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An investigation on the social and economic consequences of stigma on individuals living with visible disabilities in Mabvuku

By

Author

Margret Musekiwa

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Supervisor: Dr K. Mhlanga

Approval form

The undersigned confirm that they have read and recommended the project titled**: investigating the social and economic consequences of stigma on individuals living with visible disabilities in Mabvuku.** This is in partial fulfillment of the Bachelor of Science honor's degree in development studies at Bindura University of science education. This project was submitted by **Margret Musekiwa** registration number **210981B**

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Dr **K.** Mhlanga Date

…… ……/……/……..

Chairman's signature Date

…….. ……/……/……..

External Examiners Signature Date

Declaration

I **Margret Musekiwa ,** registration number **B210981B** declares that all of the information in this dissertation entitled **Investigating the social and economic consequences of stigma on individuals living with visible disabilities in Mabvuku** is original and has not been copied from any other person's work / dissertations, information collected from other sources is clearly shown

Student's signature.....MMusekiwa.....

Date.30./06./2025

Dedication

This dissertation titled **investigating the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku** is dedicated to the resilient individuals with visible disabilities who bravely shared their experiences and insights. Your courage is an inspiration. I also honor the caregivers who tirelessly support and uplift individuals with disabilities, exemplifying compassion and dedication every day.

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Abstract

This research explores social and economic effects of stigma on the lives of individuals with visible disabilities in Mabvuku and how stigma affects their daily living and future. Guided by social ecological theory and the stigma theory, the research utilizes a pragmatic paradigm that allows systematic analysis of complex social phenomena. Utilizing a mixed-methods approach, data were collected through questionnaires and interviews and analyzed utilizing simple random sampling, purposive sampling as well as snowballing techniques to involve diverse respondents. The findings illustrate severe social and economic ramifications of stigma, for example, loneliness, limited employment opportunities and economic insecurity. The respondents elaborated on varied manifestations of stigma, such as labeling, stereotyping, social exclusion and discrimination, all of which hindered their social integration and economic advancement. The coping mechanisms involved support from family members and friends, involvement in focus groups and self-care practices, which imparted emotional resilience and belongingness. The experiences of individuals with visible disabilities underscore the need for more awareness and advocacy to challenge stereotypes in society. Based on these findings, the report formulates concrete policy-making recommendations focusing on inclusiveness and accessibility. Stigma-reducing publicity and education in healthcare-seeking communities are essential, complemented by the development of support services that address the needs of disabled individuals. Furthermore, promoting disability-led projects can give them the feeling of agency and belonging to their social settings. In conclusion, these results point to the essential need for systemic change to improve the social and economic status of residents with visible disabilities in Mabvuku.

Key words: visible disabilities, stigma, social participation, economic participation, Mabvuku, individuals with visible disabilities.

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ACRONYMS AND ABBREVIATIONS

DPA ….....Division of Public Assistance

MDPI……. Multidisciplinary Digital Publishing Institute

UNCRPD……. United Nations Convection on the Rights of Persons with Disabilities

IMF……. International Monetary fund

CBM……. Christian Blind Mission

ZIMSTATS……. Zimbabwe National Statistics Agency

WHO……. World Health Organization

NGO……Non-Governmental Organizations

GOZ……. Government of Zimbabwe

OPDs……. Organizations for Persons with Disabilities

SEM……. Social Ecological Model

SET……. Social Ecological Theory

UNESCO……. United Nations Educational, Scientific and Cultural Organization

ILO……International Labor Organization

UN……. United Nations

OHCHR……. Office of the United Nations High Commissioner for Human Rights

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Approximately one billion individuals globally or roughly fifteen percent of the total population, experience some kind of impairment, (World Health Organization 2013). Visible disabilities specifically pose considerable challenges for individuals, families and communities. Despite efforts to foster inclusivity and accessibility, individuals with visible disabilities continue to encounter stigma, social exclusion and economic marginalization. In Zimbabwe, available data suggests that around 7% of the population lives with disabilities, with visible disabilities being the most prevalent. Despite this notable prevalence, research on the experiences of individuals with visible disabilities in Zimbabwe remains limited. This knowledge gap is concerning particularly

given the need for evidence-based policies and interventions that promote inclusivity and accessibility. This research seeks to expand on the already existing body of knowledge on the encounters of persons living with visible impairments in Zimbabwe. Specifically, it seeks to investigate the social and economic consequences of stigma on individuals with visible impairments in Mabvuku, a densely populated suburb in Harare, Zimbabwe.

1.2. Background of the Study

The global prevalence of disabilities is estimated to be around 15%, with visible disabilities being a significant proportion (World Health Organization, 2011). This translates to approximately one billion individuals globally are living with some kind of impairment. The experiences of individuals with visible disabilities are molded by quite a number of elements such as societal attitudes, traditional norms as well as institutional practices that perpetuate stigma, marginalization and exclusion (United Nations, 2006).

Individuals living with visible disabilities face significant hurdles in accessing basic services, including education, healthcare and employment. As articulated by the World Health Organization (2011). Individuals living with visible impairments are more likely to be affected by poverty as well as unemployment and are less likely to have access to education and healthcare. This perpetuates a cycle of poverty and exclusion, which can have serious consequences for the mental and bodily health of individuals with visible disabilities.

The Global Disability Rights movement has made remarkable progress in pushing for the rights and inclusion of individuals with impairments. The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) has been ratified by over 180 countries and has played a pivotal part in promoting the inclusive entitlements of persons with disabilities worldwide (United Nations, 2006). However, regardless of these initiatives, individuals with visible disabilities continue to be affected by significant challenges in accessing basic services and participating in social and economic activities.

In order to tackle the obstacles faced by individuals with visible disabilities, it is important to adopt a comprehensive and inclusive approach that takes into account the complex interplay of factors that shape their experiences. This requires a commitment to promoting the inclusive rights

of individuals with disabilities as well as addressing the societal attitudes, cultural norms and institutional practices that perpetuate stigma, marginalization and exclusion (World Health Organization, 2011).

The Southern African region presents a distinct set of obstacles for disabled individuals. The region's history of colonialism, apartheid and economic instability has led to a legacy of inequality and exclusion (Mamdani, 1996). For individuals with visible disabilities, this legacy is compounded by societal attitudes that often portray impairment as a curse or a source of shame (Mopfu et al., 2017). In this context, individuals with visible disabilities in austral region of Africa face quite a lot of hindrances in accessing education, healthcare and employment. Many schools and healthcare facilities are inaccessible and employers often view individuals with disabilities as unproductive or unreliable (Watermeyer et al., 2017). Due to this, individuals with visible impairments are often relegated to the margins of society, struggling to make ends meet and access basic services. The regional economic crisis has further exacerbated these challenges. Reduced funding for social services has led to a fall in the quality and availability of services available for individuals with disabilities (International Monetary Fund, 2015). This has had a disproportionate impact on individuals with visible disabilities who already face significant barriers in accessing these services. In order to address these challenges, it's essential to adopt a regional approach that takes into account the unique historical, cultural and economic context of Southern Africa. This requires a commitment to promoting the inclusive rights of people with disabilities as well as addressing the societal attitudes, cultural norms and institutional practices that perpetuate stigma, marginalization and exclusion.

Zimbabwe has a complex and challenging environment for individuals with visible disabilities. The country's economic crisis which began in the early 2000s has had a devastating impact on the lives of individuals with disabilities (IMF, 2015). The crisis has led to a decline in the quality and availability of services including healthcare and education, which are essential for individuals with disabilities. In Zimbabwe, individuals with visible disabilities face significant hindrances in accessing education, healthcare and employment. The country's education system is often inaccessible to students with disabilities and many schools lack the resources and trained staff to support students with disabilities (ZIMSTAT, 2012). In the healthcare sector, individuals with

disabilities often face discrimination and lack of access to specialized services (WHO, 2011).The Zimbabwean government has made efforts to promote the rights and inclusion of individuals with disabilities. The Disabled Persons Act (1992) provides for the rights and welfare of individuals with disabilities, including access to education, healthcare and employment (GOZ, 1992). However, despite these efforts individuals with visible disabilities continue to face significant challenges in accessing basic services and participating in social and economic activities.

To effectively address the challenges faced by individuals with visible disabilities in Zimbabwe, a multifaceted approach is necessary. This involves strengthening policy frameworks, increasing accessibility and inclusivity in education and healthcare and promoting economic empowerment and social inclusion. Ultimately, a comprehensive and inclusive strategy that engages government, civil society and communities is crucial to promoting the rights and well-being of individuals with visible impairments in Zimbabwe.

Mabvuku is a densely populated suburb in Harare, Zimbabwe, plagues by high poverty rates, unemployment and limited access to basic services (ZIMSTAT, 2012). The suburb has a high population density, with many residents living in informal settlements and facing challenges related to sanitation, water and healthcare (Harare City Council, 2015). In Mabvuku, individuals with visible impairments face significant obstacles in accessing education, healthcare and employment. Many schools and healthcare facilities are inaccessible and employers often view individuals with disabilities as unproductive or unreliable (Watermeyer et al., 2017). Due to this, individuals with visible impairments are often relegated to the margins of society, struggling to make ends meet and access basic services. The lack of access to education and employment opportunities exacerbates the obstacles experienced by individuals with visible disabilities in Mabvuku. Quite a number of residents, including those with disabilities, rely on informal trading and vending to make a living (ZIMSTAT, 2012). However, individuals with visible disabilities often experience significant challenges in accessing these economic opportunities, due to lack of access to education, training and resources. In order to address the challenges faced by individuals with visible disabilities in Mabvuku, it's essential to adopt a community-based approach that takes into account the unique socio-economic and cultural context of the suburb. This requires a commitment to promoting the rights and inclusion of individuals with disabilities and to addressing

the societal attitudes, cultural norms and institutional practices that perpetuate stigma, marginalization and exclusion.

1.3. Statement of the Problem

The intersection of disability, poverty and social exclusion presents a complex challenge in Zimbabwe, particularly in densely populated suburbs like Mabvuku in Harare. Despite attempts to support inclusivity and accessibility, individuals with visible disabilities face significant barriers in accessing basic services, including education, healthcare and employment, due to stigma, discrimination and limited resources. This research aims to examine the social as well as the economic consequences of stigma on individuals with visible disabilities in Mabvuku and to identify coping mechanisms used to deal with stigma, in order to support the development of applicable interventions to promote inclusivity and accessibility.

1.4. Aim of the Study

This study aims to examine the social together with the economic consequences of stigma on individuals with visible disabilities in Mabvuku, a densely populated suburb in Harare, Zimbabwe. Specifically, the study seeks to explore the experiences of stigma, examine the social and economic consequences of stigma and identify the coping mechanisms used by individuals with visible disabilities in Mabvuku.

1.5. Objectives of the study

- To analyze the experiences of individuals with visible disabilities in Mabvuku.
- To identify forms of stigma
- To examine the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku.
- To identify the coping mechanisms used by individuals with visible disabilities in Mabvuku to deal with stigma.

1.6. Significance of the Study

The importance of this research lies in its potential to add to the existing body of knowledge on the experiences of individuals with visible disabilities in Zimbabwe. Specifically, the study aims to:

- Provide information on the experiences of stigma on people with visible disabilities in Mabvuku, which can inform the development of effective interventions to promote inclusivity and accessibility.
- Inform policymakers and stakeholders on the social and economic consequences of stigma on individuals with visible impairments, which can guide the development of policies and programs to address these challenges.
- Assist in the empowerment of people with visible impairments in Mabvuku by providing a ground for their views to be heard and their experiences to be documented.

Overall, this study has the potential to make a significant contribution to the promotion of inclusivity and accessibility for individuals with visible disabilities in Zimbabwe.

1.7. Research questions:

- What are the experiences of individuals with visible disabilities in Mabvuku?
- What are the forms of stigma experienced by the individuals living with visible disabilities?
- How does stigma affect the social as well as the economic participation of the individuals living with visible impairments in Mabvuku?
- What coping mechanisms do individuals with visible disabilities in Mabvuku use to deal with stigma

1.8. Study Hypothesis

There is a significant connection between stigma and the social and economic participation of individuals with visible disabilities in Mabvuku, Zimbabwe.

- H1: Individuals with visible disabilities who experience stigma will have lower levels of social participation.

- H2: Individuals with visible disabilities who experience high levels of stigma will have lower levels of economic participation.
- H3: There is a huge difference in the levels of social and economic participation between individuals with visible disabilities who experience high levels of stigma and those who experience low levels of stigma.

1.8.1 Theoretical framework for the study

1.8. 1. Social Ecological Model (SEM)

The Social Ecological Model (SEM) gives a framework for understanding the complex interactions between individuals with visible disabilities and their environment (Bronfenbrenner, 1979). The SEM consists of five levels:

- Micro -system: The individual's immediate environment, including family and peers.
- Meso-system: The interactions between different microsystems, for example between family and school.
- Exo-system: The outside environment, including societal attitudes and policies.
- Macro -system: The broader cultural and societal context.
- Chrono-system: The temporal dimension, including changes over time.

1.8.2. Stigma Theory

Stigma Theory, as proposed by Goffman (1963), suggests that stigma is a social process that involves the labeling, stereotyping and discrimination of individuals who possess attributes that are deemed undesirable. Stigma can lead to social exclusion, marginalization and decreased prospects for social and economic participation. In this study, SEM and Stigma Theory will be used to explore how stigma affects the social and economic participation of individuals living with visible impairments in Mabvuku, Zimbabwe.

1.9 Study Limitations

- **Geographical scope:** The study is limited to Mabvuku, a densely populated suburb in Harare, Zimbabwe, which is not a representative of some other areas in Zimbabwe or other countries.

- **Sample size**: The sample size for this research is relatively smaller, which may limit the generalizability of the findings.
- **Methodological limitations:** This study relies on qualitative methods, which may be subjective and influenced by the researcher's biases.
- **Data collection limitations:** The study relies on self-reported data from participants, which may be subject to social desirability bias.
- **Limited perspective: T**he research only explores the experiences of people with visible impairments and does not consider the perspectives of other stakeholders, such as family members, caregivers, or healthcare professionals.

1.10 Study Delimitation

- **Population**: The study focuses specifically on individuals with visible disabilities in Mabvuku, a densely populated suburb in Harare, Zimbabwe.
- **Age range**: The study targets individuals with visible disabilities aged 18-65 years.
- **Type of disability**: The study focuses on visible disabilities, including physical, sensory and mobility impairments.
- **Geographical location**: The study is conducted in Mabvuku, a densely populated suburb in Harare, Zimbabwe.
- **Timeframe**: The study is conducted over a period of six months.

By delimiting the study in these ways, the researcher aims to ensure a focused and in-depth exploration of the research topic.

1.11. Definitions of key terms

- **Visible Disability:** A physical or sensory impairment that is visible to others, such as mobility impairments, visual impairments, or hearing impairments (World Health Organization, 2011).
- **Stigma:** A social process that involves the labeling, stereotyping and discrimination of individuals who possess attributes that are deemed undesirable (Goffman, 1963).
- **Social Participation: T**he ability of individuals to engage in social activities, such as education, employment and community activities (United Nations, 2006).

- **Economic Participation**: The ability of individuals to engage in economic activities, such as employment, entrepreneurship and financial transactions (International Labor Organization, 2019).
- **Mabvuku:** A densely populated suburb in Harare, Zimbabwe, where the study will be conducted (Zimbabwe National Statistics Agency, 2012).
- **Individuals with Visible Disabilities**: Persons who have visible physical or sensory impairments that affect their daily lives and interactions with others (World Health Organization, 2011).

1.12. Organization of the research study

CHAPTER 1: INTRODUCTION

This chapter provides a platform for the research project by presenting an overview of the study, including a concise introduction to the topic which is investigating the social and economic effects of stigma on individuals living with visible disabilities, background information, a clear articulation of the research problem, and specific research objectives and aims. This chapter also provides the research questions guiding the inquiry, identifies the significance of the study, and outlines its scope, thereby providing context, clarity, and direction to the study. In a true sense, by presenting the research topic properly, chapter 1 sets the stage for the rest of the dissertation, and provides a guide for the inquiry, steering the study through the research process.

CHAPTER 2: LITERATURE REVIEW

Chapter 2 , also known as the Literature Review, is going to provide a comprehensive overview of existing research on the topic of examining the social and economic impacts of stigma on persons living with visible disabilities, synthesizing relevant studies, theory, and findings to establish context, identify gaps, and guide methodology. The chapter will provide a critical overview of key concepts, theoretical frameworks, and empirical research, the chapter will situate the study theoretically, demonstrate the researcher's understanding, and sets the stage for the study's methodology and analysis, and lastly specifies areas in which further research is needed.

CHAPTER 3: RESEARCH METHODOLOGY

This chapter is going to explain the research design, methods, and procedures in data gathering and analysis, providing a clear discussion of the study approach, sampling strategy, data gathering techniques, and data analysis procedures. This chapter is also going to provide justification for the research decisions, encouraging transparency, and the determination of the validity and reliability of the study, it is also going to show the researcher's rigor and credibility in conducting the investigation.

CHAPTER 4: DATA PRESENTATION AND ANALYSIS

This chapter is going to present the study's findings in a clear and concise manner, using visual aids like tables, figures, and graphs to illustrate key data. This chapter focuses on reporting the results of the data analysis, providing evidence to support the study's conclusions and recommendations, and setting the stage for the interpretation and discussion of the findings in the next chapter.

CHAPTER 5: DISCUSSION

This chapter is going discuss the implications of the findings of the study on the social and economic effects of stigma on individuals with visible disabilities, following their relationship with the research questions and the existing literature. It will also highlight the study's contributions, practical and theoretical implications, and provides actionable recommendations for stakeholders, policymakers, and future researchers, with the overall goal of informing strategies to mitigate the effects of stigma and improve the lives of individuals with visible disabilities

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

Chapter Six presents the conclusions and recommendations drawn from the investigation into the social and economic consequences of stigma on individuals with visible disabilities. It summarizes key findings, emphasizing that stigma significantly impacts mental health, social integration, and economic opportunities for affected individuals. The chapter advocates for comprehensive awareness campaigns to educate the public and reduce stigma. It also recommends policy changes to promote inclusion in workplaces and educational settings, alongside support programs tailored to the needs of individuals with disabilities. Ultimately, the chapter calls for a collective effort

from society, governments, and organizations to foster a more inclusive environment that empowers individuals with visible disabilities.

1.13. Summary of Chapter One

This chapter introduces the research study, which aims to investigate the social and economic consequences of stigma on individuals with visible impairments in Mabvuku, Zimbabwe. The study is motivated by the need to address the obstacles faced by individuals with visible disabilities, who are often segregated and excluded from social and economic activities. The chapter provides an overview of the global and local context of disability, including the prevalence of disabilities, the experiences of stigma and discrimination and the social and economic consequences of stigma. The chapter also outlines the research problem, aim, objectives and significance of the study. The study's theoretical framework is based on the Social Ecological Model (SEM) and Stigma Theory. The SEM provides a framework for understanding the complex interactions between individuals with visible disabilities and their environment, while Stigma Theory explains how stigma affects the social and economic participation of individuals with visible disabilities. The chapter concludes by outlining the study's constraints, boundaries and definitions of key words. Overall, this study aims to contribute to the existing body of knowledge on the experiences of individuals with visible disabilities in Zimbabwe and to inform the development of effective interventions to promote inclusivity and accessibility.

Chapter 2: Literature Review

2.1. Introduction

The experiences of individuals with visible disabilities are molded by a complex interplay of elements, such as societal attitudes, traditional norms and institutional practices. In order to gain a greater comprehension of the social as well as the economic consequences of stigma on people living with visible disabilities in Mabvuku, it is essential to review the existing literature about topic. This chapter provides an overview of the existing literature on the experiences of individuals with visible disabilities, with a focus on stigma, social participation and economic participation.

The aims of this chapter are threefold. First, this chapter provides the theoretical framework guiding the study. Second, it provides an overview of the existing literature on the experiences of

individuals with visible disabilities, identify the key themes and concepts that emerge from the literature, analyze the existing literature on the experiences of individuals with visible disabilities in Zimbabwe, with a focus on Mabvuku, Third, it identifies the research gaps and limitations in the existing literature.

2.2. Theoretical framework

Social Ecological Theory and Stigma Theory

The plight of individuals with disabilities can be understood in the context of the Social Ecological Theory and Stigma theory. These theories provide a framework for understanding the complex interactions between individuals and their environment and the ways in which stigma shapes the experiences of individuals with disabilities. By applying these theories, researchers and practitioners can develop more effective interventions and policies to promote the inclusion and well-being of individuals with disabilities. Furthermore, the application of these theories can also help to promote a more nuanced knowledge of the experiences of individuals with disabilities and to challenge the dominant narratives and stereotypes that shape societal attitudes towards disability. In addition, the application of these theories can also help to promote a more inclusive and equitable society, in which individuals with disabilities have equal access to basic resources and opportunities.

Finally, the application of these theories can also help to promote a more nuanced understanding of the complex interactions between individuals and their environment and the ways in which stigma shapes the experiences of individuals with disabilities

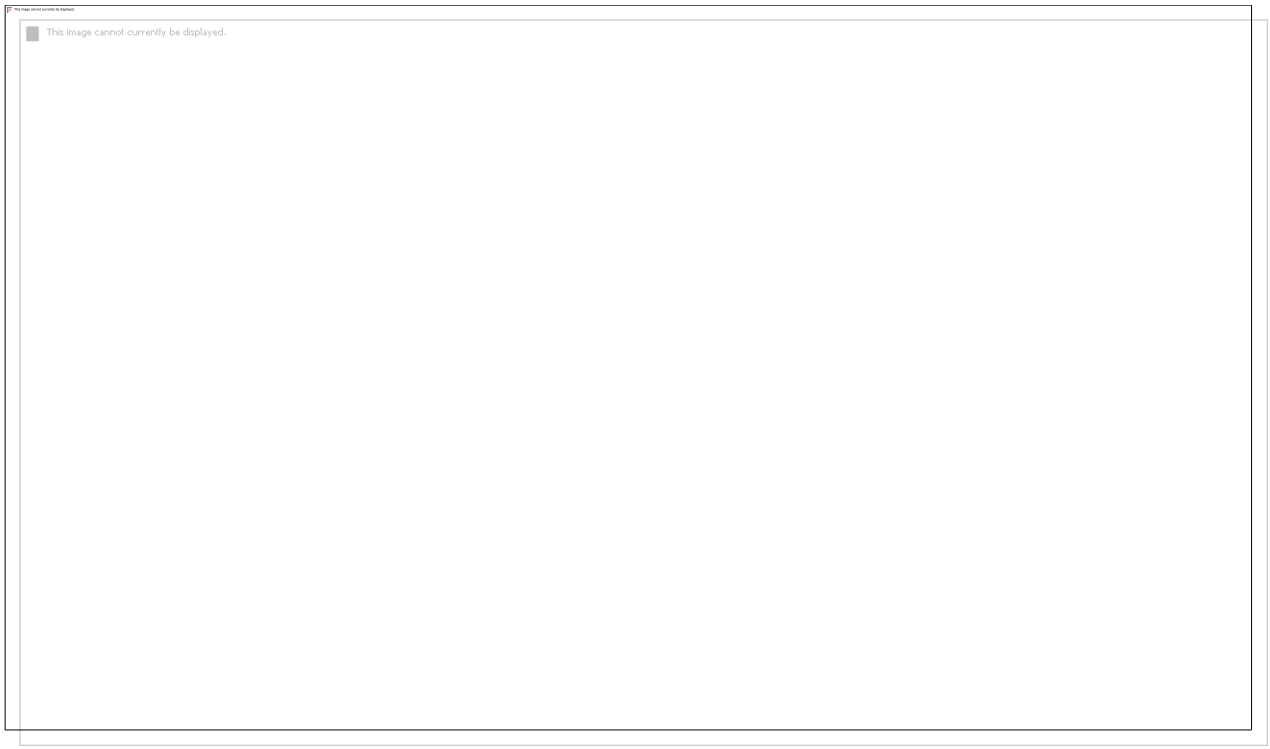


Fig 1.Social Ecological Model

The researcher employs the Social Ecological Model and Stigma concept as the underpinning theory of the study. The Social Ecological Theory (SET) provides a framework for understanding the complex interactions between individuals and their environment (Bronfenbrenner, 1979). The theory posits that an individual's behavior and well-being are influenced by five levels of the ecological system: microsystem, mesosystem, exosystem, macro system and chronosystem.

In the context of individuals with disabilities, The microsystem, comprising of family, peers, educators, healthcare providers and community, contributes immensely in molding the economic as well as the social consequences of stigma on people with visible impairments, influencing their access to resources, self-perception, coping mechanisms and overall well-being. The mesosystem, encompassing of interactions between microsystems and institutional policies, plays a critical role in shaping the economic and social consequences of stigma on individuals with visible disabilities, influencing access to resources, social connections and cultural norms.

The exosystem refers to the external environment that affects the individual's life, such as education and employment opportunities. The macro system, encompassing cultural, economic

and political structures, significantly influences the economic and social consequences of stigma on individuals with visible disabilities, shaping attitudes, policies, opportunities and outcomes through societal norms, laws, economic systems and globalization. The Chronosystem, encompassing the temporal dimension of ecological systems, influences the economic and social consequences of stigma on individuals with visible disabilities by shaping life course experiences, temporal patterns of stigma, critical periods and transitions and informing the timing and design of interventions and policies.

Stigma theory

Fig 2. Stigma Theory Model

Fig 2 shows the main features of stigma theory.

Stigma theory propounded by Goffman in 1963; on the other hand, provides a framework for gaining a deeper understanding on the social and psychological processes that contribute to the devaluation and marginalization of individuals with disabilities. Stigma theory posits that stigma originates from the interaction that exists between an individual's attributes and the social context in which they live.

In the context of individuals with disabilities, stigma can arise from the societal devaluation of disability, as well as the individual's own internalized negative attitudes and feelings about their disability (Corrigan, 2000).

The link between Social Ecological Theory and Stigma theory lies in the way that the ecological system shapes the individual's experiences of stigma. For example, the microsystem can influence the individual's internalized stigma, while the macro system can shape the societal devaluation of disability.

Furthermore, the ecological system can also shape the individual's access to resources and opportunities, which can exacerbate or mitigate the effects of stigma. For example, the exosystem can influence the individual's access to education and employment opportunities, which can shape their experiences of stigma.

One of the weaknesses of Social Ecological Theory is that it can be overly broad and lacking in specificity, making it difficult to apply in practice (Bronfenbrenner, 1979). Additionally, the theory can be criticized for neglecting the role of power and oppression in shaping the ecological system.

Stigma theory, on the other hand, has faced criticism for downplaying the significance of structural factors including poverty and lack of access to resources, in shaping the experiences of stigma (Corrigan, 2000). Additionally, the theory can be criticized for neglecting the diversity of experiences among individuals with disabilities.

Despite these weaknesses, both Social Ecological Theory and Stigma theory provide valuable understandings into the experiences of individuals with disabilities. By combining these theories, researchers and practitioners can gain a deeper understanding on the complex interactions between people and their environment and the ways in which stigma shapes the experiences of individuals with disabilities.

2.3 Global Context of Disability

The World Health Organization (WHO) estimates that approximately 15% of the world's population, or around 1 billion individuals, live with some form of disability (WHO, 2011). Visible disabilities, such as physical disabilities, are often more apparent than invisible disabilities, such as mental health conditions or chronic illnesses (Olkin, 2009). Despite the prevalence of visible disabilities, individuals with visible disabilities often face significant social, economic and cultural barriers (United Nations, 2006).

One of the primary obstacles faced by individuals with visible disabilities is social stigma and discrimination (Goffman, 1963). Stigma can lead to social isolation, reduced self-esteem and decreased opportunities for education and employment (Corrigan, 2000). In many cultures, visible disabilities are viewed as a source of shame or embarrassment, leading to further marginalization and exclusion (Ingstad & Whyte, 2007).

Education is a critical factor in promoting social inclusion and economic empowerment for individuals with visible disabilities (UNESCO, 2018). However, many people with visible disabilities face significant obstacles to accessing education, including inaccessible physical environments, lack of accommodations and discriminatory attitudes (Mittler, 2015). Inclusive education, which values diversity and promotes the participation of all students, is essential for promoting social inclusion and reducing stigma (UNESCO, 2018).

Employment is another critical factor in promoting economic empowerment and social inclusion for individuals with visible disabilities (ILO, 2019). However, many people with visible disabilities face significant hindrances to accessing employment, including discriminatory attitudes, lack of accommodations and inaccessible physical environments (Schur, Kruse, & Blanck, 2013). Inclusive employment practices, which value diversity and promote the participation of all employees, are essential for promoting economic empowerment and reducing stigma (ILO, 2019).

Healthcare is a critical factor in promoting the health and well-being of individuals with visible disabilities (WHO, 2011). However, many people with visible impairments face significant challenges in accessing healthcare, including inaccessible physical environments, lack of accommodations and discriminatory attitudes (Iezzoni, 2011). Inclusive healthcare practices, which value diversity and promote the participation of all patients, are essential for promoting health and well-being and reducing stigma (WHO, 2011).

Technology has the potential to promote social inclusion and economic empowerment for individuals with visible disabilities (World Bank, 2019). Assistive technologies, such as wheelchairs, prosthetics and communication devices, can promote independence and participation (WHO, 2011). However, many people with visible disabilities face significant obstacles to accessing technology, including cost, accessibility and lack of awareness (World Bank, 2019).

International human rights law recognizes the basic entitlements of individuals with disabilities, such as those with visible impairments (United Nations, 2006). The Convention on the Rights of Persons with Disabilities (CRPD) sets out the rights of individuals with disabilities, including the right to education, employment, healthcare and social inclusion (United Nations, 2006). However,

many countries have yet to implement the CRPD and individuals with visible disabilities continue to experience significant obstacles to accessing their rights (OHCHR, 2019).

In many cultures, visible disabilities are viewed as a source of shame or embarrassment, leading to further marginalization and exclusion (Ingstad & Whyte, 2007). For example, in some African cultures, individuals with visible disabilities are believed to have been cursed or possessed by evil spirits (Ingstad, 2001). These negative attitudes and beliefs can lead to social isolation, reduced self-esteem and decreased opportunities for education and employment.

The media also plays a significant role in shaping attitudes and beliefs about visible disabilities (Barnes, 2012). The media often portrays individuals with visible disabilities in a negative or stereotypical way, perpetuating stigma and discrimination (Barnes, 2012). However, the media can also be a powerful tool for promoting positive attitudes and inclusion (Barnes, 2012).

In conclusion, the global context of visible disability is complex and multifaceted. People living with visible disabilities encounters significant challenges in accessing education, employment, healthcare and social inclusion. However, international human rights law recognizes the rights of individuals with disabilities and inclusive practices and technologies have the potential to promote social inclusion and economic empowerment. Finally, further research is needed to enhance a deeper understanding on the experiences of individuals with visible disabilities and to develop effective strategies for promoting social inclusion and reducing stigma. Researchers should give precedence to the participation and inclusion of individuals with visible disabilities in all stages of the research process (Olkin, 2009). By doing so, researchers can help to promote a more inclusive and equitable society for all individuals, regardless of their abilities.

2.4. Experiences of prejudice and discrimination against individuals living with visible disabilities

The 2011 WHO Report shows that stigma and discrimination are pervasive and complex among individuals living with disabilities. It reports that stigma and discrimination affect millions of individuals worldwide (WHO, 2011). In 2006, the United Nations reported that individuals with disabilities often encounter significant hindrances in accessing education, employment, healthcare and social inclusion. This means that these can exacerbate stigma and segregation.

Research has shown that individuals with disabilities are often subject to negative stereotypes and stigmatizing attitudes, which can lead to social isolation, reduced self-esteem and decreased opportunities for education and employment (Corrigan, 2000). For example, a study by Angermeyer and Matschinger (2003) found that individuals with mental health conditions were often viewed as unpredictable, violent and incompetent.

Individuals with disabilities often experience stigma and discrimination in multiple settings, including education, employment, healthcare and social inclusion (WHO, 2011). For instance, a research study by Schur et al. (2013) found that individuals with disabilities often experience stigma and prejudice in the workplace, which lead to reduced job satisfaction and increased turnover.

A study by Kirschner et al. (2009) found that stigma and discrimination can also be perpetuated by healthcare providers who often hold negative attitudes towards individuals with disabilities. Although one thinks that healthcare workers are professionals, who should know better, Iezzoni (2011) attributes this perpetuation of stigma and discrimination towards individuals with disabilities on attitudes or lack the necessary training and expertise to provide high-quality care to individuals with impairments. Thus this lack of training contributes to poor health outcomes and reduced quality of life.

In addition to healthcare providers, family members and caregivers can also perpetuate stigma and discrimination towards individuals with disabilities (Olkin, 2009). For instance, a study by Powers et al. (2002) revealed that family members and caregivers often held negative attitudes towards individuals with intellectual disabilities, which can lead to social isolation and reduced opportunities for education and employment.

The media also plays a significant role in perpetuating stereotypes and prejudices towards individuals with disabilities (Barnes, 2012). The media often portrays individuals with disabilities in a negative or stereotypical way, which can perpetuate stigmatizing attitudes and behaviors (Barnes, 2012). For instance, a study by Clogston (1993) found that the media often portrays individuals with disabilities as helpless, dependent and pitiful.

Furthermore, stigma and discrimination towards individuals with disabilities can also be perpetuated by societal attitudes and norms (Goffman, 1963). For instance, a study by Zola (1982) revealed that societal attitudes towards individuals with disabilities are often shaped by negative stereotypes and stigmatizing attitudes.

Moreover, stigma and discrimination towards individuals with disabilities can also be perpetuated by policies and laws that fail to promote inclusion and accessibility (United Nations, 2006). For example, a study by Quinn and Degener (2002) found that policies and laws that fail to promote inclusion and accessibility can contribute to stigma and discrimination towards individuals with disabilities.

Finally, addressing stigma and discrimination towards individuals with disabilities requires a comprehensive and multifaceted approach that involves governments, healthcare providers, educators and the media (WHO, 2011). For example, a study by Thornicroft et al. (2016) found that anti-stigma programs that involve education, contact and protest can be effective in reducing stereotypes and prejudices towards individuals with mental health conditions.

In conclusion, stigma and discrimination towards individuals with disabilities is a pervasive and complex issue that affects millions of individuals worldwide. Addressing this issue requires a comprehensive and multifaceted approach that involves governments, healthcare providers, educators and the media.

2.5. The social and economic consequences of individuals living with disabilities:

The social and economic consequences of living with a disability can be severe and far-reaching (WHO, 2011). Individuals with impairments often encounter significant challenges in accessing education, employment, healthcare and social inclusion, which can exacerbate poverty and social isolation (United Nations, 2006).

Research has shown that people with disabilities are more likely to live in poverty than individuals without disabilities (World Bank, 2019). For instance, a study by Mitra et al. (2013) revealed that individuals with disabilities in developing countries are more likely to live in poverty and experience food insecurity.

The social consequences of living with a disability can also be severe. Individuals with disabilities often experience social isolation, stigma and discrimination, which can lead to reduced self-esteem, anxiety and depression (Corrigan, 2000). For example, a study by Livingston and Boyd (2010) found that individuals with mental health conditions often experience stigma and discrimination, which can exacerbate symptoms and reduce quality of life.

In addition to social isolation, people with visible disabilities often face significant obstacles to accessing education and employment (WHO, 2011). For instance, a study by Schur et al. (2013) found that individuals with disabilities are less likely to be employed than individuals without disabilities and are more likely to experience poverty and social isolation.

The economic consequences of living with a disability can also be severe. Individuals with disabilities often experience reduced earning potential, increased healthcare costs and reduced access to education and employment (World Bank, 2019). For example, a study by Jette and Badley (2002) found that individuals with disabilities experience significant economic burdens, including reduced earning potential and increased healthcare costs.

Furthermore, the social and economic consequences of living with a disability can vary significantly depending on the type and severity of the disability (WHO, 2011). For example, a study by Altman (2001) found that individuals with severe disabilities experience more significant social and economic consequences than individuals with mild disabilities.

The social and economic consequences of living with a disability can also be exacerbated by societal attitudes and norms (Goffman, 1963). For example, a study by Zola (1982) found that societal attitudes towards individuals with disabilities are often shaped by negative stereotypes and stigmatizing attitudes.

In addition, the social and economic consequences of living with a disability can be addressed through a range of strategies, including inclusive education and employment policies, accessible healthcare services and social protection programs (WHO, 2011). For example, a study by Mitra et al. (2013) found that inclusive education and employment policies can help to reduce poverty and social isolation among individuals with disabilities.

In addition, stigma and discrimination towards individuals with disabilities can also have significant mental health consequences, including anxiety, depression and post-traumatic stress disorder (PTSD) (Corrigan, 2000). For example, a study by Livingston and Boyd (2010) found that individuals with mental health conditions often experience stigma and discrimination, which can exacerbate symptoms and reduce quality of life.

Moreover, the social and economic consequences of living with a disability can also be addressed through the implementation of disability rights laws and policies (United Nations, 2006). For example, a study by Quinn and Degener (2002) found that the implementation of disability rights laws and policies can help to promote social inclusion and reduce stigma and discrimination.

Finally, addressing the social and economic consequences of living with a disability requires a comprehensive and multifaceted approach that involves governments, healthcare providers, educators and the media (WHO, 2011). For example, a study by Thornicroft et al. (2016) found that anti-stigma programs that involve education, contact and protest can be effective in reducing stigma and discrimination towards individuals with mental health conditions.

In conclusion, the social and economic consequences of living with a disability can be severe and far-reaching. Addressing these consequences requires a comprehensive and multifaceted approach that involves governments, healthcare providers, educators and the media.

2.6 Coping mechanisms for individuals living with disabilities

The experience of living with a disability can be challenging and stressful and individuals with disabilities often develop coping mechanisms to manage their condition and improve their quality of life (Livneh & Antonak, 1997). Coping mechanisms are tactics that individuals with visible disabilities use to manage stress, anxiety and other negative emotions connected with their disability (Folkman & Moskowitz, 2004).

Research has shown that individuals with disabilities use a variety of coping mechanisms, including problem-focused coping, emotion-focused coping and avoidance coping (Livneh & Antonak, 1997). Problem-focused coping involves taking action to solve the problem or manage

the stressor, while emotion-focused coping involves managing one's emotions and reducing stress (Folkman & Moskowitz, 2004).

Avoidance coping, on the other hand, involves avoiding the stressor or problem altogether (Livneh & Antonak, 1997). While avoidance coping may provide temporary relief, it can also prevent individuals from addressing the underlying issues and can lead to increased stress and anxiety in the long run (Folkman & Moskowitz, 2004).

In addition to these coping mechanisms, research has also shown that individuals with disabilities often use social support, self-efficacy and self-esteem to cope with their condition (Livneh & Antonak, 1997). Social support from family, friends and healthcare providers can provide emotional support, practical assistance and a sense of belonging (Cohen et al., 2015).

Self-efficacy, or the belief in one's ability to manage and control one's life, is also an important coping mechanism for individuals with disabilities (Bandura, 1997). Self-efficacy can help individuals to feel more confident and in control and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

Self-esteem, or the evaluation of one's own worth and value, is also a significant coping mechanism for individuals with disabilities (Harter, 1999). Self-esteem can help individuals to feel more confident and self-assured and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

Research has also shown that individuals with disabilities often use positive thinking and optimism to cope with their condition (Seligman, 1998). Positive thinking and optimism can help individuals to focus on the positive aspects of their life and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

In addition to these coping mechanisms, research has also shown that individuals with disabilities often use spirituality and religiosity to cope with their condition (Pargament, 1997). Spirituality and religiosity can provide a sense of meaning and purpose and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

Furthermore, research has also shown that individuals with disabilities often use creative activities, such as art, music and writing, to cope with their condition (Malchiodi, 2012). Creative activities can provide a sense of enjoyment and fulfillment and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

Finally, research has also shown that individuals with disabilities often use technology, such as assistive devices and online support groups, to cope with their condition (Scherer, 2002). Technology can provide a sense of independence and autonomy and can also promote more effective coping and problem-solving (Livneh & Antonak, 1997).

The use of coping mechanisms can also vary depending on the type and severity of the disability (Livneh & Antonak, 1997). For example, individuals with physical disabilities may use different coping mechanisms than individuals with mental health conditions.

The cultural background of an individual can also influence their use of coping mechanisms (Pargament, 1997). For example, individuals from collectivist cultures may be more likely to use social support as a coping mechanism, while individuals from individualist cultures may be more likely to use problem-focused coping.

In conclusion, individuals with disabilities use a variety of coping mechanisms to manage their condition and improve their quality of life. These coping mechanisms include problem-focused coping, emotion-focused coping, avoidance coping, social support, self-efficacy, self-esteem, positive thinking, optimism, spirituality, religiosity, creative activities and technology.

2.7. Interventions by Zimbabwean Government and Other stakeholders

The Zimbabwean government and other stakeholders have implemented various interventions to alleviate the economic and social consequences of living with disabilities (Ministry of Public Service, Labor and Social Welfare, 2013).

The Zimbabwean government has established the National Disability Board, which coordinates the implementation of disability policies and programs (National Disability Board, 2015). The Ministry of Primary and Secondary Education has introduced inclusive education policies, which

aim to support the education and training of children with impairments (Ministry of Primary and Secondary Education, 2017).

The Ministry of Higher and Tertiary Education has also introduced programs aimed at promoting the education and training of individuals with disabilities (Ministry of Higher and Tertiary Education, 2019). For example, the ministry has established a disability unit, which provides support services to students with disabilities (Mudzingwa, 2018).

Various NGOs have implemented programs aimed at supporting the inclusion and empowerment of individuals with disabilities. For example, the Jairos Jiri Association has implemented programs aimed at promoting the education and training of individuals with disabilities (Jairos Jiri Association, 2018).

The CBM Zimbabwe has also implemented programs aimed at promoting inclusive education and employment (CBM Zimbabwe, 2020). The organization has worked with various stakeholders, including the government and other NGOs, to promote the inclusion and empowerment of individuals with disabilities (Moyo, 2019).

The private sector has also played a significant role in promoting the inclusion and empowerment of individuals with disabilities. For example, some private sector companies have introduced disability-inclusive employment policies, which aim to promote the employment and job creation for individuals with disabilities (Zimbabwe National Chamber of Commerce, 2020).

Community-based interventions have also been implemented to promote the inclusion and empowerment of individuals with disabilities. For example, community-based rehabilitation programs have been implemented to provide rehabilitation services to individuals with disabilities (World Health Organization, 2010).

2.7.2 Challenges, Limitations and Recommendations

Despite these interventions, people with disabilities in Zimbabwe still face various challenges and limitations. For example, there is a lack of coordination among government, donors, UN agencies,

civil society and organizations of persons with disabilities (OPDs) on disability issues (United Nations, 2019).

To address these challenges and limitations, it is essential to promote coordination and collaboration among various stakeholders. This can be achieved through the establishment of a national disability coordination mechanism, which brings together government, donors, UN agencies, civil society and OPDs to coordinate disability policies and programs (Ministry of Public Service, Labor and Social Welfare, 2013).

Inclusive education is also critical in promoting the inclusion and empowerment of individuals with disabilities. The government and other stakeholders should work together to promote inclusive education policies and programs, which aim to provide equal access to education for all (Ministry of Primary and Secondary Education, 2017).

Economic empowerment is also essential in promoting the inclusion and empowerment of individuals with disabilities. The government and other stakeholders should work together to promote economic empowerment programs, which aim to provide equal access to employment and economic opportunities for all (Zimbabwe National Chamber of Commerce, 2020).

Social inclusion is also critical in promoting the inclusion and empowerment of individuals with disabilities. The government and other stakeholders should work together to promote social inclusion policies and programs, which aim to provide equal access to social services and opportunities for all (Ministry of Public Service, Labor and Social Welfare, 2013).

In conclusion, the Zimbabwean government and other stakeholders have implemented various interventions to alleviate the economic and social consequences of living with disabilities. However, despite these interventions, individuals with disabilities in Zimbabwe still face various challenges and limitations. To address these challenges and limitations, it is essential to promote coordination and collaboration among various stakeholders, inclusive education, economic empowerment and social inclusion.

2.8 Context-Specific Research and Gaps

Research on stigma and visible disabilities has been conducted in various contexts, but there is a need for more studies focusing on specific settings, such as high-density suburbs like Mabvuku. Understanding the unique challenges and experiences of individuals with visible disabilities in these contexts is crucial for developing effective interventions and policies.

2.8.1 Gaps in Current Research on Visible Disabilities and Stigma

Research gaps exist in several areas related to visible disabilities, stigma and their social-economic consequences. Firstly, there is a need for context-specific research, particularly in specific contexts such as Zimbabwe and Mabvuku, where limited studies have been conducted. Additionally, standardized tools to measure stigma towards individuals with visible disabilities are lacking, highlighting the need for stigma measurement research.

Furthermore, intersectionality is another area that requires attention, as limited research has explored how poverty, gender, age and ethnicity intersect with visible disability to produce unique experiences of stigma. The economic consequences of stigma on individuals with visible disabilities also remain understudied, with insufficient research on the economic impacts.

In terms of interventions, limited evidence exists on effective interventions to reduce stigma and promote inclusion of individuals with visible disabilities. Participatory research methods are also necessary to amplify the voices and experiences of individuals with visible disabilities. Cultural and social norms influencing the experiences of individuals with visible disabilities are not well understood and require further research.

Policy and legislative frameworks protecting the rights of individuals with visible disabilities need to be explored further. Access to healthcare and services for individuals with visible disabilities is

another area that requires attention, as limited studies have investigated these issues. Finally, using technology to promote accessibility and inclusion for individuals with visible disabilities is an area that warrants further research.

2.9 A conclusion of the literature review on individuals living with disabilities:

In conclusion, the literature review has highlighted the complex and multifaceted experiences of individuals living with disabilities. The review has shown that individuals with disabilities face significant barriers to accessing education, employment, healthcare and social inclusion (WHO, 2011; United Nations, 2006).

The literature review has also shed light on the significance of addressing stigma and discrimination towards individuals with disabilities (Corrigan, 2000; Livneh & Antonak, 1997). Stigma and discrimination can have serious negative effects for individuals with disabilities, including reduced self-esteem, social isolation and decreased opportunities for education and employment.

Furthermore, the literature has shown that individuals with disabilities use a variety of coping mechanisms to manage their condition and improve their quality of life (Livneh & Antonak, 1997; Folkman & Moskowitz, 2004). These coping mechanisms include problem-focused coping, emotion-focused coping, avoidance coping, social support, self-efficacy, self-esteem, positive thinking, optimism, spirituality, religiosity, creative activities and technology.

The literature review has also shed light on the importance of promoting inclusive education as well as employment policies, accessible healthcare services and social protection programs for individuals with disabilities (WHO, 2011; United Nations, 2006). These policies and programs can help to promote social inclusion, reduce poverty and improve the overall quality of life for individuals with disabilities.

In addition, the literature has shown that the experiences of individuals with disabilities can vary significantly depending on the form and severity of their disability, as well as their cultural background and socioeconomic status (Livneh & Antonak, 1997; Pargament, 1997).

The literature has also highlighted the importance of promoting the rights and dignity of individuals with disabilities, including their right to education, employment, healthcare and social inclusion (United Nations, 2006). This can be achieved through the implementation of disability rights laws and policies, as well as through the promotion of inclusive and accessible environments.

Furthermore, the literature has shown that technology can play an important role in promoting the inclusion and participation of individuals with disabilities (Scherer, 2002). Assistive technologies, such as wheelchairs, prosthetics and communication devices, can help to promote independence and autonomy and can also facilitate access to education, employment and healthcare.

The literature review has also brought to light the significance of promoting positive attitudes and behaviors towards individuals with disabilities (Corrigan, 2000). This can be achieved through education and awareness-raising campaigns, as well as through the promotion of inclusive and accessible environments.

In addition, the literature has shown that the encounters of people with disabilities is influenced by a range of factors, involving their cultural background, socioeconomic status and access to education and employment (Livneh & Antonak, 1997; Pargament, 1997).

The literature has also highlighted the importance of promoting the participation and inclusion of individuals with disabilities in all aspects of society, including education, employment, healthcare and social inclusion (United Nations, 2006). This can be achieved through the implementation of disability rights laws and policies, as well as through the promotion of inclusive and accessible environments.

Furthermore, the literature has shown that individuals with disabilities can play an important role in promoting positive change and inclusion in society (Charlton, 1998). This can be achieved through the promotion of disability rights and advocacy, as well as through the development of inclusive and accessible environments.

In conclusion, the literature review has highlighted the complex and multifaceted experiences of individuals living with disabilities. The review has shown that individuals with disabilities face significant barriers to accessing education, employment, healthcare and social inclusion and that stigma and discrimination can have serious negative consequences.

The literature has also highlighted the importance of promoting inclusive education and employment policies, accessible healthcare services and social protection programs for individuals with disabilities. Furthermore, the literature has shown that technology can play an important role in promoting the inclusion and participation of individuals with disabilities.

Finally, the literature has highlighted the importance of promoting positive attitudes and behaviors towards individuals with disabilities and of promoting the participation and inclusion of individuals with disabilities in all aspects of society.

2.10. Chapter Summary

This chapter provided a comprehensive review of the literature on the experiences of individuals living with disabilities. The chapter used Social Ecological Theory and Stigma theory to explain the plight of individuals with disabilities. The chapter highlighted the complex interactions between individuals and their environment and the ways in which stigma shapes the experiences of individuals with disabilities. The chapter also discussed the various coping mechanisms used by individuals with disabilities, including problem-focused coping, emotion-focused coping, avoidance coping, social support, self-efficacy, self-esteem, positive thinking, optimism, spirituality, religiosity, creative activities and technology. Furthermore, the chapter highlighted the significance of promoting inclusive education and employment policies, accessible healthcare services and social protection programs for individuals with disabilities. The chapter also emphasized the need to challenge dominant narratives and stereotypes that shape societal attitudes towards disability. Overall, the chapter provided a nuanced understanding of the experiences of individuals living with disabilities and highlighted the need for a comprehensive and multifaceted approach to promoting their inclusion and well-being.

CHAPTER 3: METHODOLOGY

3.1 Introduction

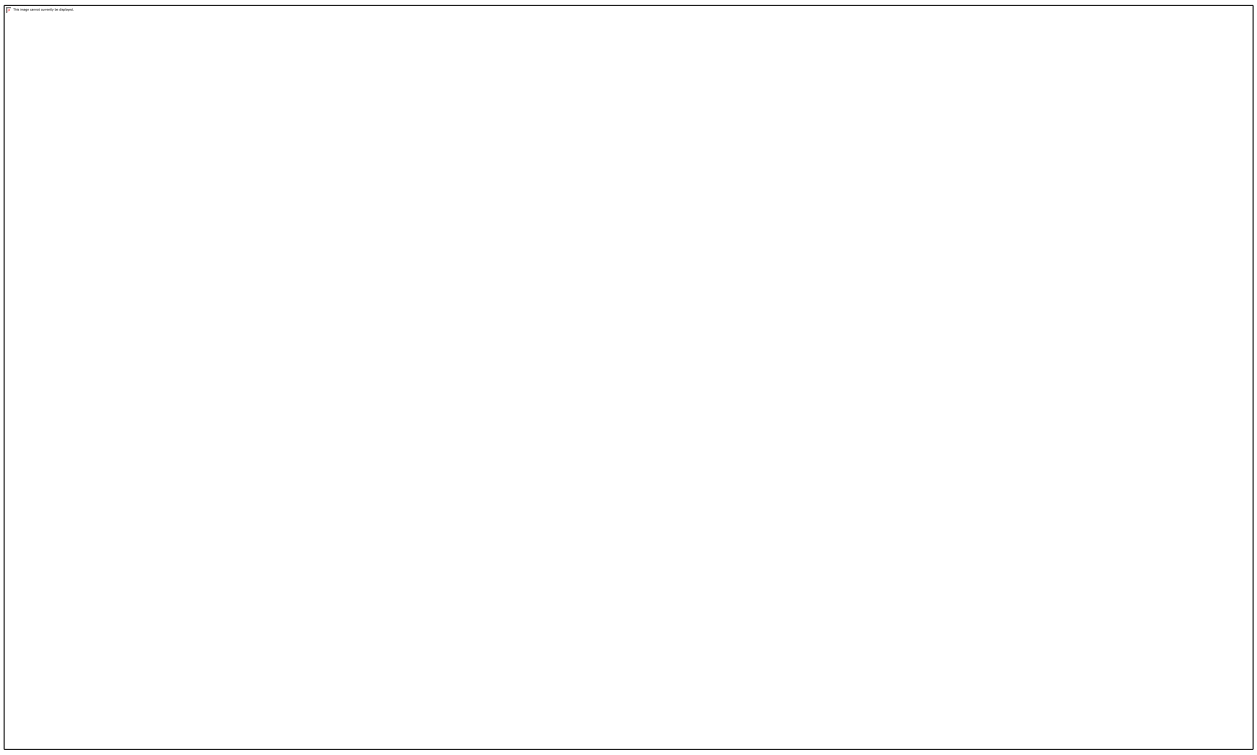
Chapter 3 describes the research methods employed to examine the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare. The methodology provides a systematic and organized framework in collecting and analyzing data, making sure that the research results are reliable, valid and generalizable to the broader population. The chapter is organized into several sections, beginning with an overview of the research setting, which encompasses the context and environment in which the research is conducted. This is followed by an outline of the research study approach, which outlines the plan and strategies used to conduct the research. Subsequent sections detail the research design, methodology, and data collection measures and data analysis methods. The chapter concludes with a summary of the key methodological components. By offering a comprehensive outline of the investigation methodology, this chapter aims to establish the credibility and rigor of the study, ensuring that the results contribute meaningfully to the existing body of knowledge on stigma and disability.

3.2 Research Setting

The research setting refers to the physical and social context in which the research study is conducted (Kothari, 2004). The research setting for this study is Mabvuku, a high-density suburb in Harare, Zimbabwe. Mabvuku was selected as the research setting due to its high population density and the presence of a significant number of individuals with visible disabilities. Mabvuku is a typical high-density suburb in Harare, characterized by overcrowding, poor sanitation and limited access to social services (Zimbabwe National Statistics Agency, 2012). The suburb has a

high prevalence of poverty, the unemployment and HIV/AIDS, which can exacerbate the social and economic consequences of stigma on individuals with visible disabilities (UNAIDS, 2010).The selection of Mabvuku as the research setting was also influenced by the researcher's familiarity with the area and the presence of organizations that provide support services to individuals with disabilities. The researcher's familiarity with the area facilitated access to participants and ensured that the research is conducted in a culturally sensitive and ethical manner.

The picture below is a map of mabvuku which was extracted from google maps



Research paradigm

A paradigm is a basic structure or model that governs our perception, understanding and interpretation of the world (Kuhn, 1962). It is an overarching and powerful idea that shapes our thoughts, actions and behavior (Guba & Lincoln, 1994).There are different kinds of paradigms, but here are three principal ones: c**onstructivism**/intepretivism, pragmatism, positivism, post positivism. This study employed a pragmatism paradigm.

The Pragmatism Paradigm

This is a research approach that emphasizes practical problem-solving and flexibility in methodology (Creswell, 2014). Pragmatism, values knowledge that is actionable and relevant to real-world problems (Dewey, 1938). At its core, the pragmatism paradigm is concerned with finding solutions to practical problems (Morgan, 2014). It rejects the idea that research should be driven solely by theoretical or ideological considerations (Creswell, 2014).

The pragmatism paradigm is also characterized by its flexibility and adaptability (Creswell, 2014). Pragmatism paradigm recognize that reality is complex and dynamic and that research methods must be tailored to the specific context and problem being studied (Morgan, 2014). This may involve combining quantitative and qualitative methods, or using iterative and cyclical research designs (Creswell, 2014). The pragmatism paradigm's emphasis on flexibility and adaptability makes it well-suited to studying complex social phenomena, such as stigma and disability (Scior, 2016).

The importance of the pragmatism paradigm lies in its ability to produce research that is relevant, useful and impactful (Morgan, 2014).

In the context of a study on the social and economic consequences of stigma on individuals with visible disabilities, the pragmatism paradigm offered a useful framework for understanding the complex issues at play (Scior, 2016). By adopting a pragmatist approach, the researcher was able to focus on developing solutions that address the practical needs and concerns of individuals with visible disabilities. This involved using mixed-methods approaches to gather data on the social and economic consequences of stigma and working collaboratively with stakeholders to develop and implement solutions (Creswell, 2014).

3.3 Research Approach

This research study employed a mixed-methods research approach, integrating both qualitative as well as quantitative methods. According to Johnson and Onwuegbuzie (2004), mixed-methods research allows for the collection of both numerical data and narrative data, providing a more nuanced understanding of the research topic. The mixed-methods approach is chosen for this study

because it allows for the collection of rich, contextual data through the qualitative component, while also providing a broader understanding of the prevalence and impact of stigma through the quantitative component. The qualitative element of the study includes in-depth interviews with individuals with visible disabilities, while the quantitative element involves the administration of a survey questionnaire to a larger sample of participants. Additionally, the mixed-methods approach allows for the triangulation of data, which can increase the validity and reliability of the findings (Denzin, 1978).

3.4 Research Design

The research design is the general plan or structure of the research study, involving the methods and procedures used to collect and analyze data (Kothari, 2004). According to Yin (2014), the research design is the "blueprint" for the research study, outlining the steps to be taken to achieve the research objectives. This study employs a case study design, which is a qualitative research approach that involves an in-depth examination of a single case or a small number of cases (Stake, 1995). The case study design was selected for this study because it allows for a detailed and contextualized understanding of the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare. According to Yin (2014), the case study design is particularly useful for studying complex phenomena, such as stigma, which cannot be easily studied through experimental or survey methods. Additionally, the case study design allows for the collection of rich, contextual data, which can provide a nuanced understanding of the research phenomenon (Merriam, 2009). In this study, the case study design involves the collection of data through in-depth interviews with individuals with visible disabilities, as well as the collection of quantitative data through a survey questionnaire. The case study design allows for the triangulation of data, which increases the validity and reliability of the findings (Denzin, 1978).

3.5 Sample design and the target population

Sampling is the process of selecting a subset of participants from the target population, with the goal of making inferences about the population as a whole (Kothari, 2004). According to Babbie (2013), sampling is a crucial aspect of research, as it allows researchers to study a manageable number of participants while still obtaining representative data. The research target population refers to the specific group of individuals who are the focus of the research study (Kothari, 2004).

In this study, the research target population consists of individuals with visible disabilities living in Mabvuku, Harare and the individuals who work with individuals living with disabilities. The target population also includes caregivers or family members of individuals with visible disabilities, who are included to provide additional insights and perspectives on the experiences of individuals with visible disabilities. The selection of individuals with visible disabilities as the target population is based on the research objectives, which aims to explore the social and economic consequences of stigma on individuals with visible disabilities. The target population is also chosen because of the high prevalence of visible disabilities in Zimbabwe, particularly in urban areas such as Harare (Zimbabwe National Statistics Agency, 2012).

3.6 Sampling Methods

Sampling techniques refer to the methods used to select a subset of participants from the target population (Kothari, 2004). There are two sampling methods, namely, probability and non-probability. Probability sampling which is ideal for quantitative studies and comprises the following techniques: simple, stratified, systematic, multistage random sampling and cluster sampling (Dudovskiy, 2017). Non-probability sampling techniques purposive, snowball and convenience. Since this study is a mixed research approach, it therefore adopts both probability and non-probability sampling methods. In this study, two sampling techniques are used: purposive sampling and snowball sampling

3.6.0. Simple random sampling

Simple random sampling is a probability sampling technique where each member of a population has an equal chance of being selected (Creswell, 2014), which is a foundational method for minimizing bias and ensuring sample representativeness (Fowler, 2014). In the context of investigating the social and economic consequences of stigma on individuals with visible disabilities, this approach provided a robust basis for generalizing findings to the broader population, as it reduced selection bias and enhanced the validity of research outcomes (Thorne, 2016).

3.6.1. Purposive Sampling

Purposive sampling refers to a non-probability sampling technique where participants are selected based on their contribution to the research topic (Patton, 2002). This technique is often used in qualitative research, where the goal is to gather in-depth information from a tiny , homogeneous sample (Creswell, 2014).Though this is a mixed method study , qualitative methods are mostly used because the research questions are focused on exploratory descriptive and explanatory aspects which are better suited for qualitative methods also this research is on a sensitive topic that requires in depth and contextualized understanding which qualitative methods can provide .So in this case by prioritizing qualitative techniques in a mixed methods study , the researcher tried to leverage the strengths of both qualitative and quantitative approaches to gain a more comprehensive understanding on the social and economic consequences of stigma on individuals with visible disabilities In this study, purposive sampling is used to select participants who have experienced stigma due to their visible disabilities. As well as their caregivers such that there is more in-depth information for the research.

3.6.2. Snowballing Sampling

Snowball sampling is a non-probability sampling technique where existing participants recruit new participants from their social networks (Biernacki & Waldorf, 1981). This technique is often used in research where the target population is difficult to access or identify (Atkinson & Flint, 2001). In this study, snowball sampling is used to recruit additional participants who have experienced stigma due to their visible disabilities. Existing participants will the researcher to their friends or acquaintances who have similar experiences and these referrals are then contacted and invited to participate in the study.

The use of both purposive and snowball sampling techniques allows for the recruitment of a different and representative sample of participants, which provides rich and nuanced insights into the experiences of individuals with visible disabilities in Mabvuku, Harare.

In this study, a sample of 80 participants is selected, consisting of 40 individuals with visible disabilities and 40 caregivers or family members of individuals with visible disabilities. This sample size is deemed sufficient for a qualitative study, as it allows for in-depth data collection and analysis (Creswell, 2014).

3.8. Research Procedure

The research procedure means the step-by-step process of collecting and analyzing data (Kothari, 2004)The Research procedure of this study comprised of 5 stages which are stage one which involved defining research objectives , conducting a literature review , developing a research framework and selecting a qualitative methodology using in depth interviews and focus groups .

The second stage of this study was that of the sampling and participant selection, this stage involved employing purposive sampling for diversity, establishment of the inclusion criteria and the recruitment of participants through disability organizations, social media and community centers.

The third stage involved the collection of data. On this stage data the researcher developed in depth interviews guides and focus questionnaires ,on this stage permission is sought from the gatekeepers to avoid conflicts , appointments are made with the parents or guardians of the individuals living with visible disabilities to avoid inconveniences to both the researchers and the targeted group .The next stage is that of data analysis in which data was transcribed and cleaned , data was analyzed using thematic analysis, the researcher interpreted data findings and drew conclusions on implications of stigma

The last and final stage was that of results and reporting which involved compilation of results , writing research report , documenting research process , methods , results and conclusion and dissemination of findings through presentations , publications and stakeholder engagement

3.8 Data Collection Methods and Tools

Data collection methods and tools refer to the techniques and instruments used to gather data from participants (Kothari, 2004). Data collection methods can be broadly classified into two categories: primary and secondary data sources. Primary data sources involve collecting original data directly from participants or observations, whereas secondary data sources involve analyzing existing data from external sources, such as academic journals, books, or online databases. (Creswell 2014)

Primary data sources can be further divided into qualitative and quantitative methods. Qualitative methods involve collecting non-numerical data, such as text, images and observations, while quantitative methods involve collecting numerical data (Babbie, 2013). Examples of primary data sources include in-depth interviews, focus groups, observations and surveys.

In this study, primary data was collected through in-depth interviews and questionnaires. This qualitative approach was chosen because it allows for a deeper understanding of the participants' experiences, perceptions and emotions, which is essential for exploring the complex and sensitive topics related to individuals with visible disabilities.

3.8.1. In-depth interviews

In-depth interviews are a qualitative data collection approach that involves conducting detailed, one-on-one interviews with participants (Patton, 2002). According to Kvale (2007), in-depth interviews are useful for gathering rich, contextual data and for exploring complex, sensitive topics. In this study, in-depth interviews were used to gather detailed information about the experiences of individuals with visible disabilities in Mabvuku, Harare In-depth interviews provided a platform for participants to share their stories, opinions and feelings in detail, enabling the researcher to gather rich, contextualized data which provide valuable insights into the research questions. While survey questionnaires can provide quantitative data, they may not capture the nuances and complexities of the participants' experiences, making in-depth interviews the preferred method for this study.

3.8.2 Questionnaires

Survey questionnaires are a quantitative data collection method that involves administering a standardized set of questions to a sample of participants (Babbie, 2013). According to Fowler (2013), survey questionnaires are useful for gathering numerical data and for making comparisons between different groups. In this study, a survey questionnaire was used to gather quantitative data about the demographic characteristics, experiences and perceptions of individuals with visible disabilities in Mabvuku, Harare.

3.9 Data Analysis Plan

The data analysis plan outlines the procedures for analyzing the data collected during the study. The goal of data analysis is to identify patterns, themes and relationships in the data and to draw meaningful conclusions based on the findings (Creswell, 2014). A mixed-methods approach to data analysis was used, combining both qualitative and quantitative methods.

Qualitative data analysis

Qualitative research method, is a research approach that uses non numerical data, it focuses on depth and detail rather than numerical quantity. Qualitative research method involved interpretation and analysis. Common qualitative methods involves interviews, focus groups, observations and cases studies. In this study data on the social and economic consequences of stigma on individuals living with visible disabilities was collected through in depth interviews The qualitative data collected through in-depth interviews was analyzed using thematic analysis (Braun & Clarke, 2006).Thematic analysis involves identifying patterns and themes in data, finding meanings and ideas in text or interviews and grouping similar ideas together to understand the bigger picture.

Quantitative data analysis

Quantitative research method is a research approach that uses numerical data, focuses on quantity and measurement. It also involves objective measurements and analysis Common quantitative methods involves surveys, questionnaires experiments and statistical analysis in this case survey questionnaires are to be used for qualitative data. Babbie (2013) notes that the quantitative data collected through survey questionnaires is usually analyzed using descriptive statistics and inferential statistics. The qualitative and quantitative data are analyzed separately and then integrated to provide a comprehensive understanding of the research phenomenon (Creswell, 2014). The findings from the qualitative and quantitative data are then compared and contrasted to identify patterns and relationships. By using a mixed-methods approach to data analysis, this study was able to provide a comprehensive and nuanced understanding of the experiences and perceptions of individuals with visible disabilities in Mabvuku, Harare.

3.10 Validity and Reliability

Validity and reliability are essential concepts in research, as they determine the accuracy and consistency of the results (Kothari, 2004). Validity refers to the extent to which a research instrument measures what it is supposed to measure (Creswell, 2014). Reliability, on the other hand, refers to the consistency of the research findings (Babbie, 2013). To ensure the validity of the findings, the researcher used several strategies. First, the researcher conducted a pilot study to test the research instruments and procedures. This helped to identify any potential biases or flaws in the research design. Second, the researcher used triangulation, which involved collecting data from multiple sources (e.g., interviews, survey questionnaires) to increase the validity of the findings. Finally, the researcher conducted member checking, which involved sharing the findings with participants to ensure that they accurately reflected their experiences. To ensure the reliability of the findings, the researcher used several strategies. First, the researcher used a standardized survey questionnaire, which helped to minimize bias and ensure consistency in the data collection process. Second, the researcher conducted inter-rater reliability checks, which involves having multiple researcher's code and analyze the data to ensure consistency.

3.11 Ethical Considerations

Ethical considerations are essential in research, as they ensure that the rights and dignity of participants are respected (Kothari, 2004). The researcher has a moral and ethical responsibility to ensure that the research is conducted in an ethical and responsible manner (Creswell, 2014). In this study, several ethical considerations were taken into account. First, informed consent was obtained from all participants before data collection. Participants were provided with a detailed explanation of the research purpose, procedures and potential risks and benefits. They were assured of their right to withdraw from the study at any time. Second, confidentiality and anonymity were ensured throughout the study. Participants' names and personal details were not disclosed and pseudonyms were used to protect their identities. Third, the researcher ensured that participants were not harmed or exploited in any way. The researcher wax sensitive to the emotional and psychological well-being of participants, particularly those who have experienced trauma or stigma. Fourth, the researcher ensured that the research is conducted in a culturally sensitive and respectful manner. The researcher was aware of the cultural nuances and values of the participants and made sure that

the research was conducted in a way that was respectful and sensitive to these values. Finally, the researcher ensured that the research findings were reported accurately and truthfully, without any misrepresentation or manipulation of the data.

3.12 Limitations

This study has some limits that can affect its results, but suggests some ways to deal with these issues. First, having only 80 participants can make it hard to apply the findings to all individuals with visible disabilities in Mabvuku, Harare. To fix this, deeper interviews could be done to collect detailed information, giving better insights into the lives of those with visible disabilities.

Second, the study used self-reported data which can have biases and errors. Participants gave responses that are more socially acceptable and div not share sensitive details, which was likely to affect the accuracy of the results. To handle this, the researcher used techniques such as looking at other data sources, and observing participants to back up the self-reported information.

Third, the study was limited to those with visible disabilities, which does not include everyone with disabilities. To improve this, the researcher can choose participants with different kinds of disabilities, including those that are not easily seen, to get a fuller picture.

Finally, the findings do not apply to individuals with visible disabilities in different cultures and economic situations. To address this, future studies could be done in various cultural and economic settings to see if the results are relevant elsewhere.

3.13 Chapter Summary

This chapter outlines the research methodology which was used to investigate the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare. The study shows that it employed a mixed-methods research approach, combining both qualitative and quantitative methods. It shows that a case study design was used, with a sample of eighty participants selected through purposive, snowball and simple random sampling techniques. Data was collected through in-depth interviews and survey questionnaires and was be analyzed using thematic analysis and descriptive and inferential statistics. The study's limitations are

acknowledged, including the small sample size and reliance on self-reported data. Overall, this section supplies a comprehensive overview of the research study methodology utilized in this study and lays a foundation for the presentation of the research results in the next chapter.

Chapter 4: Data Presentation, Analysis and Interpretation

4.0 Introduction

Chapter 3 which is the previous chapter focused on the methodology. Chapter 4 presents the findings of the study that focused on the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare. As illustrated in Chapter 3 (See Section 3.12), in the presentation of the findings, data analysis and interpretation is done using descriptive statistics and thematic approach. The chapter is meant to answer the following research objectives; the chapter first focuses on the response rate and the demographic characteristics of the participants.Thereafter, it presents findings of each research objective.

4.1 Response Rate

As illustrated in Chapter 3 (See Section 3.7), the research targeted 80 participants, consisting of individuals with visible disabilities and caregivers or family members of individuals with visible disabilities, with additional participants recruited through snowball sampling. Table 4.1*response rate derived from the questionnaires*

Table 4.1: Expected and actual response rate derived from the questionnaires

Gender	**Expected response rate**	**Actual response rate**
Female	**40**	**39**
Male	**40**	**36**
Total	**80**	**75**

Out of a total of 80 questionnaires that were distributed, 70 were completed and returned, resulting in a response rate of 87.5%. The high response rate for questionnaires suggests that participants were willing to provide written feedback on their experiences.

4.1.2 In-depth Interviews

Out of the 75 participants who responded, 40 participated in in-depth interviews. This included 20 individuals with visible disabilities and 20 caregivers or family members. The high participation rate in in-depth interviews indicates a strong willingness among participants to share their experiences and perspectives through face-to-face interactions.

The response rates for both questionnaires and in-depth interviews suggest that participants were highly engaged and motivated to contribute to the study, providing rich and nuanced insights into the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare.

4.2 Demographic Characteristics

The demographic characteristics of the participants offers a deeper into the sample's composition and help contextualize the study's findings. Table 4.2 shows demographic characteristic of the individuals with visible disabilities:

Individuals with Visible Disabilities

Table 4.2.1 shows the age Ranges of the individuals with visible disabilities

Age range	***Number of individuals***
18-24 years	*9*
25-34years	*9*
35-44years	*6*
45-54years	*6*
Total	***30***

Table 4.2.1.1 illustrates the age structure of individuals with visible disabilities that enables identification of the demographic composition of the sample population. In the age structures, the most prominent are young and middle-aged adults, whose age structures are the 18-24 years and 25-34 years age groups, both comprising 9 individuals. These are also the broad age groups during which deep life transitions happen, e.g., tertiary education, occupational growth and socialization. The 35-44 years and 45-54 years age groups similarly follow closely behind these with each having 6, which is a relatively consistent spread across the 18-54 years age group. This age bracket means that the majority of the participants would be working age, with many of them likely being of working age or in school. Therefore, the stigmatising and social exclusion events reported by these participants have extensive implications for their economic and social participation and may affect their ability to secure employment, attend school and engage in community activities. Understanding the age dynamics of stigma and exclusion can be employed to create specific interventions aimed at promoting inclusivity and improving the lives of people with visible disabilities in different areas of life.

In terms of gender distribution of participants, there was the dominance of **male gender which got (55% of the total participants over female gender which got (45%)** the slightly higher proportion of males in the sample may reflect differences in prevalence or reporting of visible disabilities among males and females. However, the relatively balanced gender distribution allows for exploration of experiences across both males and females.

Table 4.2.1.3. Shows the Types of Disability i.e. physical (60%), visual (20%), hearing (10%), intellectual (10%)

Type of disability	***Number of individuals***
Physical	*60*
Visual	*20*
Hearing	*10*

Intellectual	*10*
Total	***100***

Table 4.2.1.3 shows the distribution of disability categories among participants, allowing for intense examination of the stigma experience by disability groups. Having a combination of different disability categories allows for an enhanced understanding of the complex and varied way stigma may occur. As table 4.2.1.3 illustrates, the most prevalent group is physical disabilities with 60 individuals accounted for in this category. This is succeeded by visual disabilities with 20 individuals and hearing and intellectual disabilities with 10 individuals each. The prevalence of physical disabilities may be because of the relatively better awareness regarding physical impairments among individuals in public places or due to greater numbers of physically disabled individuals in the population. The types of diversity in disability in this study reinforce the importance of considering the specific experiences and challenges of individuals of varying disabilities in strategizing on how to combat stigma and foster inclusion. Through the incorporation of individuals' opinions with a range of disabilities, this study provides an accurate representation of the complex and multidimensional experience of stigma.

4.3. Data Analysis and Interpretation

4.3.1. Objective 1: Determining the experiences of individuals with visible disabilities in Mabvuku

.In relation to objective 1 which sought to explore or determine the encounters of people living with visible disabilities in Mabvuku, pparticipants reported experiencing profound stigma and social exclusion in their daily lives. A female participant, aged 28 years old poignantly stated, ***"Individuals look at me differently, like I'm not a person, but a disabled person"***. This sentiment was echoed by another participant who shared, "I've been told I'm a burden to my family and community because of my disability" (Participant 5, male, 32 years old).

Still on the same aspect, of stigma in form of social exclusion, another participant a male aged 34 years explained that. **“In my community individuals avoid having conversations with me, others think l might pass my disability to them, others believe. L am cursed and l might pass the curse to them they have forbade their families from associating with my family”**

4.3.2. Objective 2: Forms of stigma

In relation to objective 2, revealed stigma is manifested in various forms, including labeling and stereotyping. One participant recounted, "***When individuals see my wheelchair, they assume I can't do anything for myself. It's like they think I'm not capable of making decisions or contributing to society"*** (Participant 3, female, 25 years old). This kind of stereotyping not only undermines the autonomy of individuals with visible disabilities but also perpetuates their marginalization.

Social exclusion was another pervasive theme, with participants reporting being excluded from social activities and events. A participant shared, ***"I've been to gatherings where individuals would whisper or stare at me. It makes me not want to go out"*** (Participant 2, male, 29 years old). Another participant highlighted the inaccessibility of public spaces, saying**,** ***"Many places don't have ramps or accessible toilets. It's like they're not meant for individuals like me" (P***articipant 4, male, 40 years old).

4.3.3.: Objective 3- the social and economic consequences of stigma

In relation to objective 3, the study found that the impact of stigma and social exclusion on the well-being of individuals was significant. Many participants reported feelings of sadness, anxiety and frustration. One participant expressed, "***Sometimes I feel like I'm invisible. Individuals don't see me as a person with dreams and aspirations; they only see my disability"*** (Participant 6, female, 35 years old).

These experiences underscore the urgent need for interventions to address stigma, promote inclusion and support individuals with visible disabilities in Mabvuku, Harare. By understanding the lived experiences of these individuals, policymakers and stakeholders can develop targeted strategies to combat stigma and foster a more inclusive society.

4.3.4. Economic Challenges

Participants with visible disabilities in Mabvuku, Harare faced significant economic challenges that profoundly impacted their well-being and quality of life. One of the primary concerns was limited access to education, which restricted their future opportunities. As one participant shared, "***I had to drop out of school because the buildings were not accessible and the teachers didn't understand my needs. It's hard to get back into education when you're already behind"*** (Participant 7, male, 30 years old). This sentiment was echoed by another participant who stated, ***"The lack of accommodations in schools made it impossible for me to succeed academically. I felt like giving up"*** (Participant 9, female, 28 years old).

Employment challenges were another major issue, with participants reporting high rates of unemployment and underemployment. One participant expressed frustration, saying, ***"I've applied to many jobs, but I never get called for an interview. I feel like it's because of my disability"*** (Participant 11, male, 35 years old). Discrimination in the workplace was also a significant concern, with participants experiencing negative attitudes from colleagues and employers. A participant recounted, ***"My employer didn't provide the accommodations I needed and I had to struggle to keep up with my work. It was stressful and affected my health"*** (Participant 12, female, 40 years old).

The financial strain experienced by participants was palpable, with many reporting limited financial resources and dependence on others. One participant shared, ***"I rely on my family for financial support because I can't find a job. It makes me feel like a burden"*** (Participant 8, male, 29 years old). Another participant highlighted the impact on their autonomy, saying, "N***ot having financial independence makes me feel trapped. I want to be able to make my own decisions and live my life without relying on others"*** (Participant 10, female, 32 years old).

4.3.5 Objective 4: Coping Mechanisms

Objective 4 sought to find out how individuals with disabilities were coping with their situation. Information gathered from interviews showed that pparticipants with visible disabilities in Mabvuku, Harare have employed various coping mechanisms to deal with the stigma and social exclusion they experienced in their daily lives. Pparticipant 13, a female, aged 27 years old reported that one of the primary coping mechanisms has been to seek support from family and

friends. The participant shared, ***"My family is my rock. They understand me and support me in every way".***

Another participant highlighted the importance of disability support groups, saying, ***"Joining a support group helped me realize I'm not alone. We share our experiences and support each other"*** (Participant 14, male, 31 years old).

Developing resilience was also a crucial coping mechanism. Participants practiced positive self-care and reframing negative experiences. One participant shared, ***"I remind myself that I'm capable and strong. I won't let stigma define me"*** (Participant 15, female, 34 years old). Self-care was another essential coping strategy, with participants engaging in activities that brought them joy and helped them manage stress. A participant recounted, ***"I love gardening. It helps me relax and feel connected to nature"*** (Participant 16, male, 42 years old).

Some participants also engaged in advocacy, speaking out against stigma and promoting inclusion. One participant shared, ***"I want to raise awareness about disability rights. It's time for change"*** (Participant 17, female, 29 years old). Others used humor to cope with difficult situations, finding ways to laugh and find positivity in challenging experiences. A participant recounted**,** ***"I use humor to deflect negative comments. It's a shield"*** (Participant 18, male, 38 years old).These coping mechanisms highlight the resourcefulness and resilience of individuals with visible disabilities in Mabvuku, Harare

4.4 Chapter Summary

This chapter presents the key findings of the study on the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, Harare. The study reveals significant challenges faced by individuals with visible disabilities, including stigma and social exclusion, economic difficulties and caregiver burden. These findings underscore the urgent need for targeted interventions to promote inclusion, address stigma and provide support for individuals with visible disabilities and their caregivers, ultimately enhancing their social and economic well-being.

Chapter 5: Discussion

5.0. Introduction

The chapter presents a detailed discourse of the research results, consolidating the social and economic repercussions of stigma, forms of stigma and coping mechanisms employed by individuals living with visible disabilities in Mabvuku. Based on stigma theory (Goffman, 1963) and social ecological model (Bronfenbrenner, 1979), this chapter synthesizes the study's findings with the literature to better understand the experiences of individuals with visible disabilities. The discussion is framed around four broad objectives: knowing the social and economic consequences of stigma, ascertaining the forms of stigma and examining coping strategies employed by individuals with visible disabilities. Through the synthesis of the empirical data, theoretical frameworks and literature review, this chapter aims to offer a deeper and contextualized analysis of the complexities of stigma and its broad-ranging implications for individuals with visible disabilities.

5.1.1 Gender and disability

During the research it was noted that some demographic characteristics such as gender intersects with disabilities and it is important to explore how these factors intersect to exacerbate or alleviate stigma's effects. It was also noted that the cross-cutting of impairment and sex has a profound effect on individuals with visible disabilities, with women disproportionately bearing the brunt. Females with impairments encounter cumulative stigma, prejudice and exclusion due to the intersection of gender and disability, which can lead to exclusion from opportunities across social, economic and cultural areas (Crenshaw, 1991). This intersectional existence has resulted in increased risk of social isolation, decreased self-esteem and mental illness, including depression and anxiety, which can then be further exacerbated by societal attitudes and norms (Corrigan & Watson, 2002). Disabled women also experience huge barriers to medical care, education and

employment and these can exacerbate economic vulnerability and dependence (Kessler et al., 2005). The combined effect of these factors points to the need for gender-sensitive action in reducing stigma and enhancing inclusion, which can counteract the harmful impacts of stigma and construct a more equitable society for women with visible disabilities. By acknowledging and acting on the unique challenges facing women with disabilities, policymakers and practitioners can launch targeted interventions toward their empowerment, autonomy and full integration into society.-

5.1.2 Age and disability

Another demographic characteristic which was seen as intersecting with disability was age **.Effects on Employment**: Age has significant effects on employment among individuals with disabilities. Adolescents are disabled by perceptions of inexperience, while older workers are disabled by their presumption of resistance to change and productivity (Miller & Johnson, 2019). **Access to Resources**: Access to resources is not uniform and this is usually age-related. Young individuals are usually deprived of support services, while older individuals might be hindered due to policies and perceptions on the basis of age (White & Green, 2022)**.**

Mental Health Consequences: Ageism negatively affects mental health across the life course. Young individuals become depressed and anxious by way of exclusion, while the older population faces the same in the form of loneliness and invisibility feelings (Taylor, 2023). The intersection of disability and age brings into focus the complexity of stigma. Stigma is felt in a unique way by each age group, which requires interventions that are tailored to the issues individuals confront at various stages of life (Anderson, 2021).

5.2. Discussion on objective one: the experiences of individuals with visible disabilities

According to the research finding it was brought to light that individuals with visible disabilities are subjected to a set of encounters that have long-lasting implications on their lives. That is individuals with visible disabilities are stigmatized and discriminated against, leading to exclusion from society and low self-esteem (Ysasi, Becton, & Chen, 2018). The stigma is in the form of negative feelings or bullying (disabilityevidence.org) .Adding on individuals with visible disabilities face accessibility Challenges, many individuals experience barriers to the use of public

spaces, transport and services (Frontiers, 2024) .Inadequate infrastructure limits mobility and participation in community activities, which could exacerbate exclusion sensations (Frontiers, 2024) .Individuals with visible disabilities face discrimination at Work, candidly disabled job candidates usually face discrimination during the selection process and may face difficulties in professional growth (DPA, 2018) . This can result in unemployment or underemployment, affecting their economic stability (DPA, 2018). Furthermore another experience is on Healthcare Access, health care can be made challenging by stigma and misconceptions from the health care providers (Yale, 2024) .They may experience a sense of lack of proper assistance or arrangement when they consult the doctor (Yale, 2024) .The combined impacts of stigma, discrimination and barriers to accessibility can have mental health consequences, such as anxiety and depression (Bupa, 2022). Individuals often say they feel burdened by the pressures and expectations of society (Bupa, 2022) .Experiences can also be greatly varied based on gender, age and socioeconomic status (MDPI, 2023 It is this realization that is important in order to tackle the personal challenges of individuals with visible disabilities (MDPI, 2023).

The experiences of individuals living with visible disabilities are closely linked to existing literature, offering a greater comprehension of the social and economic consequences of stigma. The several ways in which these experiences connect to the literature review are: **1. Social Stigma and Isolation** Literature highlights that social stigma significantly affects the mental health and well-being of individuals with visible impairments. Studies have shown that stigma leads to social isolation and reduced participation in community activities (Goffman, 1963; Link & Phelan, 2001). The experiences of individuals reflecting feelings of exclusion align with these findings, reinforcing the need to address societal attitudes. **2. Employment Discrimination** Research consistently indicates that individuals with visible disabilities face substantial barriers in the job market, including discrimination during hiring processes (DPA, 2018). The personal accounts of underemployment and job insecurity resonate with findings in the literature, emphasizing the persistence of biases against individuals with disabilities (Miller & Johnson, 2019). **3. Healthcare Access** Studies document the challenges individuals with visible disabilities encounter in accessing healthcare services, often due to stigma and inadequate accommodations (Yale, 2024). These experiences corroborate literature that calls for improvements in healthcare accessibility and staff training to better support this population. **4. Mental Health Impacts:** The literature indicates a

strong correlation between stigmas, social exclusion and physiological health issues such as anxiety and depression (Bupa, 2022). The experiences shared by individuals about their mental health struggles reflect these findings, highlighting the urgent need for mental health support and resources. The literature increasingly recognizes the importance of intersectionality in understanding the experiences of individuals with disabilities (MDPI, 2023). The diverse encounters driven by factors such as gender, age as well as socioeconomic status reflect this framework, underscoring the need for nuanced approaches in both research and practice.

5.2.1 .Aligning the research findings on objective 1 with the stigma theory

The study's findings resonate with stigma theory, insofar as visible disability can lead to disapproval from society, negative stereotypes and discrimination (Goffman, 1963). Participants experienced social exclusion and bullying, which caused shame and low self-esteem. Labeling individuals as "different" can create a self-fulfilling prophecy, with internalized stigma affecting self-concept and mental health (Link & Phelan, 2001). In spite of this, individuals form coping mechanisms such as advocacy and pursuing supportive networks to deal with their identities within a stigmatizing society (Corrigan, 2004).

5.2.2. Aligning the research findings on objective 1 with the Social Ecological Theory

The evidence supports social ecological theory by showing the interaction between influences at individual, interpersonal, community and societal levels (Bronfenbrenner, 1979). That is, in this research, participants felt discrimination and access barriers at work, showing how macro-level ideology at the societal level influences micro-level experience. Supportive systems and local resources increased resilience, while aversive interactions maximized loneliness (McLeroy et al., 1988). Also, the lack of infrastructure and accessibility to health underscored the imperative of policy reform and advocacy (Berkman et al., 2000). Through the combination of stigma theory and social ecological theory, we gain a complete view of the complex web of challenges faced by individuals with seemingly visible disabilities, focus on awareness, support and integration.

5.3. Discussion on objective 2: forms of stigma

Individuals with visible disabilities undergo various forms of stigma, which can be perceived in social, cultural and institutional spaces. These stigmas are rooted in stereotypes, prejudice and discrimination. As stated in the research conducted in Mabvuku, it was observed that individuals who have visible disabilities encounter various forms of stigma, including labelling, stereotyping and exclusion. Labelling refers to the process of assigning a negative identity or attribute to an individual, which can dehumanize and stigmatize them (Goffman, 1963). Stereotyping involves the assumption of individual's identity through preconceived ideas about the disability the person has, that results in oversimplification and downplaying of the experiences of the individual (Link & Phelan, 2001). In contrast, social exclusion is the routine exclusion of individuals with visible disabilities from social, economic and cultural opportunities that can help improve the marginalization and disadvantaging position (Sen, 2000). These kinds of stigma lead to very severe results for individuals with visible disabilities, including low self-esteem, social segregation and reduced opportunities for participation in society. The comprehension of these forms of stigma is therefore a beginning of significance in designing appropriate strategic manners for the facilitation of inclusion and challenging the negative attitudes towards individuals with visible disabilities in Mabvuku and beyond.

Individuals with overt disabilities have a range of stigmatizing encounters that can significantly impact their lives. Social stigma, characterized by pejorative stereotypes and attitudes, can lead to exclusion and social isolation (Goffman, 1963). Internalized shame and low self-esteem in the form of self-stigma can even further exacerbate feelings of incompetence and self-deception (Corrigan & Watson, 2002). Structural stigma, in the form of discriminatory rules and inaccessible environments, can limit opportunity and hinder participation in society (Link & Phelan, 2001). Interpersonal stigma, in the form of bullying and social rejection, can be particularly damaging, as it entails face-to-face contact with others that is painful and dehumanizing (Herek, 2007). Labeling and stereotyping can also erase individuals' disability, discounting their unique identities, talents and experiences (Goffman, 1963).

These stigmas overlap and have an impact on individuals in complex ways, reaching their health, minds and access to possibilities. Goffman's (1963) description of the stigma theory identifies how

norms and labels applied within society belittle individuals with disabilities. The theory highlights the significance of social situation in determining stigma experiences. In addition, Bronfenbrenner's (1977) social ecological model is helpful in explaining individual, social and environmental variables that influence experience with disability and the interplay of these variables. It is possible for researchers and practitioners to craft more effective interventions aimed at lowering stigma and enhancing inclusion by examining the dynamic relationship between the variables.

The further implication of such stigmata of having intersections is that individuals develop low self-esteem, are socially ostracized and also face low education and employment chances (Thornicroft et al. 2007). For this reason, stigma should be faced at various levels; the individual, the social and the structural, to make an environment which is friendly and inclusive for visible disability persons.

5.4. Discussion on objective 3: the social and economic consequences of stigma

The social and economic consequences of stigma on individuals living with visible disabilities are multifaceted and have a lasting impact. According to the research findings, it was noted that Stigma leads to social exclusion and marginalization, significantly reducing opportunities for education and employment, which ultimately affects economic stability (Thornicroft et al., 2007). This exclusion not only limits personal growth and development but also perpetuates cycles of poverty and dependence. Individuals with visible disabilities often experience decreased self-esteem, social isolation and mental health issues, such as anxiety and depression, further exacerbating their overall well-being and quality of life (Corrigan & Watson, 2002). Moreover, stigma can create barriers to accessing healthcare and social services, perpetuating health disparities and poor health outcomes (Link & Phelan, 2001). From an economic perspective, stigma can result in reduced productivity, increased healthcare costs and loss of income due to discrimination and lack of accommodations in the workplace (Kessler et al., 2005). The cumulative effect of these factors underscores the urgent need to address stigma through comprehensive strategies that promote social inclusion, economic empowerment and overall well-being for individuals living with visible disabilities. By fostering an inclusive environment and implementing policies that protect their

rights, society can assist in reducing the adverse effects of stigma and enhance the quality of life for these individuals.

5.4.1Aligning research findings on objective 1 with the literature review, the stigma theory and the ecological model

The social and economic consequences of stigma on individuals with visible disabilities are deeply intertwined with existing literature and theories, particularly stigma theory and social ecological models. That is stigma often leads to a negative social identity for individuals with visible disabilities. This can result in social exclusion, discrimination and internalized stigma, which affects self-esteem and mental health. Adding on stigmatized individuals may encounter challenges in accessing education, employment and healthcare, leading to economic disadvantages. Discrimination in hiring practices can result in lower income and job instability. Furthermore, the literature suggests that coping strategies vary; some individuals may engage in self-advocacy, while others might withdraw socially, exacerbating feelings of isolation all these factors are in line with the literature review and the stigma theory. Moving on to the Social Ecological Theory. Which posits that stigma affects individuals at multiple levels—individual, interpersonal, community and societal. For example, societal attitudes toward disability can shape community resources and support systems.

the findings also goes in line with the theory which is characterized by interpersonal relationships that is stigma impacts relationships with family and peers, which can influence emotional well-being and social support networks. Positive relationships can mitigate some negative effects of stigma .The intersection of stigma theory and social ecological models illustrates the multifaceted challenges faced by individuals with visible disabilities. Stigma not only affects personal identity and mental health but also has significant implications for economic stability and social inclusion. Understanding these connections can inform interventions aimed at reducing stigma and promoting inclusivity.

5.5. Discussion on objective 4: the coping mechanisms

The findings in the research were that individuals with visible disabilities employ numerous coping strategies in a bid to make sense of the issues that they go through. They join focus groups, which helps them feel connected and supported. Sharing experiences with others like themselves makes them feel less alone (Davidson et al., 2018),self-care practice is another mechanism, involving things that promote physical and emotional well-being, like exercise, meditation, or relaxation activities, that may help manage stress and build resilience (Kabat-Zinn, 2003). Friend and family support also plays a significant role, as strong support systems may offer emotional support, practical support and a sense of belongingness (Cohen et al., 2015). Furthermore, stigma advocacy is also a major coping strategy in that individuals participate to counter and change social attitudes and norms that lead to stigma to facilitate an inclusive and accepting atmosphere (Corrigan & Watson, 2002). By exercising these coping strategies, visibly disabled individuals can enhance their welfare, become resilient and empower themselves.

5.5.1. Aligning the research findings on objective 4 with the literature review, stigma theory and the social ecological model

The research findings on coping mechanisms utilized by individuals with evident disabilities align with and extend the literature review, stigma theory and ecological model in several ways such as The results support the significance of social support, self-care and advocacy in coping with disability-related challenges (Cohen et al., 2015; Kabat-Zinn, 2003) which is seen in the literature review . The research highlights how individuals with visible disabilities actively work to challenge and change societal attitudes and norms that perpetuate stigma through advocacy. The finding is in line with g the Stigma Theory which emphasizes the role of social context in shaping experiences of stigma (Goffman, 1963 (see chapter 2).

The findings also indicate the interaction between individual (self-care), social (support networks) and environmental (advocacy for inclusive environments) factors influencing experiences of disability. This is consistent with the Ecological Model that posits individual experiences are shaped by multiple, interconnected systems (Bronfenbrenner, 1977). It focuses on the dynamic interaction among personal variables (e.g., coping and self-care), social variables (e.g., social support from friends and family) and environmental variables (e.g., access and inclusivity), which

all contribute to an individual's ability to navigate and function in society (Sallis & Owen, 2015). In this understanding, interventions may be designed to address several levels, promoting more holistic and holistic care for individuals with disabilities. (See chapter 2) .By exploring the coping mechanisms used by individuals with visible disabilities, the research provides insight into the complex interactions between individual and environmental factors that shape their experiences, underscoring the importance of a comprehensive approach to supporting their well-being.

5.6. Chapter summary

In conclusion, Chapter 5 highlights the deep social and economic repercussions of stigma on individuals with visible disabilities. It highlights how stigma not only affects personal identity and mental health but also perpetuates systemic barriers in the labor market, social inclusion and overall quality of life. Stigma's intersection with other social determinants, such as age and gender, further complicates the lives of these individuals, rendering it a multifaceted problem requiring immediate attention. The chapter promotes a multifaceted response to stigma, calling for public awareness, inclusive policy and community support programs. By creating a more inclusive environment, society can reduce the adverse effects of stigma, improve the well-being of persons with visible disabilities and ensure equal opportunity for everyone. This requires joint action from individuals, organizations and policymakers to ensure sustainable change and enhance the lives of those who live with stigma.

Chapter 6: Conclusions and Recommendations

6.1. Introduction

Chapter 6 provides the summary and conclusions of the study. It offers recommendations aimed at addressing the identified issues and enhancing the effectiveness of the studied area. The aim of this study is to investigate the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku, a densely populated suburb in Harare, Zimbabwe.

6.2. Recap of the central question and research objectives

The central question guiding the study was to investigate the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku… and the specific research objectives were to:

1. To explore the experiences of individuals with visible disabilities in Mabvuku.
2 To identify forms of stigma
3 To examine the social and economic consequences of stigma on individuals with visible disabilities in Mabvuku.
4. To identify the coping mechanisms used by individuals with visible disabilities in Mabvuku to deal with stigma.

6.3. Significance of the study

It was pointed out in Chapter 1 that the results of this study could be significant since the results:

1. Provide insights into the experiences of stigma among individuals with visible disabilities in Mabvuku, which can inform the development of effective interventions to promote inclusivity and accessibility.
2. Inform policymakers and stakeholders on the social and economic consequences of stigma on individuals with visible disabilities, which can guide the development of policies and programs to address these challenges.

3. Contribute to the empowerment of individuals with visible disabilities in Mabvuku by providing a platform for their voices to be heard and their experiences to be documented.

6.4. Research paradigm: Pragmatic Paradigm

The research utilized the mixed methods design in line with the pragmatist paradigm as discussed in Chapter 3. Thus, the study saw the value of using both qualitative and quantitative research approaches which enabled rich understanding of the intricate social and economic consequences of stigma encountered by individuals with visible disabilities

In terms of sampling, the study employed both non-probability and probability sampling methods. For non-probability sampling, purposive sampling and snowball sampling were utilized to intentionally select participants who had visible disabilities and could provide rich, relevant insights. Purposive sampling allowed researchers to target individuals with specific characteristics, while snowball sampling helped in reaching additional participants through referrals from initial subjects. On the probability sampling side, simple random sampling was utilized to ensure that every person in the defined population had an equal chance of being chosen, thereby promoting the generalizability of the findings. This mixed approach aimed at capturing a comprehensive view of the social and economic consequences of stigma faced by individuals with visible disabilities.

Chapter 3 highlighted that primary data collection involved face-to-face interviews with individuals with visible disabilities, allowing for an in-depth exploration of their experiences with stigma, social connections and economic hardships. Additionally, questionnaires, specifically the Stan Questionnaire, were administered to assess levels of stigmatization, social functioning and economic impact. The qualitative interview data were analyzed thematically to identify key patterns and insights, while the quantitative data from the questionnaires were subjected to statistical analysis. This combination of methods provided a robust framework for enhancing the validity of the findings.

6.5. Results Summary

Objective 1: Experiences of Individuals with Visible Disabilities

The findings in chapter 4 related to the encounters of person's with visible impairments s in Mabvuku reveal a pervasive sense of stigma and social exclusion. Participants articulated feelings of being dehumanized, with one female participant stating, “individuals look at me differently, like I'm not a person, but a disabled person." This sentiment reflects a broader societal perception that reduces their identity to their disability. Another participant expressed the pain of being labeled as a burden, indicating how deeply ingrained stigma affects their sense of belonging and self-worth. Additionally, fear and misconceptions surrounding disabilities were evident, as illustrated by a male participant who described being avoided in social interactions due to beliefs that his disability could be contagious or cursed. This highlights the profound impact of misinformation and stigma on social relationships and community dynamics.

The experiences shared by participants underscore the significant social barriers faced by individuals with visible disabilities in Mabvuku. The findings point to a critical need for awareness and education to dismantle stigma, promote inclusion and foster understanding within the community. Addressing these issues is essential for improving the quality of life for people with disabilities, enabling them to participate fully in society without fear of exclusion or prejudice.

Objective 2: Types of Stigma

The study identified four principal forms of stigma that individuals with visible disabilities undergo: labeling, stereotyping, social exclusion and discrimination. Participants experienced a great deal of labeling, where society only associated them with their disabilities, overshadowing their other identities and capabilities. Stereotyping manifested in the form of assumptions about their capabilities, where often they were patronized or underestimated. Social exclusion was encountered in a variety of situations, such as workplaces and social gatherings, where individuals felt unwanted or disregarded). Overt and subtle discrimination was also encountered in employment, public services and social interactions that created cycles of disadvantage and reaffirmed negative stereotypes.

Objective 3: Social and Economic Consequences of Stigma

The study found that individuals with visible disabilities experience extreme social and economic consequences of stigma. Most of the respondents reported feeling excluded and isolated, which hampered their ability to form good relationships and engage in activities within their communities. Economically, stigma regularly resulted in reduced employment opportunities because employers also prejudiced individuals with disabilities). This subsequently equated to increased financial vulnerability and reliance on social welfare programs. The cumulative impact of these economic and social challenges additionally elevated feelings of frustration and worthlessness among participants

Objective 4: Coping Mechanisms employed by individuals living with visible disabilities

Several coping mechanisms were utilized by participants with visible disabilities to manage the adversity posed by stigma. Support from family and friends was one major domain, providing emotional strength and social acceptance. Participants highlighted the benefit of belonging to focus groups, where shared experiences provided a feeling of belonging and understanding). Self-care practices, including mindfulness, physical activity and creative endeavors, were also utilized to alleviate stress and foster overall well-being. These coping strategies not only brought relief but also allowed individuals to reclaim their narratives and challenge public perceptions.

6.6. Limitations of the Study

Despite the educational potential in this study, there are some limitations which are potentially limiting on generalizability and implications.

Sample Size: Sample size in the study was too small to accumulate the entire depth of experience in individuals with visible disabilities. A larger and representative sample would have provided a more complete picture and enhanced the representativeness of findings. Small samples usually are prone to bias and limit full conclusions about the various facets of stigma being experienced by this group of individuals.

Self-Reporting Bias: Self-reported data increases the likelihood of bias since participants may have answered according to their self-concept or social desirability. They could then have underreported

stigmatized incidents or reported themselves in a favorable light. Thus, the information obtained may not reflect the real size of stigma or its influence on their lives.

Overall, even though the study contributes to knowledge, such limitations highlight the need for further studies to improve understanding and assist in the design of meaningful interventions for individuals with visible disabilities

6.7. Recommendations

Based on the research results on the topic entitled investigating the social and economic consequences of stigma on individuals living with visible disabilities, the following comprehensive recommendations are proposed to address the social and economic challenges faced by individuals with disabilities:

Policy Making: Governments should develop, enact and enforce robust anti-discrimination policies that guarantee the rights and dignity of disabled individuals, ensuring equal access to opportunities and resources this includes reviewing and revising existing policies to eliminate discriminatory practices and promote inclusivity.

Publicity Campaigns: Community organizations and media outlets should collaborate to design and implement targeted publicity campaigns that showcase the abilities, achievements and potential contributions of disabled individuals, effectively combating stereotypes and stigma these campaigns can help shift societal attitudes, promote understanding and foster a culture of inclusion.

Inclusion in Employment: Companies and organizations should prioritize disability inclusion by implementing training programs that sensitize employees to disability awareness, promote inclusive practices and maintain a supportive work environment. This includes providing reasonable accommodation, flexible work plans and opportunities for career advancement.

Support Services: The expansion of support services, such as job training, counseling and mentorship programs, is crucial in helping individuals with disabilities overcome employment challenges and achieve their career goals. These services can be tailored to meet the distinct needs of individuals, enhancing their employability and confidence.

Accessible Infrastructure: Governments and private developers should prioritize the creation of accessible infrastructure, including public transportation, buildings and digital platforms, to ensure equal access to opportunities and services for individuals with disabilities.

Disability-Led Initiatives: Organizations and initiatives led by individuals with disabilities should be supported and empowered to drive change, promote inclusivity and advocate for the rights and interests of the disability community.

Research and Evaluation: Further studies and evaluation are relevant to track the applicability of these recommendations, identify areas for improvement and inform evidence-based policies and practices that promote the well-being and inclusion of individuals with disabilities. By implementing these comprehensive recommendations, stakeholders can work towards creating a more inclusive and supportive environment that values the contributions and potential of individuals with disabilities

6.8. Areas for further study

1. Future research is required to examine the long-term effects of stigma on the mental and emotional well-being of individuals with visible disabilities. This study could track participants over several years to assess how stigma influences their social relationships, employment opportunities and overall quality of life. Understanding these long-term consequences would provide deeper insights into the persistent challenges faced by this population.

2. Investigating how different identities (e.g., gender, race, socioeconomic status) intersect with visible disabilities to shape experiences of stigma could offer valuable insights. This study could explore whether individuals from marginalized backgrounds face compounded stigma and how it affects their social and economic outcomes. This intersectional approach would help develop targeted interventions and support mechanisms.

3. Future studies could focus on the effectiveness of community-based programs aimed at reducing stigma and promoting inclusion for individuals with visible disabilities. Research could evaluate various intervention strategies, such as awareness campaigns, support groups, or educational workshops, to determine their impact on community attitudes and the social integration of individuals with disabilities.

4. Another area for further investigation could be the development and assessment of economic empowerment initiatives for individuals with visible disabilities. This research could explore various programs, such as vocational training, entrepreneurship support and financial literacy education, to evaluate their effectiveness in enhancing economic independence and reducing poverty among this population. Understanding the barriers to employment and economic participation could inform policies and programs aimed at improving their economic outcomes.

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List of appendices

DATA COLLECTION INSTRUMENTS GUIDE

1. QUESTIONNAIRE (1)

1.1 PURPOSE: To collect in depth insights from individuals with visible disabilities about the social and economic consequences of stigma in Mabvuku.

INTRODUCTION

My name is Margret Musekiwa. Am currently studying a bachelor's degree in development studies at Bindura University of science education. I am conducting a research entitled investigating the social and economic consequences of stigma on individuals living with visible disabilities with a case study focusing on mabvuku. Please be advised that this research is entirely for educational purposes and is not going to be used for other reasons without your consent. All information provided remains confidential. I really appreciate your willingness to assist me in this research

Demographic Information

1 .Age: ___years old

Tick in the appropriate box

2. Gender: female ☐ male ☐

3. Type of disability_____

Tick in the appropriate box

4. Level of education: Primary level ☐Secondary level ☐Tertiary level ☐ No formal ☐education

Employment status: Employed ☐not employed ☐

Experiences of Stigma

How often do you feel stigmatized or discriminated against because of your disability?

Tick in the appropriate box

Never☐ rarely☐ sometimes☐ Often☐ Almost Always☐

2. Have you experienced any of the following forms of stigma?

- Verbal abuse ☐
- Physical abuse ☐
- Social exclusion ☐
- Employment discrimination☐
- Other (please specify) _____

Social Consequences

Tick in the appropriate box:

How has your disability affected your social relationships?

Very positively☐ somewhat positively☐ No impact☐

Somewhat negatively☐ Very negatively☐

Do you feel like you are part of your community?

Strongly agree☐ somewhat agree☐ Neutral☐

Somewhat disagree ☐ strongly disagree☐

Economic Consequences

1. Have you experienced any financial difficulties because of your disability? Yes☐ No ☐

2. Have you had to make any significant lifestyle changes due to financial constraints related to your disability? Yes☐ No☐

Support and Services

1. Do you receive any support services for your disability? Yes☐ No☐

2. Are you satisfied with the support services you receive?

Very satisfied ☐ somewhat satisfied☐ Neutral☐

Somewhat dissatisfied ☐ Very dissatisfied☐

Additional Questions

1. What do you think is the most significant challenge you face as an individual with visible disability?

_____

_____

2. Are there any services or support that you feel are lacking for individuals with disabilities?

_____

_____

1. QUESTIONNAIRE (2)

1.1 PURPOSE: To collect in depth insights from caregivers of individuals with visible disabilities about the social and economic consequences of stigma in Mabvuku.

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Caregiver Experience

1. How long have you been caring for an individual with a visible disability?

2. Can you please explain the type of care do you provide?

_____

_____

_____

How has caregiving affected your daily life and responsibilities?

_____

_____

Stigma and Its Impact

1. Have you experienced stigma or social exclusion as a result of caring for an individual with a visible disability? Yes ☐ No☐

2. If yes, in which way has this affected you and the individual you care for?

_____

_____

3. Do you think the community's attitude towards individuals with visible disabilities has impacted your caregiving experience? Yes ☐ No ☐

If yes in which way has it impacted on your caregiving experience?

_____

_____

_____'_____'"_____

Support and Services

What support services do you currently receive e.g.

Respite care☐ counseling☐ financial assistance☐

Do you think they are adequate? If No, what could have been provided?

_____

Economic Impact

1. Has caregiving affected your employment or income? Yes☐ No☐

2. If yes, how has it affected your financial situation?

_____

_____

3. Do you receive any financial assistance or benefits for caregiving? Yes☐ No☐

If no, what could be militating against receiving financial assistance?

_____

_____

_____

Additional information

Is there anything that you think would improve your caregiving experience or the life of the individual you care for?

_____

_____

Are there any additional comments or insights you would like to share about your experience as a caregiver?

_____

_____

1. QUESTIONNAIRE (3)

1.1 PURPOSE: To collect in depth insights from individuals who work with individuals with visible disabilities about the social and economic consequences of stigma in Mabvuku.

INTRODUCTION

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Professional Background

What is your profession?

Healthcare provider☐ educator☐ social worker☐

How long have you worked with individuals with visible disabilities?

_____

Experiences Working with Individuals with Visible Disabilities

What types of visible disabilities have you worked with?

Physical☐ sensory☐ intellectual☐

2. What services or support do you provide to individuals with visible disabilities?

_____

3. How do you tailor your services to meet the individual needs of individuals with visible disabilities?_____
_____
_____

Perceptions of Stigma and Discrimination

1. Have you observed stigma or discrimination towards individuals with visible disabilities in your work? Yes☐ No☐

2. If yes, what forms of stigma or discrimination have you observed?

Social exclusion☐ lack of accessibility☐ negative attitudes☐

3. How do you think stigma affects the well-being and opportunities of individuals with visible disabilities?

_____
_____

Support and Resources

What resources or support do you think are most helpful for individuals with visible disabilities?

_____

2. Are there any gaps in services or support that you've identified for individuals with visible disabilities?

_____
_____

3. How do you stay updated on best practices and resources for working with individuals with visible disabilities?

Training and Education

1. Have you received training or education on working with individuals with visible disabilities?

Yes ☐ No☐

2. If yes, what type of training or education have you received?

_____-

3. Do you think additional training or education would be beneficial for you or others working with individuals with visible disabilities? No☐ Yes ☐

Additional Information

Is there anything that you think would improve your ability to support individuals with visible disabilities?

_____

Are there any additional comments or insights you'd like to share about your experiences working with individuals with visible disabilities?

_____

Interview guide (1)

PURPOSE: To collect in depth insights from individuals who work with individuals with visible disabilities about the social and economic consequences of stigma in Mabvuku.

INTRODUCTION

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Professional Experience

Can you describe your role and experience working with individuals with visible disabilities?

_____

_____

_____

What types of disabilities have you worked with and what services do you provide?

_____

_____

_____

Understanding of Stigma

How do you think stigma affects individuals with visible disabilities and have you observed this in your work?

_____
_____
_____
_____

What are some common forms of stigma or discrimination that you've seen in your work?

_____
_____
_____
_____

What do you think are the best coping mechanisms against stigma?

_____
_____
_____
_____
_____

Support and Services

What services or support do you provide to individuals with visible disabilities and how do you tailor them to meet individual needs?

_____
_____
_____
_____
_____

Are there any gaps in services or support that you've identified and how do you think they could be addressed?

_____
_____
_____
_____
_____

Community and Social Impact

How do you think the community can better support individuals with visible disabilities and what role can professionals like yourself play in promoting inclusion?

_____
_____
_____
_____
_____

Have you noticed any positive changes or initiatives in the community that promote inclusion and accessibility?

_____
_____
_____
_____
_____
_____

Challenges and Opportunities

What are some of the biggest challenges you face in your work with individuals with visible disabilities and how do you overcome them?

_____
_____
_____
_____
_____
_____
_____

What opportunities do you see for improving the lives of individuals with visible disabilities and how can professionals and communities work together to create positive change?

_____
_____
_____
_____
_____
_____

Additional Insights

Are there any additional insights or perspectives you'd like to share about your work with individuals with visible disabilities?

_____
_____
_____
_____
_____

What do you think is most important for others to understand about the experiences of individuals with visible disabilities?

_____

_____

_____

_____

_____

_____

Interview guide (2)

PURPOSE: To collect in depth insights from individuals the individuals with visible disabilities about the social and economic consequences of stigma in Mabvuku.

INTRODUCTION

My name is Margret Musekiwa. Am currently studying a bachelor's degree in development studies at Bindura University of science education. I am conducting a research entitled investigating the social and economic consequences of stigma on individuals living with visible disabilities with a case study focusing on mabvuku. Please be advised that this research is entirely for educational purposes and is not going to be used for other reasons without your consent. All information provided remains confidential. I really appreciate your willingness to assist me in this research

Demographic Information

1. Can you please share with me about yourself your disability experiences?

_____

_____

_____

_____

2. How long have you lived with disability?

_____

Experiences of Stigma

1. Can you describe any experiences where you felt stigmatized or discriminated against because of your disability?

_____

_____

_____

_____

2. How did these experiences make you feel?

_____

_____

_____

_____

Have you ever felt like you were treated differently or unfairly because of your disability?

_____

_____

_____

Social Consequences

How has your disability affected your relationships with family and friends?

_____

_____

_____