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**SCHOOL OF GEOSCIENCES, DISASTER RISK REDUCTION AND SUSTAINABLE
DEVELOPMENT SUSTAINABLE DEVELOPMENT DEPARTMENT**

**Challenges Being Faced By Disabled Youth In Accessing Sexual Reproductive Health (Srh)
Services In Zaka Rural District, Ward 7.**

BY

MUZENDA BRITA





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**DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS
OF THE BACHELOR OF SCIENCE HONORS DEGREE IN DEVELOPMENT STUDIES**

APPROVAL FORM

I certify that this dissertation meets the preparation guidelines as presented in the geography department guide.

1. Student Name	Signature	Date
MUZENDA BRITA		27/09/24
2. Name of supervisor	Signature	Date
Mr. Samukange		27/09/24
3. Departmental Chairman	Signature	
 		

DECLARATION

I, Muzenda Brita hereby declare this dissertation of the Bachelor of Science Honors Degree in Development Studies at the Bindura University of Science Education, hereby submitted by me, has not been previously submitted for a degree at this or another institution, and that this is my own work in design and execution. All reference materials contained therein have been duly acknowledged.

Signature:

Date: May 2024

DEDICATION

The dedication goes to my parents Mr. and Mrs. Muzenda, my siblings who have supported me through this whole journey.

ACKNOWLEDGEMENTS

I would want to thank the Almighty God for being with me in every step of the way, holding me and making me strong in this journey. His mercy and grace pulled me this far and I am really grateful. I want to express my gratitude to my parents Mr. and Mrs. Muzenda and also my siblings for their unwavering support and commitment to me since day one, I am really thankful for their sacrifices and efforts. I would also like to extend my gratitude to my supervisor Mr. Samukange for his support and effort. To my friends and family who supported me through this journey, I am really grateful

ABSTRACT

The study is research on the challenges being faced by the disabled youth in accessing SRH services in the rural areas of Zimbabwe. The study mainly focuses on the disabled youth living in Zaka rural district ward 7 under Masvingo province. It caught the researcher's attention that the disabled youth are more vulnerable to challenges that they be faced by youth living in the rural areas. The research goes on to further explain about the challenges being faced by disabled youth in accessing these services which lead to them missing out on sexual education. The research goes on to discuss about the services that are being offered to the living in ward seven of Zaka rural as well the possible solutions to the mentioned challenges. Qualitative research approach was used as it allows a deeper understanding of the participants' perspectives and experiences. As they youth were given a platform to share their experiences the researcher managed to pick some insights that could not be picked using a quantitative approach. The results of the findings are presented in the report and recommendations were given. Areas for further research were stated in the last chapter of the project.

ACRONYMS

WHO	World Health Organization
SRH	Sexual Reproductive Health
ILO	International Labor Organization

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CHAPTER ONE

1.1 Introduction

A certain percentage of youth are facing challenges during their youth days due to their physical and mental impairment which have made it difficult for them to do some life activities on their own. This chapter is going to enlighten on the background and the prevalence of disabilities among youth from international level to local level as well as highlighting the challenges being faced by the disabled youth especially in accessing sexual reproductive health services. The chapter goes on to state the scope, importance as well as the objectives of the study hence giving an insight of the whole research project.

1.2 Background of the Study

Globally, the demographics of youth living with disabilities have increased due to different reasons which include accidents and others. According to the report compiled by ILO (International Labor Organization), there are approximately one billion youth living disability with 80% of this population living in developing countries where they are vulnerable (Bright and Kuper 2018). Despite the efforts to include this population in all activities, people with disabilities are at risk of poverty and social exclusion. According to Daley et al (2018), this has led to the suffering of a lot of young people living with disabilities as they find it difficult to get a job as they are sometimes not offered equal opportunities like other complete youth. This has however made disabled youth vulnerable to sexual abuse especially in developing countries as it is hard for them to access sexual reproductive health services.

In the Southern Africa region, it is estimated that about 15% of the youth population live with disabilities and the statistics are most likely to increase due to various reasons (Kostanjsek 2023). The disability prevalence varies from country to country in the Southern Africa region with countries like South Africa and Zimbabwe having high rates than other countries. In 2018, the statistics of youth with disabilities between the ages of 15-24 in South Africa was 21% and in Zimbabwe was 25% are the prevalence was estimated that it will keep on increasing due to various reasons (African Union 2018). According to (African Union 2018), these reasons include increased urbanization, aging populations as well as increased population in these countries.

With Zimbabwe being recorded as one of the countries with high prevalence of youth with disabilities, here are some of its statistics from different sources. In Zimbabwe 8,3% of the total population lives with a disability where as 25% of the youth population has a disability. From 2016 up to 2024 there has been an increase in the percentage of youth with disabilities with 2016 having 11,8% and 2023 having an estimated percentage of 13,6% hence showing an increase in the statistics of young people living with disabilities in the country (Mpofe and Sefotho 2023). According to (Rugoho and Maphosa 2021), this is because of various reasons which include increase in population and also disasters. Some sources argue that there might be an increase in the statistics not because there is an increase in the number of people living with disabilities but because of the changes in which disabilities are counted and recorded.

In Masvingo, there is estimated population of 1.3 million people and the percentage of the prevalence of youth disability being estimated to be around 25%. Sources state that the most common type of disabilities is hearing loss, blindness and mobility impairments. The statistics of the prevalence of disability in Masvingo from 2016 to 2023 are 23,6% to 25,1% showing a slight increase in the population of disabled youth in Masvingo over the past few years. In Zaka district, the prevalence for disabilities among the youth is estimated to be 24,7% with common disabilities being visual impairment (6,2%), hearing loss (4,1%), mobility impairment (2,6%), intellectual disability (2,3%) and also speech impairment (1,5%) (Mudyahoto 2023). This shows that the statistics for Zaka district are almost the same as of Masvingo province and they are said to have been stable for the past few years as it was at 23,8% in 2016 then slightly rose to 24,7% in 2022 (ZimStat 2022).

This have however influenced the researcher to conduct research on the challenges being faced by this population in accessing sexual services because of their impairments and they are most likely to be excluded in societies especially rural areas hence the need to address these challenges and providing possible solutions. Disabled youth are finding it hard to earn a living in the rural areas of Masvingo as they are not being offered equal opportunities just like their age mates. Disabled youth are facing challenges in accessing SRH services in the district as others are not even aware of their sexual rights and also difficulties in accessing these services for example distance or communication barriers as others have hearing impairments and have speech impairments.

1.3 Problem Statement

Disabled youth are more vulnerable to abuses and poverty compared to complete youth as they are not offered equal life opportunities like others. Disability comes from different situations where others are born disabled, others meet accidents, stress leading to mental disorder as well as drug abuse resulting in mental disorder which is common among the youth in Zimbabwe following the rise in drug abuse cases in the country. Despite efforts being put to acknowledge the existence of the disabled population, disabled youth face rejection in the community, are not being offered equal opportunities, failure to access sexual education and services hence making them more vulnerable to sexual abuse as they have little or no knowledge about their sexual rights (Connell 2017). Disabled youth in the rural areas find it hard to access SRH due to physical impairments hence walking long distances to and from service centers is difficult, hearing impairments as they find it difficult to capture information provided orally as well as communication difficulty as others find it difficult to talk hence making it difficult for them to report in case, they get abused. Disabled youth are finding it hard to enroll in schools as there are no facilities to cater for their special needs in schools in the rural areas (Deluca 2021).

1.4 Aim of the Study

The study aims to point out the challenges being faced by adolescent youths in accessing sexual reproductive health areas in Zaka rural and also providing possible solutions to these challenges.

1.5 Objectives

- i. To examine the challenges being faced by the disabled adolescent youth in Zaka rural.
- ii. To explore sexual reproductive health services being offered to the disabled youth in Zaka rural.
- iii. To establish possible solution to challenges being faced by the disabled youth in Zaka rural.

1.6 Significance of the Study

The study benefits the students, the targeted group as well as social workers as it can be used to pave a way on how to solve the problems being faced by the targeted group. It also helps with

educating disabled adolescent about their sexual rights and how to report sexual abuse. The study is important to social workers as it helps them with highlighting the problems/challenges being faced by the disabled youth living in the rural areas. It helps development practitioners in policy making so that they come up with good policies that address issues being faced by the targeted group. This research is important to the student as it has allowed the student to learn to acquire more information about disabled adolescents living in Zaka rural. This is important to the university as it can also be used by other students for research and other learning purposes. This however makes the research project important.

1.7 Scope of the Study

This study focuses on the challenges being faced by disabled youth in accessing SRH services in Zaka rural district, Masvingo. It further goes explaining the gaps in this field despite the efforts being done to improve the inclusion of disabled youth in all programs. The study also goes on to explore sexual reproductive services being offered to the disabled youth in Zaka rural and the challenges being faced in delivering the services. There are also possible solutions to the given problems in the research project.

1.8 Limitations of the Study

It was difficult to reach other disabled youth for interviews as other parents/ guardians are not comfortable with their children meeting new people hence the researcher got assistance from the village head since the villagers trusted their leader.

Communication barrier as the interviewer had to also interview some youth with hearing impairments as well as illiterate hence the student had to work with parents/guardians as interpreters.

The researcher faced some financial challenges as the student needed to travel around Zaka seeking information and also needed money for researcher equipment hence the student ended up getting that support from family.

1.9 Definition of Key Terms

Youth – A stage in life where one transforms from childhood to adulthood. In Zimbabwe it is between the ages of fifteen to twenty-four (ZimStat 2022).

Disabled youth –These are individuals who have a physical or mental impairment that can limit one or more major life activities (UNICEF 2013).

Sexual Reproductive Health –Is state of complete physical, mental social well-being in relation to the reproductive system / in relation to sexuality (Haegele and Hodge 2016).

1.10 Chapter Summary

The chapter gave an insight on the statistics of the young living with disabilities from global level to local level. It also highlighted the challenges faced by the youth in accessing SRH services in the rural areas of Zaka, Masvingo province. The chapter also explained to importance of the research projects and challenges faced in data collection

CHAPTER 2

2.1 Introduction

This chapter is about the theories that have been used to address some of the challenges being encountered by the disabled youth all around the world. It goes on to state the reasons why these theories fail to address some of the challenges being faced by the disabled youth living in the rural areas of Zimbabwe. The objectives of the research are further explained in this chapter where challenges being faced by disabled youth, services they are being offered as well as possible solutions to the challenges being faced.

2.2 Theoretical Framework

2.2.1 Intersectionality theory

This theory was developed by Kimberle Crenshaw with the aim of helping in understanding how social identities intersect and create unique experiences for different individuals especially the disabled group (McCall 2005). This theory has helped highlighting the ways how disability intersects with other identities like race, gender, class and sexuality with the disabled living in the developing countries facing more challenges than those living in developed countries (Alcoff 2006). According to this theory, those living in rural areas are most likely to face more challenges when accessing SRH services than those in the urban areas.

This theory has helped by creating awareness about the challenges being faced by the disabled youth who belong to multiple marginalized groups like LGBTQ, rural areas and the youth of color (Carbado and Gulati 2017). It has helped the disabled youth who belong to marginalized groups by recognizing their unique experiences in the society. Disabled youth who belong to marginalized groups likethose from the rural areas tend to suffer from different challenges from those living in the urban areas as the factors that influence their experiences are different. Disabled youth who belong to the LGBTQ group are most likely to suffer from stigma and criticism from the community especially in the rural areas because usually rural communities find it hard to accept youth who belong to this certain group so the youth experience challenges which are different from others.

The theory has helped by advocating for the rights of the disabled youth and for change in the policy, education and health care to also accommodate the disabled. This has been

accomplished through challenging stereotypes that contribute to the discrimination and oppression of the disabled youth in the society. It also promotes policies and practices that consider the experiences of the disabled youth in all sectors which include education, healthcare as well as social services and employment (Moyo and Weaver 2013). This has been successful as the number of disabled youths who are being hired in companies is increasing due to a policy which was put in place where companies are supposed to hire the disabled people. This has helped reduce the unemployment rate among the disabled as they can now be employed just like any other youth in the country. This theory has advocated for accessible infrastructures in public spaces such as government buildings and transportation hubs that can accommodate the disabled youth so that they can access services. Introducing of braille signage has helped those who have hearing impairments to acquire sexual education through it hence shows the effectiveness of the theory in Zimbabwe at large.

Intersectionality theory has helped in the building of a friendly community for the disabled youth giving them space to share their unique experience. This theory has helped the disabled youth by allowing them to share about their experiences from different places as factors that shape their experiences might differ depending on also the geographical location of the person among other factors (Makwaya and Rukuni 2017). By allowing disabled youth who belong to different groups share their experiences, the theory has helped with resilience building as the youth can now share how they overcame some challenges as well as bringing up solutions on how to solve certain problems being experienced (Carbado et al 2017). In Zimbabwe there are communities like Disabled Youth Network of Zimbabwe (DYNZ) and Disabled Children Support Network (DCSN) which offer counselling and platforms that allow disabled youth to discuss issues affecting them and advocate for their rights in the country (Wood et al 2018). This shows intersectionality theory has helped the disabled youth.

However, despite being able to solve some of these challenges the theory failed to address some of the challenges as they are still being faced by disabled youth especially those in the rural areas. Disabled youth in the rural areas are less recognized as compared to those in towns. This might be because their experiences are shaped by factors like cultural norms, poverty as well as limited access to SRH and these factors are not common in urban areas. There is a lot of stigmas in the rural areas making it difficult for disabled youth to share experiences and to access healthcare services and education hence the theory is less effective in the rural areas and this can be evidenced in Zaka rural. Stigma is common in rural areas where some believe that disability is a

punishment from God or ancestors hence people or other youth end up not wanting to associate with the disabled youth (Wood et al 2018). Disabled youth from rural areas suffer from discrimination in schools and other public places as some would like to portray them as people who are not capable of performing duties in the community. This affects their sexual life as people might see it not necessary to educate them about SRH or others might end up sexually abusing them taking advantage of their situation (Makwaya and Rukuni 2017). These issues are hard to be solved as the disabled youth living in rural areas have limited or no access to technology hence it is difficult for them to share their experiences on disabled people platforms.

In the rural areas there is limited access to healthcare facilities hence affecting the accessibility of SRH services in the rural areas. There are limited healthcare facilities in rural areas as compared to urban areas and these few facilities might not be equipped to accommodate disabled youth and their specific needs (Wood et al 2018). This can be evidenced in Zaka rural where there are only two clinics where on both clinics there is no one who can communicate using sign language hence the health workers might fail to help people with hearing impairments hence affecting the accessibility of SRH services by disabled youth. The distance to and from healthcare make it difficult for the disabled youth to access SRH services as they will have to walk long distances as it is difficult to get public transport in the rural areas (Carbado and Gulati 2017). This shows how theory fails to address this challenge as factors influencing it are based on poverty and location.

2.2.2 Social Capital Theory

This theory was introduced by Pierre Bourdieu (French sociologist) in 1980. This theory is best defined as networks of relationships that provide resources and support for individuals. It is important for disabled youth as it helps them to build strong social capital as it helps in resilience and self-esteem building (Nhemachena 2005). It helps them navigate these challenges through giving them access to needed services, support and connecting them to others who share similar experiences. This theory has been helping the disabled access resources through creating social networks. For one to connect easily in this global village, one needs strong social connections where they can also get information on how others are overcoming the challenges they are facing (Makuvaza 2020).

This theory allows disabled youth to create social networks and channels where they share their different experiences and perspectives with others. This helps as it creates platforms where the

disabled youth get to experience the feeling of belonging as they will be sharing experiences with people who also experience the same as them (Nyoni and Mutevedzi 2016).

This theory helps the youth in resilience building as it the theory help with emotional support and providing sense of belonging. This theory helps with resilience building as it encourages the disabled youths that the challenges they face are not the end but rather they can be overcame as they share perspectives with others who encountered same challenges (Mutambirwa 2020). It provides the sense of belonging hence building confidence among the disabled youth to fight for their rights as theyare marginalized considering their impairments hence interacting with others who are also disabled build their confidence in the society (Kamura 2020).

Social capital theory helps with the creation of a platform for the disabled youth where they can raise awareness and advocate for their rights. The social capital theory advocates for the recognition of disabled youth through the creation of platforms where they can advocate for their rights as citizens (Mashamba 2020). It helps raise awareness about the sexual abuses encountered by the disabled youth and on how to handle such matters in the protection of the disabled (Dzobo 2022). This helps educate the disabled youth on how to report any form of abuse as well as educating each other about sexual education.

However, despite being able to address some of the challenges being faced by the disabled youth, the youth in the rural areas still suffer from other challenges as this theory are not effective due to various reasons. The disabled youth in the rural areas suffer from stigma as it is still common in the rural areas hence making it difficult to build resilience measures. In the rural areas it is very hard to build strong social connections as the disabled youth have limited access to technology due to discrimination from within the family where they think disabled people do not need technology.

Limited advocacy, resources and limited social networks has made the theory less effective in the rural areas like Zaka rural as it becomes difficult to build social networks. Limited resources due to poverty in the rural areas have made this theory less effective in the rural areas. Most of the disabled youth living in the rural areas do not own cell phones hence it is hard for them to create social networks hence making the theory less effective.

2.3 Empirical Literature

2.3.1 Objective 1. Challenges being faced by disabled youth living in rural areas.

Disabled youth living in the rural areas tend to experience more life challenges as compared to those living in the urban areas. This is so because the challenges faced by this group are influenced by different factors hence solutions provided for challenges in the urban areas might fail to address challenges in the rural areas. Sexual health education is not common in the Zaka rural district hence there is lack of understanding about SRH and risky behaviors which leave the group vulnerable to sexual abuse. Disabled youths had poor knowledge of SRH and limited access to SRH information, especially those from rural areas. In rural areas there is limited access to sexual health education as people living in rural areas believe that sexual education is meant for the married people. This has led to lack of knowledge among the disabled youth as they do not have enough information about safe sex hence resulting in them being exposed to sexual related dangers like unintended pregnancies and well as sexual related diseases.

In rural areas there are few healthcare facilities leading to limited access to healthcare services as other youth are physically disabled making it difficult for them to visit the facilities. In rural areas there are limited healthcare facilities hence it becomes difficult for the disabled youth to access these facilities and sometimes they do not have the capacity to cater for the specific demands of the disabled youth. As there are limited facilities, the disabled youth are forced to walk long distances in order for them to access services leading to others not being able to walk those long distances due to their impairments hence the failure to access SRH services.

Gender norms and poverty are some of the challenges that are affecting the accessibility of SRH services by disabled youth in the rural areas. According to Musakanike (2021), gender has become a barrier in accessing sexual education as some believe that it is pointless to educate a girl child as she will get married and leave the family hence this result in the girl child missing sexual related lessons taught in schools. Poverty is another reason why disabled youth are forced to drop out of school as parents feel that it is better to sacrifice for those without disabilities as they cannot afford to pay fees for all their children. Due to poverty, some disabled youth cannot afford to pay for sexual related programs. As poverty is common in rural areas, disabled youth find it difficult to receive treatment at hospitals or to buy medication from pharmacies as they do not have any source of income (Ncube 2021). This shows how gender norms and poverty affect the accessibility of SRH services among disabled youth in the rural areas. Stigma and discrimination are common in

rural areas hence that has become a challenge affecting the disabled when accessing SRH services. Persons with disabilities have the same SRH needs as other people and equal rights to attain the highest standard of SRH. Despite the above-mentioned commitment, persons with disabilities face more barriers than their peers without disabilities in accessing SRH information and services, mainly due to discrimination and misunderstanding by the people around them rather than their disabilities. Stigma towards disabled people is common in rural areas due to cultural beliefs that disability is a punishment from God or ancestors. According to Mano (2021), disabilities like mental disability are referred to as results of avenging spirits (*Ngozi*) in the family. Disabled youth are discriminated in rural areas as they are treated as they are not capable of doing what complete youth can. This has cost a lot of youth opportunities as they are believed to be incapable of certain duties in the society.

2.3.2 Objective 2. SRH services being offered to the disabled youth in the rural areas.

Disabled youth living in the rural areas are receiving sexual education in schools and at clinics though it can be accessed by a limited number. In schools, disabled youth have chances to attend sexual education lessons with other learners where they are taught about safe sexual behaviors. This helps the disabled youth acquire knowledge about risky behaviors and how to best avoid them. This helps in reducing the number of unintended pregnancies, sexual abuse as well as reducing the transmission of sexual related diseases. Sexual education also help with educating disabled youth about their sexual right which most of them are not aware of unless they are told or educated about them. This helps in protecting this group as they will know when to speak up when abused or stand up for their rights (MOHCC 2022).

Family planning services are one of the services that are being offered to disabled youth in rural areas. Disabled youth are allowed to access family planning services where they can access family planning services at healthcare facilities. According to UNFPA (2021), family planning services are important to youth as they reduce the risks of unintended pregnancies and early marriages. Disabled youth are allowed to access family planning services as most of them are sexually active and they need to practice safe sex to avoid early pregnancies. Disabled people are receiving aid from social welfare where they are being given food and sometimes money to help in their day to day lives. According to MOHCC (2022), it is the duty of social welfare to provide the disabled with services like food aid, monetary assistance, sexual health education, free lawyers, free

counselling as well as medical assistance.

2.3.3 Objective 3. Possible solutions to challenges being faced by disabled youth.

Youth with disabilities have the same sexual and reproductive health (SRH) needs as their peers without disabilities and the equal right to attain the highest standard of SRH however, their SRH needs and rights are often overlooked or neglected. There is need to improve healthcare facilities so that they are capable of catering for the special needs of the disabled population. According to Ncube et al (2020), most healthcare facilities in rural areas are not capable of catering for the special needs of the disabled. This can be evidenced in this research where there are no sign language interpreters at the clinics hence making it difficult for those with hearing impairments or speech impairments to acquire sexual information as they can only communicate using sign language. To solve this challenge health workers at these clinics are supposed to be taught how to communicate using sign language so that they can be able to serve youth with hearing and speech impairments who use sign language. There is need to have books or fliers written using braille so that the disabled youth with sight challenges can resolve to using this as their way of acquiring information.

There is also need to build more healthcare centers so that the disabled youth in Zaka rural district will not travel long distances to access SRH services. There is need to build more healthcare facilities or introduction of mobile clinics where the disabled can access SRH services without travelling long distances as it is difficult in their state. According to Njogu et al (2020), mobile clinics are essential as they are movable from one place to another allowing health workers to move to different parts of the ward which gives almost every disabled youth the chances to obtain these services once in a while. This improves the accessibility of SRH services by the disabled youth in the ward as they will not be walking long distances to and from the clinics which proves to be difficult considering their state.

Encouraging community engagement is one of the ways to address challenges being faced by disabled youth. Community engagement helps with the creation of a supportive environment which is an important tool in resilience building. According to Vardi and Agus (2020) community engagement helps the community understand the challenges faced by the disabled youth in their daily lives as well helping them have a better understanding on how the disabled youth group operates. By involving the community, we help build a connection and understanding between the disabled youth and the complete people where the disabled are not discriminated as the community

now understand them. According to Kahirya et al (2020), this can be achieved by involving the community in disabled youth programs as well as campaigns where social service providers advocate for the fair treatment of the disabled population. The engagement of the community in disabled youth programs help the community realize that the disabled population is capable of doing what the complete youth are doing. This helps reduce the stereotypes towards disabled youth which usually lead to discrimination.

2.4 Chapter Summary

In summary this chapter is about the theories used in addressing sexual related challenges faced by the disabled youth in the rural areas of Zimbabwe. The chapter goes on to further explain the challenges being faced by the disabled youth in accessing SRH services, SRH services they are being offered and also solutions to the challenges they face in the rural areas.

CHAPTER 3

3.1 Introduction

This chapter is going to discuss about the study area which is the geographical location of the areas of focus, the research instruments which include data collection tools, the sample size, the target population as well the research method used. In this research qualitative approach was used by the researcher. The chapter further explains about these topics.

3.2 Study area

A study area is described as a specific geographical location where a research study is conducted (Brady and Gehrt 2012). A study area is important in a research project as it can determine the context and environment in which the research is conducted hence it is important to carefully choose a study area that represents the targeted group. In this research the study area is Zaka rural district that is located 80 kilometers northwest of Masvingo town and approximately 90 kilometers southeast of Chiredzi town. The most common activities in Zaka rural area farming and animal rearing for economy boosting. There is an increase in the number of commercial sex workers in the district hence there need to research on how disabled youth are surviving in this area.

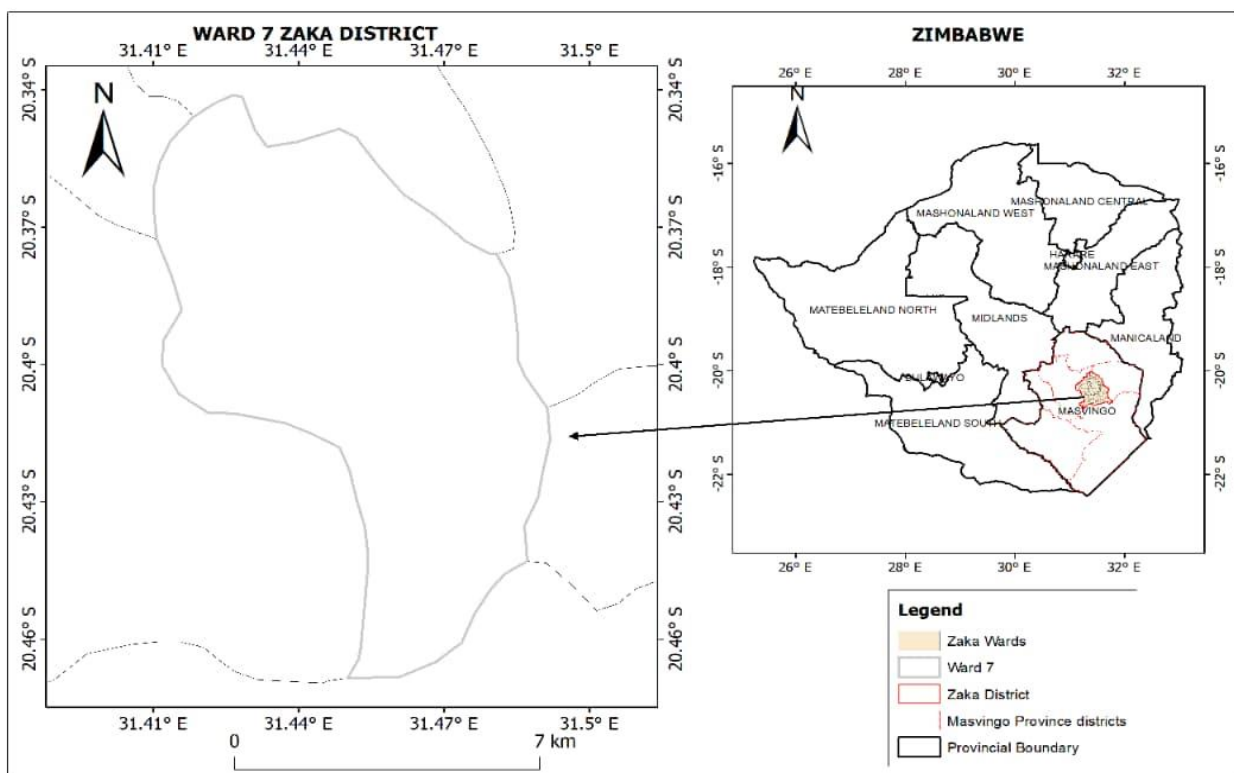


Fig 3.1. Map of Zaka district Ward 7

3.3 Research Design

Research design refers to the plan for conducting a research study which includes decisions made about the purpose of the research, data collection methods, the sampling strategy and the techniques (Clarke and McNaughton 2011). Flick (2011), goes on to state that it is important in this research as it helps ensure that the study is systematic and methodologically sound. According to Greene (2011), a good research design increases the validity and reliability of the findings. The purpose of the research is to explore the challenges being experienced by the disabled youth when accessing SRH services in Zaka rural district. The data collected is qualitative data using data collection tools like interviews, focus groups, questionnaires and observations. The researcher chose qualitative research approach over quantitative because it provides deep insights about the experiences of the target group. It also helps up come up with possible solutions to the challenges being faced by these youth as it allows the participants to come up with different perspectives about the challenges and how best they can be solved.

3.4 Research approach

Considering the topic of the research, qualitative approach was used as the research needs qualitative data to explain the challenges being faced by disabled youth in accessing SRH services in the rural areas.

3.5 Qualitative approach

Reis and Jud (2009) define qualitative approach as a research methodology that focuses on understanding the lived experiences and perspectives of people typically through in-depth interviews, focus groups and observations. It explores people's feelings, thoughts and behavior in a way which is not possible with quantitative approach (Tatalovich et. al 2021.)

In this research the use of qualitative data is important because the researcher is trying to learn and understand the challenges being faced by disabled youth in accessing SRH services in the rural areas hence they are best presented as qualitative data. According to Batool (2020), when addressing challenges, it is the best approach as it provides in-depth understanding unlike quantitative approach. This is so because it gives room for the research to have a deeper understanding about the challenges they face as it gives room to understand one's perspective

through observation or focus groups hence the need to use it in this research.

This approach gives room for the researcher to come up with possible solutions to the outlined challenges deriving them from the targeted group's perspective as they might have better solutions since they are familiar with the challenges. According to Ayoola et. al (2020), it gives researchers chances to come up with new theories that can be used to solve problems that were previously left unresolved. As it gives in-depth information, qualitative approach helps researchers come up with solutions that relevantly address challenges being faced by the targeted group. In this case the approach helps the researcher come up with solutions to problems being faced by disabled youth in the rural areas as it gives the researcher a chance to interact with the group allowing them to share their experiences and perspectives.

Qualitative approach has the ability to capture perspectives of marginalized groups for example the youth living in the rural areas with disabilities (Hughey et. al 2019). The disabled youth living in the rural areas suffer from different challenges as of those living in the urban areas because their challenges are influenced by different factors which shape their experiences. There is need to use qualitative approach in this research as it allows researchers to interact with the marginalized groups and also hear their point of views on how to addresses the challenges being faced.

3.6 Target population

According to Smith and McComish (2012), target population refers to a specific group of people in which the research is interested in studying about mostly in relation to the research. In this research the targeted group is that of disabled youth living in Zaka rural district Ward 7 and their guardians as they are also aware of the challenges faced by these youths.

3.7 Sample size

According to Aoki and Wakamoto (2018), a sample size is best described as the number of individuals or cases involved in research. Peterson (1994) goes on to say that the size of a sample is important as it can determine the accuracy of the sample as larger samples reduce the risks of drawing incorrect conclusions from the samples. In this research because of limited financial resources, a few individuals were interviewed as a way of collecting data in the rural areas of Zaka district. Healthcare workers at two clinics were interviewed, health workers at Musiso Mission

Hospital were interviewed along with the care takers/guardians of the disabled youth living in Zaka rural district ward 7. Ten disabled youth living in Ward 7 were interviewed and were asked to share their experiences and their knowledge on SRH and challenges they face in accessing these services.

3.8 Sampling procedures

Sampling procedures refer to methods used to select participants for a study as qualitative research uses non-random sampling techniques unlike quantitative research (Serna et al 2019). In this research quota sampling was used as the sampling technique for data collection. According to Campos-Serna (2014), quota sampling is a sampling technique where participants are selected depending on different characteristics such as gender, race or age to make sure that the sample is diverse and represents population interest. In this research, characteristics used were age, gender and type of disability as people with different disabilities tend to face different challenges. Age was used because challenges and experiences differ with age and gender.

3.8 Research instruments

3.8 Data collection tools

Data collection tools are referred to as techniques used to gather information or data for research purposes and they include surveys, interviews, focus groups, observations and questionnaire (Morse et al 2021). In this research interviews, focus groups, questionnaires and observations were used as data collection tools. In qualitative research, these tools are used because of their ability to provide detailed information to researchers as participants share about their experiences, opinions and perspectives hence giving the researcher deep insights about the settings of the society.

3.8.1 Interviews

According to Rubin (2006), interviews are defined as purposeful interaction or conversation in which one person obtains information from one or more individuals. It is the most used method to collect information or data. Cresswell (2012) defines an interview as a face-to-face conversation between a researcher and a participant involving a transfer of information to the interviewer.

3.8.2 Observations

This is a qualitative research method of collecting data that involves the systematic recording and

analysis of behavior, interactions and settings in order to gain insights in the social phenomenon (Vedsted and Krogh 2023). According to Grey and Willig (2021), there are two types which are participant observation where the observation becomes part of the setting being observed and non-participant where the observer remains an observer without being involved in the setting. In this research non-participant observation was used as the researcher was observing how the disabled youth were being treated without being part of the group.

3.8.3 Questionnaires

Velden et al (2011) define questionnaires as self-administered surveys that contain open ended questions that are designed to help with obtaining detailed responses from the respondents. They are often used along with other data collection tools like interviews and focus groups for the better understanding of the of the experiences and perspectives of the respondents. In this research it was essential to use questionnaires as they help the researcher obtain information on the experiences of the disabled youth. These questionnaires were also given to at least two healthworkers at the two clinics in Zaka rural which are used by the people from Ward 7. The aim of distributing these questionnaires was to know how frequent the health workers came across disabled youth who came for SRH service at the clinics. According to Todd et al (2016), questionnaires time efficient as the researcher can collect data from different respondents in a short period of time and they allow respondents to complete anonymously which can encourage the respondents to provide honest responses.

3.8.4 Focus groups

A focus group is described as group interview of approximately six to twelve people who share similar characteristics, common interests and perspectives being led by a facilitator who guides the group during discussions (Gilroy and Shields 2021). The goal is to gather a range of experience that can provide deep insights into the topic being researched. According to some scholars, using focus groups allow participants to share their experiences hence allowing the researcher to have deep insights of the experiences and challenges being faced by the disabled youth living in the rural areas in accessing SRH services. It also allows participants to give range of perspectives allowing the researcher to identify common themes and patterns within the group or society (Todd et al 2016).

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3.9 Data analysis

Data analysis is a process of organizing, interpreting and making sense of the data that has been collected during the research process (Patton 2004). Langford and Collier (2007) also defined data analysis as a process used by researchers to reduce data to a story and interpret it to derive insights. It involves examining the data that has been collected during research to gain in sights, patterns and trends that help answer the research questions. This helps in research as it helps the researcher come up with better decisions as the analysis help reveal hidden patterns and trends hence improving decisions making as it is done basing on analyzed data. Data analysis improves the validity and credibility of the research as the data is analyzed to avoid recording false information.

3.10 Ethical considerations

These are principles and values that guide how research is conducted in an ethical and responsible manner (McMillan and Dodds 2005). They help to ensure that the rights and wellbeing of participants are protected as well as maintaining the integrity of the research by ensuring that the findings are valid and reliable (Langford and Collier 2007).

3.10.1 Informed consent

It is a process by which participants are provided with all the information they need to make a decision on whether or not participate in the research (Bazzaro and Salvo 2014). Informed consent must be obtained before beginning the research. It helps ensure that the participants are treated ethically and with respect by the researcher.

3.10.2 Confidentiality

This refers to the protection of the privacy of participants and their personal information (Stephenson and McDonald 2014). This involves not disclosing personal details of participants without their consent and taking steps that ensure that the data is stored securely and is only accessed by authorized individuals (Burkell and Thorne 2016).

3.11 Chapter summary

This chapter was about the research that was used during the research which was qualitative approach. The chapter goes on to explain about the study area, target population, research design, data collection tools, sample size and also the ethical considerations.

CHAPTER 4

4.1 Introduction

This chapter is about the presentations of the findings of the research that was conducted by the student. The presentations are of all the three objectives which are the challenges being faced by the disabled youth in accessing SRH, services being offered to the disabled youth as well solutions to the challenges being faced.

4.2 Presentation of findings

4.2 Challenges being faced by disabled youth

4.2.1. Limited access to sexual education

As disabled were interviewed they expressed their concerns on limited access to sexual education in rural areas. During the interviews they were being asked if they are able to access sexual education in their ward however they stated that sexual education is limited due to different factors. One of the youths with physical impairment expressed that it is difficult for him and other who have same challenges to walk long distances to and from schools or healthcare facilities to acquire sexual education hence they end up missing on this. During an interview with one of the youths who lives with speech impairment stated that it is difficult to communicate with health workers as some of these workers fail to understand sign language hence leading to communication breakdown. This limits the disabled youth from asking questions about sexual health hence they end up engaging in risky sexual behaviours.

During focus group discussions one of the disabled youths pointed out that one of the factors limiting their access to sexual education is cultural norms and beliefs. According to Taiwo (2021), the African culture believe that youth get sexual education when they are considered to be ready for marriage hence there is no need for them to be educated about sexual health if they are not planning on getting married soon. This limit the access of disabled youth because they are sometimes forbidden by their parents to attend sexual lessons due to their cultural beliefs.

4.2.2. Limited healthcare facilities

From observations, the researcher discovered that ward 7 rely on two clinics and one hospital which they share with other wards. This shows that there are a few healthcare facilities which do not have the capacity to accommodate disabled youth in the ward leading to the limitations. This causes limitations on disabled youth who cannot travel long distances due to their impairments to access

sexual health services in the ward.

During an interview with one of the health workers at a clinic, the worker responded that they find it difficult to assist some disabled youth because the facilities cannot cater for their specific needs. “We don’t not have healthcare workers who can interpret sign language hence we sometimes fail to assist some youth who can seeking for health services,” said one of the healthcare workers at Siyawareva clinic. “Sometimes we have to go back home without being helped as due to communication challenges as most health workers do not know how to communicate using sign language,” said one of the disabled youths living in the ward.

4.2.3. Gender norms and poverty

According to , gender plays a very vital role in one’s life as it contributes to the challenges one faces as disabled youth of different gender are most likely to experience different challenges. Poverty affects the accessibility of SRH services as disabled youth who have poor backgrounds tend to not have social connections hence, they end up missing on SRH programs and they find it difficult to pay for SRH services as most of the disabled youth living in the rural areas are not employed (Gray et al 2017). In ward 7 many youths are from poor backgrounds and also, they are unemployed hence they find it difficult to afford certain basic needs. When asked on disabled youth responded that, “Because I am blind my parents cannot afford to buy me braille books and schools s do not have them so I stopped going to school and my parents do not allow me to attend sexual education programmes because they believe that it is not necessary to acquire all that knowledge because I am a girl, I will just do what pleases my husband when I get married. “This shows how gender has affected the accessibility of SRH services of the respondent. During discussions some youth expressed that because of their disabilities they find it difficult to get employed resulting in them not being able to afford family planning methods resulting in unintended pregnancies. One of the married disabled youths living with sight impairment stated that it is difficult for a woman to negotiate for safe sex in a marriage as they are supposed to submit to their husbands hence, they lose the power to negotiate for safe sexual resulting in them getting involved in risk sexual behaviours. This shows how gender norms are involved.

4.2.4. Stigma and discrimination

Most disabled youth living in the rural areas suffer from stigma and discrimination from the community as well as their families and friends (United Nations 2016). During observations, the

researcher booked down that most disabled youth were treated differently from other youths in their families due to their conditions. The researcher observed that most of the youth with mental disability have stopped going to school at early ages like grade two or three or when they started showing mental illness as well as other disabilities. This is so because parents believe that it is pointless to educate disabled people because there is a certain stereotype that disabled people are not able to do what complete youth are doing or can do. During an interview one disabled young lady expressed, “We are asked a lot of unnecessary questions when we come for SRH services especially family planning unlike other youth because people think that we are not capable of engaging in sexual activities hence sometimes we end up engaging in risky sexual activities because we will be trying to avoid being treated differently at healthcare facilities.” This shows how stigma and discrimination is affecting the accessibility of SRH services by the disabled youth in rural areas. When asked about when asked reasons why he stopped going to school the respondent stated that, “They made it difficult to blend in with them at school and always made sure that they mocked me during sexual education sessions as they mentioned that I do not need these sessions because I cannot engage in sexual activities because nobody wants me with my disability. Because of this I stopped attending these sessions at school and later on my parents made me stop going to school saying they only had money to send my siblings who are not disabled.” In this case the respondent is now missing on sexual education in schools because of stereotyping which is a result of stigma and discrimination from family and community.

4.3. SRH services being offered to the disabled youth

4.3.1. Disability and social welfare services

Disabled youth living in Zaka district ward 7 are receiving aid from the department of social welfare. According to MOHCC (2022), the social welfare department is supposed to provide the disabled with counselling services, family planning, and community based SRH services as well as advocating for the inclusion of disabled youth in policies. Despite having all these responsibilities, the social welfare department is able to save a few of these responsibilities due to various reasons. In Zaka rural, the disabled youth from ward 7 have been getting maize and cooking oil from the social welfare. One of the workers in the department confirmed that the social welfare department provides lawyers to represent the disabled in cases that they want to report rape and other sexual abuses. These lawyers are there to make sure that the disabled youth have someone to represent them. The department also offer counselling to the disabled youth in the event that they come across traumatic situation for

example abuses. Counsellors are there to professionally help victims without judging them and also respecting their confidentiality. However, despite offering these services only a few come seeking help because the people living in rural areas are not aware that the social welfare offer these services to the disabled hence, they suffer in silence.

4.3.2. Sexual education

Schools, healthcare facilities and social welfare offer sexual education to the disabled youth. Sexual education is important as it helps one make informed decision concerning their sexual life (UNFPA 2021). It is important to educate disabled youth about sexual relationships and safe sex so as to avoid risky behaviours. The youth are engaging in sexual relationships hence they need to be educated about sex and how best they can protect themselves from diseases and unintended pregnancies as well as early marriages. One of the disabled youths mentioned that there are clubs in high schools that teach them about safe sex. And also, there are organisations that come to schools to give sexual health education to the youth. In primary schools the disabled youth are taught about hygiene on how to keep themselves clean to avoid certain illnesses and bacteria. During observations, it was booked down that disabled youth at clinics are taught on how to use contraceptives as well as the benefits and effects of these methods. They are also taught on how to handle sexual abuse cases and who to report to. “I once attended a condom demonstration at Jerera satellite clinic and the function was being facilitated FACT Zimbabwe. It was helpful because I learnt the correct way to wear a condom and I was able to educate my fellow disabled youth the correct way and now I always have protected sex.” said one of the disabled young men during a group discussion. There are other organisations that are offering sexual education to the disabled youth.

4.3.3. Family planning services

Disabled youth have access to all methods of family planning that are offered at healthcare facilities. These services in Zaka rural ward 7 are offered at Musiso hospital, Siyawareva clinic and Jerera satellite clinic. There are disabled youth who are married because of. Various reasons which might include religious beliefs, choice, forced marriage and or pregnancy. According to Ncube et al (2020), everyone has the right to access family planning methods whether they are disabled or complete. Family planning methods offered at the above-mentioned health facilities including injection, loops as well as pills. Condoms are another family planning method which can be accessed by every youth. During an interview with one of the health workers at one of the healthcare facilities, the worker mentioned that, “Only a few disabled youths whether married or not come at the facilities for family planning services. The few youths that come are usually are female as male rely on condoms that are

given freely at bars and nightclubs.” These services are given at a certain price hence other disabled youth might not access these services because they cannot afford them.

4.4. Solutions to challenges being faced by disabled youth

4.4.1. Improved accessibility to sexual education

There is need to improve the accessibility of sexual education within the ward. According to Vardi and Agus (2020), sexual education help one make informed decisions when it comes to their sexual life hence it is important to educate the youth about safe sexual behaviours. To promote sexuality education for young people with disabilities, evidence is required on the barriers they face in accessing SRH information. Barriers to sexuality education for young people with disabilities vary by country, culture and disability types. During a group discussion one of the disabled youths expressed that it is better to have social groups which are facilitated by health workers where they are taught sexual education and they also get to ask their questions. “It is better if organizations or healthcare facilities can do campaigns where they educate the disabled youth in ward 7 about sexual health and their sexual rights. Compared with the general population, they lack SRH knowledge and are more vulnerable to the negative consequences of sexual behavior such as sexually transmitted infections (STIs) and unwanted pregnancies hence the need to educate the about sexual health and rights. This will help us the disabled youth access sexual education as we will be travelling short distances to attend these campaigns,” said one of the disabled youths when asked about what can be done to improve the accessibility of sexual education.

4.4.2. Improved healthcare facilities

There is need to improve the healthcare facilities of ward 7 to make sure they are capable of accommodating the disabled youth. Communication barrier was one of the challenges raised where health workers fail to communicate using sign language. One of the disabled youths suggested that there should programmes where health workers are taught sign language so that they can communicate with the youth who have hearing loss. This helps the accessibility of sexual education by youth with different disabilities in the ward. At the two clinics that help the wards, some rooms cannot accommodate the youth who are on wheelchairs as they are not wheelchair friendly because of how they were build. One of the youths with sight impairment stated that it is important that when these facilities issue out books or fliers about sexual health they should also have them written in braille language so that they can also read.

4.4.3. Encouraging community engagement to reduce stigma and discrimination.

Encouraging community engagement in disabled youth activities is important because the community becomes one with the group and they begin to understand what they go through which reduces stigma and discrimination (MOHCC 2022). The reduction of stigma and discrimination helps in resilience building as people join hands despite others being complete and others being disabled as all people will be treated fairly (Kahirya et al 2020). In responding to the questionnaire, one health worker (clinic social worker) stated that parents need to learn to treat their children fair despite the fact that they are disabled or not and they also need to get involved in their disabled children's lives especially when they come for SRH assistance. This helps in creating a good relationship between the youth and the parents hence reducing discrimination. Then disabled youth when having their programs, they need to invite the community so that it can have a better understanding about disability and people living with disabilities. This helps the community acknowledge the disabled youth as they discover that the group is capable of doing wonderful things just like other youth. This helps reduce discrimination as the community will be also involved in the day-to-day activities of the disabled and after interaction, they get to understand how the group survive and how they navigate in the world of complete people.

4.5 Chapter summary

This chapter focused mainly on the results of the findings which are the objectives of the research. The chapter explained about the challenges being experienced by the disabled youth in accessing SRH services as well as their responses during interviews or discussions. The other areas are the services being offered to the disabled in ward seven and also solutions to the challenges being faced by the disabled.

CHAPTER 5

5.1. Introduction

This chapter is a summary of the results of the research findings in chapter four. The chapter is going to give brief information about the data collected in the previous chapter. The chapter goes on to give recommendations as well as pointing out areas that need future research.

5.2. Summary of Research Findings

Following is the summary of the results that were obtained by the researcher during her research where the student was interacting with the community to obtain data.

5.2.1. Challenges being faced by the disabled youth

The challenges being faced by the disabled when accessing SRH services in the rural areas are influenced by different factors. In Zaka rural ward 7, the disabled youth are living in a society where gender norms and poverty are one of the challenges why they cannot access SRH services freely. Limited access to healthcare facilities is another challenge that affect the accessibility if SRH services by the disabled youth as they cannot walk long distances for these services. Stigma and discrimination have contributed to the decrease in the numbers of disabled youth who access these services as they are not being treated just like other complete youth hence there is a lot of stereotyping from community members, family as well as health works. Some healthcare facilities lack the capacity to cater for the special needs of the disabled hence affecting the accessibility of SRH services I ward 7, Zaka rural.

5.2.2. SRH services being offered to the disabled youth

The disabled youth are being offered services like family planning. Once the disabled youths start engaging in sexual relations, they are encouraged to start using different family planning methods so as to avoid unintended pregnancies. They are offered family planning methods in form of pills, injection as well as loops at both clinics in the ward. They also receive counselling from the social welfare and in cases that they need someone to represent them they are given lawyers. In times of droughts, they are given food as well as monetary assistances. For those who are still able to go to school or visit the two clinics in the ward, they receive sexual education through clubs at schools and through consultation at the clinics.

5.2.3. Solutions to the challenges faced by the disabled youth

As challenges were being presented by the researcher and the disabled youth, possible solutions were drawn from the different perspectives of the participants. On the issue of stigma and discrimination, community engagement in disabled youth programs was encouraged so as to build a connection between the community and the disabled youth. Community engagement helps the community understand how the disabled survive and it helps them realise that the disabled youth and complete youth are the same they should be treated equally. Improving healthcare facilities so that they can cater the special needs of the disabled youth is another solution to improve the accessibility of SRH services by the disabled youth. Improved accessibility to healthcare facilities is one of the ways of dealing with the challenges being faced by the disabled youth in accessing SRH services within the ward. This can be accomplished through the organization of focus groups where health workers teach about SRH and also campaigns in the ward where the disabled youth can also attend and learn about sexual health and their sexual rights

5.3. Recommendations

In relation to the research conducted, the following recommendations are given

- Parents who live with disabled youth should learn to love their children fairly despite their disability
- Parents should treat both the girl and the boy child fairly despite their gender as they both deserve love from their parents as it is a way to deal with gender norms that affect the youth especially the disabled.
- The community should have time to interact with the disabled youth as it helps them have a better understanding of how they leave at the same time building a relationship between the disabled and the community which is good for resilience building.

5.4. Areas for further studies

Considering the previous research that were done before, the future researchers might focus on;

- The challenges experienced by children whose parents are disabled in accessing education and medical assistance
- The effect of stigma and discrimination towards the disabled children and youth from their

parents and community.

- The need to educate the disabled about their sexual rights as many of them are not aware of their own rights.
- The need to educate the community on how best they can protect the disabled population as they are more vulnerable than the complete population.

5.5. Chapter Summary

This chapter is a summary of the research findings in chapter four. The chapter goes on to discuss about the areas or topics that need further research and it also has the research's recommendations.

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APPENDICES

APPENDIX 1: CONSENT FORM

Participant's Statement

I have read and understood the information sheet given to me and I am well aware of the purpose and objective of the research study.

I have been assured that my identity remains anonymous and that all information that I give will be kept confidential. Subsequent use of the data I will provide will be subject to standard data use procedures which protect anonymity.

My right to withdraw from this study at any point has been assured.

All my questions regarding conditions for participation in the study have been comprehensively answered to my satisfaction.

I therefore voluntarily choose to participate in this research study.

Date:

Participant's Name & Signature:

Researcher's Signature

APPENDIX 2: Focus group interview guide

Date.....

Gender.....

Commencement Time..... Finishing Time.....

Attendance: Males.....

: Females.....

: Boys.....

: Girls.....

What are the challenges being faced by the disabled youths in accessing SRH services in ward seven, Zaka district.

- a) At healthcare facilities
- b) at school

What are the SRH services being offered to the disabled youth?

- a) at healthcare facilities
- b) at school

What possible solutions can be put in place as way to minimize the challenges being faced by the disabled youths?

APPENDIX 3:

QUESTIONNAIRE FOR THE DISABLED YOUTH AND HEALTH WORKERS

1. What are some of the main barriers that disabled youth face in accessing sexual and reproductive health information and services?
2. What types of sexual and reproductive health services are especially important for disabled youth, and how accessible are these currently?
3. How do societal attitudes and beliefs about disability impact the sexual and reproductive health of disabled youth?
4. What are some strategies or interventions that could improve disabled youth's access to quality, inclusive sexual and reproductive healthcare?
5. In what ways can disabled youth themselves advocate for their sexual and reproductive rights and needs?

APPENDIX 4

Observation guide

To observe the social interaction between the disabled youth and the community.