

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES



NAME: GOHO JOHNIS L

REG NO: B1954111

**TITLE: LIVED EXPERIENCES OF PEOPLE WHO ACQUIRED DISABILITY AT
A LATER AGE IN LIFE. A CASE OF ZAKA DISTRICT, MASVINGO PROVINCE**

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THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.**

SUPERVISORS: DR NYONI & DR MANGWIRO

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Approval form

Supervisor

I satisfy that I have supervised GOHO JOHNIS LEON for this research titled, Lived experiences of people who acquired disability at a later age. A case of Zaka District, in a partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree and recommended that it proceed for examination.

Supervisor

Name.....Signature.....Date.....

Chairperson of Department Board of Exams

The Department Board of examinations is satisfying that this dissertation report meets the examination requirement and I therefore recommended to the Bindura University to accept a research project by GOHO JOHNIS LEON titled, Lived experiences of people who acquired disability at a later age. A case of Zaka District, in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

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Student Name.....signature.....Date.....

Permanent home address

Hse No. 962

Jerera Growth Point

Zaka, Masvingo

DEDICATION

This project is dedicated to my mother Ms T Zvavera and my attachment mentor Mr K. Basopo.
I love you guys. God bless you.

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I thank the Lord Almighty who has always been there for me all the time, without him I would not have been able to produce this work. My sincere gratitude goes to my supervisor, Dr Nyoni for assistance, enormous contributions and working flat out in giving guidance so that this work could be a success. I also thank Dr Mangwiro for her assistance during the last part of this journey

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ABSTRACT

The study focused on Lived experiences of people who acquired disability at a later age in life. The area of study for this research was Zaka District, Masvingo province. The study aimed at understanding the lived experiences of people who acquired disability at a later age in life as well as coping strategies they employ. Snowball sampling method was employed. Wards and participants were picked at random and clusters like age, sex and nature of disability were taken into consideration. Ten people were interviewed and the focus was on how disability affects their mental health as well as their wellbeing. The research employed observation and interviews as research designs. The study highlights the causes of disability. The study highlighted that people with disabilities are mainly affected psychologically and emotionally. It also highlighted that they suffer from stress, depression and low self-esteem. Social exclusion, inaccessibility of some educational services are some of the factors that cause stress to people with disabilities. The study also focused on coping strategies that can be employed to curb the challenges they face. Some of the coping mechanisms adopted by people who became disabled in later life include religion, social support, recreational activities and acceptance as coping mechanisms. The study recommends that attitudes and beliefs of people be changed through awareness campaigns, promotion of inclusive education, improved recreation facilities, increased access to employment opportunities, and effective registration of people with disabilities.

ACRONYMS

ADD: Attention Deficit Disorder

DSD: Department of Social Development

NASCOH: National Association for the Care of the Handicapped

Pwds: People with disabilities

UN: United Nations

UNESCO: United Nations Educational, Scientific, and Cultural Organization
UNCRPD
United Nations on the Rights of Persons with Disabilities

UNICEF: United Nations Children Education Fund

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CHAPTER 1: INTRODUCTION

1.1 Introduction

This chapter will discuss the background of the study. The background of the study will be unpacked as information will be drawn from global, regional and sources that are available at national level. The purpose of the study, problem statement, research objectives and research questions as well as the definition of disability will all be unveiled in this chapter.

1.2 Background of the study

At global level, disability is an issue of major concern across the world. It is a great concern to any government or society across the world. WHO (2021) alludes that almost 15% of the world's population has disabilities that is almost a billion of people, 46% of them are aged 60 years and over and have disabilities. According to the Global Disability Summit (2022), approximately 250 million of older people experience mild to severe disability in the entire world. This proportion is high in developing countries because of the nexus between poverty and disabilities. Poverty increases the rate of disability through malnutrition, poor health care, horrible working conditions and lack of access to safe and clean water and sanitation. Estimates suggest that there are around 10% children living with disabilities in the world (UNICEF 2020). Individuals with impairments face many challenges like stigmatisation, mobility challenges and exclusion. World Bank (2022) alludes that during the Covid 19 pandemic individuals with impairments faced so many challenges including health and transport barriers. The other challenge faced by people with disability is that of poor access or inaccessibility of information. For example, people who are visually impaired are not able to access some information displayed on televisions. WHO (2021) postulates that persons with disabilities are three times more likely to receive no health care services, four times more likely to receive poor health care services and 50% more likely to suffer serious health expenditure, therefore, there is need to address these challenges. The United Nations on the Rights of Persons with Disabilities was put in place so as to safeguard the well-being of people who were born with a disability or those who acquired it later in their life. The convention improved the access of people with disability to health care without discrimination. The United Nations Disability Inclusion Strategy's (UNDIS) main objective was to support "sustainable and transformative progress

on disability inclusion” as a way to lessen their vulnerability of individuals with impairments. The effectiveness of the convention in reducing the vulnerability of individuals with impairments is questionable as they are still vulnerable and they face many kinds of discrimination.

Taking it down to the continental level, Africa takes disability issues seriously. In Africa, individuals with impairments are almost 10% of the total population and 20% in poorest regions (WHO 2021). It was noticed that due to socio-cultural pressure there is underreporting of disability issues in Africa. Poverty and diseases like blood pressure have contributed to the fact why there is large number of individuals with impairments in Africa (UNICEF 2020). In Africa it is also believed that disability is not something normal but may come as a curse from ancestors or as a result of witchcraft. According to World Bank (2022), many people were born normal but the acquired disability later in life mainly due to work and road accidents as well as diseases. WHO (2021) alludes that poor medical facilities in Africa worsen the state of individuals with impairments as most of the time they lack medication and attention from medical officers as they are treated with discrimination. To curtail the negative experiences that are being faced by people with impairments, the Africa Disability Protocol was established as a framework that is used in Africa to formulate disability laws and policies to promote disability rights. Africa also adopted the United Nations Convention on the Rights of Persons with Disabilities as a way to improve the livelihoods of people with impairments. However, the frameworks are not being effective and this can be evidenced by stigmatisation and discrimination that is ravaging Africa.

In addition, at regional level, that is the Southern Africa Development Community (SADC) issues to do with disability are not ignored. About 7.5% of SADC population has disabilities (UNICEF 2020). Culturally, southern African countries believe that disability only come as a result of witchcraft or a punishment from ancestors. Malnutrition has led to an increase in number of people with impairments (WHO 2021). They face many challenges including mobile challenges, access of services they deserve the most. The regional members of the SADC are trying their best to tackle this problem by emphasising on policies that safeguards the well-being of individuals with impairments . SADC members expanded their regional social policy framework so as to enhance participation of individuals with impairments in socio-economic development. SADC pursues inclusive development through the effective participation of disadvantaged groups and marginalised groups including people with impairments in the process of regional integration (UNICEF 2020).

Furthermore, at national level, Zimbabwe takes disability issues seriously as it is a matter of major concern. Disability has great impact on the greatest population of Zimbabwe, both rural and urban areas. According to Tafirei Makaye and Mapetera (2020), the rate of poverty in Zimbabwe has contributed to the rise of disability as some disabilities come as a result of lack of urgent medical attention. Medical facilities with no medicines have affected individuals with impairments as they are not receiving health services whenever they need it (Mtetwa (2021). Despite the services provided by the government, humanitarians and welfare agencies, people who have disabilities and their families frequently face several obstacles (Kuper, Smythe, Kujinga, Chivandire & Rusakaniko 2022). Philanthropists like Jairos Jiri started offering services to people with disability in Zimbabwe in the 1940s. According to the National Association of Societies for the Care of the Handicapped (NASCOH), over 10% of Zimbabweans have a handicap, with 54% of them developing it later in life (NASCOH, 2021). People with impairments face many challenges like exclusion, marginalisation and stigmatisation. The Disabled Person's Act Chapter 17.01 was enacted by the Zimbabwean government to address the difficulties that those with impairments encounter. The policy emphasises on ensuring equality among citizens as it addresses issues to do with exclusion, marginalisation and stigmatisation and make their health a priority (Kuper, Smythe, Kujinga, Chivandire & Rusakaniko 2022).

1.3 Purpose of Study

This research aims to fully understand the lived experiences and coping methods of people who acquired disability later in life.

1.4 Statement of the problem

Zimbabwe has many people who get disabled at a later age in life and this accounts for 54% as according to NASCOH (2021). The studies on disability have tended to be general and often lump the different categories of disabled people. This research addresses issues about people who got disabled later in life whom the study assumes that they face different challenges. Studies of people who acquired disabled later in life are non-existent in Zimbabwe and this research aims to fill the knowledge gap.

1.5 Research Objectives

1. Understanding social challenges faced by people who got disabilities at a later age
2. Understanding psychological challenges faced by people who got disabilities at a later age
3. Suggesting coping mechanisms to build resilience for those who got disabled at a later age in life.

1.6 Research Questions

1. What social problems do persons with impairments who were born later in life face?
2. What are the mental problems that are faced by people acquired disabilities at a later age
3. Which coping strategies can be employed to build resilience of people who got disabled in later life

1.7 Assumptions

The sample shall be a true representation of the whole population. Informants are more likely to provide truthful information regarding their livelihood experience. The questionnaires to be used have validity. The researcher has enough time to complete the research.

1.8 Significance of the study

Since there is little exploration on the difficulties experienced by persons who have a lifelong disability, lived experiences of persons who got disabilities later in life has not been mostly concerned with. With the publishing of this research, people will be more informed about how to care for individuals who were crippled later in life, as well as about how individuals who became disabled later in life can manage with their current circumstances. The research will aid in making these people's perspectives known because it primarily focuses on the lived experiences of people who later in life developed disabilities. As they had the chance to express their hearts, this will lessen the burden that they are currently carrying. The results of the research will be used to assist create policies that will improve the livelihoods of persons with disabilities.

1.9 Justification of the study

Disability is not a new topic, but studies that were conducted focused primarily on how individuals with impairments were given education. There is currently lack of research on the lived experiences of those who develop a disability later in life. This is one of the inspirations behind the study. Such a study is essential if we are to make progress in our understanding of the problems and coping mechanisms faced by persons who develop disabilities later in life. The attitudes of those who developed disabilities later in life and of their family members toward the topic of disability are crucial because these views affect how those who develop disabilities later in life are able to deal with their condition.

The research's conclusions will be helpful to academia, policymakers, service providers, and civil society organizations that will use the situation it highlights to aid those who became disabled later in life.

1.10 definition of terms

The terminology listed below will be used with the definitions provided in this study. **Disability** The Disabled Persons Act [Chapter 17:01] of 1995 of the Zimbabwean government (as amended in 2000 and 2001) defined disability as a “functional visual, hearing, or speech damage results in physical, cultural, or social barriers that prevent him or her from partaking roles on an equal footing with other members of society in activities, undertakings, or fields of employment that are available to other members of society.” It also impairs a person's proficiency to carry out any other duties or tasks that are expected of them by society. It could be physical, intellectual or neurological disability

Disability in later life

Refers to an impairment that has been acquired in the course of life, that is something a person has not been born with

Lived Experiences

Lived experience refers to a representation of the livelihood capabilities and choices of a given person, and the knowledge that they gain from these experiences and choices.

1.11 Ethical Considerations

The researcher adhered to research ethics like confidentiality, anonymity, privacy, do no harm, non-plagiarism.

1.12 SUMMARY

This chapter provided an indication of the study, its background, the problem description, the motivation for the study, its aims, its purpose, the definition of important words, and its limitations and delimitations. The study's literature review is presented in the following chapter.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter will discuss interrelated research on the aging issues that affect individuals with impairments. Based on research done at the local, national, and international levels, the chapter will focus on literature review. The rights of people with impairments will be emphasized. What constitutes a disability, models of disability, causes of impairment impairment in later life, varieties of disability, issues faced by persons who become impaired in later life, and coping mechanisms of those who become disabled in later life are all topics that will be covered in the literature study.

2.2 Definition of Disability

As according to the Disability World (2022), the phrase disability is used to characterize a person's functioning, including how physical, sensory, cognitive, intellectual, behavioural, and other health impairments, as well as various chronic diseases, affect that individual. A functional visual, hearing, or speech impairment results in physical, cultural, or social barriers that prevent him from participating on an equal footing with other members of society in activities, undertakings, or fields of employment that are available to other members of society, according to the Disabled Persons Act [Chapter 17:01] of 1995 of the Zimbabwean government (as amended in 2000 and 2001). The Disability Discrimination Act of 1995 defines disability as a “physical or mental impairment that severely and persistently restricts a person's capacity to engage in typical daily activities.”

2.3 Theoretical Framework

Several paradigms have been used to explain disability. The social, medical, and charity models of disability are only a few of the models that will be emphasised in this study. The social model is the basis for this study, and it is supplemented by the medical and charitable models.

2.3.1 Social Model

This concept suggests that social impediments, such as a lack of ramps or restrooms for the disabled, or people's attitudes, such as the presumption that disabled people can't do particular things, are what cause people to become disabled (Buder & Perry, 2021). DeWelles (2021) claims that disability is a socially induced issue made worse by the speeding up globalization processes. According to this concept, there are three main obstacles that physically disabled people with impairments must overcome: institutional, attitudinal, and physical obstacles. It is possible to remove these obstacles, and doing so has an enormously positive effect on the lives of persons with disabilities as well as the entire community. Disability, in Lim's opinion (2020), assumes a social component, which results in social exclusion and the denial of human rights. Building ramps is necessary to ensure that the structure is easily accessible and to reduce some of the obstacles that persons with disabilities confront.

2.3.2 Medical Model

The paradigm alludes that the body parts or functions absent in others constitute disability. The models hold the view that disability is a difficulty. It places blame on the individual for having a handicap and discourages others from providing support for that individual's impairment, but it nevertheless puts the individual with a disability in responsibility for dealing with whatever the situation demands for. The idea that people with impairments are to be blamed for their disabilities adds to the difficulties that people who became disabled later in life must contend with. This theory claims that persons who acquired disability are held accountable for obtaining a disability even though they were previously born without one. They are left on their own to take care of their necessities, thus putting them in a difficult situation.

2.3.3 Charitable/Religious Model

The charitable model is more of a deficit or tragic model. From the medical model, the charity model evolved. The Medical Model serves as the foundation the charitable model where the basic reasoning, which is broadened to include a tragic and pitiful view of disability. According to the Disabled World (2022), the Charity Model, a person's handicap is a "problem" affecting their body, and decent people should feel sympathy for the tragedy of the crippled person or inspired by their successes. The difficulties that are faced by individuals with impairments must be attended by philanthropists and charitable activity. Due to their physical or mental impairments, the model has a tendency to feel sorry for persons with

disabilities. This can be further stated by saying that in order to help persons who got disabled later in life, charitable organisations and those engaged in philanthropic endeavors must also be contacted.

2.4 Causes of Disability

Disabilities in people can have a wide array of causes. It should be mentioned that disabilities vary depending on the situations that an individual encounters. Environmental factors, psychological factors, economic factors and some health factors contribute to impairment later in life.

2.4.1 Environmental factors

The nature of the environment is one of the factors that contribute to disability. Poor infrastructure like road with pot holes may lead to accidents and get someone impaired (DeWelles 2021). The social environment is one of the factors that cause disability at a later age. The environment can contribute to conditions that affect bones, spinal code, brain for example accidents that are a result of poor infrastructure. In accordance with Mairs (2020), "disability" is the consequence of interactions between people who have impairments and a context that is full of obstacles in the areas of physicality, psychology, socialization, and communication. For example, hitting a pregnant woman can result in a miscarriage and the removal of the womb (Mercer and Shakespeare 2020). Other forms of violence that can occur in communities, such as gender-based abuse, have caused some people to develop certain types of disability. The UNCRPD (Convention on the Rights of Persons with Disabilities) represents a paradigm shift in how society views and addresses disability-related issues. The treaty makes an effort to deal with the consequences of disability brought on by environmental factors.

2.4.2 Psychological Factors

Disability is viewed by psychological theories as a behavioural construct. According to Goering (2020), psychological elements that affect behaviour, such as a person's beliefs, emotions, abilities, and habits, determine impairment. Things like stress, depression and psychological disorders may lead to disabilities. According to Henderson and Bryan (2021), it has been proved that psychological have an impact on someone's actions, behaviour or metabolic response of body parts. For example, if a person is too stressed there is more likelihood of acquiring a disability like stroke.

2.4.3 Medical Factors

The medical paradigm of disability defines disability as a person is disabled because of their flaws or variances. Oliver (2020) asserts that the medical approach prioritizes what is "wrong" with the individual as opposed to what they genuinely require. People's beliefs are lowered as a result of losing their self-determination, freedom, and control over their own lives. According to the medical paradigm, these restrictions or differences should be "treated" or changed by medical and other treatments even if they do not cause pain or illness (Goering 2020). Disability can come from illnesses like diabetes, high blood pressure, stroke, and other conditions that have side effects and are more likely to harm specific internal or exterior body parts, according to the medical model.

2.4.4 Cultural Factors

Cultural factors are also a determinant of disability. Cultural views on disability vary from society to society. In the Zimbabwean context, disability can be as a result of being bewitched, “kutanda botso”, avenging spirits or a curse from the ancestors. From a traditional point of view, disability is not something that is normal but usually it’s a result of being bewitched or curses from ancestors (Tafirei Makaye and Mapetera 2020). It is believed that when someone wronged the ancestors for example denying to accept the ancestral spirits, the ancestors can curse that person through making that person barren or impotent or giving birth to a crippled child. Beating up parents especially mothers has led many people to acquire psychological disabilities.

2.4.5 Economic Factors

The economy is another cause of disability. The economy has impact on the social and psychological well-being of an individual. According to Black (2020), economic melt-down resulted in high unemployment rate and scarcity of medicines in hospitals. High unemployment rate led to many psychological disorders like stress and anxiety. High levels of stress had caused so many people to acquire psychological disabilities. For example during 2008, the rate of people who were mentally ill arose most probably because of stress that emanated from unemployment

2.5 Types of Disability

Different disabilities come in different forms. These encompass psychiatry, physical, cognitive, and neurological conditions. It should be emphasized that some of these disabilities are specific to people who had disability from the day they were born rather than people who develop the condition later in life. Physical, cognitive, and neurological disorders are a few of the categories this study will concentrate on because they might be experienced by persons who become impaired later in life.

2.5.1 Physical disability

This type of handicap affects a person's mobility, or their capacity to move either their lower or upper body. These ailments have an impact on the nervous, circulatory, and respiratory systems (Brothwell 2021). People with physical disabilities are unable to walk, move their hands and arms, sit up straight, control their muscles, or do any other bodily functions necessary for existence. Since it can develop from traffic accidents, which makes people incapable of working later in life, this sort of impairment occurs the most frequently in later age.

2.5.2 Cognitive Disability

These conditions have an impact on a person's personality, memory, and thought processes. These could be brought on by a brain damage, which results in distorted perception in the victim. According to Disability World (2022), numerous cognitive impairments are rooted in physiological or biological functions that occur within the person, such as a genetic condition or a traumatic brain injury. Other cognitive impairments could be caused by a person's brain's chemistry or structure. People with more severe cognitive impairments frequently need help with daily living activities (Butler 2021). People may have cognitive psychology in their later years as a result of brain damage.

2.5.3 Neurological Disability

Neurological diseases cover a vast array of conditions, including, for example, epilepsy, learning disabilities, neuromuscular disorders, autism, attention deficit disorder (ADD), brain tumors, and cerebral palsy. Roelofs Pasman (2020) asserts that the multiple functions of the nervous system resulted in impairments of perception or motion. Preventive therapies, lifestyle

modifications, physical therapy or other types of therapy, neurorehabilitation, pain management techniques, surgeries carried out by neurosurgeons, and a particular diet are all examples of interventions for neurological illnesses.

2.6 The Society's view of Disabilities

Having a disability creates a lot of questions about how people interact with the impaired person and how they treat the persons who have disabilities, particularly in circumstances where the person becomes afflicted later in life. People who have disabilities behave differently depending on how others see them, and those who are considered able-bodied behave differently depending on how they perceive individuals with disabilities (Annable, Watters, Stienstra, Symanzik, Tully and Stuewer, 2020). When the International Year of Disabled People was observed in 1981, the issue received more attention and some students with impairments were more conscious of their own legal rights. According to (DeWelles 2021), the equal opportunity theory placed a strong emphasis on the prohibition of discrimination. The International Year of Disabled People 2022 focuses on the theme "Transformative solutions for inclusive development: the role of innovation in fueling an accessible and equal world." These campaigns are doing their best in solving the inequalities and discrimination faced by individuals with impairments .

Societies embrace various perspectives on how to treat individuals with disabilities with the aid of disability model. In Zimbabwe, a person is considered to be disabled if their impairments prevent them from performing tasks that are required of everyone. This definition is based on the social model. According to this model, there are three main obstacles that people with disabilities must overcome and these are institutional, attitudinal, and physical obstacles. It is possible to remove these obstacles, and doing so has an enormously positive effect on the lives of persons with disabilities as well as the entire community. Disability, in Lim's opinion (2020), assumes a social component, which results in social exclusion and the denial of human rights.

2.7 Legal Instruments

The rights of those who live with disabilities are protected by a number of legal mechanisms. The United Nations Convention on the Rights of Persons with Disabilities, the Disabled Persons Act, and the Zimbabwean Constitution are a few of these legal instruments.

2.7.1 Convention on the Rights of Persons with Disabilities

The problem of discrimination and stigma against people with impairments, equal legal recognition, accessibility to the outside world, communication, and information, as well as access to any necessary services are all addressed in the Convention on The Rights of Individuals with impairments . The convention's eight guiding principles contribute to the improvement of disabled people's quality of life. These guiding principles comprise:

- i. Respect for one's own intrinsic dignity and freedom.
- ii. Non-Discrimination
- iii. Complete and effective inclusion and engagement in society.
- iv. Respect for diversity and inclusion of those with disabilities as members of the human race.
- v. Opportunity equality
- vi. Accessibility
- vii. Men and women are treated equally
- viii. Respect for the abilities that are still developing in children with disabilities

These guiding principles enable individuals with disabilities to enjoy recognized rights on par with those of their non-disabled counterparts. Additionally, they assist in preventing various social evils that affect people with impairments.

2.7.2 The African Disability Protocol

With the help of the African Disability Protocol, nobody is truly left behind. It is specific to the continent and takes into account African concerns and customs to enhance the lives of those with disabilities. It addresses the prevalent problems of disability discrimination to ensure that everyone has stigma-free access to health, education, and work. The protocol covers a wide range of topics, including customs, harmful practices, traditional beliefs, and the roles of families, caregivers, and the community. It also covers minority groups within the African disability community, such as those who are albinism, as well as community-based rehabilitation. Despite being the first comprehensive human rights agreement of the twenty-

first century, the African Disability Protocol addresses the specific issues that the UNCRPD does not.

2.7.3 Disabled Person's Act (Chapter 17.01)

According to the Disabled Persons Act, a disability board at national level must be established. The board is in charge of registering disabled people, facilities that provide refuge for them, and facilities where they go to get rehabilitation treatments. The law ensures that individuals with impairments can lead independent lives and supports efforts to combat the stigma they experience. The act mandates that the disability board that operates at national level encourages and oversees the establishment of institutions such as social employment centres and vocational rehabilitation centres.

2.8 Difficulties faced by Individuals with impairments

It should be emphasized that obstacles faced by persons with impairments vary based on the person's age. According to Stewart, Freeman, Law, Healy, Burke-Gaffney, Forham, Young and Guenther (2020), the focus was on the challenges experienced by people with impairments who are on the verge of transition from childhood to adulthood. The study focused on the various challenges that young people face as they enter adulthood. It should be mentioned that the difficulties with the community structure, how disability is seen, and the socioeconomic challenges that their families also experience are the main things that prevent these young people from growing up and becoming adults like their peers. All parts of transition are influenced by attitudes toward young people with various forms of disability and general ethnic status, which also have a link with a number of other environmental factors (Annable, Watters, Stienstra, Symanzik, Tully and Stuewer, 2020). This demonstrates how difficult adulthood may be for those with impairments. If these young individuals with impairments need jobs, it should be mentioned that the employers that hire them have a problem as well because they don't realize that these individuals have disabilities and that they have distinct needs. A young person's transition process is significantly impacted by service providers, schools, parents, and community members who lack awareness of options and understanding of the needs of youth with disabilities (Hitchings, Luzzo, Ristow, Horvath, Retish and Tanners, 2021). Therefore, this demonstrates the necessity for communities to get educated about disabilities, from parents to community structures, so that these young people can participate in other elements of life and successfully make the transition to adulthood.

In order to comprehend the elements that affect why these people seek out and keep job, an investigation into the employment of those with impairments was conducted.. According to the Human Rights and Equal Opportunity Commission (Annable, Watters, Stienstra, Symanzik, Tully and Stuewer, 2020), there are a variety of obstacles that prohibit people with disabilities from entering and continuing in the workforce. These problems include a lack of knowledge and instructions on how to operate in an open environment, the financial responsibilities of employment, an uncomfortable work environment, and limited chances for those with impairments. The research shows that people who have disabilities lack knowledge on various government programs they can access, making it difficult for them to choose which Commonwealth or State organizations can help them (World Bank 2021). This deters them from looking for work because they might not be connected to any organizations that would inform them of where to turn if they needed assistance.

People with impairments often struggle to manage the types of financial expenses they are forced to incur. In some situations, they require transportation that is adapted to their needs so they can sit comfortably, while in other nations, they must rely on taxis to get to their places of employment (World Bank 2021). As a result, they spend more money than their peers who are physically able to do so because they can commute to work utilizing any means of transportation. Other persons with disabilities choose not to look for job because of the financial burdens they must bear.

People with impairments have many challenges when attempting to access healthcare. People with disabilities commonly complain about prejudice, stigma, and discrimination connected to impairments from medical professionals and other hospital staff. WHO (2021) states that many service providers lack understanding on the rights and medical needs of persons with disability, as well as inadequate training and professional development addressing disabilities. According to Rugoho, Tafadzwa; Maphosa, France (2020), many health services do not have policies in place to take care of the requirements of people with disabilities. For persons with impairments, these regulations may result in outreach programs, longer appointment times, and lower costs. Health-related events and services are commonly held in remote locations or in places where there is little access to transportationA significant barrier for people with hearing impairments obtaining medical care is the absence of written materials or sign language interpreters at healthcare institutions (Hannah, Tracey, Tapiwa, Greaterman & Simbarashe 2022). Receiving health information or medications in accessible forms like Braille or large print may be challenging for people with vision impairment.

Additionally, it can be difficult for persons with disabilities, particularly students, to obtain educational services at any level of school, whether it be primary, secondary, or university. There aren't enough resources available for pupils with impairments to meet their requirements. To satisfy the needs of those with disabilities, early education typically requires a variety of programs. A lot of parents are uninformed of the procedures for receiving financial or other forms of help, as well as the services that pre-schools, schools, or other post-school institutions will put up for the child. Many people are ignorant of how educational goals are established and planned for students.

2.9 Global Literature

Disability is a worldwide issue that requires immediate attention. It is a major worry for every government and community in the world. WHO (2021) estimates that about one billion of the population, or approximately 15% of the world's population, have a disability, with 46% of these people being 60 years of age or older. According to the Global Disability Summit (2022), 250 million or more older individuals have a mild to severe impairment. This percentage is higher in developing countries due to the connection between poverty and impairments. Poverty increases the prevalence of disability through malnutrition, poor healthcare, horrific working conditions, and a lack of access to sanitary facilities and clean water. Approximately 180 million of young persons between the ages of 10 and 24 have a physical, sensory, intellectual or mental disability that significantly impacts their daily lives, according to Groce, Chamie, and Yeo (2020). This shows that a sizeable fraction of the population lives with a disability, and that the prevalence of impairments could increase if the casualties of later-life disabilities are not addressed.

According to the World Bank (2021), up to one out of five of the world's poorest individuals have a disability, meaning that 20% of the 1.3 billion people worldwide who live on less than a dollar per day. This demonstrates that persons who acquired disability later in life are also more likely to be poor because they may earn less money since they are unable to execute their jobs in the same capacity as when they were still physically capable. Since the majority of them work in the informal sector, living on less than a dollar a day also suggests that their income is quite low and they are unable to support their way of life.

Less than 2% of young with impairments go to school, according to UNESCO studies cited in Burchardt (2022). This is due to the fact that the greater parts of disadvantaged children come

from low-income families. It can also be as a result of the high cost of these special schools for the disabled. The majority of care givers find it challenging to enrol their impaired kids in school, and as a result, they become illiterate. Individuals with impairments who are illiterate are unable to find formal employment because they lack the education required. According to Gottlieb, Myhill, and Blanck (2020), it is difficult to find data on the employment of persons with impairments, hence there is no trustworthy information available. Compared to their able-bodied colleagues, people with impairments have worse employment results, according to the data available (International Disability Rights Monitor 2021). This demonstrates that the issue affects the entire world and not just those with disabilities living in developing nations.

Only 30.5% of the labor force is made up of individuals with disabilities, 20.8% of that workforce is unemployed, and the remaining 42% is inactive, according to a 2021 study by the European Commission that focused on individuals with impairments in the member states of the European Union. The unemployment rates for individuals with impairments between the ages of 20 and 64 are 17.1% and 10.2%, respectively, according to the European Commission (2021). Informants stressed that their severe handicap, a dearth of knowledge and experience, and the discrimination of employers were the main causes of their unemployment or inactivity. Some informants highlighted the absence of employment adaptation, psychosomatic support, and supervision from their families and society. People in EU countries are consequently less likely to seek employment or hold onto their current positions.

Only 2% of those with disabilities are thought to have access to rehabilitation and essential services in impoverished countries, according to Burchardt (2022). This makes the assumption that it's difficult for persons with impairments to find the best rehabilitation services. This affects both those who were born with disability and those who acquired them later in life. A different study found that it can be difficult for support providers to communicate with impaired people. The report holds staff personnel responsible for these issues due to their lack of understanding of the expectations and difficulties that people with disabilities confront.

2.10 Disability at National Level

It is important to recognize that Zimbabwe, like other nations, has persons with disabilities and works to enable them to live normal lives alongside those who are able-bodied. According to WHO (2021), 15% of Zimbabwe's population is considered to be disabled. However, according to Mtetwa (2021), there is debate over the frequency of impairments. This suggests that there

is no set amount of persons with impairments, and that other emerging nations besides Zimbabwe also have special circumstances. Individuals with impairments in Zimbabwe experience frequent violations of their fundamental rights and freedoms, which is similar to how they fare in other nations.

Due to employers' ignorance about suitable conditions for individuals with disabilities, individuals with impairments experience prejudice when seeking employment. This is due to the lack of accessible infrastructure provided by employers for individuals with impairments. The majority of the time, the workplaces are inaccessible. According to Rugoho, Tafadzwa; Maphosa, France (2020), it should be highlighted that people with visual impairments lack the software necessary to use computers more effectively, and most workplaces lack broad entrances that allow wheelchair users to enter. Employers typically are hesitant to hire handicapped people because they believe it will be expensive; this is because disabled people have more demands than healthy people, such as infrastructure that is accessible to individuals with impairments.

People with impairments in Zimbabwe do not have equitable access to employment possibilities, according to MyWage (2015). It's because some of them don't have the credentials required to obtain employment. Only 2% of people with disabilities work for the government, according to a report by NASCOH (2021). This demonstrates that even when they apply for positions in the public sector, very few of them are successful. According to NASCOH statistics, less than 7% of all Zimbabwean citizens with impairments are employed, which makes this clear. demonstrating that there are many reasons why people with impairments are not working.

In addition, increased access to higher education was discussed by Chataika (2021), who prioritized educating those with impairments from early infancy through higher education. This includes an concern in the type of education that those with disabilities get as well as the problem of their ability to pursue higher education. People with long-term physical, mental, intellectual, or sensory disabilities who also face other obstacles may find it difficult to fully and effectively participate in society on an equal footing.

2.11 Disability and Development

The study by World Bank (2021) emphasized the prevalence of informal employment among Zimbabwe's disabled population, does not even contribute to the country's growth. People who have any form of disabilities are not employed in occupations that can contribute to a nation's progress. According to Chataika, Muzondo, Mandipa, and Nkomo (2020), some of the reasons are that they work in low-paying positions, while others make ends meet by selling airtime on the street and working on little carpentry projects. In Zimbabwe, individuals with impairments are more likely to work in jobs that are informal and may not even contribute to the development of the country. Due to the obstacles posed by infrastructure and the effects of others' immobility, they hardly ever make enough money from their jobs to support their families. According to NASCOH (2021), 8% of persons who have disabilities are entrepreneurial, while 29% depend on farming for a living. This shows that the majority of persons with disabilities work for money that is insufficient to provide for their families. This demonstrates how disabilities limit people's capabilities in impoverished countries. Therefore, it is necessary to remove any social barriers that prevent individuals with impairments from contributing to the advancement of the country.

2.12 Coping Mechanism

2.12.1 Problem-Focused Coping Strategy

Problem focused coping strategy is one of the strategies that can be employed to curb the effects of disability on individuals with impairments' social life. Individuals with impairments can utilize the information-seeking problem-focused coping technique to better grasp the condition of a family member who has a learning disability. According to Hastings (2020), it was beneficial to gain knowledge about the various aspects of learning difficulties from professionals and media programs. Knowing this enables people to understand that caring for a disabled person is perfectly acceptable. Additionally, they said that the information from these programs had helped them identify what causes learning disabilities, dispelling the superstitious idea that it is a curse (Reynolds & Dombeck 2021).

2.12.2 Emotional-Focused Coping Strategy

In addition, emotional focused coping strategy can also employed to enhance people bounce back to their normal life as disabilities usually affect the emotional well-being of people. Resentment, bitterness, and fear of the future all have a bad impact on relationships between spouses (Hastings 2020). This is typically spoken when the thought of having more children crosses the minds of people with impairments. In most cases relatives of people with disabilities do harmful practices and some of them include avoiding people or locking the person with a handicap away from the public. According to Jovanova, Radojichikj (2020), people, particularly women, said that using the social support of friends and professionals was helpful. Finding someone who will listen to them and provide them words of support is thought to be helpful.

2.13 Gaps left by existing Literature

The literature analysis highlighted the difficulties faced by people with impairments and their coping strategies. It brought attention to the problem of the obstacles that people with disabilities confront. There is a gap in the literature despite the fact that there has been significant research on problems and coping strategies since there is no literature on Zimbabwean citizens who become disabled later in life and their lived experiences and coping mechanisms. Therefore, it is important to conduct a study on the difficulties faced by Zimbabweans who acquired disability later in life.

2.14 Summary

The chapter focused on the theoretical framework, the concept of disability, theories of disability, disability and development, literature reviews on the difficulties faced by those with impairments and their coping strategies. The research technique is presented in the following chapter.

CHAPTER 3: Research Methodology

3.1 Introduction

This chapter describes the techniques the researcher employs to collect data. The research design, target demographic, sample size, sampling techniques, and data collection methods are highlighted in the chapter.

3.2 Research Design

Phenomenology was used by the researcher as a research design. According to Patton (2021), the aim of phenomenology is to gather participant experiences as accurately as possible without using any pre-existing frameworks. Phenomenology is efficient because it enables researcher to comprehend the capabilities of people who turn out to be impaired later in life. The fundamental goal of employing phenomenology is to comprehend the authentic experiences of persons who acquired disability later in life. The study also emphasizes perceptions of those with disabilities who acquired them later in life.

3.3 Target Population

According to Babbie (2021), the scope of a research is determined by its population. All of those who acquired disability later in life served as the study's target population.

3.4 Sampling

3.4.1 Sample size

Ten participants who developed disabilities later in life make up the study's sample size. According to Patton (2021), data will be gathered until the results start to repeat themselves in cases where there is no fixed sample size. At sample size 10, results started to repeat themselves.

3.4.2 Sampling techniques

Sampling, according to Silverman (2020), is the process of gathering data from a portion of the complete group. The non-probability sampling technique was utilized because this research is qualitative in nature. This research used the snowballing sample technique to gather data from the public because persons who became disabled later in life are difficult to find. Only participants can assist the researcher in identifying other important participants. According to Philipps & Mrowczynski (2021), in order to use snowballing, it is necessary to choose one responder from the public, ask him to identify others who will be included in the sample to be examined, and then ask them to do the same. The sampling technique benefits the research since it makes it easier to refer to additional respondents since it can be challenging to discover the target demographic. The method's dependence on individuals who have been recognized by another without their knowledge is a drawback. The sample size may be compromised if additional respondents are unwilling to participate in the survey.

The snowballing method has limitations as it is challenging to heavily rely on it. As a result, convenience sampling must be used as a means of addressing these limitations. Convenience sampling, according to Patton (2021), is a method in which a sample is taken from the area of the population that is nearby and easily accessible. In pilot testing, where the objective is to measure validity rather than draw general conclusions, this form of sample is most helpful. The convenient sampling technique is advantageous because it allows the investigator the chance to conduct study with participants who have given informed consent to take part in the study. Additionally, it is efficient in that it doesn't cost much because informants are easily accessible.

3.5 Data Collection Methods

The research employs the use interviews and observations as ways of gathering the data.

3.5.1 Interviews

In-depth interviews are qualitative approaches for learning detailed information about people's know-hows, beliefs, and emotional state on their own terms, according to Philipps & Mrowczynski (2021). According to this hypothesis, interviews are useful for learning in-depth information about the experiences of people who became impaired later in life. According to Silverman (2020), interviews often feature open-ended questions meant to elicit the respondents' ideas and opinions. According to Philipps & Mrowczynski (2021), open-ended

questions might be referred to as talks with a goal. This involves the challenge of conversing with respondents in a way that highlights their experiences. The researcher can learn more about the informants through this type of data collection since it necessitates one-on-one conversations about the difficulties faced by those who become disabled later in life. According to Newing (2020), when the interview is conducted, the researcher can observe the need to continue questioning the respondent in order to get as much information as possible on the topic at hand. The use of interviews also enables key participants to better expound on specific concerns because open-ended questions are used, allowing for deeper discussion on the subjects being covered.

3.5.2 Observations

In research, using observations is essential (Newing 2020). The type of handicap that the respondents had was also observed by the researcher. Without having to ask, the researcher can tell that certain respondents have physical impairments from looking at their physical characteristics. According to Patton (2021), systematic observation creates a consistent way to capture factors like the surroundings. Since the environmental conditions must be evaluated in order to comprehend the livelihood situations as described by the respondents and linked by what the researcher notes.

3.6 Data Collection Tools

Interview guidelines are used in the research to collect data during interviews. According to Philipps & Mrowczynski (2021), structured interview questions must be pre-written to prevent interviewers from deviating from their intended research objectives. Therefore, it is hypothesized that using an interview guide will assist the research meet its stated goals and produce results that are meaningful. The interview manual is also important since it allows the interviewer to change topics and provides space for clarification by the interviewer if a response misses a point.

3.6.1 Pretesting

Instead of using the actual sample, the data gathering instrument underwent preliminary testing on a different set of people who later developed disabilities. It was carried out in Zaka, where participants who later had disabilities were surveyed. According to Patton (2021), if respondents are put through a test of the questions they will be asked, it can be challenging to collect the pertinent data from them for qualitative research. As a result, in order to prevent

bias during the data collection process, the research will test the interview guide with a different sample of people who developed disabilities later in life.

3.7 Presentation of Findings

Using a thematic content analysis approach, the acquired data were manually presented and examined. On the topics and sub-themes of the study, the analysis was based. A method used in qualitative research is theme content analysis, according to Lester & Lochmiller (2020). The aim of thematic content analysis is on analyzing data, identifying themes within data, and using data coding to produce significant patterns. Data in the aforementioned categories were used by the researcher to count and report the frequency of concepts held. The respondents' own words were also used directly in the quotes.

With regard to the research topics, this method has the benefit of taking a vital element from the data collected (Popenoe Langius-Eklöf Stenwall Jervaeus, 2021). It reflects a certain degree of patterned behaviour or significance in the data as themes. Therefore, it was appropriate because it gave the researcher access to a theoretically open-ended method for analyzing the research's data.

3.8 Feasibility of Study

Due to the researcher's familiarity with the study location, the study was simple to carry out. Since the survey intended to cross-examine people in a specific section of their territory, which is Zaka, the researcher also obtained authorization from the Zaka Rural District Council. As a result, it was simple to meet the responders as they decided when to schedule the interviews.

3.9 Ethical Considerations

It is important to put ethical principles into practice when conducting research since they encourage good behavior between the respondents and the researcher. According to David and Resnik (2020), ethics refers to one's behaviour being appropriate in light of the respondents' or other people's rights who are impacted by the study. The research makes use of identity disclosure, informed permission, voluntary involvement, producing more benefit than harm, and secrecy in respect to this criteria.

The research engages in identity disclosure before disclosing the study's purpose to the respondents. This is due to the requirement that the researcher fully divulge their identity. Gaining the respondents' trust is facilitated by it. Informed consent from research participants is required, and the researcher must fully disclose their identity to the respondents, according to David and Resnik (2020). This demonstrates the critical role identity disclosure plays in producing valid study findings.

Informed Consent

Prior to conducting the respondents' interviews, the research used informed permission. This is effective because it provides the participants in the research confidence, allowing them to freely participate in what they understand and answer to the research's requests.

Voluntary Participation

The research also used voluntary participation as an ethical factor. According to Silverman (2020), voluntary participation means that participants gave their consent to participate in the study. This assumes that a sample of people who willingly volunteered to participate in the study was used in the research.

Avoiding Harm

The wellbeing of the respondents is a concern of the study. Direct injury to the responders' feelings and reputation must be avoided (Patton 2021). Since the respondents are the focus of the study, the research will take care to protect their sentiments in order to produce reliable findings.

Confidentiality

The information submitted by participants who would be interviewed for the study is kept confidential because they did not want it to be made public. In cases when a name is essential, the research employs fictional names to protect the participants' identities.

3.10 Limitations of the study

Some of the interviewees had intense emotional reactions during the interviews, often breaking down in tears. The ideas of empathy and the interviewer's restrained emotional involvement were used to get around this. To help the responder deal with their circumstances, the interviewer also employed some counseling techniques.

The other problem was the lack of funds. There was a lot of printing, photocopying and frequent trips to and from the study region in order to obtain permission and gather data. All of these costs were also self-funded.

3.11 Summary

In this chapter, the research methodology's general framework was presented. The study's limitations, research design, target population, sample size, and data collection method were all highlighted. The next section contains the data presentation, analysis, and commentary.

CHAPTER 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.1 Introduction

This chapter presents practical results of the topic Lived experiences of people who acquired disability at a late age in life. The findings were gathered through interview sessions that were done. The respondents that were interviewed were 10 and they were of different ages and sexes so as to appreciate different obstacles that are faced by people who got incapacitated at a later age in Zaka

4.2. Presentation of Findings

The researcher grouped respondents using different variables like age, sex and these variables are unveiled or unpacked below.

4.2.1.1 Grouping of respondents by sex

The grouping of participants by sex is important as men and women face different challenges when they acquired disability at a later age. Four women and six males participated in the survey. Compared to males, females are more interested in reproductive roles and men are more in productive role, thus, in most cases the causes of disability differs and the experiences differs because the role played are different (Moser 1989). Productive roles make men more exposed to accidents that may result in one acquiring disability.

4.2.1.2 Grouping of respondents by age

The research targeted people who are 21 years and above. Five respondents were between the age of 21-35, three respondents were between the age of 36 years to 60 years and two respondents were be 61 years and above. The productivity of these age groups may be the cause of this age dispersion. There are more participants in the age range of 21 to 35 years, which may be due to the fact that more people in this age range are involved in work-related accidents due to their economic activity. According to Jerkins and Rigg (2021), people are at a significant risk of becoming incapacitated due to the kind of employment they hold, such as plant and machine operators. The number of persons over 60 is low. This may be related to a rise in that age group's mortality rate, thus, few people enter that age group.

4.3 Grouping of respondents by causes of disability

Injury at work, car accidents, aging-related illnesses, witchcraft, physical violence and health issues were cited as causes of disability in later life. Respondents noted several factors, which are examined below.

4.3.1 Health related disability

Two respondents mentioned that they developed disability as a result of health issues that rendered other body parts non-functional. One respondent said that operation failed leaving some forms of disability on him. A person who suffered from strokes was the ones whose body parts were not functioning.

4.3.2 Physical injuries

Two respondents that were interviewed testified that their disability is as a result of work accident. One respondent stated that he had his leg surgically remove because had an injury when he was working in an illegal mine. When the mine collapsed, he got injured and the left leg unable to work again and the physicians determined that it was appropriate to amputate the leg. The other respondent had a car accident and had severe injuries especially on the leg. The leg is not able to support the body and he is now using crutches for support.

4.3.3 Cultural cause

Five participants said that their disability was as a result of witchcraft as they tried medical doctors by they find nothing wrong with their eyes and other body parts. Among five respondents, three respondents hand visual impairment and two hand physical impairments. Those who had visual impairments highlighted that they tried many hospitals with optometrist and private doctors too but they kept on finding nothing wrong in their eyes. Doctors end up giving them an advice to visit spiritual doctors so that they can get help since their problem cannot be solved by medical practitioners. The one of respondents who had physical impairment highlighted that he had a misunderstanding with one of the granny in the hood. A day after the misunderstanding when he was at the door step he felt like something had bit him and from there he had an ache and it started to get swollen. The doctors said it is better to cut it off since it can affect the whole body. The other one said his arms dislocated after he was promoted at work.

4.3.4 Old age

There is only one participant who was interviewed during the research period who highlighted that she acquired disability because of old age. She said that she fell from the door step and because of old age her bones did not make it to intact again and give her full balance, thus she is using crutches. Her explanation was in line with Freedman, Schoeni, Martin and Cornman (2020)'s explanation when they note that age-related disabilities can result from illnesses that damage the bones and joints, among other things.

4.4 Challenges faced by people who acquired disability at a later age

Different individuals are affected by having a disability in different ways. Individuals who have disabilities later in life struggle psychologically and socially. Grieving is something that acquired disability patients experience quite a bit. as according to Kent, Deborah, and Kathryn (2021). Since they would have lost something that is necessary for them to carry out various activities, the procedure is similar for any other major loss in life. Stress, sadness, low self-esteem, divorce, exclusion, educational attainment, and employment access are a few of the difficulties mentioned. Below, these are covered in further detail.

4.4.1 Psychological Challenges

Those who become disabled later in life experienced psychological difficulties such as depression, tension, and low self-esteem. On the basis of numerous studies on persons with disabilities, the American Academy of Pediatrics (2020) came to the conclusion that particular risk factors enhance the likelihood that individuals with impairments will experience psychiatric issues. As some of the respondents noted, stress and depression are closely related; those who experienced stress also experienced depression as a result of their difficult circumstances. It should be noted that the issue of divorce is one of the factors that contributed to stress in persons who were disabled in later life. Four informants who were wedded before becoming disabled were either divorced or abandoned by their husbands as a result of their newfound disability. The majority of the informants said that the disruption to their relationships and change in their way of life brought on by later-life disability was the main cause of their stress. When questioned about what makes her worried, one responder responded,

Zvinondidya moyo pandinofunga kuti ndichasvika rini ndisingaoni. Ko vanhu vanondiona vanondiona sei. Ndiri munhu aizvishandira zvakanaka ndichibata mari yangu ndichiita

zvekuenda ku South Africa kuno order kuti nditengese kuno asi ikezvino handina chandichakwanisa kuita. Moyo wangu unodzimbikana zvekumbofunga kuzviuraya chaiko.

(I get stressed when I think of my disability, how people perceive me. I was able bodied, doing my own things, doing buying and selling in South Africa but because of visual impairment I'm now unable to do all these things. I got depressed to the extent of thinking that it is better to take my life.)

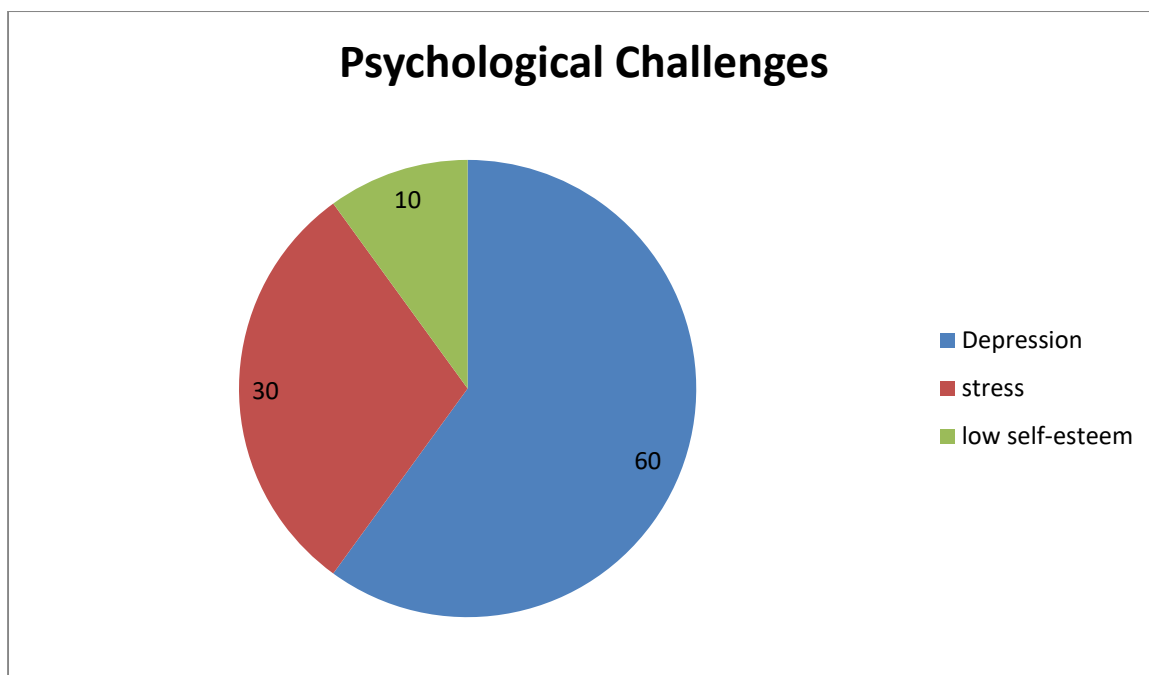
This illustrates how individuals with impairments will question why they are the ones who are disabled. This has an impact on those who have been disabled because their circumstances don't get better but worsen as a result of the stressful predicament they will be in.

Another psychological issue that late-life disabled people deal with is low self-esteem. Since they won't be able to accomplish duties as well as they formerly could, the poll reveals that many people who are 20 years and below lack self-esteem. Desmond and MacLachlen (2022) assert that it can be difficult for young amputees to accept their situation. It can be deduced that those between the ages of 20 and 29 have low self-esteem because they to accept their situation. Since those who are physically able to look down on them, people struggle with self-esteem.

The impacts of the psychological difficulties on the participants are highlighted in Figure 1 overleaf.

The majority of participants struggle with depression because it is a consequence of other psychological issues. This explains why depression is so prevalent in Figure 1. The second problem that has an impact is stress, followed by low self-esteem, as seen in Fig. 1. Many individuals accepted their circumstances and moved on, and this is why low self-esteem is low.

Figure 1



N=10

4.4.2 Social Challenges

Individuals who acquired disabilities later in life experience a variety of social obstacles, such as divorce, exclusion from activities, access to buildings or infrastructure, employment and educational opportunities. Social difficulties can cause stress and/or depression in people, which has an effect on psychological difficulties.

4.4.2.1 Divorce

Two male and two female respondents claimed that their husbands had left them or filed for divorce as a result of their later-life disabilities. Nine of the individuals who took part in the interview were married before they became incapacitated; as a result, 44.4% of the responders among the 9 participants were divorced. The people who took in the interview emphasized that they were divorced as a result of later-life disability acquisition. One respondent made the observation that her husband began to act differently. The respondent explained that the husband had lost his capacity for love and compassion and that his family members had influenced the shift in his behaviour. . In a research by Elizabeth (2021) on the difficulties encountered by persons who develop disabilities later in life, she notes that these individuals must also deal with difficulties such as the dissolution of relationships and the need to alter their plans for the future because of the impairment they would have developed. This can be linked to the psychological problems stress low self-image depression fact that a person with a

disability will be unable to perform some tasks that are expected of them by other people. One of the participant mentioned that his wife left him because he couldn't satisfy her sexually.

4.4.2.2 Social exclusion

Eight informants indicated that they felt left out of most activities that their able-bodied colleagues were engaging in. Being chosen for important political posts is one of the actions mentioned by the three informants. In their individual wards, informants said that they were not chosen for political posts. They believed that society's members were treating them unfairly. They said that campaigns to uplift their rights and visibility had helped but the problem still exists as they are not given posts when committees are formed.

4.4.2.3 Limited access to employment

Six informants explicitly stated that they lacked formal employment. Many responders expressed difficulty finding employment. Only two of the responders were employed in the government and the rest just hustled to gain a living. Some of the informants claimed they wanted to work in the formal sector but found it difficult since their co-workers thought they were difficult to work with. When asked about finding job, the informants said they thought that when someone has a disability, people see them as a burden and must rely on others who are fit to carry out their duties. It should be noted that individuals who experience a disability later in life may find it difficult to work in the same field due to their impairment. Additionally, it was difficult for them to get employment in a different sector. The majority of those who experience disability later in life opt for self-sustaining endeavors or other pursuits in which they can use their skills. This demonstrates that individuals who get a disability later in life continue to believe they are a burden to their employers, despite their desire to work in the formal sector.

4.5 Perspective on acquiring disability at a later age

Four of the informants stated that they believed that a disability should only effect the individual with the condition and not the entire community. Before they became incapacitated later in life, this was their viewpoint. However, the time they acquired a disability, they believed that it was crucial for the family and society to participate in the process of getting better because they believed that the people in their immediate environment gave them confidence and motivation. According to one male respondent:

Isu sevanhu vane hurema tinoda kudiwa nemhuri dzedu nevatinogarisana navo munharaunda ndiko kuti zvitipfavirewo. Kare ndaifunga kuti munhu ane hurema mutoro kuvanhu uye anofanirwa kuzvionera ega asi pandakazoita hurema ndakabva ndanzwisisa kuti tinoda rubatsiro uye rudo.

(Individuals with impairments need to be loved by family members and the community at large for the healing process to be easy. I thought that individuals with impairments are a burden to people and they have to do things on their own but it's not true we need support from other people)

One woman who responded believed that she had been bewitched and was therefore incapacitated. Prior to and following the onset of a disability, this respondent's viewpoint remained unchanged. As for her she claimed that the condition was a curse and that she had been bewitched because it had caused her to get divorced. She believed she had been bewitched by others who were unhappy as a result of her being wedded.

Three responders repeated the notion that everything happens for a reason and is typically done for your good. These key informants who accepted their circumstances demonstrated that they were aware that even after being born without a disability, a person can get one later in life. The origin of their impairment was one factor that helped these people accept their predicament. Those who developed disabilities as a result of diabetes were the ones who swiftly accepted their circumstances, claiming that they understood there was no other option save having their legs amputated to stop the illness from spreading to other body parts.

4.6 Coping mechanisms for people who acquired disability at a later age

When someone is in a challenging or risky circumstance, they need to develop coping mechanisms that will benefit them the most. Religion, social support, and acceptance were used as coping mechanisms by people who later in life developed disabilities.

4.6.1 Religion as a coping strategy

Eight informants indicated that the use of religion as a coping strategy was significant and that the majority of participants were finding it to be successful. The results indicated that religion is a coping method used by the majority of informants across all age categories. According to six informants, church leaders give them advice on how to deal with their current circumstances. One female respondent said:

Mufundisi vanogara achindisimbisa kuti ndisabatikana paanondivhurira magwaro anoti “Zvinhu zvese zvinobatirana pamwe chete kuti hukuru hwaMwari huoneke.” Izvi zvinondipa zororo mumoyo mangu nekuti ndendichiziva kuti Mwari ane hurongwa neni. Uye anondida)

(.....the Pastor always encourages me that I must not get stressed when he opens verses for me like the verse that says “All things work together for good for the glory of God to be seen” This gives me strength and peace as I know that God has a plan with me and he loves me)

Some of the respondents accepted their conditions, therefore this coping mechanism is quite beneficial. One key informant mentioned that she was having trouble using religion as a coping technique since she felt excluded from other activities at church because she is blind, unlike other children. She stated:

(Vanhu havandifariri semufaririre wavanoita vamwe. Church inokwanisa kupera pagoshaya anondimhoresawo. Kunyange ari ma functions kana panoitwa hurongwa hwezvinhu zvakasiyana siyana zvandataura zvese zvinotorwa sezvisina basa)

4.6.2 Social support as a coping mechanism

Support can take the shape of both emotional and instrumental provision. These are the greatest ways to assist someone who become crippled later in life in accepting his circumstance and adjusting to the disability. Seven respondents mentioned that they use social support as a coping mechanism. According to a study by Gallagher & MacLachlan (2020), people who received social assistance prior to having a limb amputated were less likely to experience psychological issues than people who hadn't received any help. Nine of the respondents indicated that their families served as coping techniques for them. One respondent's statement that read,

(.....kugara nehama kwakanaka uye rudo rwavanondipa rwakanakisa zvekuti ndinonzwa kugamuchirika pano pamba. Ndinofamba ne wheelchair zvekuti vakatondigadzirira kamudhuri kekuti ndikwanisa kupinda mumba nekubuda zvakanaka)

“.....staying with relatives is so helpful and the love they give me make me feel welcomed. I use wheelchair and they have constructed an inclining pavement that allows me to move in and out of the house properly”

This demonstrates how family support lowers stress on persons who become disabled later in life and that they are better able to accept their disabilities if they are aware of the support systems available to them.

They continue by saying that stress can be reduced by making bad circumstances seem less serious. This indicates how families serve as a support system for those who got disabled later in life and help them cope with stress. Since they have family members who can console and support them, people who use family as a coping mechanism spend less time worrying about the circumstances they are in (Sarason 2020). The importance of the family as a source of support was stressed by the respondents, who claimed that it helps disabled persons accept their condition and reduces stress.

The informants saw marriage as a social support, married informants in the 21–40 age range acknowledged that they used it as a coping mechanism. People who are married say they have a better quality of mental and physical health than single people because marriage serves as a social support system, according to Charyton, Sprangers, and Moore (2021). One participant who is married remarked

“...ndinotenda Mwari nemukadzi waakandipa nekuti kunyange vanhu vandisvove nekuda kwehurema hwandave nahwo, iye anoramba akamira neni.” (.....I am grateful to the Lord for my wife because she has never left my side, even when people have a negative opinion of me due to my condition.)

This demonstrates how married individuals who subsequently developed disabilities have pillars of support to help them come to terms with their disability. Furthermore, it demonstrates how marriage can provide someone the strength and support they need to live a normal life. People who developed disabilities later in life can adapt to the circumstances they did not have before with the help of their spouses.

4.6.3 Recreation as a coping mechanism

According to two study participants, those who develop disabilities later in life look for leisure activities to keep themselves busy and to lessen the stress associated with becoming disabled later in life. One respondent who is a leader of a Community Based Organisation that promotes the rights of people with disabilities made it clear that they arrange sporting activities and sometimes they are being funded by the local Member of Parliament. This gave them the image that disability does not mean inability as they take trophies in some competitions. Recreation

activities especially the ones funded and supported by able bodied man make them feel loved and part of the society.

4.6.4 Acceptance as a coping strategy

All of the respondents mentioned that the greatest way to deal with the circumstance is to feel appreciated and accepted by society. According to Anderson and Deighan (2020), acceptance is a useful coping strategy. They claim that a person is more likely to be able to accept the truth of a stressful situation if they are accepted by society. This is advantageous because the one who has accepted the situation tries to live with the current circumstances, which lowers stress levels. By looking for ways to stay engaged in society and having the society accept him, the responder showed in one response that he had come to accept the truth that he had acquired a handicap.

4.7 Conclusion

In conclusion, the whole chapter concentrated on the presentation and analysis of the information obtained during the research through interviews. It emphasized the difficulties experienced by Zaka residents who become crippled later in life. The chapter also discussed coping strategies employed by those who become handicapped later in life. In the following chapter, the study's conclusions, recommendations, and summary are offered.

CHAPTER 5: Summary, recommendations and conclusions

5.1 Introduction

This chapter presents the summary, recommendations and the conclusion of the study on the lived experiences of people who acquired disabilities at a later age in life in Zaka. Recommendations are derived from the findings of the study. The chapter gives the summary of the whole study and finally the conclusion of the study

5.2 Summary

The difficulties faced by those who become incapacitated later in life were the main focus of this study. The study was carried out in Zaka district, Masvingo province. Those who developed disabilities later in life made up the study's population. The goal of the study was to better understand the difficulties faced by people who acquired disability in later life as well as the ways of handling and adjusting to the situation. Some of the obstacles that a handicapped person will face may be easier for someone who was born with a disability to handle than for someone who developed a disability later in life. In-depth interviews were used to interview ten respondents. The study used a phenomenology-based research methodology. The sample techniques that were used were snowballing and convenience sampling. Factors that lead to disability in later life are also highlighted. Old age, disease-related amputations, accidents, illnesses like arthritis, and other ailments like stroke are some of the factors that contribute to later-life impairment. The study sought to comprehend the difficulties faced by those who were disabled later in life as well as their coping techniques. The study brought to light the social and psychological difficulties faced by those who acquired disability later in life. According to the study, those who develop disabilities later in life struggle with stress, anxiety, and low self-esteem. Those who developed disabilities later in life have difficulties since the majority of them struggle to accept their circumstances. They may experience stress as a result of social barriers on occasion, and this might result in emotional issues. Divorce, social marginalization, and work are societal obstacles that people who acquired disability later in life must overcome. These difficulties are related to the psychological difficulties that people who got incapacitated later in life face. The study also concentrated on the coping strategies employed by those who later in life developed disabilities. Some of the coping strategies used by those who had disabilities later in life include acceptance, social support, and leisure activities. Acceptance is the best coping technique. The study included opinions on disability from those who developed disabilities later in life.

5.3 Conclusion of the study

Basing on the findings, the study deduces that:

5.3.1 Causes of disability in later life

According to this study, diseases, injuries sustained in car accidents, and infections all contribute to incapacity in later life. Two individuals were disabled due to work and road

accidents, two by illnesses and infections, and one by advancing age and 5 believes that they were witched. The findings show that there is a significant risk associated with traffic accidents as well as cultural issues which are the leading cause of disability that manifest in later life

5.3.2 Prevalence of disability

According to the study, there is a significant chance that people would become incapacitated in their later years as a result of the rise in work accidents. According to the study, males are more likely to experience handicap in later life. This may be due to the fact that men tend to work more productive jobs, which may require them to perform risky tasks. Contrarily, women are responsible for childbearing, childrearing, and other home tasks. As a result, they are less likely to become crippled in later life.

5.3.3 Social challenges

Individuals who become disabled later in life suffer a variety of social difficulties. They typically experience emotional and psychological problems as a result of these difficulties. Divorce, education, and employment access are a few of the social issues.

5.3.2 Psychological challenges

Individuals who developed disabilities later in life are affected psychologically due to their inability to accept their circumstances. Social issues they encounter can occasionally be the root of their psychological difficulties.

Late-life disability can lead to psychological difficulties like stress, discomfort, and low self-esteem. In the interviews, three participants mentioned that they experience stress, six reported experiencing depression, and one reported struggling with low self-esteem. The informants indicated that their psychological difficulties were primarily brought on by their social difficulties. As an illustration, social exclusion might result in low self-esteem and stress in a divorced person.

5.4 Coping strategies

Coping mechanisms are methods that people employ to deal with the kind of situation they find themselves in. Late-life disability sufferers employ acceptance, acceptance, religion, social support, and leisure activities as coping mechanisms.

5.5 Recommendations of the study

The study aimed in identifying problems that are being faced by those

who acquired disability later in life. The following recommendations to curb the problems are submitted

5.5.1 Awareness campaigns

Individuals with impairments often struggle with social exclusion, and the stigma and discrimination they experience will make it difficult for those who developed disabilities later in life to cope. It should be mentioned that those who became disabled later in life experience twice as much stress as those who were born with a disability, as impairment in later life is more stressful. In order to stop oppressing people who became crippled later in life or even those who were born with disabilities, society must be aware of the topic of disability. Hence, it is advised that awareness campaigns be run to educate the public on the negative impacts of social exclusion on those who develop disabilities later in life. The DSD and other non-governmental organizations with a focus on supporting individuals with impairments may run campaigns.

5.5.2 Increased employment access

Three of the respondents had A'Level and two had degrees, but because of their disability, finding work is difficult for them. This demonstrates that persons who become disabled later in life are unable to find employment due to their impairment. According to the United Nations Convention on the Rights of Persons with Disabilities, everyone who has a handicap shall be welcomed into the workforce. People who developed disabilities later in life not having employment demonstrates that they are not exercising their legal rights since they are not employed. Therefore, it is urged that the law that deals with companies that recruit people depending on whether they are disabled or not be enforced. Those who acquired disabilities later in life will be able to find suitable employment as a result.

5.5.3 Effective registration of individuals with impairments

Seven study participants indicated they were unaware of how the Department of Social Development assisted those with impairments. It was observed that persons who became disabled later in life have trouble locating the appropriate authorities who can help them with their problems. Other times, people with disabilities who became disabled later in life find it

difficult to get assistive gadgets because they are not aware of the relevant authorities who can help them. In order for the Department of Social Development to create a database of people who got impaired later in life, it may be advised that the Ministry of Health and Child Care assist DSD by reporting people who became disabled later in life. This will make it easy to connect with several groups that can help those who become disabled later in life.

5.5.4 Improved recreational activities

The study found that two participants participated in hobbies that helped them manage their disabilities. If there are more recreational options accessible to them, it is simpler for persons who became disabled later in life to acclimatize to their disability. Recreational facilities must be built to help those who become disabled later in life learn skills that will help them cope with their disability. These recreational facilities will act as a meeting place where people with disabilities, both those who were born with them and those who subsequently developed them, can connect and share experiences. Since there is no organization specifically for persons who become disabled later in life, having a recreation center can help those people start their own group to help them overcome some of the challenges they will encounter. In order to reduce stress and boost self-esteem, it is proposed that recreational facilities be built where people who became disabled later in life can gather and share experiences.

5.6 Recommended area for further research

It is advised that more research be conducted in order to better understand the difficulties faced by those who became disabled later in life.

5.7 Conclusion

This chapter focused on the overall study's executive summary. It presented the findings and suggestions in response to the difficulties experienced by those who become disabled later in life.

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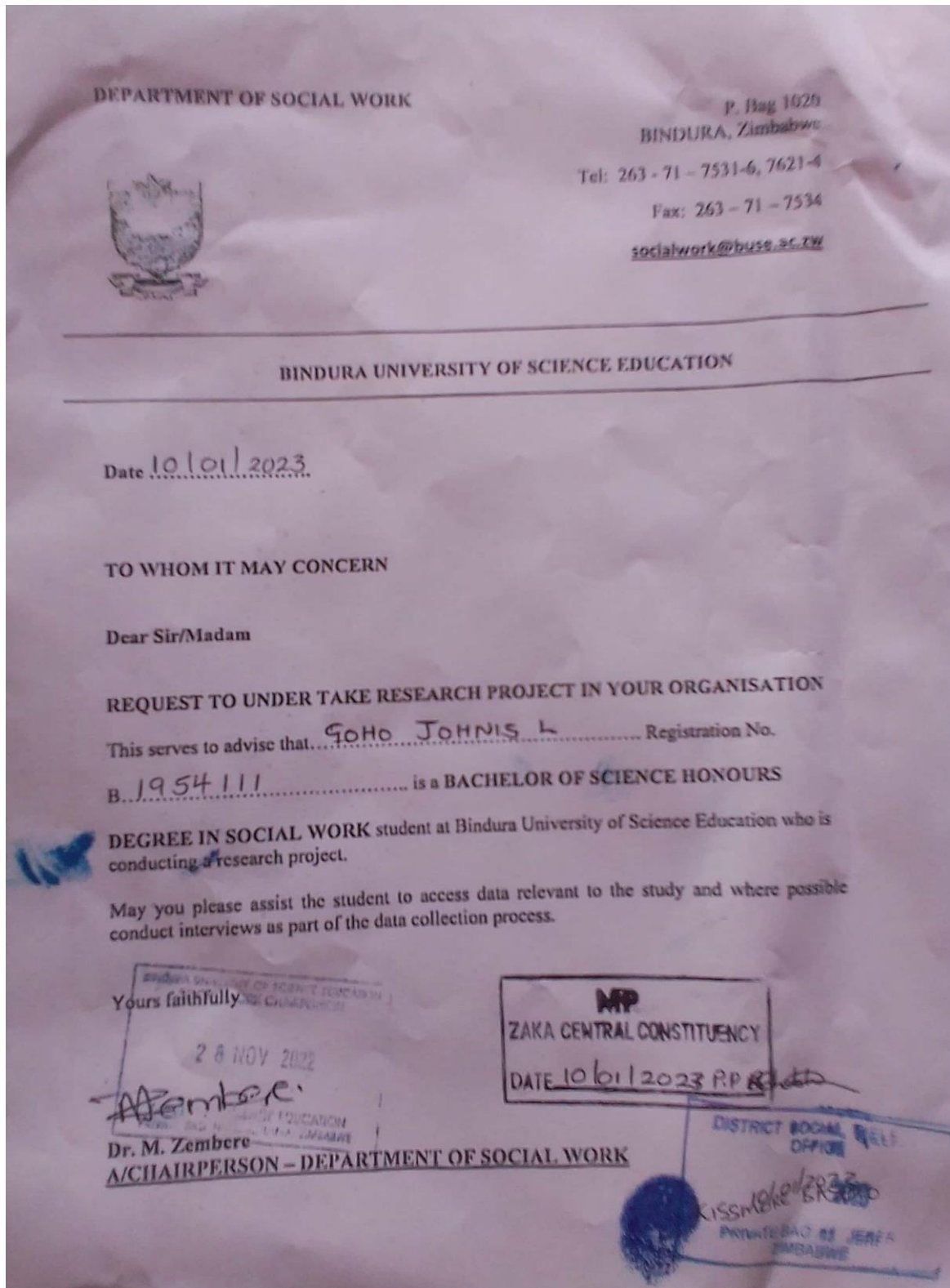
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APPENDIX I



APPENDIX II

CONSENT FORM

Interview guide for people who got disabled at a later age in life

My name is Johnis L Goho, a fourth year student currently studying Bachelor Honors Degree in Social Work at Bindura University of Science Education. I am carrying a study on the topic entitled, ‘**The lived experiences of people who got disabled at a later age in life**’. Informed consent will be obtained thus involves explaining the benefit of the research topic and also you are allowed to withdraw during the process if you are not comfortable with the discussions. All the information that will be collected during the study will be kept confidential meaning that your names will not be disclosed in any publications hence you will be protected from any harm. If you agree to participate, please sign the consent form below.

I.....consent to take part in this research under the terms mentioned above. I have added my signature below willingness.

Interviewee’s signature..... Date...../...../.....

Interviewer’s signature..... Date...../...../.....

Research Objectives

1. Understanding social challenges faced by people who got disabilities at a later age
2. Understanding psychological challenges faced by people who got disabilities at a later age
3. Suggesting coping mechanisms to build resilience for those who got disabled at a later age in life.

APPENDIX III

AN INTERVIEW GUIDE FOR KEY PARTICIPANTS

1. How old are you? _____
2. What's your marital status? _____
3. What are you doing for a living? _____
4. How old were you when you got disabled? _____
5. What factors contributed to your disability?

6. What is the size of a family you are taking care of? _____
7. What social challenges are you facing?

8. What psychological effects are you facing?

9. Tell me about something you are doing at personal level to curb the challenges you are facing.

10. What do you think should be done by the community or government to reduce the challenges you are facing.

SECTION B

INTERVIEW GUIDE FOR CARE GIVERS

1) How old are you? _____

2) What is the relationship between you and the key participant of this research?

3) What is the size of the family you are taking care of? _____

4) How do you see his/her disability?

5) What challenges are you facing in taking care of him/her?

6) What do you think should be done to addresses the challenges you are facing?

Lived experiences of people who acquired disability at a later age in life

by Johnis Leon Goho

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