010). Other mental health disorders such as anxiety disorders and schizophrenia were in the top ten causes in this age group. Recent researchers found out that 7.1% disabilities resulted from clinically confirmed infections, and another 10.8% originated from probable infections thus a total of 154 (17.9%) children with disabilities are thought to have an infectious origin. Infectious diseases are a major cause of severe disability in rural Bangladesh. Most of the families with a disabled child are living below the poverty line.

According to the Global Burden of Disease (2016) study, researchers found that headache disorders, specifically migraine, are important causes of disability worldwide and therefore require more attention in health policy debates and greater resources for research. Mental health problems are a growing public health concern. They are prevalent not just in the UK, but around the world hence disturbance of the mental wellbeing results in traumatic disorders. Diagnoses of major depression in the U.S. have risen by 33% since 2013, (US insurer Blue Cross Blue Shield (BCBS)). And this is rising even faster among millennial (up 47%) and adolescents (an increase of 47% for boys and 65% for girls). The 2030 Agenda for Sustainable Development clearly states that disability cannot be a reason or criteria for lack of access to development programming and the realisation of human rights.

Regionally, disabilities within the African context such as South Africa, Tanzania, Ethiopia, Uganda, and Tanzania have been associated with beliefs and spirituality or divine retribution such as the “will of God or witchcraft” (Mckenzie, McConkey & Adnams, 2013). To add on, the number one cause of death and disability are cardiovascular diseases, which are a group of heart and blood vessel disorders. To add on, almost 30% of Americans have some sort of pain in the lower back, and it’s a top cause of disability worldwide. According to the World Report on Disability, childhood disability is a phenomenon found in both low-middle-income countries (LMIC), as well as high-income countries (HIC) (WHO, 2011).

Tatira (2010) identified some practices which are believed to be contributory factors of deafness and dumbness in the community, such as witch craft, curses, avenging spirits and the quest for riches using black magic “kuromba”. Tatira (2010) argues that witchcraft is the ability to harm others supernaturally through the exploitation of mystical power while other schools of thought like the Maguranyanga (2011) defines witchcraft as a practice

commonly done by witches. Tatira (2010) argues that a person may become deaf or hard of hearing before and after birth due to witchcraft practices from other members of the community or family. Such actions may be attributed to jealousy or revenge.

Nationally, the Inter-Censal Demographic Survey (1997) identified the general causes of disability in Zimbabwe as mainly congenital birth defects, war, accidents, diabetes, and preventable diseases such as measles, polio, and tuberculosis. According to WHO, 15% of any given population has various forms of disability. The Government of Zimbabwe estimates that about 1% of the people live with disabilities in Zimbabwe. The National Association of Societies for the Care of the Handicapped (NASCOH) argues that disability prevalence in Zimbabwe is over 10% of the population (NASCOH, 2013). Others have cited a prevalence of 7%. A large population of individuals with disabilities are children and young people. According to UNICEF as many as 600,000 children are living with some form of disability in Zimbabwe. About 53% of people living with disability population in Zimbabwe became disabled before the age of 20 years.

Around 27% of the disability population get disabled from birth, while 9% of disability exists between the ages limit of 1 to 5. Around 52% of the disabled children in Zimbabwe have no access to education although Zimbabwe having a record of 93% literacy rate among its school-going children, which is also the best in the African continent. In Zimbabwe, we still have a situation where a good number of disabled children do not attend school. Planning for services without more current trends for children with disabilities is therefore a major challenge, compounded further by poor systems of routine data collection and management on the number of children receiving services.

2.5 EXPERIENCES AND OPPORTUNITIES FACED BY CHILDREN WITH DISABILITIES

Globally, much of the blame for depression and poor mental health is based on the experiences employees have in US workplaces (Mental Health America 2017). This has a great impact on the children as the parent's bursts out their anger and emotions to the children which makes the environment harsh for the children. Furthermore, the marginalization experienced by children with disabilities is all too often compound and cumulative. Children may be discriminated against or suffer social exclusion not only because they have an impairment, but also because of their gender, or because they belong to other groups that experience discrimination (such as children living in poverty, children who have lost their parents, children living on the street,

or children belonging to religious, ethnic or national minorities. This assertion stands to connote that, even though there exist legal frameworks in Zimbabwe that calls for equity, they will not be effective since usually being disabled, physically or mentally means less competence in the performing of activity. The Labor Law of Zimbabwe, and the section 9 of the Disabled Persons Act prohibits discrimination against disabled persons in employment .

Children with disabilities are prone to becoming school dropouts. This is so because financial difficulties whereby the parents do not work and some do not afford to pay school fees. Other children with disabilities are victims of dropouts because they feel isolated at schools and at other schools there are no facilities to accommodate those with disabilities. Children with disabilities are usually victims of verbal, physical and sexual abuse. Culturally, some societies believe that having sexual intercourse with a disabled person is the best way of getting rid or driving away evil spirits and curing HIV/AIDS (Mutasa and Tafangombe, 2010). Therefore, most people with disabilities, especially women, find themselves abused, impregnated and dumped. To minimise sexual and physical abuse, social workers should advocate for the promotion of the rights of people with disabilities.

Regionally, there are quite a number of sporting opportunities for children with disabilities. According to DePauw (2010) sporting activities for people with disabilities can also be called parasports or adaptive sports. DePauw (2010) also describes sports for the disabled as encompassing all forms of physical activity and including play, exercises, recreation, organised, casual or competitive or games that contribute to their physical fitness, mental well-being and social interaction. Sporting opportunities also act as a powerful tool for the inclusion and the well-being of people with disabilities by changing the way the society and the way people with disabilities view themselves. According to Gavron (2015) the Special Olympics are the world's largest sports organisation for children and adults with intellectual disabilities. By changing what the community think and feel about disability, sport reduces the stigma and discrimination associated with disability. In many communities people with disabilities are seen as inferior and as objects of pity but sports can actually force the community to look at their abilities and potential, rather than focusing on what they cannot do.

Nationally, children with disabilities live under especially difficult, challengeable circumstances and are vulnerable as they live with negative attitudes, beliefs and customs. Resch (2010), notes that children with disabilities in Namibia experience poverty due to lack of resources from the government to assist them. Children with disabilities looked at the

constitution making process as their biggest opportunity to have their dreams realised and they had numerous expectations including increased opportunities in health, education, social protection, habitation, participation and employment. Children with disabilities are experiencing poor living conditions in countries like Somalia and Mozambique. The children with disabilities according to the constitution 2013, face a problem of abuse and exploitation, they are being abused in all ways mentally, physical and verbal abuse. However, the human rights based interpretation of disability prohibits the abuse and exploitation of persons with disability as stated in section 83(c). Thus to reduce exploitation there is need for those with disability to be educated.

Oliver, Sapey and Thomas (2012) also posit that the nature of disability one has determines what they are able to do. For example Doctor Mtetwa is a local example of a seasoned academic who is currently a lecturer at the School of Social Work at the University of Zimbabwe even though he is visually impaired. This is a clear testament that people living with disability are not limited by the various disabilities they may have. This shows that people with disability can also lead a full and reproductive life just as people without disability can do. Mutenga (2013) states that according to the social model society disables people. This is largely due to discrimination and marginalisation of individuals living with disability. For example most families in rural areas locally will give preference to children who are regarded as able bodied to attend school rather than to allow children with disability to go to school. This is where marginalisation starts and it becomes difficult for people with disabilities to lead full and productive lives.

2.6 SERVICES PROVIDED TO THE CHILDREN WITH DISABILITIES

Globally, social workers offer psychosocial support to children living with disabilities for instance, in cases of sexual abuse, physical abuse and neglect. People living with disabilities are vulnerable in societies especially a girl child may be a victim of rape. Social workers intervene by counselling these people who suffer from abuse. Social workers can also offer support to children living with disabilities and their families through the case management process. Working with the family is initiated to help them understand the nature of a disability and the prognosis to make the essential adjustments to help the people living with disabilities and to deal with personal and interpersonal concerns associated with the disability according to (Zastrow, 2010).

Due to lockdown regulations, the livelihoods of persons with disabilities have been negatively affected resulting in other social ills such as anxiety and increase in gender-based violence mainly faced by women and girls with disabilities. The wellbeing of children with disabilities has been greatly affected by COVID-19 and the lockdown measures, as stated by the United Nations Policy.

Regionally, government schools provide a range of resources and programs to help students with a disability. The non-state actors like World vision and UNICEF also chip in to assist children with disabilities. They assist children with stationery and aid in form of food. Access to services being provided to children with disabilities is a noticeable challenge in rural areas like Lukosi village. On other hand, findings by Booyens (2015) reveal that caregivers in Botswana, Malawi and South Africa experienced difficulties in accessing information and services for children with disabilities. On the 17th of June 2021 Amalima Loko program distributed 26 MCHM- Pregnant women and 24 MCHM lactating women in Matabeleland region.

The program also distributed MCHC 6-23 month's males and MCHC 6-23 month's females. The aim of the distribution was to improve the nutrition of the people in order to prevent other disabilities like rickets, scurvy or weak developmental of bones to the unborn children. Covid 19 regulations such as social distancing, wearing a mask and sanitisation were observed and distribution was done in groups of 8 which was a manageable number. Each individual was getting 5,5kg porridge and 1,5litres of cooking oil. The pupils were addressed on how to prepare the supplement and the event went well. The activity was of paramount importance as it helps the society in terms of nutrition

Nationally, the government of Zimbabwe created the Department of Social Services so as to meet the needs of people living with disabilities. Social work is a young profession which seeks to help the most vulnerable in the society through social workers under the Department Of Social services. The government offers child protection services like Public Assistance, Medical Assistance, BEAM, Bus warrants and assistive devices to mention a few. For instance, social workers in the Department of Social Services under the Public Assistance Program which assist CWDs through means testing in getting assistive devices (wheelchairs, crutches, and hearing aids among others). According to Mugumbate (2014), in Zimbabwe corruption and nepotism make it difficult for social workers to control the flow of resources since political

leaders control the distribution of resources. The government is facing challenges in meeting the needs of the children with disabilities due to inadequate resources in the country.

The children with disabilities are also included in the BEAM program to enable them to continue with their studies despite the harsh situations in the country. The BEAM program was meant to alleviate high rates of school dropouts and also give a second chance to the children to go back to school because education is an investment without risk. Masuka, Banda, Mabvurira & Frank (2012), argue that the primary objective of BEAM is to reduce the number of children dropping out of school and reaching out to children who have never been to school due to economic hardships. Moreso, Masuka, Banda, Mabvurira & Frank (2012), also add that BEAM also caters for orphaned or vulnerable children with ill parents, with disabilities and those from low-income families. This programme is administered by the ministry of education working hand in hand with DSD. For children with disabilities BEAM is automatic now depending of the vulnerability of the family and their background.

A social worker can advocate for children living with disabilities for instance, attending group discussions facilitated by the Ministry of Primary and Secondary Education. They act as the voice of voiceless through conducting educational awareness campaigns where they will be sharing the rights, responsibilities and their needs. On the other hand, it is difficult to advocate for these people since many countries do not have specific legislation dealing with disability issues. There are also negative connotations about disabilities in the country hence social workers must be in the forefront of highlighting the plight of people with disabilities. This can be also linked to advocacy role whereby social workers can lobby government to pass legislation specifically targeting people with disabilities.

The Department of Social welfare also provides medical services to the children with disabilities in Lukosi village. The State provides Assistance Medical Treatment Order, (AMTOs) to the most vulnerable children to get treated. Assistance medical treatment order is a form of assistance provided by government as a voucher to vulnerable children to facilitate access to public or government health services such as clinics, provincial and national hospitals (Masuka et.al, 2012). The AMTOs are only transparent in the government hospitals only and can only assist with medical treatment in a government institution. The government hospitals also offers free psychotherapy support to children below the age of five. This is so to help the citizens of Zimbabwe attain their needs as a whole.

Mental health policy is a legal instrument used by government to deal with mental health issues. Mental health policy is used by mental health unity and other mental health institutions in Zimbabwe like Ingutsheni in Bulawayo to manage mental disabilities. According to the policy mental health is managed at four different levels which include primary, secondary and tertiary. This policy also guides action in mental health organisation like Annex Parirenyatwa hospital, Ingutsheni in Bulawayo. Mental health act seeks to protect people with mental challenges, society from violence that can be perpetuated by mental health patriots. However, according to Mabvurira (2012) stated that the mental health has gaps, it lacks funding and the policy has not fully implemented, that is has not been fully backed up with a strategic plan of action.

With the above information, one can agree and conclude that CWD are the most vulnerable people in Zimbabwe. Organisations like Jairo's Jiri, social welfare and mental health policy only to mention a few help to cater for the people who live with disability by transforming their lives thus enhancing independence, self- confidence, fighting for their rights and also equality in terms of health, basic needs and education. On the other hand social welfare assist people who live with disability by giving them grants for them to be able to afford basic needs since it is difficult for them to work. However, inadequate of resources and nepotism are challenges for the organisations to meet the needs of the pupils. The government of Zimbabwe can be credited for providing the legal courts for children to access justice but then it has not been able to make the structures child friendly. For that reason, there are some programs or NGOs like Care at the Core of Humanity (CATCH) and Justice for Children Trust (JCT), which are there to provide legal support to some CWD cases of abuse. CATCH Zimbabwe has a wide array of professional social workers who provide socio-legal support to victims of child abuse

2.7 STRATEGIES TO IMPROVE THE SERVICES

Globally, to improve prevention and control of cardiovascular diseases, CDC, WHO, and other partners launched the Global Hearts Initiative external icon. In order to address disability there are some strategies that need to be put in place that will help in meeting the demands of children with disabilities. The initiative supports governments to make changes to social, economic, and environmental conditions and healthcare systems that reduce premature cardiovascular disease deaths and disability. The Youth Risk Behaviour Surveillance System (YRBSS) monitors categories of health-related behaviours that contribute to the leading causes of death and disability among youth and adults, including alcohol and other drug use, unhealthy dietary behaviours and inadequate physical activity

Regionally, community members, families and parents are to be educated about disability, they should know the effects of disability on children and the consequences of violating the rights of children. They are supposed to have knowledge about how disability affect or disturbs one's education in a way that children might feel out of place and end up dropping out of school. Children living with disabilities are also prone to child labor and abuse. This information can be passed through awareness campaigns (Sithole 2016). It is also explained that awareness campaigns are meant to strengthen community support thus leading to the reduction of stigma and discrimination of children with disability in the society .The Department of Social Welfare and other Non-governmental organisations like World Vision conducts awareness campaigns in the Hwange District of Matabeleland Province that are meant to educate or conscientise the community about disability.

Nationally, the society needs to be empowered and educated on the rights of persons living with disabilities through accessing information, skills and maybe also through the creation of support networks. The society should have knowledge on the Disability Persons Act and accommodate them in community gatherings. This is so because some people in remote areas are illiterate and have no knowledge on the services being provided to assist them in dire need. The Disabled Person's Act (Chapter 17:01) defines a disabled person as a person with a physical, mental or sensory disability including a visual hearing or speech functional disability which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of the society in activities, undertakings or fields of employment that are open to other members of society.

Taking for an example, children in the rural areas bringing them together so as to learn basic skills like literacy, numeracy, how to communicate with others. Zimbabwe established the department of social services whose vision is to make sure that all children, the aged, poor, mentally and physically disabled will live safe and secure in environments that are conducive to them. Family Aids Caring Trust (FACT) is one of the NGOs that create support networks for a girl child despite their status, it has a program that is called Sister to Sister and it is there to help girls work together to solve problems and earn money.

WHO (2006), states that people living with disabilities need extra funds to cover for their medical expenses and other expenses at their homes. People living with disability have special needs therefore they need money or donations such as clothes and food to help them. Cresswell (2015) also adds that awareness campaigns are meant to strengthen community support thus

improving all the services being provided to children with disabilities. The government does not always have to use its money but can introduce a disabled people week whereby people all over the country they would be donating for example the government once called for help after the Idai cyclone and people donated living the things in shops and companies also donated towards the welfare of the people.

2.8 Research Gap

Recent scholars on disability unveiled the nature of disability globally, regionally and also nationally. This research will be focusing on the context of children with disabilities in Lukosi village in Hwange District, Matabeleland Province in Zimbabwe. The research also aims at looking at the experiences of children with disabilities, their opportunities and challenges hindering them from living a normal life like any other child and how best they can be assisted. More so, these different researchers also unveiled the strategies that the government and the NGOs are implementing in order to assist children with disability nationwide. Most importantly it will pay attention to the experiences and opportunities of CWD in Lukosi village.

2.9 Conclusion

The chapter included a literature review which answered to the research aims and objectives. The chapter went through the human rights approach and its importance to the study. It highlighted the significance of the model to the study and more so, it highlighted on the context disability regionally and nationally .Furthermore, it highlighted the strategies that are being implemented by the government and various non-government organisations in dealing with the children with disabilities. This chapter also unpacks legislation on disability regionally and nationally.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0. Introduction

The chapter stresses the research methodology employed in carrying out the study. It deliberates on the research approach, research design used, methods of data collection, data collection instruments, target population, sample size and sampling methods. To add on, the procedures of data collection, limitations and ethical considerations are also part of this chapter. In addition, delimitations and the trustworthiness of the data which include credibility, transferability, confirm ability and dependability of the study is emphasized.

3.1. Research Approach

The research used the mixed method that is the qualitative and quantitative approach. Mixed methods research offers great promise for practicing researchers who would like to see methodologists describe and develop techniques that are closer to what researchers actually use in practice. Mixed methods research as the third research paradigm can help bridge the schism between quantitative and qualitative research (Onwuegbuzie & Leech, 2004a). According to Creswell & Clark (2011), one approach alone cannot answer all the questions that might emerge in the course of researching a topic. This is why the researcher used both the qualitative and quantitative in agreement with the view above. Quantitative approach refers to data that can be expressed in numerical terms. Examples of such data include height, weight, temperature, speed, number of physical objects and many others. Therefore, this approach enabled the researcher to gather information from the respondents in a profound manner and got greater accuracy to the study.

The researcher made use of the qualitative research approach to explore and understand the meaning that the participants attributed to social and human problems (Creswell, 2014:10). To add on, with quantitative research the researcher was able to understand the experiences and opportunities of children with disabilities and collected genuine ideas. The researcher made use of the qualitative method to gain an in-depth understanding of the research respondents' views, perceptions or ideas about the experiences, opportunities and services provided to the children with disabilities in Lukosi village through diverse responses from key informants, children with disabilities and their guardians

To add on, quantitative researchers sometimes unfairly criticise the first based on their own quality criteria. The researcher used the quantitative research to complement the qualitative

research. This is so because quantitative research stresses the society's views on the children with disabilities in remote areas. The quantitative method aided the quantification of research opinions, ideas or facts with regards to the experiences and opportunities of CWD in Lukosi village, Hwange District. In the study, qualitative methods were used to inform quantitative methods.

3.2 Research Design

According to Whittaker (2017), a research design is a general plan of how the researcher will go about running and organising his/her investigation. The researcher adopted an exploratory case study as a research design. According to Heale and Twycross (2017) a case study is an intensive, systematic investigation of a single individual, group, community or some other unit in which the researcher examines in-depth data relating to several variables. To add on, an exploratory case study attempts to define questions of a subsequent study or to determine the feasibility of research procedures (Hancock & Algozzine, 2016). Through the use of a case study the researcher understood the root cause, the experiences and opportunities that come across children with disabilities in Lukosi village. Literally phenomenology means the study of phenomena. Phenomena may be events, situations, experiences or concepts. The design addressed the questions, 'What and how?' It however, does not necessarily provide definitive explanations but it raised awareness and increased insight about the phenomena.

3.3 Target population

According to Cresswell (2015), target population are components to which the researcher desires to make inferences or the total group of people who are being researched. The research targeted approximately all the children with disabilities and the parents of children with disabilities in Hwange District in Lukosi village. The target population is the group or individuals to which the study applies (Kitchen ham, 2015). Also Child Case Workers of Lukosi village were part of the targeted population. The researcher gathered information from Lukosi community which consists of the individuals who live with disabled persons within close proximity and the parents or guardians of the children with disabilities.

3.4 Sample size

According to Taherdoost, (2017) a sample size is a significant feature of any empirical study in which the goal is to make inferences from the sample. Sample size is a market research term used for defining the number of individuals included to conduct research. A sample is a portion

of the population that is representative of its general characteristics and studied on behalf of a target population (Bryman, 2015). The sample size of the study was 25 (15 children with disabilities, 5 key informants and 5 parents or guardians).

3.5 SAMPLING TECHNIQUES

Creswell (2015) posits that sampling techniques are systematic ways of selecting or choosing sources of data which is used to address the given research questions and objectives. The researcher used 2 sampling techniques in this study and these are snowballing sampling and convenience sampling which are explained in detail below.

3.5.1 Snowballing Sampling

According to Creswell, (2014) Snowball sampling is whereby the researcher started by identifying a few respondents that matched the criteria for the inclusion in the study. For example, if a study was investigating cheating on exams or any other unaccepted societal behaviour, potential participants would be wary of coming forward because of possible ramifications. The researcher used snowballing sampling to select 15 children with disabilities in Lukosi village. The researcher was referred to a child with disability by a child case worker of Lukosi village who works with the orphans and vulnerable children including those with disabilities. However, this gave the researcher the starting point as the child with disability led the researcher to other children with disabilities in Lukosi village. The researcher chose to use this sampling method because, other study participants would likely know other people in the same situation as themselves and could inform others about the benefits of the study and reassure them of confidentiality. The research was effective as Snowball sampling helped discover characteristics about a population. Therefore, an additional task was saved for the researcher as the time was used in conducting the study and cost effective as the referrals were obtained from a primary data source. It's convenient and not so expensive as compared to other methods.

3.5.2 Convenient sampling

Etikan, Musa & Alkassim, (2015) explain that convenient sampling is a technique which relies on readily available subjects participating voluntarily. The researcher used the convenient sampling method to select the parents or guardians of CWDs and key informants such as the Child Case Workers. The method was extremely speedy, easy, readily available, and cost effective, causing it to be an attractive option to most researchers. This type of sampling can

be done by simply creating a questionnaire and distributing it to their targeted group. Through this method, the researcher managed to finish collecting data in a matter of hours, free from worrying about whether it is an accurate representation of the population. This allowed for a great ease of research, letting the researcher focus on analysing the data rather than interviewing and carefully selecting participants.

3.6 Data collection methods

According to Cresswell (2015), these are ways or techniques of obtaining data from the chosen participants. Data collection methods can be divided into two categories: secondary methods of data collection and primary methods of data collection. The researcher used the primary data collection methods which are the Semi-structured interviews, questionnaires and focus group discussions. Therefore by using different data collection methods the researcher managed to gather various information using the best method to a certain participants.

3.6.1 Semi-Structured Interview

According to Creswell (2014) an interview as a research technique which involve asking open-ended questions to converse with the respondents and collect data about the research topic. The Children with Disabilities and the key informants were interviewed using this method and approximately 20 of them were participated well. The interviews took about 35 minutes each. The interviews took place at Lukosi Secondary school. Semi structured interviews are characteristically based on a flexible topic guide that provides a loose structure of open-ended questions to explore experiences and attitudes. It has the advantage of great flexibility, enabling the researcher to enter new areas and produce richer data. The researcher developed rapport with the informants. However, this type of interviewing is claimed to reduce the researcher's control over the interview situation and take a longer time to conduct and analysis process (Zaniyah, 2016). They are commonly used when the aim is to gain information on the perspectives, understandings and meanings constructed by people regarding the events and experiences of their lives.

3.6.2 Questionnaires

A questionnaire as an instrument for collecting data (Moriea, 2016).The researcher chose questionnaires because they are easy to complete. The researcher distributed 5 questionnaires to the parents or guardians of children with disabilities and they were given ample time to complete them. The questionnaire consisted of both closed ended and open ended questions.

Closed ended questions were useful in asking information pertaining to age, knowledge of the phenomenon under study, which inevitably led to open ended questions.

3.6.3 Focus Group Discussion

According to Sarantakos (2015), focus group discussions are premeditated interviews organised to get information on a phenomenon of interest, in a supporting and non-threatening environment. Focus groups discussions were used and this is whereby a small group of respondents (6 parents of children with disabilities) were interviewed together in a common location (Lukosi Secondary School) and the interviews lasted for 35 to 40 minutes. The researcher was essentially a facilitator whose job is to lead the discussion, and ensure that every person has an opportunity to respond. Focus groups allow deeper examination of complex issues than other forms of survey research, because when people hear others talk, it often triggers responses or ideas that they did not think about before.

3.7 Research instruments

The researcher collected data using questionnaires, focus group discussion guide and the interview schedule guide.

3.7.1 Questionnaire guide

McLeod (2018) defines a questionnaire as a research instrument consisting of a series of questions for the purpose of gathering information from respondents. The guide had open ended questions so as to solicit in-depth understanding of the phenomena (Meggitt and Grenier, 2011). The researcher had 5 questionnaires for parents or guardians of CWD to fill in. Questionnaires are easy to complete because they were self-administered and participants were given ample time to complete the questionnaires. The questionnaires were distributed to the parents of CWDs at Lukosi Secondary in Lukosi village.

3.7.2 Focus Group Discussion guide

A focus group discussion guide is an instrument with arranged questions usually applied in a flexible and discovery oriented basis (Flick, 2011). The researcher had a guide for one FDG comprising parents or guardians. The researcher made use of the focus group to unveil the opportunities being faced by children with disabilities in a rural setup (Lukosi village) in Hwange District. The discussions were held at Lukosi Secondary school and lasted

approximately 30 minutes taking into consideration certain types of disabilities that delayed the session.

3.7.3 Interview schedule guide

According to Flick (2011) an interview schedule guide is a copy with planned questions which are standardized, in a manner that will elicit information from knowledgeable personnel. The researcher collected data using face to face interviews. The researcher had one guide for FDG which was used to collect data from parents of CWD in Lukosi village. The interviews were held at Lukosi Secondary school which is a central place for the respondents to meet. The interviews took about 20 to 35 minutes. The researcher wrote down the responses of the participants. According to Jamshed (2014), interviews are effective when respondents are experienced around the topic.

3.8 Data collection procedures

The researcher collected data in a weeks' time. During the collection of data, covid 19 regulations such as social distancing and masking up were observed. The researcher reached all the children with disabilities, their parents or guardians and the Child Case Workers in Lukosi village. The researcher clearly pronounced the purpose of the research to the respondents after introducing herself to sort informed consent.

The researcher collected a recommendation letter from Bindura University of Science Education authorising the researcher to conduct the research. The researcher also wrote a letter attached with the University letter to the local leaders of Lukosi village including the chief, seeking permission to engage with his people and conduct the research. The researcher enlightened the chief on the importance of the study and how it will help the community at large. Then after, the researcher approached the Child Case Workers of Lukosi village and assist in making the study a success. Lukosi secondary school was the central meeting point of the targeted population for the study. Interviews were done as determined.

The researcher gave the participants ample time to exchange views and clarifying issues while she played a facilitator's role, explaining questions which were printed on the focus group discussion guide. Thus the researcher confirmed from individual perspectives, the level of satisfaction, attitudes and views concerning services being provided to them and the impact of these services since the first day they started receiving them.

3.9 Data analysis and presentation procedures

The researcher used both qualitative and quantitative data analyses. The quantitative data was analysed through the Microsoft excel and charts, graphs and tables were used for figure illustration of quantitative data. The researcher also used the thematic data analysis. Thematic analysis is a method for systematically identifying, organising, and offering insight into, patterns of meaning (themes) across a dataset (Braun & Clarke, 2012). The researcher followed the six-phase approach to thematic analysis that is familiarised herself with the data, generated initial codes, searched for themes, reviewed potential themes, defined and named themes and the produced the report .Presentation of qualitative information was done in form of narratives according to the key themes that arose in the data. The researcher followed steps highlighted by Braun & Clarke (2006).

The following steps were used to analyse qualitative data.

- ❖ The first stage includes transcribing data, reading and re-reading the data jotting down initial ideas. During interviews the researcher made use of this stage by jotting down information from the interview and revising it. According to, Cresswell (2015) at this stage the researcher understands the participants' wording plus ideas from the interviews, jotting down necessary comments and also involves verbatim writing
- ❖ The second stage includes coding interesting features of the collected data. Codes were identified through categories and examination of vital information. Theses codes determined themes in the next step (Cresswell 2015). The researcher through this stage, identified concepts and their relations in line with the research topic “explore the experiences and opportunities faced by children with disabilities in Lukosi village”.
- ❖ The third stage involves collating codes into potential themes and gathering the data relevant for each potential theme. After meaningful data grouping, at this phase the researcher identified related categories and linked to literature study objectives (Cresswell, 2015). On this stage the researcher related the information gathered into themes that are useful for the research results.
- ❖ The fourth stage focuses on checking the themes application in relation to the coded extracts. This therefore means that the researcher checked the relation between the analysed data and the themes of the research. In theme naming, the researcher ensured that they related to study questions, aims and objectives and clear for ease readers' comprehension (Braun & Clarke, 2006).

- ❖ The fifth stage is the ongoing analysis to refine the specifics of the theme whilst the last stage presents the final opportunity for analysis. Braun and Clarke (2006) notes that the report produced should be able to convince the reader of the validity of the data analysis. This allows the researcher to come up with analysed data in line with the research

The researcher followed these stages respectively. The researcher chose to use the thematic analysis as a method of analysing data as that it is flexible in the sense that it can produce a rich and detailed complex account of data, allows for subjective analysis, taking into consideration participant's subjective conditions and point of view and also that it has wide range of analytic options. On the other hand, this method has limited interpretative power if not used within existing theoretical framework and lack of vibrant and concise procedures. Tables, charts and pie charts will be used to present data.

3.10 Ethical considerations

According to Brannick and Coghlan (2014) ethical issues are morally upheld standards in research that distinguish what one ought or ought not to do when conducting a research. The researcher was guided by several ethical issues like confidentiality, Informed consent, voluntary participation and avoidance of harm in conducting the research.

- ***Confidentiality and Anonymity***

According to Sarantakos (2015), anonymity entails that neither names nor identifying information like addresses are collected such that participants remain unknown. The researcher considered the ethic of confidentiality and anonymity during the study. This is so, when carrying out a study in the sense that the participants should be aware that their facts will be safe. Anonymity was ensured through the use of pseudo names such that during the transcription of data no participants' identities could be infused into the final data. The researcher did **NOT** unveil any personal information including names of participants or whatsoever. In this study, confidentiality was taken as the right of the respondent and an obligation or mandate for the researcher to secure information to avoid exposing participants to any harm. Also, the researcher converted the data into a soft copy, stored it in the personal computer and password protected it.

- ***Informed consent***

For Punch (2011) informed consent entails when a person voluntarily, knowingly, intelligently and in a flawless way assent to participate in a given research. The researcher asked for the participants' permission before starting the interviews. More so, the researcher made use of the research documents which directed the purpose of the study, how it was to benefit the participants, time frame and possible risks (consent forms).

- ***Voluntary participation***

Neuman (2011) postulates that before conducting the interviews the researcher makes participants aware that participation is voluntary, that they may withdraw from the study at any time if they wish to do so. This is so, because the researcher informed the participants that contribution is voluntary. Adhering to this ethic, the researcher respected the participant's.

- ***Avoidance of harm***

Cresswell (2014) states that avoidance of harm means that no harm or adverse consequences must come to the participants due to their participation in the research. Hence, the researcher was careful not to harm the respondents by means of avoiding to say anything insensitive or in a rough way during the process of conducting the research since the study was based on a sensitive topic.

3.11 Limitations of the study

The fundamental Covid 19 pandemic affected the research as there was a number of restrictions so as to protect both the researcher and the participants. The information from the participants might be riddled to please the researcher therefore, the researcher might collect biased data. Furthermore, the study might face non-cooperation from the participants. Parents or guardians might not allow their children to participate in the study. Moreso, the physical impairment is another barrier for effective participation. Also some participants failed to disclose their challenges as children with disabilities due to fear of the unknown and other children did not attend might due to long distances or ignorance. To deal with the difficulties, time management and group facilitation and dynamics skills were used by the researcher for effective study and social work principles like acceptance, confidentiality were assured.

3.12 Delimitations of the study

The research was confined at Lukosi secondary school which is located in Lukosi village for exploring the experiences and opportunities faced by children with disabilities. This has been

necessitated by the fact that Lukosi village is a rural area in Hwange District that is where the study is based upon in order to access the experiences of the children with disabilities in remote areas. The age groups to be concentrated on are 07 to 17 years both male and female children.

3.13 Trustworthiness of the study

Polit and Beck, (2014) defines trustworthiness as the degree of confidence in data, interpretation and methods used to ensure the quality of the study. This denotes the consideration of research determining its practicability and constructive potential and benefit (Whittaker, 2012). The research was trustworthy as the study respondents consented to participate and responsible authorities like the Chief, the herdsman and the Child Case Workers of Lukosi village permitted the researcher for investigation. To add on, this shows its significance and relevance in helping the children with disabilities in Lukosi village after exploring their experiences and opportunities. Henceforth, due to researcher's familiarity with Lukosi village, the researcher faced manageable costs.

- **Credibility**

According to Pilot and Beck, (2012) credibility of the study or the confidence in the truth of the study is the most important criterion and it stems from the intended research purpose and credible research decisions (Denzin and Lincoln, 2011). Credibility refers to the degree to which the research represents the actual meaning of the research participants or the truth value. Self-awareness of the researcher is essential from the viewpoint of credibility. For the research to be possible the researcher asked for consent from the responsible authorities and the participants in Lukosi village. The research was credible as the researcher managed to assure the respondents that the information was confidential. Furthermore, the researcher during the research process also aided on the credibility of the study as the researcher was not biased and managed to capture and use the participant's voices in the research.

- **Transferability**

Transferability refers to the potential for exploration and it relies on the reasoning that the findings can be transferred to other settings or groups (Pilot and Beck, 2012). Henceforth, transferability is often assessed by end users and thus it can only be done at a late stage of the review process.

- **Conformability**

According to Polit and Beck, (2012), conformability refers to objectivity and implies that the data accurately represent the information that the participants provided and interpretations of that data are not inverted by the inquirer. Further, the findings must reflect the participants voice and conditions and not the researchers' biases and that is the reason why authors often present representative quotations from transcribed data, (Graneheim and Lundman, 2004). Holloway and Wheeler, (2010) suggests that if quotations are overused, then the results of the analysis maybe unclear.

- **Dependability**

Carole and Almut (2011), dependability is commonly well-defined as the degree to which an instrument measures what it signifies to measure. It can be seen that dependability means the correct correlation between data and conclusion, but what is more problematic is the achievement of such an accurate relationship. Moore, (2016) reveals that dependability refers to the stability of data under different conditions and therefore it is important to state the principles and criteria used to select participants. Therefore, dependability is measured imperative because the objective of the research should be an archetypal of what the researcher intends to explore concerns about the consistency and permanence of data.

3.14 Summary

This chapter highlighted the research design used by the researcher. It also highlighted the study population which were all the children with disabilities in Lukosi village, the parents of CWDs and the key informants being the CCWs. Sampling techniques and sample sizes have been emphasized. The chapter highlighted the data collection methods which were semi structured interviews, questionnaires and focus group discussions and general observations during interviews. The chapter also highlighted delimitation, limitations, data collection procedures, analysis, its presentation and ethical issues which provided a frame and guided the whole course of the research. Finally, trustworthiness of the study was given.

CHAPTER FOUR

DATA ANALYSIS, PRESENTATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter gives an analysis and presentation of qualitative and quantitative data collected from the residents of Lukosi village in Hwange District on the experiences and opportunities being faced by children with disabilities. The data was presented in themes and the interpretations were based on the research objectives which were: to identify the causes of disability; to explore the experiences and opportunities; to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better; to bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe. Interviewed groups are the children with disabilities, parents or guardians and the key informants. The chapter stresses the demographic characteristics, study findings linking them with related literature on the causes of disability, types of disabilities, services being provided to CWD and strategies that can be used to improve the services. Qualitative data covers causes of disability, the challenges being faced by CWD, the services being provided to CWD and strategies that can be used to improve these services. The chapter also discusses the study findings linking it with the related literature.

4.0.1 Demographic characteristics of Respondents

Three groups of respondents were used for the study and these were Children with disabilities, parents or guardians and the key informants.

Table 1: Percentage distribution of respondent's demographic information

| Variables | | NUMBERS OF RESPONDESNTS PERCENTAGE | | | |
|-----------|-------|------------------------------------|----------------------|-----|----------------------|
| | | CWD | PARENTS OR GUARDIANS | CWD | PARENTS OR GUARDIANS |
| Age | 10-12 | 5 | 0 | 25 | 0 |

| | | | | | |
|--------------|-------|----|---|-----|----|
| | | | | | |
| | 13-16 | 10 | 0 | 50 | 0 |
| | 20-25 | 0 | 2 | 0 | 10 |
| | 26-35 | 0 | 3 | 0 | 15 |
| TOTAL | | 20 | | 100 | |

From the research, 25% of the respondents were children with disabilities between 10 years and 12 years, whilst 50% consisted of children with disabilities between 13 years to 16 years. 10% consisted of parents or guardians of children with disabilities between 20 years to 25 years and 15% consisted of parents or guardians of CWD who were aged between 26 to 35 years.

Table 2: Percentage distribution of respondent's demographic information

| Variables | | Number of Respondents | | Percentage | |
|---------------------|----------------|-----------------------|-------------------|------------|-------------------|
| | | CWD | Parents/guardians | CWD | Parents/guardians |
| LEVELS OF EDUCATION | No education | 0 | 2 | 0 | 10 |
| | Primary level | 5 | 0 | 25 | 0 |
| | Ordinary level | 10 | 2 | 50 | 10 |

| | | | | | |
|-------|----------------|----|---|-----|---|
| | | | | | |
| | Advanced level | 0 | 0 | 0 | 0 |
| | Tertiary level | 0 | 1 | 0 | 5 |
| Total | | 20 | | 100 | |

The findings from the study showed that the current level or highest level of education attained by most of the participants was Ordinary level with 50% being constituted by the CWD and 10% of parents or guardians. To add on, 25% was constituted by CWD doing primary level and 10% of parents or guardians of CWD had no education. More so, 5% constituted of a parent who claimed to be at tertiary level.

4.0.2 Composition of respondents

Table 3: Composition of respondents

| | INTENDED | ACTUAL | RESPONSE RATE |
|----------------------------|-----------------|---------------|----------------------|
| QUESTIONNAIRES | 5 | 5 | 100% |
| SEMI-STRUCTURED INTERVIEWS | 15 | 15 | 100% |
| KEY INFORMANTS | 5 | 5 | 100% |
| TOTAL | 25 | 25 | 100% |

The response rate for analysis was 100%, which was a good outcome in regard to the research objectives. Questionnaires were given to parents or guardians of CWD and had 100% .Semi-structured interviews were intended for CWD and the key informants some from the Department of Social welfare which were Child Care worker lead and Child case workers, the Headman of Lukosi village and the Headmaster of Lukosi secondary school in Hwange District. There were six male CWD, nine female CWD, one female child case worker, two male child case workers, one male Headman of Lukosi village hand one male headmaster of Lukosi secondary school.

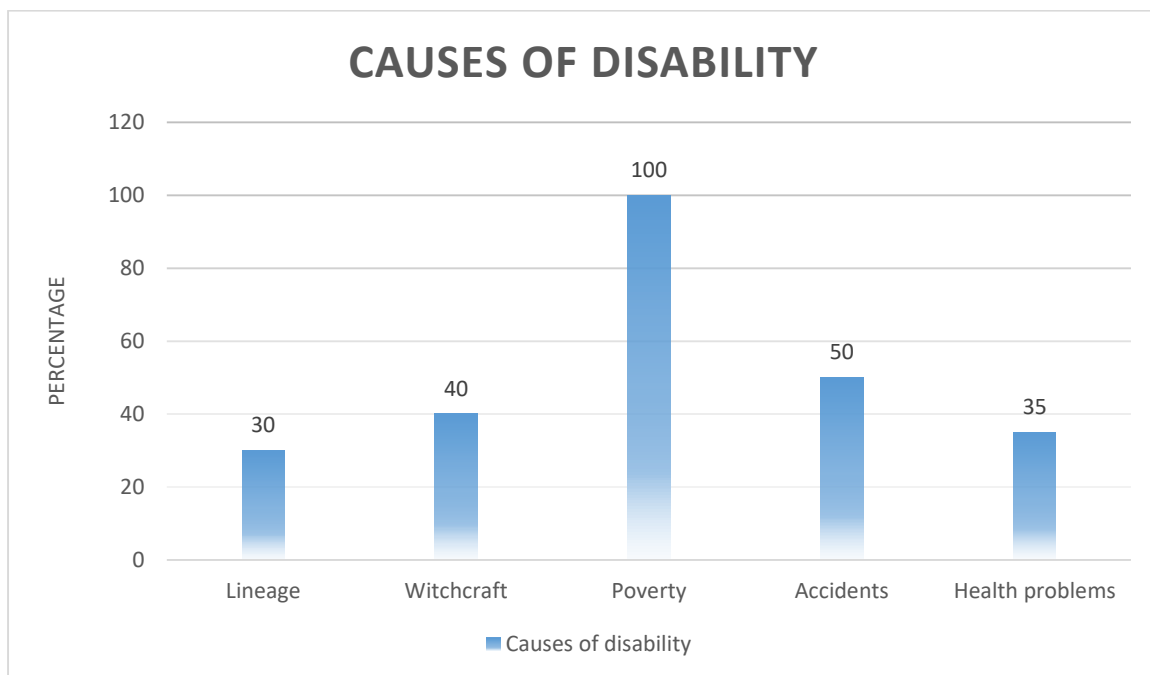
4.1 Presentation of Quantitative data

This provided demographic information of respondents, causes of disability, and experiences and opportunities being faced by Children with disabilities in Lukosi village.

4.1.1 Demographic information

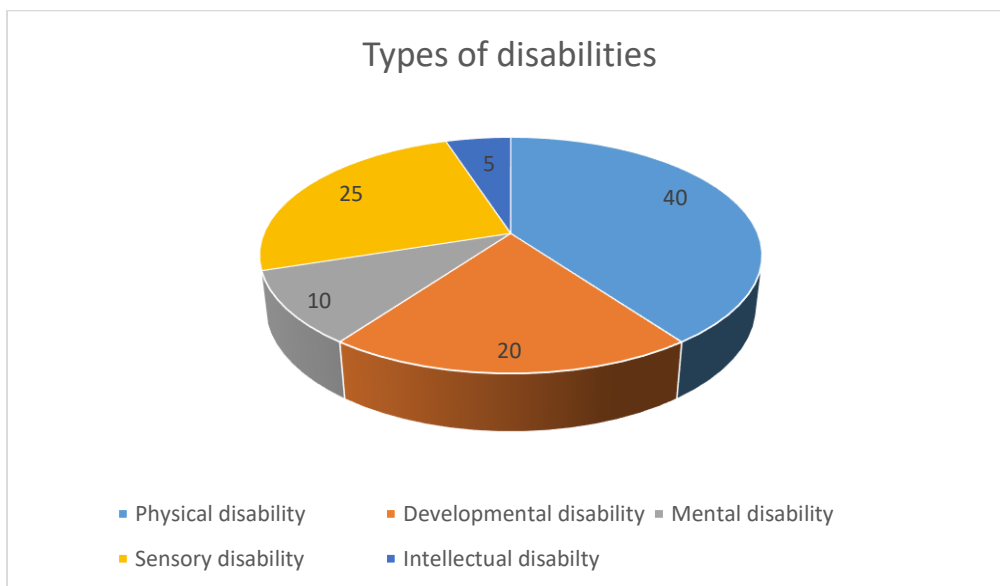
Three subgroups were used for the study and these were 15 children with disabilities, 5 key informants and 2 focus groups of parents each group having 6 respondents.

4.1.1.1 Figure 1: Percentage distribution on the causes of disabilities



The bar graph above shows the statistics of Children with disabilities in terms of the causes of disability among children in Lukosi village. Poverty is the leading cause of disability among children with disabilities with 100% being followed by road accidents with 50% due to potholes and dilapidated roads in the region. Some disabilities are hereditary with 30%. Furthermore, 40% constituted of witchcraft as a cause of disability and 35% shows that health problems can also lead to disability among children. The above findings show that they are various causes of disability among children having most of the respondents alluding that poverty is the main cause among others such as accidents, witchcraft and health problems.

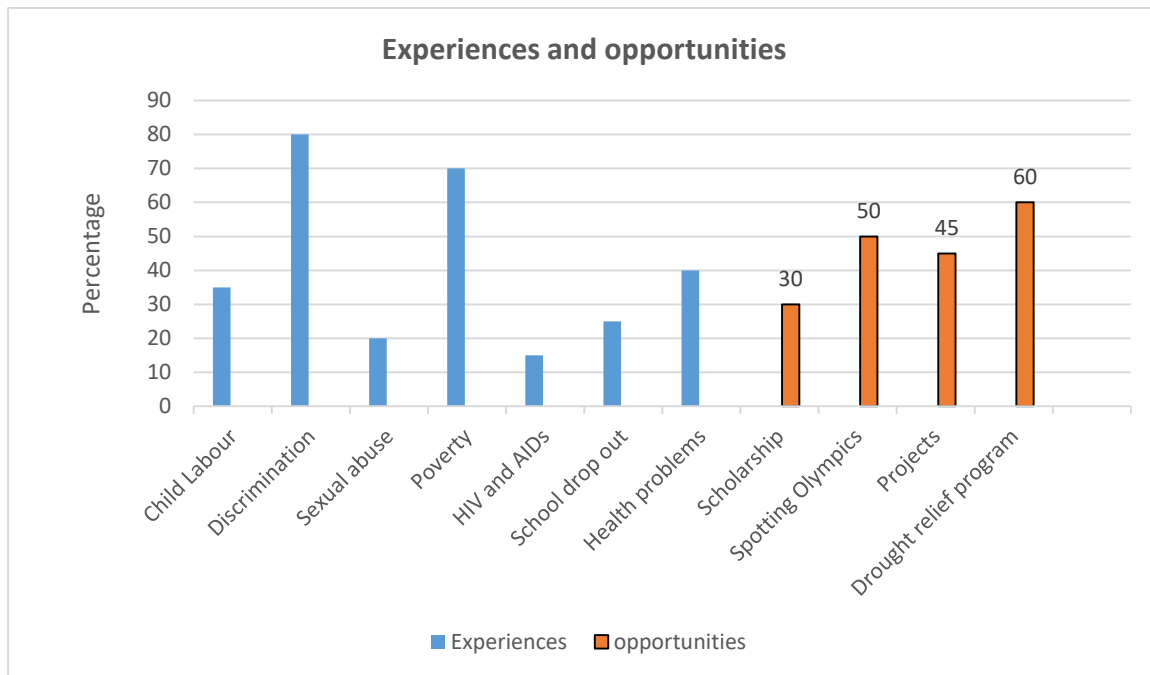
4.1.1.2 Figure 2: Percentage distribution of types of disabilities of Children



The figure 2 shows that physical disability with 40% is the leading type of disability in Lukosi village. This is caused by poverty whereby some expectant mothers do not eat a balanced meal, hence this affects the growth and development of the foetus. 25% are the children with the impairment of senses either vision or hearing in Lukosi village. This has been triggered by roads accidents and some were born disabled that their parents came holding their hands and some using walking sticks. Mental disability is another type of disability among children in Lukosi with 10 % and then followed by developmental disability which constituted 20%. Intellectual disability is a wide notion that ranges from mental retardation to cognitive deficits, too mild or too specific to qualify as a mental retardation which constipates 5% of the children

with disabilities in Lukosi village. The above findings articulate that most of the children were crippled and were on wheel chairs, some on wheel barrows. To add on, a few children had intellectual disability which yielded a positive change as the researcher managed to communicate well with the respondents without any barrier.

4.1.2 Figure 3: Percentage showing the experiences and opportunities being faced by children with disabilities

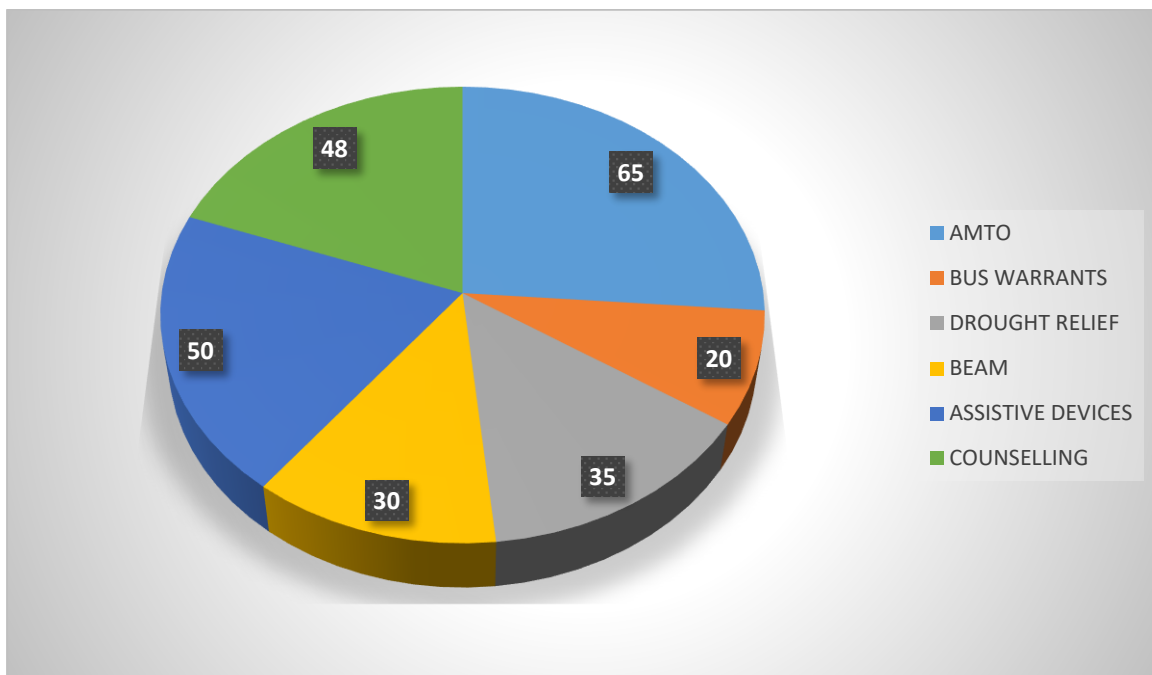


The table above shows that the children with disabilities highest experience is discrimination with 80% of them indicating that they experienced it. Children with disabilities are discriminated in the community as well as at school. 35% of the children with disabilities experience child labour and 20% constituted of children facing sexual abuse. Sexual abuse among children with disabilities results from cultural beliefs that having sexual intercourse with a disabled person brings fortune or luck. 70% of the children with disabilities homesteads are poverty stricken hence they require help from the community, the state and well-wishers to assist them in their day to day needs.

Children with disabilities also have opportunities such as scholarships, with 30% indicating that there are schools for them to continue with their studies, suggesting that there is inclusive education in the country. Due to the current economic crisis, the scholarships are too few to cater for every vulnerable child, hence some are left out. 60% constituted the children who are

in the drought relief program being offered by the Department of Social Services to assist in having a balanced diet. Sporting Olympics with 50% is another opportunity that come across children with disabilities. 45% constituted of the projects that assist CWD such as gardening, sewing and construction. Henceforth, the above findings show that not all children with disabilities are catered for by BEAM due to inadequate resources. However, on the other hand most of the children with disabilities are in the drought relief program thus enhancing the social wellbeing of the vulnerable children at large.

4.1.3 Figure 4: Percentage distribution of services being provided to Children with disabilities



The above figure reveals the services being provided to children with disabilities in Lukosi village. 65% of the CWD in Lukosi village are being helped with AMTOs for medical treatment in government hospitals. To add on, those with financial problems in need of travelling for medical treatment or to school are provided with bus warrants constituting 20% as less travelling occurred due to the pandemic Covid-19. To add on, 35% of the children are on the

drought relief program, 30% constituted of BEAM students and 50% constituted of assistive devices such as wheel chair, laptops and hearing aids. More so, 48% of the CWD in Lukosi village who suffered sexual abuse, stigmatisation and received counselling to sensitise them and help them see that disability is not inability.

4.1.4 The strategies that can be used to improve the services

During the research, parents pinpointed the strategies such as awareness campaigns, follow ups and education that can be used to improve the services being provided to children with disabilities. The services are medical treatment (AMTOs) constituting 65%, bus warrants 20%, food aid, counselling 48%, BEAM 30% and assistive devices with 50%.

4.1.4.1 Awareness campaigns

Awareness campaigns are a strategy to improve the medical treatment services from 65%. This is so, because some people lack knowledge on the services being provided to CWD. Henceforth, awareness campaigns should be carried in each and every ward sensitising the community on the services being provided to CWD.

4.1.4.2 Follow ups

Social workers and other stakeholders should make a follow up on the services like counselling as suggested by 48% of the respondents. This will enable them to measure the impact of the service and how best they can assist CWD. Social workers are also required to make follow ups on psycho social support they provide to children with disabilities and measure the positive and negative effects.

4.1.4.3 Education

There is need for education to conscientise the community on the disability Act and the services being provided to children with disabilities. 70% of some parents revealed that they lack knowledge on whom to seek for help. The children with disabilities should be educated on their rights and stand firm in an able bodied society.

4.2 Qualitative data presentation

The researcher interviewed fifteen children with disabilities and five key informants, with two focus groups of parents and guardians of CWD. The purpose of the research was to explore the challenges being faced by children with disabilities, the services being provided to them and the strategies to provide better services. The qualitative research complements the quantitative

information in the exploration of the experiences and opportunities being faced by children with disabilities in Hwange district. This was done through the semi structured interviews, questionnaires and focus group discussion to get detailed information and various thoughts concerning the CWD way of life.

4.3 The causes of disability in Lukosi village, Hwange District.

The causes of disability among children are lineage, accidents, poverty, witchcraft and health problems and these are discussed below. From the findings the research showed that there are various causes of disability and that all children must be treated fairly despite their ability. Through the research the researcher found the following factors as causes of disability among children;

4.3.1 Lineage

Lineage is a cause of disability in Lukosi village as some types of disabilities are hereditary. The condition can be genetically passed down in families directly or indirectly.

Respondent 5, a 12-year-old girl child said

Ngakithi ngazalwa ngigokekile njalo ukhulu wami laye wayegokekile. Abangakithi bathi ngifuze ukhulu ngoba laye ukhulu wayengezwa endlebeni njalo inyawo azilingani, ("I was born disabled and my grandfather was also disabled just like me, my relatives say I took after my grandfather he is also deaf and crippled")

Respondent 3 a 14-year boy child said

Mina ngazalwa ngigokekile, angizwa endlebeni njalo izandla zami zikhubazekile angikwanisi ukubhala. Izihlobo zami zithi ngifuze ubabamcane njalo labazawami bakusimo engikuso, ("I was born deaf and my hands are bent, I cannot write. My relatives say I took after my uncle")

These comments from the respondents clearly shows that disability is hereditary as some children are disabled from birth.

4.3.2 Accidents

Most of the respondents revealed that accidents are also a cause of disability among children in Lukosi village. They could be road accidents or home accidents whereby one gets burnt, slips and fall.

Respondent 4 a 10-year-old girl child said

Mina ngazalwa ngingagokekanga kodwa ngomyaka ka2013 sihamba sisiya koBulawayo ngemota imota yabheuka ngalimala lezinye izihlobo zami, amehlo ami angina amangilasi kuze kube namuhla angisaboni kuhle, (“I was not born disabled, in 2013 on our way to Bulawayo we had a car accident which affect my eyesight and bent my hands and knees”)

The comment above shows that disability can result from accidents. Due to potholes in the country, road accidents are prevalent and some are people are dying on the spot.

4.3.3 Poverty

All the respondents indicated that poverty is the leading cause of disability in Lukosi village. Most children with disabilities and their guardians reported they are facing financial problems at their homesteads. For example, the albinos raised comments saying:

“We do not afford to buy sunscreen lotion for our children to protect themselves from the sun hence they develop wounds which are itchy”.

The above comments show that naturally people with disabilities have various special needs due to their inability to be involved in any income generating activities because them and their families are likely to be vulnerable to poverty. This is so due to the economic crisis in Zimbabwe, hence not all expectant mothers eat a balanced meal prescribed by the doctors. Therefore, this affects the growth and development of the foetus thus resulting in disability. Due to Poverty some expectant mothers are stressed and traumatised thus affecting the foetus.

Respondent 16, Child Case Worker said

Vamwe vana vanoZvarwa vakaremara nenhau yekuti vanamai pavanenge vakazvitakura avasikuwana chikafu chakakwana uye zve kudya kamwecht pazuva azvina kuringana pamudzimai anepamuviri. Nazvo izvi zvinoviringa kukura komwana nekuti hasi kuwana chikafu chakakwana achiri mudumbu anozozvarwa akaremara asinganzwi kana kut asingafambi, (“Some children are born disabled because the expectant mothers do not eat a balanced diet and this affects the growth and development of the foetus”)

The comment above shows that lack of basic needs is a challenge to expectant women as this results in children born with disabilities.

4.3.4 Witchcraft

Witchcraft is another cause of disability in Lukosi village among children. The above stated cause may be contributory to the existence of the deaf and hard of hearing people but in Zimbabwe this condition can also be attributed to cultural beliefs. Such actions may be attributed to jealousy or revenge.

Respondent 17, Child Case worker lead

Vamwe vana vanozvarwa vakaremara nekuda kweuroyi hunoitika mudzimba. Vanhu vanoroyana nekuda kwegodo zvekuti unongowona vana vazvinji vachitambudzika and vamwe vanhu vane vatoromba vachita mari pamsoro pekutambudzika kwemhunu, ("Some children are born disabled due to witchcraft. Some people bewitch each other because of jealousy and perform rituals and the CWD suffers at the expenses of someone making money")

The comment above shows witchcraft is resulting in disabilities among children in Lukosi village and that people make money at the expense of someone facing difficulties in life.

4.3.5 Health problems

Health problems are another cause of disability among children with disabilities in Hwange District. These could exist in the form of diseases or disorders as well as poor prenatal care such as alcoholism during pregnancy. Diseases such as meningitis, measles, syphilis as well as mumps may be responsible for causing deafness especially in young children. Lopes and Corteletti (2012) also noted that people living with HIV/AIDS may also be at risk for developing hearing problems due to the medications they take. There is a wide spectrum of medical conditions some of which not mentioned here can cause hearing difficulties.

A 10-year-old male respondent said,

Ini ndakaberekwa makumbo angu akabhenda kunge mhunu anemarickets, zvakazotanga kuwonekwa ndanemakore mashanu vabereki vakandishaira mari yekuenda kuchipatara .Izvezvi makumbo akatozowedzera andichakwanisa kufamba, ("I was born crippled like a person with rickets and my parents noticed them when I was five years old and my parents could not afford to pay hospital bills. My legs got worse and now I cannot walk")

Respondent 7 a girl child said

Ndakaberekwa ndinechirwere chemaziso, anongobuda musodzi dzimwe dzenguva ndotadza kuwona, ("I was born with eye problem and sometimes I cannot see properly")

The comments above reveals that health problems eventually result in disabilities among children and that medication is of paramount importance in order to control the diseases before later stage.

4.4 The experiences and opportunities being faced by children with disabilities

Children with disabilities highlighted their experiences in the society as well as at school as children with disabilities. Their experiences are child labour, discrimination, sexual abuse, poverty, HIV and AIDs, school dropouts and health problems. Scholarships, sporting, Olympic games and projects are some of the opportunities that come across the children with disabilities. Through the interviews the researcher found out the challenges and opportunities being faced by children with disabilities which will be explained below;

4.4.1 Child labour

Child labour is a common challenge being faced by children with disabilities. Most guardians think that they will be teaching their children work but there is a difference between child work and child labour. Child labour is whereby children work frequently without time to rest, to mingle with their friends as well as time to do their studies. Despite being disabled every child has a right to freedom and education.

Respondent 5, a girl child said:

*Inini kumba kwedu amai vangu vanonditisa basa zvisingaita ndotoshayawo nguva yekutamba neshamwari.Hanzi shamwari hadzina basa and ivo vanoti isu takakura tichita basa wani saka iwe wakoshei, (“at home I do a lot of house chores and I do not have time to play with my friends.My mother says friends are not important and say **we grew up working what is so special about you**”)*

The comment above shows that guardians lack knowledge and there is need to educate them on the consequences of child labour.

4.4.2 Discrimination

Disability is a universal and sensitive issue worldwide. Most of the children with disabilities complained that they are discriminated in the society as well at schools because of their condition. This affects the child as he or she did not choose to be disabled. Children with disabilities face discrimination due to the fact that the so called normal people perceive the disabled as people who have no ability to take care of themselves.

Respondent 3, a girl child said

Mina angila bangane bokudlala labo bathi ngiyanyanyisa ngoba ngitshona ngigxoxa indenda njalo angikwanisi ukuhamba ngitshona ngihlezi, njalo kungizwisa ubuhlungu lami ngiyafisa ukudlala labanye abantwana (it pains my heart that I do not have friends to play with, I cannot walk and I wish to also mingle and play with others)

Respondent 2, a boy child said

My friends run away from me, they say I cannot play properly, henceforth I play alone

The comments above reflect the bitterness of the children who are discriminated from mingling with their peers. This shows that disability has effects on the social life of children.

4.4.3 Sexual abuse and HIV and AIDs

Sexual abuse is another challenge being faced by children with disabilities. There is a cultural belief that if one engages into unprotected sexual intercourse with a disabled person he gains luck or supernatural powers. As a result, children with disabilities are at risk because some are afraid to report their cases out of fear of the unknown.

Respondent 18 Child case worker said

Children with disabilities are prone to sexual transmitted diseases and sexual abuse from the society. This is so as some believe that having sexual intercourse with a musophe (albino) mhunu anowana supernatural powers and curse gets broken.

Most of the girl child respondents (five) articulated that they have been victims of sexual abuse and were afraid to report the issue to their elders. Some revealed that they were raped by their uncles and their parents have denied to report the issue since it's a family matter and some were threatened never to reveal to anyone.

4.4.4 Poverty

Most of the respondents (fifteen) argued that they are living in poverty. Due to economic crisis and the pandemic covid-19 most people are not working. Therefore, parents of children with disabilities are handicapped as they cannot provide for their children. Some children with disabilities have a prescribed diet from the doctor, of which the parents do not afford to buy. The albinos are required to apply sunscreen lotion to protect their skin from the sun, not all parents afford to buy the lotion since it is expensive.

Respondent 10 a girl child said

Since I am an albino I am supposed to apply sunscreen lotion to protect my skin from the sun and my grandmother does not have the money, now all over my body I have itchy wounds as you can see.

This shows that financial constraints are a disadvantage to the households with disabilities. Therefore, children suffer starvation as some eat one meal a day of which is not healthy for their growth and development.

4.4.5 School dropouts

From the research, most of the children with disabilities (9) are not going to school. This is due to the current financial crisis, isolation, whilst some schools are a distance from the homesteads. Therefore, a child with disability cannot reach and most of the schools some CWD cannot have access.

Respondent 12 a girl child said

*At school my friends would laugh at my disability vachit **chirema ichii** and this makes me feel out of place and pains me because I never chose to be born like this, so ndandoramba kuenda kuchikoro*

Respondent 13 a boy child said

At school I was lagging behind and my teacher would say ndofamba nevanofamba saka ndakazowona kuti apana zvazvikubetsera even muclass ndaisekwa no one wanted to mingle with me

The comments above from the respondents reveal the reason why they dropped out of school. The situation around them forced them to lose interest in school. Sociologists reveal that sociology is the study of man and his environment. This reveals the relationship between social work and other fields. In this scenario disabled children are affected by the environment they live in as they are not accepted by the society.

4.4.6 Health problems

Children with disabilities experience some health problems which affect their wellbeing. Some health problems emanated from birth and some after birth. For example, the CWD with health problems require constant check-ups by the doctor. Due to financial constraints in the family

their parents cannot afford to buy their medication required and when using the AMTOs there is shortage of medicine in government hence they are not helped at the end of the day since they cannot afford to go to private hospitals. The researcher observed some bruises on an albino girl child who said;

“My grandmother does not have the money to buy me sunscreen and I have itchy wounds all-over my body; I cannot mingle with others vakatondipa zita hanz chimusophe chemaronda”

Due to this condition the child feels lonely. This shows that health problems need to be dealt with for a CWD to exercise his or her right to freedom.

4.5 The services being provided to children with disabilities

The Department of Social Services offer services to children with disabilities such as Medical treatment (AMTOs), Bus warrants, assistive devices, BEAM, counselling and food aid. To add on, other NGOs like World vision, Paint Dog, CARITAS and other well-wishers assist children with disabilities with food, clothes, and school fees handwork projects like gardening. From the research the researcher found out that there are some challenges in attaining these services which will be discussed below.

4.5.1 Medical treatment (AMTOs)

The children with disabilities are assisted with medical treatment by the government. Some of the respondents from the focus group discussions revealed that they were not aware of such services and that they face difficulties in paying hospital bills for their children. The AMTOs are used in the government hospitals only hence it becomes a challenge for some patients who require to see specialists or buy medicine which is not available in government hospitals. Therefore, this shows that there is need by the government and the society to intervene and assist children with disabilities medically.

4.5.2 Bus warrants

Bus warrants is a provision of transport on the main routes only, linking major towns like from Hwange to Bulawayo which assists few people due to the current economic meltdown. This is a service provided to children with disabilities travelling back to school and going to hospitals for medical check-ups. Most of the respondents (15) revealed that they had no knowledge of bus warrant services. This shows that the society have no knowledge on the services being provided by the government and there is need for awareness campaigns.

4.5.3 Assistive devices

Children with disabilities are assisted with assistive devices such as wheel chairs, walking clutches, hearing aids and laptops to further their studies. Most of the respondents praised the government for helping their children with assistive devices. A few revealed that upon the distribution of services, there is nepotism hence not all the children are assisted. From the research the government of Zimbabwe and other NGOs like World Vision are credited for helping the children with disabilities with assistive devices.

4.5.4 BEAM

The most vulnerable and children from poverty stricken households are assisted through BEAM. BEAM selection takes place at school level and the Department of Social Services process the payment of fees. Every year Beam targets that 50% of students under BEAM should be girls thus enhancing girl empowerment in order for a girl child to stand firm in a male dominated society. From the group discussions, most parents revealed that since primary school, their children have not been included in the BEAM program and they suggested that at school level there is corruption and nepotism which leaves their children disadvantaged. Paint Dog also pays school fees for disabled children and also assist with clothes.

4.5.5 Counselling

Counselling is another service provided to children with disabilities and their parents or guardians. Most of the children with disabilities are counselled to enable them to accept the nature God created him or her. This helps them to have identity and have confidence in themselves.

Respondent 19, a Child case worker said:

As a child case worker I come across different situations whereby children with disabilities are stressed and feel unwanted, hence I take them for counselling sessions so as to reintegrate themselves with their families and peers

The comment above greatly shows the power of counselling. Also world vision offers counselling and food aid to the children with disabilities.

4.5.6 Food aid

The department of Social Services has a distribution program whereby it distributes food to the most vulnerable persons in the communities. The challenge is that it creates dependency syndrome as people to receive and not work hard or develop projects for themselves. From the focus group discussions, the most parents of children with disabilities revealed that there are also Food-for-Work programs which assist in difficult times. The gatherings also enhance socialisation.

All respondents indicated that during the pandemic Covid-19 they have not been receiving aid due to the lockdown imposed, whereby gatherings have been banned out of fear of contagion.

4.6 Possible strategies to provide better services

There are several strategies that were recommended by the children with disabilities, child case workers and parents in providing better services. These are awareness campaigns, education, projects implementation and strict laws which will be discussed below;

4.6.1 Community awareness on organisations that provide services to children with disabilities

All parents requested the government of Zimbabwe to engage in community awareness regarding the organisations that provide services to the children with disabilities. This will reveal clarity and save lives from human trafficking as some people are not aware of the organisations.

One of the parent Respondents said “*UHulumende kazise abantu ngama organisations ancedisa abantwana abagokekile ngoba abanye abalalwazi lwako njalo abantu bayantshontshwa. (“The State must sensetize the community on organisations providing services to CWD as some do not know and save lives prevent human trafficking”)*

The comment above shows that some people are not aware of the services being offered by different organisations. Due to economic crisis people might fall for the trap wherever help arises.

4.6.2 Education

Most of the children with disabilities requested the government of Zimbabwe to educate the community that disability is not inability. From the research, some children revealed their bitterness that the society is neglecting them at school they are isolated. One of the children said

“I wish the government of Zimbabwe will educate my fellow colleagues and the community at large on the disability act so that people would also know that I have the right to participate in community gatherings”

There is need to acknowledge the persons with disabilities and treat them like any other able bodied person.

4.6.3 Projects

During the focus group discussions, most parents indicated the need for projects implementation for the children with disabilities to sustain themselves. Projects such as sewing, gardening and art can help children with disabilities. The researcher noticed that among the children with disabilities there was a boy child with disabled hands and he used his legs to write and draw perfectly. The child is proud of his wellbeing and does art. This shows that disability is not inability as some children with disabilities

4.6.4 Strict laws

From the research most respondents requested the government of Zimbabwe to enforce strict laws pertaining to the delivery of resources to the children with disabilities. One of the respondents during focus group discussions said,

Uma benika abantu ukudla, thina abanye asitholi ngoba banikana ngokwazana (‘when they are distributing food some of us do not get it as they give each other as friends or relatives’).

Therefore enforcement of strict laws and policies to guard the rights of the children with disabilities will reduce corruption and enhance better services in the community at large.

4.7 Discussion of findings

The research focused on the experiences and opportunities being faced by children with disabilities in rural areas in Zimbabwe, a case study of Lukosi village in Hwange District. It was guided by the objectives which include: To identify the causes of disability in Hwange District, to explore the experiences and opportunities faced by the children with disabilities in Lukosi village, to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better and to bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe. The researcher managed to interview fifteen six male CWD and nine female children with disabilities who range from ten to sixteen years in age. They were five key informants three

from the Department of Social Services, the Headman of Lukosi village and the Headmaster of Lukosi Secondary school filled the questionnaires. They were also two focus group discussions of parents or guardians of CWD. From the findings presented above, enabled the researcher to understand all research objectives. The objectives guided the researcher the researcher to discuss the findings.

The study found out that the causes of disability in Lukosi village is due to include poverty, accidents, genetical and health problems. However, literature by the Global Burden of Disease (2016) states that headache disorders, specifically migraine, are important causes of disability worldwide and therefore require more attention in health policy debates and greater resources for research. On the other hand, Heidi (2016), states that a child can be born deaf due to genes passed down or may inherit diseases that cause deafness for example Stickler's Syndrome or the Usher Syndrome amongst others. Looking at the causes of disability in Lukosi village and by these authors it shows that disability is caused by different things, so this means it varies according to countries. The Government of Zimbabwe estimates that about 1% of the people live with disabilities in Zimbabwe. The National Association of Societies for the Care of the Handicapped (NASCOH) argues that disability prevalence in Zimbabwe is over 10% of the population (NASCOH, 2013). To add more, around 27% of disability with population from the birth while 9% disability exists between the ages limit of 1 to 5. Therefore, about 52% of the disabled children in Zimbabwe have no access to education although Zimbabwe having a record of 93% literacy rate among its school-going children, which is also the best in the African continent.

The second objective focused on the experiences and opportunities being faced by children with disabilities. From the findings above it's important to note that children with disabilities cannot take part in societal roles due to the limitations of disability. Children with disabilities experience discrimination, poverty, are school dropouts, have health problems, suffer sexual abuse and are victims of HIV and AIDS. Literature by the Baline Report (2013), on disability and HIV and AIDs revealed that children with disabilities are subjected to sexual abuse. From the findings, the researcher found that most of the victims have not reported their cases due to lack of knowledge of where and how to report, and the inability to communicate with Law Enforcement Agents. On the other hand, literature by Mandipa (2013) notes that there is a misconception in the Zimbabwean society that children with disabilities are passive and economically unproductive, and therefore are a burden. On the other hand, Resch (2010), notes that children with disabilities in Namibia experience poverty due to lack of resources from the

government to assist them. This shows that challenges being faced by children with disabilities vary from one country to another depending on the economic stability of that particular area. To add on, literature by other authors reveals that in Opuwo , Namibia, children with disabilities have demeaning names such as “ejova” translated to English meaning “stupid” or “otjirengeona” meaning not a perfect or complete human being. These views culminate in stigmatization and even discrimination of children with disabilities in day to day activities of the society.

Through the interviews and observation, the researcher determined that the society misses the opportunity to accept people with disabilities since most of them cannot take part in society’s events and they take a time to learn. UN Convention on the rights of persons living with disability Article 23 highlights that, disabled persons have the right to homes, marriage and family thus relationships and parenthood must be accessible to them on the same basis as others.

In understanding this, the researcher used the systems theory which seeks to explain the dynamic interdependency and relationships between components of a system and the environmental relationships. Therefore, the systems theory looks at the family as a whole, usually envisaging it as a relatively closed set of interactions between individual members (Jennings, Breitzkreuz & James 2012). This is whereby social workers look at the family and educates the family members on disability so that they might accept the child as he or she is since charity begins at home. Various systems like individual, community, school, organisations contribute to causing challenges through social exclusion, stigmatisation and poverty in the lives of children with disabilities. The systems theory also seeks to understand how children with disabilities and other systems interact for the betterment of the lives of children with disabilities. The researcher also made use of the Human rights based approach in understand the rights of the children with disabilities which are being violated by the society at large.

More so, due to all those problems faced by children with disabilities, the human rights based approach indicates that the society should create equal opportunities for people with disabilities to participate in the economy on an equal standing with the so called normal counterparts. Booyens, Van Pletzen and Lorenzo (2015) argue that family attitudes and behaviour prevent persons with disabilities from developing to their full potential. The right to independent living and being included in the community is an answer to human rights violations against children

with disabilities through institutionalization and other methods of exclusion, such as hiding in homes or colonizing at distant places. Patel (2015) describes Ubuntu as caring for and promoting the human dignity and worth of people. However, this can be achieved by educating the community structures such as traditional leadership, religious and political leadership on the roles and benefits that families and communities share in terms of collective existence. Some findings reveal that communities should agree to support children with disabilities, inform and encourage them to access nutritional services as well as professional services critical to the development of children with disabilities. This will enable children with learning disabilities to exercise their worth as human beings taking into consideration the rights based approach.

Children with disabilities come across various opportunities at school and at community level at large. Their opportunities are scholarships as some children are paid for school fees by well-wishers, BEAM and other non-governmental organisations. Children with disabilities also have the opportunity to do projects at Ruwa or Danhiko training centers to equip them with various skills and be independent. Sporting activities are also there as children with disabilities partake in Olympic Games depending with the type of disability. Henceforth, the human rights based approach promotes rights based opportunities, participation as well as removing barriers to these people with special needs. Therefore, awareness campaigns and enforcement of strict laws might help to reduce to challenges being faced by children with disabilities.

The research found out that the services provided to children with disabilities included medical treatment, counselling, BEAM, assistive devices, and food aid. Mugumbate and Nyoni (2013), reveal that disability in Zimbabwe, like in many developing countries is a terrain filled with physiological, psychological, social, economic and political vicissitudes, attitudes and perceptions. In Sudan children with disabilities are assisted with psycho social support to enable them to cope with the current situation and manage their day to day activities. On the other hand, the government of Namibia through its Integrated Early Childhood Development Policy (IECD) has programmes such as the family visitors' programme which is a child-focused education programme offered by educators, with a view to provide comprehensive support to children with disabilities. This shows that children with disabilities are being helped in their respective countries and some through aid. Therefore, looking at the services being provided to children with disabilities in Lukosi village and the services in other countries shows that services varies from one place to another depending on the economic stability of the country.

The disadvantage of the medical treatment which is being used in Zimbabwe (AMTO) is that it is not valid in private hospitals hence some medications might not be available in government hospitals due to the economic crisis in Zimbabwe. Therefore, such scenarios some caregivers of CWD do not seek for help for their children as some health problems require special check-ups at private hospitals of which they do not afford to pay for the bills. From the interviews a few children with disabilities are enrolled into the BEAM program. Beam was introduced in 2001 as part of Enhanced Social Protection Program. Most of the parents revealed that there is nepotism in the BEAM selection and some children with disabilities are always neglected. The major aim of BEAM was to prevent withdrawal of children from school due to financial instability. The BEAM covers the costs of core education such as levies, school and examination fees. 10% of the beneficiaries are expected to be children with disabilities.

According to Neilson, Kapor and Zimmerman (2018), education, particularly inclusive education, is able to reduce discrimination through enabling individuals with and without disabilities to grow up and interact together. This therefore creates a foundation for a society without discrimination. Through education children with disabilities can learn to understand their rights as they are prone to abuse and child labour. The researcher observed that some children with disabilities had been assisted with assistive devices such as wheel chairs and hearing aids by the government of Zimbabwe and other non-governmental organisations like Paint dog and World Vision. Assistive devices included wheel chairs, laptops for education, walking clutches and hearing aids.

The research findings enabled the researcher to address the fourth objective which seeks to bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe. The strategies are awareness campaigns to sensitize the community on the services being provided to children with disabilities. However, Literature by Sithole (2016) reveals that this information can be passed through awareness campaigns. Some authors like Cresswell (2015) also alludes that awareness campaigns are meant to strengthen community support thus improving all the services being provided to children with disabilities. This shows that awareness campaigns are of paramount importance to impart knowledge on the communities. Most of the parents suggested this strategy because not all of them are literate to read flyers or posts. Henceforth, awareness campaigns would improve the service delivery to the children with disabilities.

Another strategy posed out by the respondents was education. In Zimbabwe, the lower levels of education, particularly in the Matabeleland region where the study was conducted, may make it more difficult for parents of children with disabilities to access information on the services being provided to children with disabilities. This is because some information can be accessed through technology such as the Internet and social media platforms. Hence, there's need for to educate the society. The organisations must also educate the society on the services they offer, the disability act and the rights of children with disabilities. Browne (2013), it is essential for persons living with disabilities to be equipped so that they will be independent. This is so, because some violate the rights of children with disabilities without knowledge. On the other hand, literature by Lorenzo (2015) reveals that education is crucial for the benefit of the society. Education will enable the parents and society at large to accept children with disabilities and treat them like any other able bodied child. This shows that education is an investment without risk and that the societies should be equipped with information to avoid misconceptions. From the findings the respondents requested the government of Zimbabwe to enable the medical treatment (AMTOs) to be valid in private hospitals so that they can treat their children with disabilities their health problems.

The research study has some limitations such as the information from the participants might be peppered to please the researcher therefore, the researcher might collect biased data. The study was conducted in Lukosi village and focused on children with disabilities henceforth the researcher faced some challenges in communication as some had impediment speech which forced the researcher to use sign language. Parents or guardians might not have allowed their children to participate in the study. More so, the physical impairment was another barrier for effective participation. The research was able to address all the objectives of the study.

4.8 Chapter Summary

In this chapter, study findings were analysed, presented and discussed. Quantitative and qualitative methods were used in analysing data. The chapter revealed the causes of disability, the experiences and opportunities being faced by children with disabilities, the services being provided to children with disabilities and the possible strategies that can be implemented to better the services being provided to children with disabilities. The findings were derived from semi structured interviews with CWD, questionnaires distributed to key informants and focus groups discussions with parents or guardians of CWD. Therefore, from the findings the researcher was able to bring the understanding of the objectives of the study.

CHAPTER FIVE:

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter reviews the study findings on exploring the experiences and opportunities being faced by children with disabilities in Lukosi village, Hwange District. The chapter also presents conclusions from the research findings as well as recommendations towards the services being provided to children with disabilities for them to also live a normal life like any other child.

5.1 Summary of findings

The above chapters discussed the background of the study, reviewed the literature, methodology and the data presentation, analysis and discussion. The study was carried out in Lukosi village in Hwange District. The study was guided by four objectives that were to identify the causes of disability in Hwange District, to explore the experiences and opportunities faced by the children with disabilities in Lukosi village, to find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better and to bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe. The systems theory and the rights based approach were used as theoretical frameworks. The study used a mixed method to collect data. Qualitative data was collected using semi structured interviews and focus groups accompanied by questionnaires which sketched quantitative data as well. The investigation was done in an exploratory sequential manner. The researcher used snowballing sampling method to identify fifteen children with disabilities to participate in the survey but to choose participants for the focus group discussions and to select 5 key informants a convenient sampling technique was employed. The Microsoft excel was used to analyse quantitative data using tables, graphs and pie charts while for qualitative data, thematic and content analysis were used.

5.1.1 The causes of disability in Hwange District.

On the causes of disability in Hwange District, the research found that poverty is the leading cause of disability and other causes are accidents, lineage, witchcraft and health problems. The findings indicated most of the expectant mothers do not eat a balanced diet due to poverty and that greatly affects the growth and development of the unborn baby resulting in disability. To add on, it emerged that people yearn for the potholes on the roads to be fixed to avoid road

accidents and be assisted financially to handle health problems of their children at a tender age in order to prevent disability at large.

5.1.2 The experiences and opportunities faced by the children with disabilities in Lukosi village.

The study brought out that children with disabilities in Lukosi village experienced challenges such as discrimination, child labour and abuse, health problems, school dropouts and HIV and AIDS. Youth empowerment ensures greater opportunities of participating on decisions that impact one's life. The approach also emphasized that the rights of persons living with disabilities are no different from the able bodied people and that they have the right to be listened to, having their need for services met and to be involved in the planning, implementation and evaluation of reproductive health services. The opportunities faced are spotting activities and handwork courses such as gardening and scholarships to further their studies.

5.1.3 The services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better.

The services being provided by the Department of Social Services to children with disabilities are medical treatment (AMTOs), bus warrants, counselling, drought relief, Assistive devices like wheel chairs and financial assistance. The findings also revealed that NGOs like CARITAS and World Vision assist children with disabilities in form of food and also paying for their school fees to reduce the number of school dropouts. However, due to the economic meltdown in Zimbabwe the resources are inadequate to help all the children at large.

5.1.4 The strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe.

To have the highest possible level of health and quality of life is at the heart of the Zimbabwean government. This can be achieved through combined efforts of individuals, communities, organisation and the government which will allow them to participate in the socio-economic activities that develop the country. There is need for awareness campaigns so as to educate the people on the services being provided. From the findings most of the parents alluded that enforcing strict laws might improve the services as some are corrupt and this has disturbed the proper channeling of services like projects to the children with disabilities.

5.2 Conclusions of the study

Comprehending from the findings of the research, the study arrived at the following

The study concludes that that poverty is the number one leading cause of disability as some expectant mothers do not eat a balanced meal hence it affects the growth and development of the child. Witchcraft, accidents and lineage are other causes of disability. Some children who develop health problems and are not treated within the prescribed time due to financial crisis end up being disabled. It can also be concluded that stigmatisation is a challenge and a concern amongst all the children with disabilities and their families. Henceforth, this may result in mental illness exacerbated by the peer pressure. Not all children with disabilities have access to the services. On the other hand, the study reveals that a communication barrier is a huge challenge as some people are not aware of the services that are being offered to help them meet their needs.

From the outcomes, the study concludes that children with disabilities experience challenges at schools as well as in the community whereby they are discriminated because they are not able bodied hence they are left in some community gathering. The children with disabilities should also be treated like any other children and so should be involved in decision making. Given the conclusions, the study concluded that Department of Social Services can do awareness campaigns and educate the communities that disability is not inability and also enlighten the communities on the services provided to CWD like AMTOs and assistive devices.

From the findings, nepotism is taking place in the distribution or linking the CWD with resource system, henceforth the researcher would like to recommend to the government of Zimbabwe to implement strict laws to those found guilty. This will enable justice and all children will be treated fairly. Social workers are also recommended to make a follow up on their clients through the Child Case Workers deployed in all wards. The study also concludes that most of the children with disabilities desire to do projects like sewing, gardening and art and design in order to be independent and sustain themselves. Henceforth, schools like Ruwa and Jiros Jiri and other NGOs like World vision and Sister to Sister accommodates the persons with disabilities and train them. The welfare of the children with disabilities is of paramount importance for them to live like any other able bodied child.

5.3 Recommendations

The research study explored on the experiences and opportunities being faced by children with disabilities in Lukosi village, Zimbabwe. This section provides the recommendations which will assist in the welfare and social functioning of the children with disabilities creating better

living standards. Henceforth, succeeding are the above conclusions, below are the recommendations given;

- Awareness campaigns are recommended to concertize the community with knowledge on disability issues. This is to enlighten the society that disability is not inability and the disability person's act. This will enable the society to view disability in a positive way and accommodate disability households in community gatherings. Awareness campaigns should also be enacted to communicate the services being provided to the children with disabilities. This is so, because some lack knowledge on the services being offered like the AMTOs, the bus warrants and food relief among others. Therefore, awareness campaigns enable the news to spread fast to also those in remote areas.
- Social workers as educators should educate the community on the disability act, policies regarding CWD seeing that myths and cultural beliefs are rampant in the context of Zimbabwe. Educating the children with disabilities and their parents or guardians on disability. This will enable the parents to accept the condition of their child since charity begins at home. To add on, the children with disabilities will be educated on their rights and be equipped with information for them to understand the regulations protecting them.
- The government should sponsor empowerment programs that will assist children with disabilities in beginning their own business and become independent. For example, projects like poultry, horticulture, gardening and sewing to occupy the CWD with something to do and empower them to stand in harsh conditions of this world.
- There is also need for participation of children with disabilities in stakeholders' meetings to enable them to reveal their thoughts in decision making. Henceforth, inclusion of children with disabilities creates a better atmosphere than mere representation by able bodied people who do not know how it feels to be disabled. Therefore, resources can be manipulated.
- Social workers and child case workers and other non-governmental organisations that seeks to help the children with disabilities are recommended to make follow up on the cases of children with disabilities in each and every ward pertaining to the provision of their services. Those who require psycho social support, the social worker works hand

in hand with Child Case Workers in each village to reduce the workload thus achieving the goal of promoting the wellbeing of children with disabilities.

- Practitioners are recommended to empower children with disabilities and their caregivers by assisting them to have access to government grants or to establish small enterprises which can generate income that will help them meet their needs seeing that they are often not able to rely on themselves for financial assistance.

5.4 Chapter summary

The foregoing gave a synopsis of research findings; it made conclusions and gave recommendations to enhance the social functioning of children with disabilities so that they might live like any other child. It exposed the effects of disability on children and parents which are discrimination, school drop outs, sexual abuse, HIV and AIDs, child labour and health problems. The chapter addressed the research findings in line with the objectives of the study. Of paramount importance, the research revealed the relationship of man and his environment that is how disability is viewed by the society and their response. Lastly, the chapter disclosed the recommendations addressing the challenges being faced by children with disabilities. The recommendations include awareness campaigns, educating the society on disability, empowerment programs and participation of children with disabilities in making decisions that concerns their lives. Henceforth, suggestions made in this study may aid as reference to the profession and professionals dealing with disability studies.

REFERENCES

- Bannick, T, & Coghlan. D. (2015). *In Defence of Being Native the Case for Insider Academic Research* cited in the Journal of Educational and Social Research Volume 3(2) January 2013.
- Bengston, S. (2017). Disability and the body in the writings of Karl Marx
- Booyens M., Van Pletzen E. & Lorenzo T., 2015, 'The complexity of rural contexts Experienced by community disability workers in three southern African countries', *African Journal of Disability* 4(1), 1–9. <https://doi.org/10.4102/ajod.v4i1.167>
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research In Psychology*, 3 (2). pp. 77-101. ISSN 1478-0887.
- Bryman, A. (2015). *Social Research methods*. Oxford: Oxford University. 4th edition.
- Bryman A. (2018). *Social Research Jargon*. Malmö: lives Press
- Chineka, T. S. & Kurevakwesu, W. (2021). Challenges for child welfare and development during the COVID-19 pandemic in Zimbabwe. *African Journal of Social Work*, 11(4), 209-215.
- Choruma, T. (2007). *The forgotten tribe: Persons with disabilities in Zimbabwe*. Harare.
- Choruma, T. (2007), *The Forgotten Tribe, People with Disabilities in Zimbabwe*, Progressio, London. Progressio.
- Creswell J, W. (2014). *Research design: Qualitative, quantitative and mixed methods approach*. London. Sage Publications
- Creswell, J, W. (2015). *Research Design. Qualitative, Quantitative, and Mixed Methods*

Approaches 3rd edition. University of Nebraska-Lincoln.

Degener, T., (2017), '*A new human rights model of disability*', in V. Della Fina, R. Cera & G.

DePauw K. (2010). *Aiming for Inclusive Sport: The Legal and Practical Implications of the United Nation's Disability Convention for Sport, Recreation and Leisure for People with Disabilities*. London. SAGE Publishers Inc.

Disability & Health (2010). *The conceptual model for the evaluation of environmental factors*. *Procedia Computer Science*, 14, 293-300.

Etikan, I., Musa, S.A., & Alkassim, R.S. (2015) Comparison of Convenience Sampling and Purposive Sampling. *American Journal of Theoretical and Applied Statistics*. Vol. 5, No. 1, 2016, pp. 1-4. doi: 10.11648/j.ajtas.20160501.1

Exenberger, S., & Juen, B. (2014) *Well-being, Resilience and Quality of Life From Children's Perspective: A Contextualized Approach*. New York. Springer.

Fusch, P., Fusch, G.E., & Ness, R.L. (2018). Denzin's Paradigm Shift: Revisiting Triangulation in Qualitative Research; *Journal of Social Change* 2018, Volume 10, Issue 1, Pages 19– 32Walden University, LLC, Minneapolis, MN DOI: 10.5590/JOSC.2018.10.1.02

Gavron, S. (2015). *Measuring health among people with disabilities*. *Family Community Health*. New York. SAGE Publishers Ltd.

GBD, (2016) Headache Collaborators. Global, regional, and national burden of migraine and

tension-type headache, 1990-2016: a systematic analysis for the Global Burden of Disease Study 2016 [published online November, 2018]. *Lancet Neurol.* doi: 10.1016/S1474-4422(18)30322-3.

Heale, R. & Twycross, A. (2017). *What is a case study?*

<https://reports.unocha.org/en/country/Zimbabwe>.

Heil, A. (2010). *Systems Theory*. SPC 330. Norfolk, Virginia

Hancock, D. R. & Algazzine, B. (2016). *A practical guide for beginning researchers*. New York, NY: Teachers College Press.

Jamshed, S. (2014). *Qualitative research method- interviewing and observation*. Journal of Basic and clinical pharmacy, 5(4).

Khupe, W. (2010) *Disabled people's rights: Where does Zimbabwe Stand*. College Press. Bulawayo.

Kitchenham, B., A. (2015). *A systematic review of cross- vs. within-company cost estimation*. *Studies Proceedings of EASE*, British Informatics Society Ltd.

Lopes, A and Corteletti, L (2012) *Hearing Loss and Acquired Immuno Deficiency Syndrome: Systematic Review*. *Jornal Da Sociedade Brasileira De Fonoaudiologia*

Martins, A. I., Queries, A., Cerqueira, M., Rocha, N., & Teixeira, A. (2012). The International Classification of Functioning,

Masuka, T, Banda, R.G. & Mabvurira, V. 2012. *Preserving the Future: Social protection*

Programmes for orphans and vulnerable children in Zimbabwe. Volume 2
No.12 (special Issue-June 2012) *international Journal of Humanities*
and Social Sciences.

Mandipa, E., (2013). *A Critical Analysis of the Legal & Institutional Frameworks for the*

Mandipa, E and Manyatera, G., (2014). *African Disability Rights Yearbook. Pretoria*
University Law Press

Masinire, B. (2015). Child Marriage. Available from [http:// herzimbabwe.co.zw/2015/12](http://herzimbabwe.co.zw/2015/12).

Marshall, C. and Rosseman G.B. (2006), *Designing Qualitative Research: Sage Publication,*
London.

McLeod, S. (2018). *Questionnaire: Definition, Examples, Design and Types.*

Realizations of the Rights of Persons with Disabilities in Zimbabwe: African
Disability Rights Yearbook. Bulawayo. College Press.

Mukuta, F, G. (2013). “UNICEF; Disabled Zimbabwe Children Face Serious Challenges”.

The Herald, Harare; Zimpapers Publishers

Mtetwa, E., (2010), *Understanding the plight of persons with disabilities in Zimbabwe and*

Policy implications, International Journal of humanities pg. 115-123.

Mutasa, J., and Tafangombe, J. (2010). *Disability in the social context. Harare: Fidelity press*

Mutenga, T (2013) *Eradicate Discrimination against Disabled Children*, Financial Gazette of
Tuesday 4 February 2014.

NASCOH (2010), Deaf and dumb want constitution restart: *National Association for the Care*

*Of the Handicapped, The Zimbabwean of 25 July 2010 accessed online at
<http://www.thezimbabwean.co> on 30 March 2016*

Neuman, W.L. (2011). *Social research methods: Qualitative and quantitative approaches*.
Pearson. New York

Oliver, M., Sapey, B., Thomas, P. (2012). *Social Work with Disabled People*. New York:
Palgrave MacMillan

Ref: www.Michigan.go/mcs/,1607,7-137-6118

Palmisano (eds.), *The United Nations convention on the rights of persons with disabilities: A
Commentary*.

Polit, D. F., & Beck, C, T. (2012). *Nursing research: Principle and methods*. Philadelphia, P.A:
Lippincott Williams &Wilkins

Resch J.A., Mireles G., Benz M.R., Grenwelge C., Peterson R. & Zhang D., 2010, 'Giving
Parents a voice: A qualitative study of the challenges experienced by parents of
children with disabilities', *Rehabilitation Psychology* 55(2), 139

Punch, K. F., (2005). *Introduction to Social Sciences Research: Qualitative and Quantitative
Approaches*. New Delhi: Sage.

Sarantakos, S., (2015). *Social Research*. Hampshire Palgrave: McMillan.

Simon, M. K., (2011). *Dissertation and scholarly research: Recipes for success*. Seattle, WA,
Dissertation Success LLC. www.dissertationrecipes.com.

Shukshin, A., (2007). *Disabled Often Among the Poorest of the Poor: A Survey of the
Literature*. Washington. World Bank.

Tatira, L., (2010). *The Shona Culture: The Shona People's Culture*. UK, Lap Lambert Publishing GmbH and company.

UNESCO, (2001). "Open file on inclusive education"; Support materials for managers and Administration. Pg. 146

UNICEF, CASS & GoZ (2010). *A Situational Analysis on the Status of Women's and Children's Rights in Zimbabwe, 2005-2010*, Harare, Unicef, CASS and GoZ:.

UNICEF. 2010. *A Situational Analysis on the status of Women's and Children's Rights in Zimbabwe 2005 – 2010. A Call for Reducing Disparities and Improving Equity*. Available at: www.unicef.org/Zimbabwe/SitAn-2010.

UNICEF Mozambique. (2020). *The Impacts of COVID-19 on Children in Mozambique, June 2020, PN-01*.

United Nations Convention on the Rights of Persons with Disabilities (2006).

United Nations (2001) *Declaration on the rights of disabled persons, Proclaimed by General Assembly resolution 3447*

WHO (2006), *Disabilities and rehabilitation: WHO action plan 2006-2011, World health Organisation: Geneva*

Whittaker, A. (2012). *Research skills for social work (2nd Ed.)*. Los Angeles: SAGE Publications.

Zastrow, C (2000). *Introduction to Social Work and Social Welfare*. Pacific Grove: Brooks

Zimbabwe Government (1996), *Disabled Persons Act*. Government printer, Harare.



APPENDIX A: RESPONDENT CONSENT FORM AND OBJECTIVES OF THE STUDY

Dear Participant

My name is MAIDEI REJOICE DZAMA and I am a student at Bindura University of Science Education studying for a Bachelor of Honors Degree in Social Work. My student number is B1852427. For the completion of my undergraduate degree I am obliged to conduct a study and as such you have been carefully selected that you may help me with interview responses. The research is titled,

“The experiences and opportunities of children with disabilities in rural areas in Zimbabwe. A case study of Hwange district at Lukosi village.”

EXPLANATION OF THE INTERVIEW GUIDES AND QUESTIONNAIRES:

May you please note that, participation in this study is voluntary and there are NO payments awarded? You have liberty to withdraw from the study anytime. The information gathered will not be used for any purpose other than this study and as such will be kept confidential at all times. Data collected from this study will however, NOT be given to you directly. May you kindly sign in the spaces provided below if you agree to participate.

Thank you for your cooperation

Signature of participant **Date.....**

(You can use a false name for confidentiality purposes)

OBJECTIVES OF THE STUDY

- To identify the causes of disability in Hwange District.
- To explore the experiences and opportunities faced by the children with disabilities in Lukosi village.
- To find out the services provided by the government of Zimbabwe, the society and NGOs in making the children with disability life better.
- To bring out the strategies that can be used to improve the services provided to assist children with disabilities in Zimbabwe.

BIOGRAPHICAL INFORMATION OF RESPONDENTS

(Tick the most appropriate response)

Name

Sex

F

M

1. What is your age group?

Under 12 years

12-14 years

15-16 ears

Above 16 years

2. Indicate your academic level

Primary

Secondary

3. Who do you stay with?

Both Parents

Single Mother

Single Father

Grandparent(s)

4. Where you born with disability or was acquired after birth?

Born with

Acquired after birth

APPENDIX B: INTERVIEW GUIDE FOR CHILDREN WITH DISABILITIES.

SECTION A: THE CAUSES OF DISABILITY

1. What do you think are the causes of disabilities?
2. What do you think are your needs as child with a disability?
3. In your family are there any other persons with disabilities?
4. Is there anything that you cannot do because of the disability and how do you feel about it?

SECTION B: TO EXPLORE THE EXPERIENCES AND OPPORTUNITIES OF DISABILITY

1. What is your experience as a child living with a disability?
2. How do you feel about your disability situation?
3. What are the challenges you are facing as children with disabilities in Lukosi village?
(tick in the box)

| | |
|----------------------------------------------------------|--|
| Food shortages | |
| Discrimination | |
| Limited in the involvement of various sports activities. | |
| The schools are located at distant places | |
| Isolation by the community members. | |
| Lack of other resources | |
| Other (specify) | |

4. How do you overcome such challenges?
5. How does the Social welfare / NGOs intervene when you face these problems?
6. What do you think the government should do to help you?

SECTION C: TO FIND OUT THE SERVICES BEING PROVIDED TO THE CWD.

1. What are the services you are receiving as child with disability? (you may tick more than one)

| | |
|--------------------------------------|--|
| Medical treatment (AMTOs) | |
| Bus warrants | |
| Education (BEAM) | |
| Counselling | |
| Drought relief | |
| Devices (wheel chairs, laptops etc.) | |
| Money | |
| Other (specify) | |

2. As a child with a disability, do you think those services are enough for you?(tick in box below)

| | |
|-----|----|
| YES | NO |
| | |

3. Do you think the services have managed to help you improve your living standards from the time you started receiving them up to date?

| | | | |
|-----------|--------|------|-----------|
| No change | Better | Fair | Worse off |
| | | | |

4. Can you comment overally on the services provided to you?

| | | | |
|------|-----------|------|-----|
| Good | Excellent | Fair | Bad |
|------|-----------|------|-----|

SECTION D: TO EXPLORE THE STRATEGIES THAT CAN BE USED TO IMPROVE THE SERVICES PROVIDED.

1. What do you think the government should do to improve the services you are receiving as a child with a disability?
2. What can the community employ to improve service delivery on the children with disabilities?
3. How best can these services be administered to the children with disabilities?

APPENDIX C: QUESTIONNAIRE FOR PARENTS OR GUARDIANS OF CWD.

BIOGRAPHY

1. Sex

| | |
|---------------|-------------|
| Female | Male |
| | |

3. Marital Status

| | | |
|---------------|----------------|-----------------|
| SINGLE | MARRIED | DIVORCED |
| | | |

4. Level of education

| | | | |
|-----------------------------|----------------|------------------|-----------------|
| Never went to school | Primary | Secondary | Tertiary |
| | | | |

SECTION A: TO IDENTIFY THE CAUSES OF DISABILITY

1. What do you think are the causes of disability?

.....
.....

2. When did you first notice that your child has a disability?

.....
.....

3. Does the disability or health problem of the child causes him or her to neglect daily activities that people of his/ her age usually do?

.....
.....

4. Do any other children in your family also have disability?

.....
.....
SECTION B: TO EXPLORE THE EXPERIENCES AND OPPORTUNITIES OF DISABILITY

1. What are your needs as parents of CWD?

.....
.....

2. How do family members and peers react towards the disability of the child?

.....

3. How do you overcome the problems you face while looking after your children with disability. Where did you seek help?

.....

4. Which challenges are faced by the government and organisations in providing services to CWD?

.....

5. What do you think these organisations should do to improve on the service they offer to children with disabilities?

.....

6. Tell me about problems that needed external interventions concerning the disability of your child. Where did you seek help?

.....

SECTION C: TO FIND OUT THE SERVICES BEING PROVIDED TO THE CWD.

1. What are the services being received by your children living with disabilities?

.....

2. Which organisations provide services to you and your child with disability?

.....
.....

3. As parents do you think these services are enough for your children?

.....
.....

4. Are there any positive changes on the child with disability from the first day of receiving aid till date?

.....
.....

5. Can you comment overally on the services being received by your child with disability?

| BAD | BETTER | GOOD | EXCELLENT |
|------------|---------------|-------------|------------------|
| | | | |

SECTION D: TO EXPLORE THE STRATEGIES THAT CAN BE USED TO IMPROVE THE SERVICES PROVIDED.

1. What strategies do you think the government / NGOs should employ to improve the service delivery to children with disabilities?

.....
.....

2. What would you want the society to do in order to improve the services provided to the children?

.....
.....

3. What rules or policies would you like to recommend the government to implement and improve services provided?

.....
.....

APPENDIX D: INTERVIEW GUIDE FOR FOCUS GROUP DISCUSSION WITH PARENTS OF CHILDREN WITH DISABILITIES.

SECTION A: THE CAUSES OF DISABILITY

1. What do you think are the causes of disabilities?
2. Do you agree that disability is not inability? If yes elaborate
3. What do you think are the needs of children with disabilities?
4. Are there any children with disabilities in your families?

SECTION B: TO EXPLORE THE EXPERIENCES AND OPPORTUNITIES OF DISABILITY

1. What do you think are the challenges being faced by children with disabilities?
2. As children with disabilities what are their opportunities at School?
3. What challenges do they face towards the opportunities they come across?
4. What are their experiences when you are with their peers?
5. How do other family members react towards the disability of your disability?

SECTION C: TO FIND OUT THE SERVICES BEING PROVIDED TO THE CWD.

1. What are the services being offered to children with disabilities?
2. As parents of children with disabilities, do you think these services are enough for your child?
3. Do you think the services have managed to help improve your children’s living standards from the time your child started receiving them up to date?

| No change | Better | Fair | Worse off |
|------------------|---------------|-------------|------------------|
| | | | |

4. Can you comment on the services provided to your children with disabilities?
5. What are the challenges your children are facing in receiving the services as CWD.

SECTION D: TO EXPLORE THE STRATEGIES THAT CAN BE USED TO IMPROVE THE SERVICES PROVIDED.

1. What do you think the government should do to improve the services?
2. What would you want the government to improve on its services to address the needs of the children with disabilities?
3. What can the society do to improve service delivery to the children with disabilities?

APPENDIX E: INTERVIEW GUIDE FOR CHILD CASE WORKERS (CCWs) AND OTHER KEY INFORMANTS

SECTION A

1. What is your relationship with the child or beneficiary? (**Guardian or Child case worker**)
2. What is your religious affiliation? (**Christianity, African Traditional Religion (ATR), Islam, Other (specify)**)

SECTION B: TO IDENTIFY THE CAUSES OF DISABILITY

1. What is your understanding of disability?
2. What do you think are the needs of children with disabilities?
3. What is causing the high prevalence of disability in Hwange District?
4. How best can the society prevent the high prevalence of disability?

SECTION C: TO EXPLORE THE EXPERIENCES AND OPPORTUNITIES OF DISABILITY

1. What do you think are the challenges being experienced by the CWD in Lukosi village?
2. Where do think the CWD seek help to overcome their negative experiences?
3. What do you think are the opportunities of CWD in the educational sector?
4. Comment overall on the effects of disability on an individual in Lukosi village?

SECTION D: TO FIND OUT THE SERVICES BEING PROVIDED TO THE CWD.

1. What are some of the services being provided to children with disabilities in Lukosi village?
2. As a Child Case Care worker/ Headman do you think the CWD are benefiting from these services?

If yes explain.

3. Are there any developments taking place from the first day they started receiving these services?
4. As CCWs / Headman comment on the service delivery to the children with disabilities in Lukosi village?

SECTION E: TO EXPLORE THE STRATEGIES THAT CAN BE USED TO IMPROVE THE SERVICES PROVIDED.

1. What do you think the government, NGOs and the donors should do to enhance the living conditions of children with disabilities in the society as and to mitigate the effects of disability?
2. From your general assessment, what do you think the community at large should do to improve the service delivery?
3. As a Child Case Care worker what are the policies you would like to recommend the government of Zimbabwe to put into consideration towards the services being delivered?

APPENDIX F: REQUEST TO UNDERTAKE THE RESEARCH PROJECT

DEPARTMENT OF SOCIAL WORK



P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

socialwork@buse.ac.zw

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date 09/02/22

TO WHOM IT MAY CONCERN

Dear Sir/Madam

REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to advise that DZAMA, MAIDE! REJOICE..... Registration No.

B1852427..... is a **BACHELOR OF SCIENCE HONOURS**

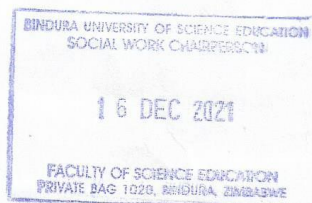
DEGREE IN SOCIAL WORK student at Bindura University of Science Education who is conducting a research project.

May you please assist the student to access data relevant to the study and where possible conduct interviews as part of the data collection process.

Yours faithfully

Dr. M. Zembere

A/CHAIRPERSON - DEPARTMENT OF SOCIAL WORK



APPENDIX F: DATA COLLECTION APPROVAL LETTER

09/02/22

TO WHOM IT MAY CONCERN

DEAR SIR/MADAM

THIS SERVES TO ADVISE THAT DZAMA MAIDEI REJOICE REGISTRATION NO. B1852427 IS A BACHELOR OF SCIENCE HONORS DEGREE IN SOCIAL WORK STUDENT AT BINDURA UNIVERSITY OF SCIENCE EDUCATION CONDUCTED A RESEARCH PROJECT AT LUKOSI SECONDARY SCHOOL.

« THE EXPERIENCES AND OPPORTUNITIES BEING FACED BY CHILDREN WITH DISABILITIES IN RURAL AREAS IN ZIMBABWE. A CASE STUDY OF HWANSE DISTRICT AT LUKOSI VILLAGE »

THE HEAD
LUKOSI GOVERNMENT SECONDARY
SCHOOL
09 FEB 2022
P.O. BOX 799
HWANSE TEL: 0281-22787

A ct. Head MAN. change
Mr. change cell 0771 402 331

- 1) CHILD CARE WORKER
MBETHEKWA SHOKO 0771 398 673
Shoko
- 2) CHILD CARE WORKER
CLETO NCHIBE 0771 402 350
Nchibe
3. ESNES CHUMA CHILD CARE WORKER
0775 20 86 59