BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

CHALLENGES FACED BY PARENTS AND GUARDIANS OF CHILDREN WITH DISABILITIES IN ZIMBABWE. A CASE OF BATSIRAI SPECIAL SCHOOL ZIMCARE TRUST.

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A dissertation report submitted to the Department of Social Work, Faculty of Social Sciences and Humanities, Bindura University of Science Education in partial fulfilment of the requirements for the Bachelor of Science Honors Degree in Social Work

JUNE 2024

DECLARATION

I, **SHELTER NYAGORO** registration number, **B200907B** studying Bachelor of Science Honors Degree in Social Work hereby declare that this project titled **Challenges faced by parents and guardians of children with disabilities in Zimbabwe, a case of Batsirai special school ZIMCARE Trust**, is my own original work and that it has not been plagiarized or copied from any other source without acknowledgement.

Student

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I am writing to certify that l has read and understood and hereby recommend for the acceptance by the Bindura University of Science Education a dissertation entitled “Challenges faced by parents and guardians of children with disabilities in Zimbabwe, a case of Batsirai special school ZIMCARE trust”, is in partial fulfilment of the requirements for the Bachelor of Social Work Honours Degree.

_________________________________ ___________________

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The Department Board of Examiners is satisfied that this dissertation report meets the examination requirements and l therefore recommend Bindura University to accept a research project by NYAGORO SHELTER B200907B titled “Challenges faced by parents and guardians of children with disabilities in Zimbabwe. A case of Batsirai special school ZIMCARE Trust,” in partial fulfilment of the requirements for Bachelor of Science Honours Degree in Social Work.

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SIGNED ....

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DEDICATION

This dissertation is a special dedication to the parents and guardians of children that learn at Batsirai School and the children with disabilities at large.

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CONTENTS

ABSTRACT

The qualitative study was conducted in Dzivaresekwa 3 at Batsirai Special School and it sought to explore the challenges faced by parents and guardians of children with disabilities. The study specifically examined the challenges that these parents and guardians face in trying to take care of their children, available coping mechanisms to alleviate the challenges and possible solutions to the challenges being faced. The researcher was guided by the Maslow's Hierarchy of needs Approach in understanding the challenges faced by parents and guardians of children with disabilities. A qualitative approach was used through a descriptive phenomenological research design. The selection of a sample for the study was done using purposive sampling technique. The researcher used the principle of data saturation to reach a sample size of 9 primary participants and 4 key informants. Data were collected through in-depth interviews. The researcher used thematic analysis to generate themes that became the basis for data presentation. The findings show that parents and guardians of children with disabilities face challenges that vary from psychological, social and environmental factors making it difficult for them to take care and support their children. The findings also showed that the available support system has been assisting and helping to curb the challenges however due to discussed factors the support system on its own cannot stand alone as it seems insufficient and ineffective. The study recommends that there is great need for more founder and likeminded members to develop such centres in both remote and urban areas so that special schools are easily accessible like mainstream schools. The study also recomended that the government should adequately subsidized such centres through cash and kind and psycho-social support to parents with children with disabilities and their children. That Group Counselling be employed to allow parents or guardians with children with disabilities learn

from each other's circumstances with a view that would help them come to terms with their various situations.

ACRONYMS

ADF	African Disability Forum
AMTO	Assisted Medical Treatment Order
BEAM	Basic Education Assistance Module
CBR	Community Based Rehabilitation
DACT	Disability Amalgamation Community Trust
DPI	Disabled People's International
DPOs	Disabled People's Organizations
DSD	Department of Social Development
EDF	European Disability Forum
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NGOs	Non-Governmental Organization
NSPS	National Social Protection Strategy
OHRC	Ontario Human Rights Commission
P/G	Parents and Guardians
POCWD	Parents of Children with Disabilities
SDGs	Sustainable Development Goals
DRC	Democratic Republic of Congo
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations International Children’s Emergency Fund
VFU	Victim Friendly Unit

WFD	World Federation of the Deaf
WHO	World Health Organisation
ZIMCARE	Zimbabwe Community Assistance in Rehabilitation and Education
ZIMNADS	Zimbabwe National Association of Disabled Students
ZPHCA	Zimbabwe Parents of Handicapped Children Association

CHAPTER 1

1.0 INTRODUCTION

Disability is the consequence of an impairment that may be physical, cognitive, mental, sensory, emotional, and developmental or some combination of these, and it may be present from birth or may occur during a person's lifetime (World Health Organization 2011). As a result, disability can affect not only those who are disabled but also those who are the primary caregivers. Raising a child with a disability is a challenge to most parents. In other words, primary caregivers, more especially those in poor communities, require assistance from all stakeholders, be it government or the private sector. The experiences faced by the parents, either negative or positive, have made an impact on the well-being of children living with disabilities. Primary caregivers include biological parents of the children or legal parents who include adoptive or foster parents. The present study seeks to explore and investigate the challenges of parents and guardians of children with disabilities at Batsirai special school. This chapter discusses the background of the study, statement of the problem, the aim of the study, the objectives of the study and the research questions, assumptions of the study, significance of the study, delimitations and definition of key terms.

1.1 BACKGROUND OF THE STUDY

World Health Organization defines disability as 'any restriction or lack of ability to perform an activity in a manner within a range considered normal for a human being' (WHO, 2023). In Zimbabwe, the Zimbabwe Disabled Persons Act of 2017 goes a step further by defining a disabled person as 'a person with a physical, mental or sensory disability, including a visual, hearing or speech disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society' (Zimbabwe

Government 2017:51). Globally, UNICEF estimated that 28.9 million (4.3%) children aged 0-4 years, 207.4 million (12.5%) children aged 5 to 17 years and 236.4 million (10.1%) children aged 0-17 years have moderate to severe disabilities based on households' surveys of child functional status. Of the nearly one billion people with disability, 80 percent live in low- and middle-income countries and 240 million are children as alluded by the findings of the UNICEF Research and Evidence on Children living with disabilities 2022. Hence with these global statistics, it can be noted that a lot of children around the world have disabilities exacerbating the number of parents and guardians to look after and provide special care.

In the Global context, WHO (2022) notes that, about 5.9 million children have severe disabilities in USA, and most of them are cared at home by their parents and families. This means that the parents or available guardians are responsible in providing the special care to these children. According to Charema (2019), in the process of providing care to these children various challenges are prone to be faced. The major problems the parents and guardians face include divorce, stigmatization from the surrounding community and within the family, lack of financial stability to go through the physiotherapy and special care resources, social exclusion, lack of education leading the parents to not fully understanding what disability is, stress, among others to be alluded as the research proceeds. Looking at the global statistics of the children with disabilities, it also alludes that more than 1 billion parents or guardians of children with disabilities are facing challenges as noted by UNICEF, (2023).There have been programs, initiatives and policies that have been made around the world in trying to assist guardians and parents who have children with disabilities that include the Global Agreement led by the United Nations to promote the inclusive forms of education and to address the barriers to learning and development for all children, China (a nation with almost half of the population and 17% of children living with disabilities), has passed a policy that old people and people with disabilities gets welfare in terms of funds and resources for free, the CBR (Community Based Rehabilitation) was specifically developed to meet the needs of persons with disabilities worldwide (Rifkin and Kangere 2002), The National disability policy in Zimbabwe among others. Although there have been efforts as alluded above, parents are still facing challenges due to issues like corruption, lack of resources especially in third world countries like Zimbabwe, Zambia Ghana and others lack of personnel's to decentralize the initiatives and programs designed to assist the parents and guardians of children with disabilities for instance, a case study in India, there is an initiative called the Unique Disability Identification Portal aimed to identify each person with a disability to facilitate easy access to government schemes and services but with all that effort 48% of people living with disabilities are in the streets, homeless and poor.

Looking in the African context, nearly 29 million children with disabilities live in Eastern and Southern Africa according to UNICEF's 2018 findings. African disability portrayal, stimulates challenges to the parents and guardians of children with disabilities. Traditionally in Africa, disabilities are considered as punishments for bad deeds, or result of witchcraft as according to Mwamwenda, (2018). This acts as the foundation of challenges such as stigmatization as evidenced in Ghana, 45% of parents and guardians complained about the stigma that society have towards their children who have disabilities. Furthermore, 45% of children with disabilities feel comfortable learning in special schools than mainstream schools because of stigma that they face. Other challenges include exclusion, destruction of the 6-tier system for instance in India 35 percent of children with disability are homeless as the six- tier system fails to provide care due to the cultural bias associated with disability. According to Boyd (2017), in Africa, the challenges that parents and guardians of children with disabilities face range from emotional and financial stress due to economic meltdowns in countries such as Zimbabwe, Ghana, Mozambique, lack of supports discrimination, loss of social life as parents spends much of their time providing the needed special care by the child which result in psychological problems, depression and physical exhaustion (Clever 2017), corruption disrupting good initiatives towards disabilities, lack of practicality in terms of strategies, cultural biases and lack of adequate resources (to implement strategies and conduct follow ups, which results in the use of residual approach in terms of resource mobilization. South Africa has one of the best policies for children with disabilities, notably being a signatory to the United Nations Convention on the Rights of the Child (UNCRC) in 1995 and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) in 2007. This has however failed to change the lives and living conditions of children with disabilities in South Africa in general and Limpopo province in particular. In addition, significant knowledge gaps remain with regard to the situation of the parents of children living with disabilities, their families and the underlying causes of their situations. This also means that the efforts made in African countries to reduce these challenges is being hindered by the above factors.

In Zimbabwe, where this research is being conducted, disability has been a challenge to not only the parents of the children with disabilities, but the nation itself. According to ZIMStas (2022) stated that approximately 4.8% of 11.3 million children in Zimbabwe have a disability, with most common disabilities being physical disabilities, hearing impairments and visual impairments. To add, just a year after Census, there was an increase by two million in the number of people living in Zimbabwe which means also an increase in the number of persons or children with disabilities as prescribed by the United Nations statistics division. This statistical review shows that about 570 000 children in Zimbabwe have disabilities and about 650 000 parents and guardians face challenges everyday which calls for a more serious focus on the issue. Zimbabwe has made quite a number of strategies and policies to ease the challenges that comes with disabilities. These include the National disability policy (2016) was developed to promote the full equal participation of people with disabilities in all aspects of society, the National Social Protection Strategy (2012) which includes cash transfers programs and other social services for people with disabilities, National Health Strategy (2006), The

Guidelines for the Management of People with Disabilities developed in 2011, among others. Although these efforts are being made various challenges still affect the parents and guardians of children living with disabilities. This is so because of the current economic situations in the country resulting in the high unemployment rate, hunger, inflation formation of class system, poor welfare service delivery, which have a negative impact on people with disabilities. Also, to note is issues of corruption, nepotism, oppression of rights, limited accessibility to resources hinders the good initiatives being made by the government and Non-Governmental Organizations. Hence there is need for more research in this field in the aim to curb or reduce these challenges.

1.2 PROBLEM STATEMENT

Despite the existence of initiatives, programs and special schools like Batsirai, parents and guardians of children with disabilities in Harare face a number of challenges in accessing and providing adequate support for their children. These challenges include lack of resources, stigma, discrimination, and lack of understanding about disability. Unlike any other child, children with disabilities require a special attention, treatment and education so that they can grow in a conducive and favorable environment like any other child as alluded by Oliver (2019). Because of the potential challenges parents and guardians face, as well as the exacerbating economic constrains or environment there has been loopholes or gaps left by past literatures in trying to address these issues. Hence this research seeks to fill in the gaps of past literature in addressing the challenges and meeting the special needs of parents and guardians of children with disabilities.

1.3 THE OBJECTIVES

- To explore the challenges faced by parents and guardians of children with disabilities in Zimbabwe.

- To assess the services and resources available to support parents and guardians of children with disabilities.
- To recommend strategies to address the problems faced by parents and guardians of children with disabilities.

1.4 AIM

- The aim of this research is to unpack the different challenges being faced by parents and guardians of children with disabilities and t analyse the possible solutions to these challenges.

1.5 RESEARCH QUESTIONS

1. What are the most common challenges faced by parents and guardians of children with disabilities in Zimbabwe?
2. What services and resources are available to support parents and guardians of children with disabilities in Zimbabwe?
3. What strategies can be implemented to address the challenges faces by parents or guardians of children with disabilities in Zimbabwe.

1.6 ASSUMPTIONS OF THE STUDY

Assuming that parents or guardians face challenges in accessing appropriate services and support for their children with disabilities, such as healthcare, education, therapy, and social services. Another assumption is assuming that parents or guardians face financial difficulties in providing for the needs of their children with disabilities, including medical expenses, specialized equipment, therapy sessions, and educational resources. Assuming that parents or guardians face social stigma and discrimination due to their children's disabilities is another assumption, which may lead to exclusion, limited opportunities, and negative attitudes from the community. Assuming that parents or guardians may have limited awareness and knowledge about available resources, rights, and support systems for children with disabilities, which could further hinder their ability to access appropriate services. In addition there is an assumption that parents or guardians experience emotional and psychological challenges, such as stress, anxiety, and depression, due to the added responsibilities and the impact of caring for a child with a disability.there is also an assumption that parents or guardians may face challenges in accessing adequate support networks, including support groups, counseling services, and peer support from other parents or guardians facing similar challenges.lastly, I assume that parents or guardians face challenges related to the education and inclusion of their children with disabilities, including limited access to inclusive educational settings, lack of specialized educational support, and limited opportunities for social integration.

1.7 THE SIGNIFICANCE OF THE STUDY

The study can provide valuable insights into the specific challenges faced by parents or guardians in Harare when caring for children with disabilities. The findings can inform the development of targeted policies, programs, and interventions to address these challenges effectively. Secondly, by identifying the challenges faced by parents or guardians, the study can contribute to improving the quality and accessibility of services for children with disabilities in Harare. It can highlight gaps in healthcare, education, therapy, and social services, leading to more informed decision making and resource allocation. Thirdly, the study can shed light on the support networks available to parents or guardians of children with disabilities in Harare. It can identify existing support systems and gaps in peer support, counseling services, and community engagement. This knowledge can guide efforts to strengthen and expand support networks for parents or guardians. Another significance of this study is for Raising awareness and reducing stigma. Understanding the challenges faced by parents or guardians can help raise awareness about the realities of caring for children with disabilities. By highlighting the experiences and struggles faced by these families, the study can contribute to reducing societal stigma, promoting inclusiveness, and fostering empathy and understanding.

1.8 DELIMITATIONS OF THE STUDY

The study will be confined to parents and guardians of children with disabilities in Harare. It has a specific geographical context of the Batsirai Special School under ZIMCARE Trust, located in Dzivaresekwa 3, Harare, Zimbabwe. The research does not encompass other Parents or guardians who have no children enrolled at Batsirai Special School. The study also does not extend to historical trends or changes occurring before December 2020, and it primarily employs a qualitative data approach for a comprehensive analysis.

1.9 LIMITATIONS OF THE STUDY

1.9.1 SAMPLING BIAS

There might be a bias in the selection of participants as it only favours the selected participants only excluding other parents who might have different experiences. For example, the study relies on voluntary participation and it may attract parents who have stronger opinions and experience related to the topic leading to a bias sample that does not accurately represent the entire population.

1.9.2 LIMITED SCOPE-

The research may focus on specific challenges faced by parents or guardians but it may not capture the full range of issues or complex interactions between his or her challenges as well as the challenges being faced by the child him/herself.

1.9.3 LACK OF COMPARISON GROUPS

The research might not include a comparison group of parents and guardians without children with disabilities. The absence of this comparison can be a challenge in trying to attribute the specific challenges solely to the presence of a disability.

1.9.4 TIME AND FINANCIAL CONSTRAINS-

The research may not be conducted over a limited period of time which may not capture a long-term challenge faced by parents. The research study may not fully capture the impacts of time and financial constraints on parents or guardians.

1.10 DEFINITION OF KEY TERMS

1.10.1 A CHALLENGE

According to Armstrong (2018), the term challenge is often used to refer to a problem or issue that require creative and critical thinking to solve it. In referral to this research the challenge can either be physical, emotional, social, financial or environmental that is being faced by parents and guardians of children with disabilities.

1.10.2 PARENTS AND GUARDIANS

According to Piaget (1952), parents and guardians are people who are legally responsible for the care and wellbeing of a child. Parents in most cases are biological or adoptive parents of a child whilst a guardian, is responsible for the child when the biological or adoptive parents are unable or unwilling to take care of the child as alluded by Mclanahan, (2018). Hence guardians can include relatives such as grandparents, aunts, or uncles, as well as non-relatives such as care givers and foster parents.

1.10.3 CHILDREN

The United Nations Convention on the Rights of the Child (UNCRC) defines a child as any person under the age of 18 years. According to the CoZ (2024), a child is a young person, boy or girl under the age of 18. However, the African context defines a child as someone who is still under the guidance, provision and protection of a parent or guardian regardless of age.

1.10.4 DISABILITY

According to Kittay [2020], disability refers to a physical or mental impairment that limits a person's ability to perform activities in the way that society expects. This definition recognizes that disability is not a fixed characteristic, but rather a complex interaction between an individual and their environment. The social model of disability, which is widely accepted by scholars such as Tom Shakespeare, Colin Barnes emphasizes that it is not the individual's impairment that creates disability, but rather the way that society is structured. This means that barriers such as inaccessible buildings, negative attitudes, and a lack of services create disability, rather than the impairment itself. The National Disability Act of Zimbabwe 1996 defines a disability as a physical or mental impairment that results in substantial functional limitation in the performance of day-to-day activities.

1.10.5 BATSIRAI SPECIAL SCHOOL

This school situated in Dzivaresekwa 3, designed to assist children living with disabilities by enhancing and equipping them with special knowledge and skills to use in the real world. Batsirai special school works and performs under the ZIMCARE TRUST Organization.

1.11 ETHICAL CONSIDERATIONS

1. **Informed Consent:** Participants should provide informed and voluntary consent to participate in the study. They must be fully aware of the research's purpose, procedures, potential risks, and benefits. Given the sensitive nature of the topic, ensuring participants understand that they can withdraw at any time without consequences is1essential.

2. **Confidentiality:** Researchers must guarantee the confidentiality of participants' responses. Data should be anonymized and stored securely to protect participants' identities. Any potentially identifying information should be removed to prevent harm or stigma.

3. **Emotional Support:** Given the research focus on challenges faced by parents or guardians, researcher should have a plan in place to offer support to participants who may experience distress during or after the study. This may include providing information about mental health resources or referrals to professionals if necessary.

4. **Cultural Sensitivit**y: Understanding and respecting the cultural and religious beliefs of the participants is paramount. Researchers should be sensitive to the potential cultural nuances surrounding disabilities within the Batsirai special school in Dzivaresekwa.

5. **Beneficence:** The research should aim to benefit participants and the broader community. Findings should be disseminated in a way that can contribute to understanding and addressing various challenges faced by parents and children with disabilities in Dzivaresekwa.

1.12 CHAPTER SUMMARY

The author gave an overview and history about struggles parents of children with disabilities go through. It then talked about the problem statement and what the study will focus on as well as its limits. Next it listed the goals for the study and questions it hopes to answer. After that its why the work matters and assumption it has. Finally key words in the project were defined. All of this summed up the opening section of the research paper.

CHAPTER TWO:

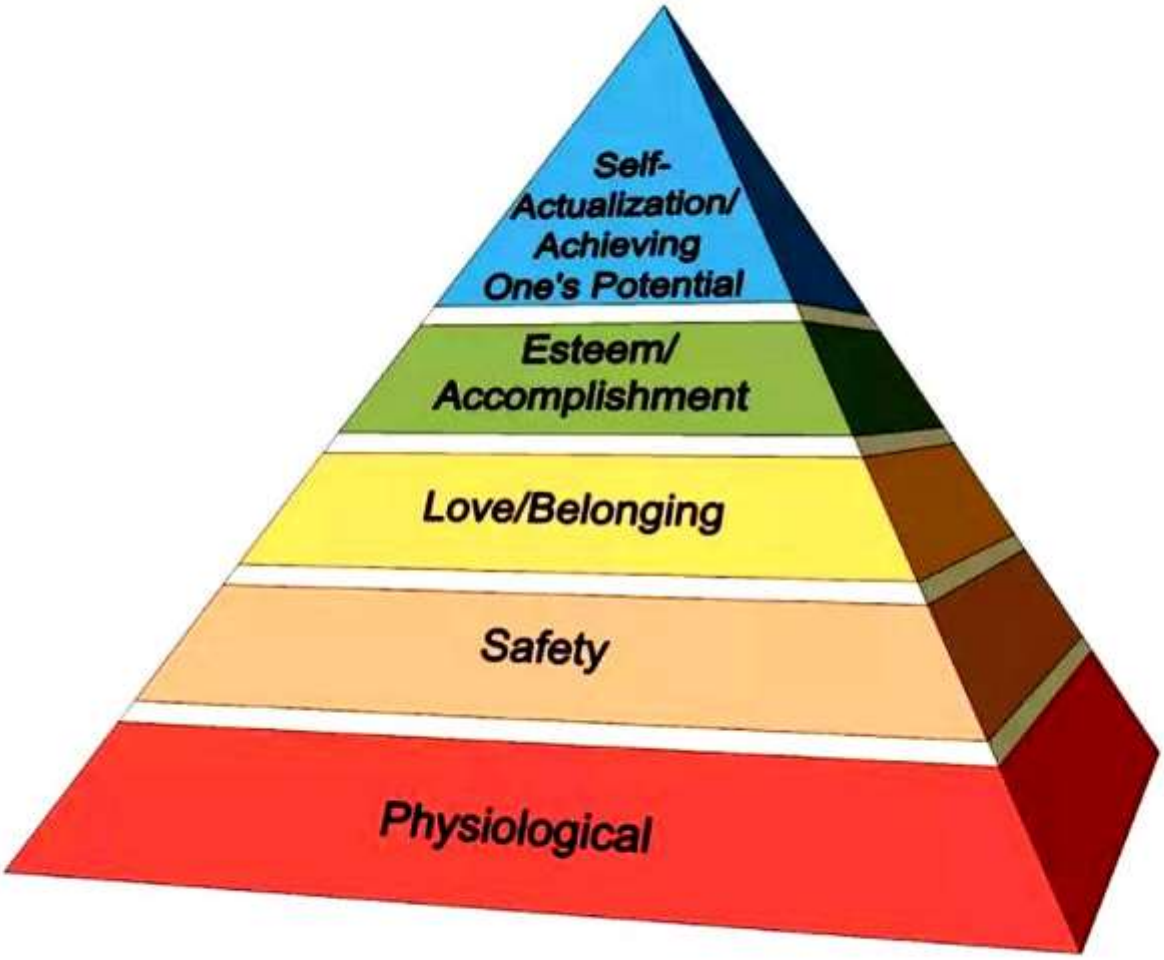
LITERATURE REVIEW

2.1 INTRODUCTION

Parents and guardians of children with disabilities face unique and complex challenges in providing care, support, and advocacy for their children. This literature review aims to explore the challenges faced by these parents and guardians, assess the services and resources available to support them, and provide recommendations to address these challenges effectively. This section provides an overview of the current research in order to identify areas that the study aims to address. This approach allowed the research to pinpoint areas where existing knowledge was lacking, providing a solid foundation for addressing these gaps through the current study. Additionally, researcher examined the theoretical framework that guided the research, specifically the Maslow's basic needs approach and the stress and coping theory. These theories could help to understand the challenges faced by parents and guardians of children with disabilities.

2.2 THEORETICAL FRAMEWORK

The aim of this study is to assess the challenges faced by parents and guardians of children with disabilities. Hence the researcher employed approach that delved into the challenges as the theoretical framework of the study. The theory to be used is the Maslow's hierarchy of needs by Abraham Maslow in 1943. The researcher used this theory as they provide valuable insights into the experiences of parents and guardians of children with disabilities. Maslow's hierarchy of needs approach gives comprehensive framework for understanding the various needs that individuals require which helps us to understand the challenges faced by parents and guardians of children with disabilities to meet their own basic needs. Importantly the approach offers practical guidance for addressing the challenges faced by parents and guardians of children with disabilities.



2.2.1 MASLOW'S HIERACHY OF NEEDS

Maslow's hierarchy of needs is a psychological theory proposed by Abraham Maslow, which suggests that individuals have a hierarchy of needs that must be fulfilled in a sequential manner. The hierarchy consists of five levels: physiological needs, safety needs, belongingness and love need, esteem needs, and self-actualization needs. These stages also accommodate the needs of parents and guardians of children with disabilities.

Firstly, at the base or wide part of the hierarchy there are needs known as the physiological needs. According to Maslow (1951), physiological needs are defined as essentials people need for physical survival. Besides the demands of caregiving, the parents of children with disabilities lack capacity to provide and cater for their children. According to the UNICEF (2022), approximately 65% of children with disabilities live in poverty. To add, 70% of POCWD are unemployed, and of the 30% that are employed 20% of them are in informal business. Hence this means that the parents find it hard to provide the basic needs of them and their children like shelter, food, water, among others. Hence, the Maslow's hierarchy therefore addresses the issues of challenges faced by POCWD, as incapacity leads to stress which can negatively affects parents psychologically. Studies have stressed on the issue that if parents have no capacity to fend and care for their children there are bound to stress and be mentally unstable and these studies include a longitudinal study of child development (2017) and parent well-being, The health of caregivers for children with disabilities among others (2018).

Second in the hierarchy is safety needs which consist of health, employment, property family and social ability. From Maslow's perspective, safety needs refer to as the sturdy desire of humans for safety and security to remain safe and secure from any harm. Dantas (2019), argues that providing a safe and secure environment for their child with disabilities can be challenging for parents and guardians. Safety consists of two main perspectives that is safety at home and safety in the special school. Cahapay (2022), In developed countries like America and China, children are provided with higher standards of safety environments both at home and school which include providing them with free, accessible health care and rehabilitation, legal protection and advocacy, user friendly tools, building and others. In the African context, there has been improvement in most part of Africa as there are countries such as South Africa, Chad, Nigeria, Togo who have been implementing policies that ensure safety, building and advancing technology that accommodate disability and polished interventions that provide parents with skills and materials to ensure safety of their children with disabilities in the comfort of their homes. In Zimbabwe, although there have been tireless efforts by the government, the country still faces significant challenges in protecting the rights of children with disabilities. These children are subjected to neglect from family, abuse and discrimination. Similarly in the class setup, on normal circumstances the class ratio is 1teacher as to seven learners but on ground the ZIMCARE schools have 20 – 35 learners per class hence safety can not be ensured in such a setup. According to UNICEF (2019), statistics, an estimated 40% of children with disabilities in Zimbabwe are exposed to some form of abuse, violence or exploitation. Although the schools are there to ensure safety of children, parents and guardians of children with disabilities fail to enrol their children to desired schools that cater for the child's safety. For instance children who have cerebral pulse should be enrolled to schools such as St Giles so that they can be well taken care of and offered best sessions to improve their situations however due to lack of enough funds and knowledge parents end up enrolling their children to basic special schools which are in most cases not safe for their child's disability for instance the adopted SDG of inclusive education may result in other student bulling and discriminating the children with disabilities which pose as harm either emotionally or physically to the children with disabilities and their parents as well.

The third stage in the Maslow's hierarchy of needs is the love and belonging needs. According to Maslow (1945), this stage talks about humans as social creatures that crave interaction with other Parents and guardians may experience challenges in maintaining social connections and support networks due to the time and energy required for caregiving. Feelings of isolation and limited social interactions can impact their emotional well-being. Many studies sauch as 2022; show that the parents of children with disabilities often commit suicide, divorce, or flee away especially the fathers so that they cannot face humiliation and discrimination. According to Masukwe (2016), this is why almost three quarters of the children with disabilities in Zimbabwe are taken care by guardians, foster parents, organizations and the government itself. Meanwhile, the government of Zimbabwe, as part of the adopted Sustainable Development

Goal's (SDGs) have established the inclusive education and non-discriminatory programs ('Ending Disability Environment' campaign by Zimbabwe National Deaf Association), Implementation of such disability friendly and inclusive policies and programs are questionable. Dube (2021), argues that children with disabilities are excluded in mainstream schools. He noted that exclusion was across 5 provinces in Zimbabwe namely Harare, Matabeleland north, Bulawayo, Midlands and Mashonaland central. Hence one can note that this is only on the paper as there is still existence of special school and regardless of the campaigns of non-discrimination families, relatives and communities still discriminate parents of children with disabilities. Hence in the hierarchy of needs, parents of children with disabilities still face lack of love and belongingness due to the issues of unacceptance and discrimination.

Parents and guardians may also face challenges in maintaining a positive self-image and self-esteem due to societal judgments, stigmatization, and the pressure to meet societal expectations. They may also face challenges in balancing their own personal aspirations and achievements with the demands of caregiving. Under self-esteem parents and guardians of children with disabilities are exposed to comparisons and self-doubts. For instance, they may compare themselves with other parents or guardians who have children without disabilities in terms of responsibility and child capabilities. In the long run comparison leads to feeling incomplete, falling short in their roles of parents and guardians as well as self-doubt. This can also result in parents and guardians of children with disabilities questioning their abilities to meet the needs of their child and feeling overwhelmed by the demand placed over them.

One study by Hartley, MacLean, and Owens (2014) explored the experiences of parents of children with disabilities and found that their focus and energy were often directed towards meeting their child's immediate needs, such as medical care, therapy, and educational support. This intense caregiving role can leave little time and energy for parents to pursue their own personal goals and self-actualization. Additionally, the emotional demands and stress associated with caring for a child with disabilities can lead to increased levels of psychological distress and decreased well-being for parents (Hastings, Beck, & Hill, 2005). These emotional challenges can further hinder parents' ability to engage in activities that promote self-actualization, such as personal growth, hobbies, or career development. Furthermore, societal factors such as stigma, limited support systems, and lack of accessibility can contribute to social isolation and restricted opportunities for parents and guardians, making it even more challenging to satisfy their self-actualization needs (Burke & Hodapp, 2014). Overall, while further research is needed, existing evidence suggests that the demanding nature of caring for a child with disabilities and the related emotional and societal factors can hinder parents and guardians in fulfilling their self-actualization needs within Maslow's hierarchy.

2.3 CHALLENGES FACED BY PARENTS AND GUARDIANS OF CHILDREN WITH DISABILITIES.

2.3.1 POVERTY

According to the world bank list of low-income countries (2019), the poorest countries in Africa are Burundi, DRC, Somalia, Malawi, South Sudan, Ethiopia, Mozambique and others. overty presents a significant challenge for parents and guardians of children with disabilities. Poverty can exacerbate the difficulties already faced by families in accessing necessary resources and support for their children with disabilities. Limited financial resources can restrict their ability to afford specialized medical care, assistive devices, therapy services, and inclusive education opportunities, which are crucial for their child's development and well-being (Morse, 2011). This lack of resources can result in inadequate or delayed interventions, hindering the child's potential for growth and independence.

Poverty also impacts the overall living conditions of families, making it harder to provide appropriate nutrition, healthcare, and safe living environments for their children with disabilities (Groce et al., 2011). Access to clean water, sanitation facilities, and basic healthcare services may be limited, which can lead to increased health risks and vulnerability for children with disabilities.

Additionally, poverty often restricts parents and guardians from accessing employment opportunities, further exacerbating financial strain. The need to provide constant care and support for their child with a disability can make it challenging for parents to engage in income-generating activities or maintain steady employment (Morse, 2011). This can perpetuate the cycle of poverty and limit economic empowerment for families.

Furthermore, the lack of social protection systems and limited government support in many African countries can leave families with limited social assistance programs or financial aid specifically targeted at children with disabilities. This further hamper parents' ability to meet the unique needs of their children and provide them with adequate care and support (Groce et al., 2011).

2.3.2 DISCRIMINATION

According to Ontario Human Rights Commission (2019), discrimination is the act of treating one or more members of a specific group unfairly as compared with other people. In relation to this definition, discrimination against parents of children with disabilities is a well-documented issue that can significantly impact their experiences. According to Eberharddt (2019), parents of children with disabilities face various forms of discrimination, including social stigma, exclusion, and unequal treatment. Discrimination can occur in different settings, such as healthcare, education, employment, and social interactions.

For example, in healthcare settings, parents of children with disabilities may encounter discriminatory attitudes and practices from healthcare providers. They may face judgment or negative assumptions about their parenting abilities or receive inadequate support and information regarding their child's condition (Hirschfeld, 2017). Such discrimination can have a detrimental impact on the parents' emotional well-being and their ability to access appropriate healthcare services for their child.

In the education system, parents may encounter discriminatory practices that hinder their child's access to inclusive education. They may face resistance or lack of support from school administrators or teachers, who may hold biased beliefs about the capabilities of children with disabilities (Connell, 2012). This discrimination can limit the educational opportunities available to their child and perpetuate a cycle of exclusion.

Discrimination can also extend to the employment sector, where parents may face prejudice and barriers to securing and maintaining employment. In the context of Africa, parents and guardians of children with disabilities experience difficulties of balancing the demands of caregiving responsibilities with work commitments, or they may encounter employers who are unwilling to provide reasonable accommodations or flexibility (Kaye, 2017). This discrimination can lead to financial strain and further marginalization for parents.

2.3.3 LACK OF RESOURCES (ADMINISTRATIVE, HUMAN AND FINANCIAL)

Lack of resources, including administrative, human, and financial resources, is a significant challenge faced by parents and guardians of children with disabilities in Africa. Limited resources can hinder their ability to access and provide essential support and services for their children.

Administrative resources refer to the availability and effectiveness of administrative structures and systems to support individuals with disabilities. In many African countries, there may be a lack of well-organized and efficient administrative structures to coordinate and deliver services for children with disabilities. This can result in delays and difficulties in obtaining necessary healthcare, education, and social support for their children. resources are also crucial for addressing the needs of children with disabilities. However, there is often a shortage of trained professionals, such as doctors, therapists, special educators, and social workers, in many African countries. The limited availability of skilled professionals can lead to long waiting lists for services, inadequate access to specialized care, and a lack of expertise in addressing the unique needs of children with disabilities.

Financial resources play a critical role in ensuring access to necessary services and support. In the African context, poverty and limited financial means can prevent parents and guardians from accessing appropriate healthcare, therapy, assistive devices, and inclusive education opportunities for their children. High out-of-pocket expenses and a lack of financial assistance or insurance coverage further compound the challenges faced by families. According to the recent study conducted in Africa by California University 2020, families of children with disabilities spend an average of $10 000 per year out of pocket on healthcare and other related expenses, which is more than twice the average out-of-pocket spending for families of children with disabilities.

These resource limitations often result in unequal access to services, with rural and marginalized communities facing additional barriers. The lack of resources exacerbates the challenges faced by parents and guardians, making it difficult to meet the diverse needs of their children with disabilities and hindering their overall well-being.

Efforts to address these resource challenges require investment in strengthening administrative systems, increasing the number of trained professionals, and improving financial support mechanisms for families. It is essential to prioritize inclusive policies, allocate adequate funding, and build the capacity of local institutions to ensure that parents and guardians of children with disabilities have the necessary resources to support their children's development and well-being.

Emotional and psychological challenges: Parents and guardians of children with disabilities often experience increased levels of stress, anxiety, and depression. They may face emotional challenges related to accepting their child's diagnosis, coping with the demands of caregiving, and dealing with societal stigma and discrimination (Hastings et al., 2005).

Social isolation and lack of support: Parents may feel socially isolated due to the limited understanding and support from their social networks, including family, friends, and community members. The lack of inclusive social activities and limited opportunities for interaction with other parents in similar situations can further contribute to the sense of isolation (Burke & Hodapp, 2014).

2.3.4 EDUCATIONAL BARRIERS

Education barrier affects both the parents or guardian and the child. Access to appropriate education is often a challenge for children with disabilities, and parents may face difficulties in advocating for their child's right to inclusive education. They may encounter barriers such as limited availability of inclusive schools, lack of trained teachers, inadequate support services, and discriminatory attitudes within the education system (Connell et al., 2012). UNICEF statistics, 2022, alludes that only 5% of children with disabilities in Africa attend proper schools that provide then with appropriate services whereas 70% of them could attend if appropriate services and schools were available. This scarcity of special education acts as a major barrier to parents who are striving to provide their children with educational support.

2.3.5 FINANCIAL STRAIN:

According to Tonder (2022), Caring for a child with a disability can place a significant financial burden on families. Expenses related to medical care, therapy, assistive devices, and specialized education can be substantial. Limited financial resources, lack of insurance coverage, and limited employment opportunities for parents can exacerbate the financial strain (Morse, 2011).

2.3.6 ACCESS TO HEALTHCARE:

According to Grose (2011), parents and guardians may face challenges in accessing appropriate healthcare services for their children with disabilities. This can include difficulties in finding healthcare providers with expertise in their child's specific condition, long waiting times for appointments, and inadequate health insurance coverage (Hartley et al., 2014).

2.3.7 FUTURE PLANNING AND UNCERTAINTY:

Parents of children with disabilities often face uncertainty about their child's future, including concerns about their long-term care, independence, and financial stability. According to Janicki (2012), planning for their child's future can be complex and overwhelming, requiring careful consideration of legal, financial, and support aspects.

2.4 THE SERVICES AND RESOURCES AVAILABLE TO SUPPORT PARENTS AND GUARDIANS OF CHILDREN WITH DISABILITIES.

2.4.1 GOVERNMENT SUPPORT THROUGH GRANTS

Government support through grants is indeed an important service available to support parents and guardians of children with disabilities. Grants are financial assistance provided by the government to help alleviate the financial burden and enhance the well-being of families raising children with disabilities. These grants can vary in terms of eligibility criteria, funding amounts, and the specific purposes they serve. Here are a few examples of government grants commonly available:

- **Disability-specific grants:**

  Many governments offer grants specifically targeted at children with disabilities. These grants aim to provide financial assistance for medical expenses, therapy services, assistive devices, and other disability-related needs. They can help cover the costs associated with the child's specific condition and improve their quality of life.

- **Respite care grants:**

  Respite care grants are designed to provide parents and guardians of children with disabilities with temporary relief from caregiving responsibilities. These grants can support the cost of hiring trained caregivers or accessing respite care services, allowing parents to take a break and recharge while ensuring their child's well-being.

- **Education-related grants:**

  Governments may provide grants to support educational needs and inclusion of children with disabilities. These grants can cover expenses such as specialized educational materials, assistive technology, transportation, and modifications to facilitate access to educational facilities.

- **Equipment and assistive technology grants:**

  Grants are available to help parents and guardians acquire necessary equipment and assistive devices for their children with disabilities. This can include mobility aids, communication devices, sensory equipment, and other assistive technology that promote independence and participation in daily activities. For Instance, in Zimbabwe, the government assist parents of children with disabilities with health assistance grant known as Assisted Medical Treatment Order (AMTO). However the initiated has been overwhelmed for the past years due to corruption, lack of funds and lack of professional mobilizers resulting in the use of means testing and delayed assistance.

- **Housing and accessibility grants:**

  Some governments offer grants to assist families as a basic need, in making their homes more accessible for children with disabilities. These grants can help cover the costs of home modifications, such as installing ramps, widening doorways, or adapting bathrooms, to improve accessibility and safety for the child. The Zimbabwean government recently launched the Housing scheme for parents and guardians of children with disabilities so that they can own specific homes entitled as an asset to their child. However, as much as it is a good initiative in place, the attainment of the residential stand is time consuming, requires a lot of paperwork and verification.

2.4.2 NON-GOVERNMENTAL SUPPORT

GLOBAL NON-GOVERNMENTAL SUPPORT:

- **Disabled People's Organizations (DPOs):** These organizations advocate for the rights and inclusion of persons with disabilities, including children. They provide support services, raise awareness, and engage in policy advocacy to address the challenges faced by parents and guardians of children with disabilities globally. Examples include Disabled People's International (DPI) and the World Federation of the Deaf (WFD).

- **International NGOs:** Various international non-governmental organizations focus on disability rights and support. They provide resources, capacity-building programs, and advocacy efforts to address the challenges faced by parents and guardians of children with disabilities globally. Examples include Save the Children, Handicap International, and Leonard Cheshire Disability.

REGIONAL NON-GOVERNMENTAL SUPPORT

- Regional Disability Networks: These networks bring together organizations and stakeholders from specific regions to promote disability rights and support. They offer platforms for sharing best practices, collaboration, and regional advocacy efforts. Examples include the African Disability Forum (ADF) and the European Disability Forum (EDF), which work to address the challenges faced by parents and guardians of children with disabilities in their respective regions.

NON-GOVERNMENTAL SUPPORT IN ZIMBABWE:

- **Disabled Persons Organizations:**

  Zimbabwe has several disabled persons organizations that provide support to parents and guardians of children with disabilities. Organizations such as the Zimbabwe National Association of Disabled Students (ZIMNADS) and the Disability Amalgamation Community Trust (DACT) offer advocacy, education, and support services to address the challenges faced by families.

- **Parent Support Groups:**

  There are parent support groups in Zimbabwe that provide a platform for parents and guardians of children with disabilities to connect, share experiences, and access information and resources. Examples include the Zimbabwe Parents of Handicapped Children Association (ZPHCA) and the Disability Parent Association Zimbabwe (DPAZ).

- **Local NGOs**:

  Numerous local NGOs in Zimbabwe focus on disability rights and support. They provide services such as early intervention, education, rehabilitation, and livelihood support. Examples include the ZIMCARE Trust, Jairos Jiri Association and the Leonard Cheshire Disability Zimbabwe.

2.4.3 QUOTA/AFFIRMATIVE SYSTEM

In Zimbabwe, there is a quota system in place that provides certain benefits and privileges to parents of children with disabilities. The quota system aims to promote inclusion, representation, and access to various opportunities for persons with disabilities, including children. Here is a brief overview of the quota system in Zimbabwe:

- **Education:**

  Quota System in Schools: The Zimbabwean government has implemented a quota system that reserves a certain percentage of school places for children with disabilities. This ensures that children with disabilities have access to education and can attend mainstream schools alongside their peers.

- **Employment:**

  Quota System for Public Sector Employment: The government of Zimbabwe has introduced a quota system for public sector employment. This means that a certain percentage of job opportunities in government departments and agencies are reserved for persons with disabilities, including parents of children with disabilities. The quota system aims to promote equal employment opportunities and combat discrimination in the workplace.

- **Empowerment and Representation:**

  Quota System for Political Representation: Zimbabwe has introduced a quota system to promote the political representation of persons with disabilities. This system reserves a specified number of seats in the parliament and local government structures for individuals with disabilities, including parents of children with disabilities. The quota system ensures that their voices are heard and their perspectives are represented in decision-making processes.

2.4.4 PEER TO PEER SUPPORT

According to Gergen (2018), peer-peer support groups are gatherings where individuals with similar experiences come together and provide mutual support and experiences. These groups aim to help each other by sharing their personal journeys and offering understanding, empathy and practical advice. National Alliance on Mental Illness (NAMI) 2019 concluded that there are three peer support programs for parents and children with disabilities. These are namely Emotional Support where parents and guardians find understanding from peers who are dealing with similar challenges and the other one which is emotional support which encompasses of parents learning about resources and coping strategies from others who have navigated the same difficulties. In Zimbabwe there are quite a number of support groups for parents and guardians of children with disabilities which include Miracle missions, Mashambanzou Trust, peer to peer meetings organised by ZIMCARE social workers.

2.5 STRATEGIES TO ADDRESS THE PROBLEMS FACED BY PARENTS AND GUARDIANS OF CHILDREN WITH DISABILITIES.

2.5.1 CAPACITY BUILDING INITIATIVES:

Rogers (2023), define capacity building as efforts aimed at enhancing the knowledge, skills, and capabilities of parents, guardians, and relevant professionals to better support children with disabilities. This can include training programs, workshops, and support groups that provide information on disability-related topics, parenting strategies, advocacy skills, and accessing available resources. Capacity building initiatives empower parents and guardians, enabling them to navigate systems, make informed decisions, and advocate effectively for their children's rights and needs. Capacity building initiatives align with the self-actualization level of Maslow's Hierarchy of Needs. By providing parents and guardians with knowledge, skills, and support, capacity building initiatives help them reach their fullest potential in understanding and addressing the needs of their children with disabilities. These initiatives empower parents and guardians to become effective advocates and caregivers, contributing to their personal growth and self-actualization.

2.5.2 ADEQUATE RESOURCES:

Morse (2011), alluded that ensuring the availability of adequate resources is crucial to supporting parents and guardians of children with disabilities. This includes allocating sufficient funding for healthcare services, education, therapy, assistive devices, and other necessary support systems. Governments and relevant stakeholders should prioritize budget allocations that address the specific needs of children with disabilities and their families. Adequate resources correspond to the physiological and safety needs in Maslow's Hierarchy. Parents and guardians require access to essential resources, such as healthcare services, therapy, assistive devices, and financial support, to meet the basic needs of their children with disabilities. By addressing these fundamental needs, parents and guardians can ensure the physical well-being and safety of their children, allowing them to focus on higher-level needs.

2.5.3 PROMOTE INCLUSION:

Promoting inclusion involves creating environments that embrace and support the participation of children with disabilities in all aspects of society. This can be achieved through inclusive education policies that ensure access to quality education in mainstream schools, reasonable accommodations, and individualized support. Inclusive recreational activities, community programs, and social services can also foster social inclusion and create opportunities for children with disabilities to interact, learn, and develop relationships with their peers. Promoting inclusion aligns with the belongingness and love needs in Maslow's Hierarchy. Inclusion efforts aim to create a sense of belonging, acceptance, and social connection for children with disabilities and their families. By promoting inclusive education, recreational activities, and community programs, parents and guardians can help fulfill their children's need for social interaction, friendship, and a sense of belonging within their communities.

2.5.4 DEVELOP AND IMPLEMENT POLICIES AND LEGAL FRAMEWORKS:

Governments play a crucial role in developing and implementing policies and legal frameworks that support parents and guardians of children with disabilities. These policies should aim to protect the rights of children with disabilities, promote equal access to healthcare, education, and social services, and ensure non-discrimination and inclusion for instance the already existing policies such as National Development Strategy 1 (2021 – 2025) Pillar of Disability, National Disability Policy 2021, Constitution of Zimbabwe No2 2013, Disabled Persons Act (Chapter 17), Social Welfare Assistance Act (Chapter), Children’s Amendment Act 2023. These legal frameworks can provide a basis for enforcing these rights and holding relevant institutions accountable. Developing and implementing policies and legal frameworks correspond to the esteem and self-actualization needs in Maslow's Hierarchy. These policies and frameworks protect the rights of children with disabilities and their families, promoting their sense of self-worth and dignity. By ensuring equal access to healthcare, education, employment rights, and support services, parents and guardians can experience a sense of accomplishment, respect, and fulfilment as they navigate their roles as caregivers and advocates.

SUMMARY

This chapter reviewed literature related to the study. It was clear from the review that the issue under study is under-researched and as such, there is a dearth of available literature. The researcher, however, tried to find relevant literature towards providing a strong platform for data collection, analysis, presentation and discussion. This chapter also further explained the objectives of this study also pointing out the already existing systems and services as well as possible recommendations.

CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter outlines the research methods that were used to conduct the research. It outlines the research design, target population, the sampling method employed, as well as the instruments used to collect data. Lavrakas and Crowston (2019), explain research methodology as the systematic framework that guides the entire research process. It encompasses the steps, procedures, and strategies employed to collect and analyze data during an investigation. In essence, it outlines the blueprint for conducting a research project, ensuring a rigorous and reliable approach to acquiring knowledge. This chapter also explains how the necessary data and information to address the research objective and questions, were collected, presented and analysed. The justification for the adoption of the research design, research instruments, data sources, data collection techniques, data presentation and analysis plan are also expounded.

3.2 THE RESEACH APPROACH

In this study, a qualitative methodology was used. According to Verma and Gustafsson, (2020), research approach is a plan or strategy that the researchers use to conduct their research. The methodology gives an overview of how the researcher will gather information, analyze it, and understand what they found, allowing researchers to lay out their whole process (Leavy, 2022). Leavy explains methodologies let investigators dig deep to fully grasp what things mean to people, how they see their worlds and situations, how they interact with others, and what objects signify. Qualitative methods allow developing thorough insight into the subject by analyzing the meanings individuals assign to different parts of their lives. Qualitative research is particularly beneficial when exploring the challenges faced by parents and guardians of children with disabilities. It allows the researcher to gain a deeper understanding of these challenges, as it provides insights into the lived experiences of those affected. For this research qualitative is the best approach to use as qualitative approach has the ability to explore complex and nuanced issues, gain detailed information about the thoughts and feelings of participants as well as develop a more holistic understanding of the challenges faced.

3.3 RESEARCH DESIGN

A research design, as defined by Bhandari (2023), is a strategic plan for using empirical evidence to answer the research questions. The University of Southern California (2023) describes it as a comprehensive framework that guides the researcher in integrating different research components in a logical and cohesive way, ensuring a thorough exploration of the research problem. This study adopted a descriptive phenomenology structure as its design framework, chosen by the researcher as the most suitable approach for this particular investigation. Babbie, Mouton, and Strydom (2011) highlight that social research can be conducted for descriptive or exploratory purposes. While explanatory studies aim to provide causal explanations, this research employed an exploratory approach. This was driven by the researchers' desire to explore the experiences of parents of children with disabilities at Batsirai special school in Dzivaresekwa 3. As most studies focus on children with disabilities, there is a lack of information about the experiences of parents, especially in rural settings. This research aims to bridge this gap by providing insights into the unique challenges and perspectives of these parents.

3.4 TARGET POPULATION

According to Kalton (2017), target population refers to a group of individuals that the researcher aims to study. This segment illustrates about aspects of research populations and the study sample. It notes the argument that those who stand to gain the most from research results should also share in the responsibilities involved (kalton, 2017). According to the source mentioned, the population selected should be the group the research questions are focused on understanding. Given these criteria, the study population consisted of parents and guardians of children with disabilities attending Batsirai Special School as these individuals would benefit and have insight into the topics explored.

The researcher targeted learners from Batsirai special school, as about 43% of children with disabilities in Zimbabwe reside in Harare, and of the 43% ZIMCARE Trust has enrolled approximately 17%. Under ZIMCARE Trust, Batsirai is the second largest day school that has enrolled about 100 learners with disabilities. Hence the researcher saw it fit to conduct the research in Harare at Batsirai Special School as rigour research elements can be attainable. Within the overall study population of parents/guardians of children at the school, the actual individuals included were those whose children were present at the school during the time period when the research was being conducted. This helps define the scope and sample frame more precisely. The researcher also targeted key informants and they comprised representatives from the Batsirai Special School and the Department of Social Development.

3.5 SAMPLING

Andrade (2021), notes sampling is selecting a subset from the overall population being researched. For this study, the purposive sampling method was used. Campbell et al (2022), define purposive sampling as a uniform technique that targets a group sharing characteristics to speak for the whole. Additionally, Crossman (2020), specifies purposive samples are non-random samples chosen based on population traits and study aims. By keeping the original authors included, this summarizes the key points around sampling while maintaining their important contributions. The researcher applied this sampling technique by selecting primary participants which are parents and guardians from the school’s register. This was done to get parents and guardians of children with different disabilities so that the researcher can at least obtain a variety of responses derived from different situations.

3.5.1 SAMPLING TECHNIQUE

PURPOSIVIVE SAMPLING: PRIMARY PARTICIPANTS AND KEY INFORMANTS

Purposive sampling strategically focuses on a population relevant to study aims to get a representative sample (Campbell, Greenwood, Prior, Shearer, Walkem, Young, Bywaters and Walker, 2020). It's where participants are purposely selected by the researcher for having traits tied to the topic (Crossman, 2020). In this case, 8 parents/guardians of children with disabilities at the school were picked and identified from the records and invited through letters (8 parents represented 10% of the total number of children enrolled sat the school. Consent was provided by the Batsirai Special School Board of Directors. Crossman (2020), echoes that purposive samples involve selecting people based on population characteristics important to the study's objectives. The parents were assured anonymity as some informants knew sensitive details and experiences.

3.5.2 SAMPLE SIZE

According to Creswell and Creswell (2018), sample size refers to the number of individuals or observations involved in a research study. The primary participants consisted of 8 parents and guardians (constituting 10% of the parents’ population at the school) of children with disabilities at Batsirai Special school, were randomly chosen from the student registration records. They were then invited to participate via letters that were sent to them. The researcher chose 8 parents as a reasonable number drawing from the characteristics of qualitative research where small samples provide much information and it’s easy to reach saturation. As part of the research, key informants will also be included, one from the school, one from ZIMCARE Trust and one from the DSD.

3.6 DATA COLLECTION

3.6.1 DATA COLLECTION METHODS

According to Dudovskiy (2018) data collection is a process of collecting information from all the relevant sources to find answers to the research problem, test the hypothesis and evaluate the outcomes. In-depth interviews and Key informant interviews will be used to collect data on the challenges faced by parents and guardians of children with disabilities. The above methods were found suitable basing on the location and level of literacy of the parents and guardians.

3.6.2 IN-DEPTH INTERVIEWS

Osborne and Grant-Smith (2021), define in-depth interviews as an open-ended way to get detailed data on a topic directly from a participant. De Janaz and Katz (2021) highlight they are a qualitative research technique aimed at deeply exploring one's perspectives, experiences, feelings from their viewpoint. This interview style also helps uncover beliefs, values, and understandings according to DSD (2018). DSD (2018) add they are purposely interactive to obtain information not accessible through observation. In this case, face to face in-depth interviews will be conducted with 8 parent participants specifically chosen for the study. (5 were biological parents, 1 foster parent and 2 guardians) who are the primary participants (parents of children with disabilities). In-depth interviews provide a detailed view of how participants perceive the subject matter. Specifically, the interviews allowed the researcher to get nuanced and impactful understandings into the difficulties encountered by parents/guardians of children with disabilities. This was accomplished because the interviewer could further explore the issues while participants freely conveyed their emotions, views and opinions on the topic being studied through probing questions. The researcher will utilise recordings during interviews so that she can later listen to them.

3.6.3 KEY INFORMANT INTERVIEWS

According to Leach (2020), these are in-depth discussions with people or experts who have authority on the topic studied. For this research, 4 professionals were anticipated - 2 from Batsirai Special School, 1 from ZIMCARE Trust and 1 from Department of Social Development as organizations involved in supporting those with disabilities. Given their roles working closely on the issues, it was believed they could offer richer, more insightful perspectives on the difficulties faced by parents/children in this context. During these interviews, the informant would be viewed as the expert teacher, while the interviewer is like the student learning. This approach also allows gathering nuanced professional viewpoints and cross-checking findings, as these key sources have extensive hands-on experience in the area under investigation according to the passage. The meaning remains unchanged in this summary.

3.7 DATA COLLECTION TOOLS

3.7.1 DATA COLLECTION TOOLS

Researchers rely on a variety of tools, known as data collection instruments, to gather information in the field. The choice of instrument depends on the specific research approach and methodology employed. Qualitative research, for instance, utilizes unique methods that necessitate specialized data collection instruments. In this particular study, the researcher employed in-depth interview guides and key informant interview guides. These guides contained a structured set of questions designed to maintain the research's focus while allowing for probing questions to elicit further clarification. During the interviews, the researcher utilized a notepad and an audio recorder to capture interview notes and record the conversations. The researcher promptly transcribed the audio recordings shortly after data collection.

3.7.2 IN-DEPTH INTERVIEW GUIDE

The researcher crafted in-depth interview schedules that were used to conduct interviews on all participants. The schedules carried a set of questions that were related to the research questions. The interview schedules were administered to the participants by the researcher. The questions in the semi-structured interview schedules are open-ended and they allowed participants to provide more data and for the researcher to probe further. The researchers preferred the use of interviews as they allowed the parents to fully explain their views and also allowed the researcher to probe on unclear assertions.

3.7.3 KEY INFORMANT INTERVIEW GUIDE

The researcher came up with a key informant interview schedules in line with the research questions. The questions in the interview schedules are open-ended and they were designed in a manner that allowed the researcher to solicit more data from the key informants. The key informant interview schedules were administered by the researcher to the key informants.

3.8 DATA ANALYSIS AND PRESENTATION

The researcher utilized thematic analysis to analyse the collected data by expanding upon field notes, transforming shorthand into narratives and elaborating on non-verbal observations. Thematic analysis involves identifying patterns or themes within qualitative data. The research utilized this method to identify, rank, present, and analyse emerging themes. Ethical considerations that guided the research were also presented. Qualitative data analysis, as described by Babbie (2007), involves the non-numerical examination and interpretation of observations to uncover underlying meanings and patterns within the data. Following data collection, the next stage in the research process involved analyzing and interpreting the data to group common themes and break it down into meaningful pieces (De Vos et al., 2011). Common themes and trends from the transcribed in-depth and key informant interviews were organized into meaningful themes and subthemes. The analyzed data formed the basis for the systematic presentation of findings and their further critical analysis in relation to the reviewed literature. The data is presented in the next chapter, organized according to the themes that emerged from data analysis.

3.9 RESEARCH FEASIABILITY

Permission to carry out the research in Dzivaresekwa 3 at Batsirai Special school was granted through the ZIMCARE TRUST and the Department of Social Development.

3.10 ETHICAL CONSIDERATION

3.10 INFORMED CONSENT

This principle emphasizes the importance of informed consent, meaning that individuals should not participate in research without being fully informed about the study and providing their agreement to participate. Before participants made the decision to take part in the study, the researcher provided them with all relevant information. The researcher thoroughly explained the purpose of the interview to each participant, placing it within the broader context of the research project. This involved explaining the research's overall goals and objectives. Informed consent aims to ensure that participants are aware of both the potential risks and benefits associated with their participation. Participants were required to sign an informed consent form before participating. Finally, before recording the interview session, the researcher sought permission from the participant and provided a clear explanation for the need to record the session.

3.10.1 VOLUNTARY PARTICIPATION

This rigour necessitates that research participants not be forced, tricked, or persuaded to participate. Participants are free to refuse or stop taking part in the study at any time, especially if they feel pressured to do so. Participants were advised that they could withdraw at any time and that doing so would not affect them.

3.10.2 CONFIDENTIALITY

The National Association of Social Workers (NASW) emphasizes the importance of client confidentiality in its code of ethics, stating that social workers must uphold the privacy of client information. This principle extends to research, where ensuring participants that their data will not be shared with third parties without their consent is paramount. The researcher meticulously protected the identities of participants from disclosure to external parties. Furthermore, the researcher-maintained confidentiality by refraining from sharing interviewee information with other participants or community members.

3.10.3 ANONYMITY

Anonymity, as defined by Armstrong (2022), refers to the ability to act without being identified. To ensure anonymity, all information that could potentially reveal a participant's identity will be kept confidential, and the participants' identities will not be disclosed. Instead of using the participants' real names, the researcher will assign alphabetical letters to maintain their anonymity throughout the study.

3.10.4 CREDITABILITY

In addressing credibility, investigators attempt to demonstrate that a true picture of the phenomenon under scrutiny is being presented (Shenton 2016:66). Credibility was ensured by using a qualitative approach to determine the experiences of parents of children with disabilities. The use of a purposive sample by the researcher ensured that the responses obtained are credible. The selection criteria used were that the respondents should be biological or foster parents of children with disabilities. In-depth interviews ensured that key informants provide their opinions without the influence of the researcher. The interview also allowed the researcher to note non-verbal communication. Credibility in the study was also ensured through investigator triangulation. The researcher coded, analysed and made interpretations of the data from the recordings and notes that were written down. Same themes, results and interpretations were yielded.

3.10.5 TRANSFERABILITY

Transferability refers to the potential for exploration and it relies on the reasoning that the findings can be transferred to other settings or groups (Pilot and Beck, 2018). Transferability is often assessed by end users and thus it can only be done at a late stage of the review process.

3.10.6 CONFORMABILITY

According to Polit and Beck, (2021), conformability refers to objectivity and implies that the data accurately represent the information that the participants provided and interpretations of that data are not inverted by the inquirer. Further, the findings must reflect the participants voice and conditions and not the researchers' biases and that is the reason why authors often present representative quotations from transcribed data, (Graneheim and Lundman, 2017).

Holloway and Wheeler, (2017) suggests that if quotations are overused, then the results of the analysis maybe unclear.

3.11 VALIDITY, RELIABILITY AND TRUSTWORTHNESS

Trustworthiness in research is demonstration that the evidence for the results reported is sound and when the argument made based on the results is strong (Denzin & Lincoln 2018). Four criteria to ensure valid interpretation of data were used in the study: truth value (credibility), applicability, consistency and neutrality.

3.12 DELIMITATIONS OF THE STUDY

The researcher did not face many challenges in conducting the research because she was familiar with the school as she was once attached at Batsirai Special School for a year. The researcher asked for the permission to conduct the research from the school's headmaster hence this made the research process to go smoothly.

3.13 ASSUMPTIONS OF THE STUDY

The researcher assumed that parents or guardians face challenges in accessing appropriate services and support for their children with disabilities, such as healthcare, education, therapy, and social services. Another assumption is assuming that parents or guardians face financial difficulties in providing for the needs of their children with disabilities, including medical expenses, specialized equipment, therapy sessions, and educational resources. Assuming that parents or guardians face social stigma and discrimination due to their children's disabilities is another assumption, which may lead to exclusion, limited opportunities, and negative attitudes from the community. Assuming that parents or guardians may have limited awareness and knowledge about available resources, rights, and support systems for children with disabilities, which could further hinder their ability to access appropriate services. In addition, there is an assumption that parents or guardians experience emotional and psychological challenges, such as stress, anxiety, and depression, due to the added responsibilities and the impact of caring for a child with a disability. there is also an assumption that parents or guardians may face challenges in accessing adequate support networks, including support groups, counselling services, and peer support from other parents or guardians facing similar challenges. lastly, I assume that parents or guardians face challenges related to the education and inclusion of their children with disabilities, including limited access to inclusive educational settings, lack of specialized educational support, and limited opportunities for social integration.

3.13 LIMITATIONS OF THE STUDY

The researcher faced a challenge on data collection as she strongly wanted to interview the children with disabilities at Batsirai special school but could not, due to the intellectual challenges they face. For instance, at Batsirai Special school 80% of the children are autistic, have hearing impairments, are intellectually challenged and have cerebral pulse which means that no progress will be made by the researcher in asking questions or obtaining information. Of the 20%, the children have down syndrome and their intellectual capacity level limits them to be able to answer questions on behalf of their parents. Moreover, the researcher also faced a challenge on data collection as some primary participants failed to disclose the needed information due to the sensitivity of some questions.

3.14 SUMMARY

This chapter delves into the research methodology employed in the current study. It outlines the qualitative research approach and the phenomenological research design utilized by the researcher. The chapter further details other key elements of the research method, including the study setting, the population of the study, and the sampling method used to select research participants. The research employed thematic analysis as its method of data analysis, involving the identification, ranking, presentation, and analysis of emerging themes. The chapter also addresses the ethical considerations that guided the researcher throughout the study.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

INTRODUCTION

Chapter four presents and discusses information obtained from the research. Thus, within the chapter are the findings of the study. The study aimed to gain an understanding of the challenges experienced by parents and guardians of children with disabilities. The chapter is divided into three. The first focuses on the tabulated demographic details of the participants. Followed by documented data gathered through in-depth interviews and an overview of themes. The chapter further goes on to verify findings through theoretical frameworks and a literature review. The chapter concludes with a summary.

PARTICIPANTS PROFILES

This study involved 8 primary participants who are parents and or guardians to children with Disabilities. this section provides a detailed description of the demographics of the participants as indicated in Table 6.1 which includes marital status, type of Developmental Disability, gender and age of the child.

TABLE 6.1 Participant demographics

Code	Relation to child	Type of Disability	Occupation	Age of Child
p/g 1	Mother	Down syndrome	unemployed	8

p/g 2	Mother	Autism spectrum Disorder	Sewing	12
p/g 3	grandmother	Cerebral Palsy	Self employed	10
p/g 4	Foster parent	Disability	Teacher	6
p/g 5	mother	Down Syndrome	unemployed	14
p/g 6	Aunt	Autism spectrum Disorder	Self employed	16
p/g 7	Grandmother	disability	unemployed	9
p/g 8	mother	Cerebral Palsy	House maid	14

The majority of the participants listed in the above table were mothers. Other participants were either extended relatives or foster guardians. Out of the eight participants, five were male, thus, crushing the bias that there is absenteeism of fathers with children with Disabilities. Four types of disabilities were identified during this study that are: Autism spectrum Disorder, General - Severe Disability, Cerebral Palsy and Down Syndrome. The ages of their children ranged between 5- 16 the youngest being five and the oldest 16. The table showed the distribution of participants' marital status, types of disabilities their children have, gender representation and the age range of the children.

WORK EXPERIENCE	GENDER	AGENCY
17 years	Male	Batsirai Special school (headmaster)
10 years	Female	Batsirai special school (teacher)
3 years	Male	Zimcare Trust Department (social worker)
5 years	Female	Department of social development

Themes and Sub-themes

A total of eight interviews were conducted with the study participants. These were analyzed using thematic analysis and content analysis. The resultant themes and sub-themes found in the study are presented in Table 6.2

Theme	**Sub-theme**
1. Challenges encountered	4.1 stigma
	4.2 social isolation
	4.3 stress and depression
	4.4 high cost of living
	4.5 increased financial burden
	4.6 expensive medicine and assistive

	devices
2. available resources • GOVERNMENT SUPPORT • NONGOVERNMENT SUPPORT	
3. Possible solutions and interventions	Extended family
	Support groups
	Spirituality
	Child participation

4.1 THEME 1: CHALLENGES FACED

The data reveals that these parents often face unique challenges related to their emotional well-being and social interactions. Many parents and guardians report increased levels of stress, anxiety and other psychosocial problems. They express concerns about their ability to meet the complex needs of their child, navigate systems of support, and balance their caregiving responsibilities with other aspects of their lives.

4.1.1 STIGMA

Stigma is a significant challenge faced by parents and guardians who are taking care of children with disabilities. This stigma comes from various sources, including society, family members, friends, and even healthcare professionals. One of the primary reasons for this stigma is the lack of understanding and awareness about disabilities. When people do not have the knowledge or exposure to individuals with disabilities, they may hold prejudiced beliefs or stereotypes about them and their families.

Participant P/G 1 states:

"It hurts a lot that whenever I walk around with my son I am subjected to harsh treatment and gossiped about with some stirring at us in a manner that leaves us feeling out of place simply because my child has a disability"

Participant P/G 6 states:

"People in the community just do not understand us……… Firstly I was accused of witchcraft because they believed that condition yemwana was because of chivanhu zvakatowedzera pakafa murume wangu last year"

Translates to:

People in the community just do not understand us……… Firstly I was accused of witchcraft because they believed my child's condition was because of witchcraft….. it got worse when my husband died last year"

"One of the biggest hurdles these families face is the persistent stigma and discrimination towards children with disabilities in our society. Parents often report feeling judged, misunderstood, and even shunned by their communities. This can lead to immense social isolation and make it even harder for them to access the support and resources they desperately need."

The study shows that as in many Afro-centric societies, there is still a stigma associated with having a child with disabilities. Societies perceive disabilities with practices of ritualism and bad omens. This has resulted in segregation as treatment seen fit for those associated with such conditions. Social stigma has an impact on the emotional well-being of the primary caregivers of people living with disabilities.

4.1.2 SOCIAL ISOLATION

Social isolation is another significant challenge faced by parents and guardians of children with disabilities. Many parents and guardians may feel isolated from their peers and community, as they struggle to find time for socializing and may face judgement or misunderstanding from others. Social support networks are essential for parents and guardians to cope with the demands of caring for a child with disabilities.

Participant P/G 5 states:

“Despite the support and connection, they may find from other parents, parents and guardians of children with challenges can still feel overwhelmed and isolated at times. The constant demands of caring for a child with special needs can be emotionally and physically draining, leading to feelings of sadness, frustration, and hopelessness.”

"The social isolation that comes with having a child with a disability is incredibly draining. Parents describe feeling cut off from their friends, family, and broader support networks. Many say they struggle to even leave the house with their child due to the physical and logistical challenges. This lack of a social safety net only compounds the already immense stresses these families are dealing with on a daily basis."

The research findings follow the notion that the well-being and resilience of parents are closely linked to the impact of their child's disability, highlighting the complex interplay between parental coping mechanisms and the child's condition (Rajan & John, 2017). The study depicts the subjection of parents taking care of children with disabilities to a lonely life driven by a lack of understanding from society of what they face and struggle with. Further, their responsibilities are involving and time-consuming leaving them with no room to socialize. Thus, the study indicates the importance of social networking to such parents to boost their connection to society and reduce loneliness and isolation.

4.1.3 STRESS AND DEPRESSION

In addition to the practical challenges of caring for a child with disabilities, parents and guardians may also face emotional and psychological challenges. The stress of balancing work, caregiving, and personal responsibilities can take a toll on a parent's mental health. Feelings of guilt, isolation, and inadequacy are common among parents and guardians of children with disabilities.

“The biggest challenge I face is balancing myself between working for the family, being there for my challenged kid and taking care of the rest of the family. Because of the pressure, I am sometimes stressed and weak due to the strain I get from my responsibilities.”

"The emotional and psychological toll is perhaps the heaviest burden of all. Parents experience overwhelming feelings of grief, anxiety, and depression as they grapple with their child's diagnosis and uncertain future. The sheer physical and mental exhaustion of being a full-time caregiver leaves little room for self-care. Many report dangerously high stress levels that put their own health at risk. It's an incredibly isolating and draining experience."

Along with earlier studies, the study denotes that, parents of children with and developmental disabilities face unique challenges, especially parents and guardians. Research indicates that these parents experience high levels of stress and psychological distress, (Peer & Hillman, 2014; Masulani-Mwale et al., 2018; Kim et al., 2023). The study findings have highlighted strongly the psychological effect of taking care of children disabilities. The link between the increased and extended burden of responsibilities burdened on the parent is demanding both psychologically and physically. Thus, it tolls the psychological well-being of the parent causing anxieties due to uncertainties and stress possibly depression in intense circumstances.

4.1.4 THE PERCEPTION OF SELF-DOUBT

The participants further suggest that stigma and discrimination faced by parents and guardians of children with disabilities also impact their experiences and perceptions. Many parents and guardians face judgment or negative attitudes from others, who question their ability to care for a child with disabilities on their own. This stigma leads to feelings of shame, isolation, and self-doubt among parents and guardians.

Participant P/G 3 states:

"As a divorcee, people naturally talk a lot about what they do not understand…… It's hard to handle the gossip that spreads about me and my child. Sometimes it weakens me and l wonder if l can continue to support my family. There are days when I feel guilty, questioning if I'm doing enough or if I could be doing things differently"

"Many parents grapple with profound feelings of self-doubt and inadequacy. Raising a child with a disability comes with an endless barrage of difficult decisions, from navigating the healthcare system to fighting for educational accommodations. It's natural for parents to second-guess themselves and wonder if they're doing enough or making the right choices. This persistent self-doubt is compounded by outdated societal attitudes that place blame on parents for their child's condition."

The study findings acknowledge the immense strength and resilience of parents and guardians raising children with disabilities. These parents juggle multiple roles and responsibilities, often sacrificing their well-being to ensure the best possible care for their child. However, the lack of support systems takes a toll on their mental and physical health, leading to burnout and exhaustion. Most importantly their confidence in providing and meeting the needs of the family given an intense burden for their families.

4.1.5 STRESS BECAUSE OF FINANCIAL ISSUES

The narratives of participants in this study reveal the significant financial burdens faced by parents and guardians of children with disabilities. The cost of healthcare, therapy, and specialized education for these children is often prohibitive, leading to financial stress for families. Some parents are forced to make difficult choices, such as reducing or eliminating essential medications for their children, which can have detrimental effects on their well-being and overall health.

"My greatest challenge is failing to provide enough for my children, especially my daughter. I fail to afford because of the economic hardships I face as a mother…""

Trying to make ends meet while also providing the best possible care for their child is an ongoing battle for these families. One small unexpected expense, like a broken wheelchair or a change in medication, can completely derail their finances. The constant financial pressure means parents often have to choose between basic necessities or forgo critical treatments and equipment. It's a Catch-22 that leaves them feeling powerless and overwhelmed."

4.1.6 HIGH COST OF DAY-TO-DAY LIVING

Parents and guardians of children with disabilities face a unique set of challenges, one of which is the high costs of day-to-day living. These parents often have to navigate through a financial landscape that requires additional resources to meet the needs of their children, making the already strenuous task of raising a child even more daunting. The costs of medical care and therapy for children with disabilities can be exorbitant. From specialized doctors' visits to therapy sessions, the expenses can quickly add up, putting a significant strain on a parent's budget. Moreover, the high costs of day-to-day living, such as housing, transportation, and groceries, can further strain a parent's finances. In many cases, parents may have to make sacrifices in other areas of their lives to ensure their child's needs are met, which can lead to feelings of guilt and financial stress.

Participant P/G states:

"I am financially drained because the demanding medical bills l have to pay for my child. Salaries are merely not enough to cater for the daily needs of my other 2 children and the medical bills of my Autistic son"

"the doctor advised me with a special list of dietary supplements to help my son. Vana vane autism havadye zvese zvese. My son is very particular with what he eats. and it is difficult to introduce new foods to him and I cannot afford that lifestyle for him"

Translates to:

The doctor advised me with a special list of dietary supplements to help my son. My son is very particular with what he eats. and it is difficult to introduce new foods to him and I cannot afford that lifestyle for him"

"The financial toll on families with a disabled child is astronomical. The around-the-clock care, specialized therapies, mobility equipment, and accessible home modifications - it all adds up to costs that far exceed what most average families can reasonably afford. Many parents have to quit their jobs to become full-time caregivers, making it even harder to make ends meet. Again, most of these parents are in the formal business It's a vicious cycle of financial hardship that these families just can't seem to escape."

The study reviews that the high costs of day-to-day living can be a significant challenge for parents and guardians of children with disabilities. From medical expenses to education costs, the financial burdens can be overwhelming.

4.1.7: EXPENSIVE MEDICINE AND ASSISTIVE TECHNOLOGY

Data findings in this study highlight the financial burden associated with expensive medicine and assistive technology for parents and guardians raising children with disabilities. The data reveals that these parents often face significant challenges in accessing and affording the necessary medications and assistive devices for their children. Many parents and guardians express concerns about the high costs of prescribed medication, therapies, and specialized equipment, which can place a considerable strain on their financial resources

Participant P/G 10 states:

"*Zvinhu zvacho zvinodiwa kuti mwana apore zvinowanikwa kuSt Giles ende mari dzacho dzeikoko dzinodhura handidzikwanise"*

Translates to:

"The therapies that my son requires are only available at St Giles and they are expensive and I do not have that kind of money"

"The specialized medications and treatments required for children with disabilities come at an exorbitant cost that most families simply cannot afford. Some of the expensive pills include Methylphenidate, Atomoxetine and Amphetamine salts. Even with insurance coverage, the out-of-pocket expenses for prescriptions, therapies, and adaptive equipment can quickly become financially crippling. Many parents report having to make heart-wrenching decisions about which essential needs to prioritize and how to ration limited resources. Hence sometimes they reduce the dosage so as to maximize the days of intake, however this has negative long-term effects."

To back this up Adugna, M. B., Nabbouh, F.,Shehata, S., & Ghahari, S. (2020) stated that financial constraints limited parents' access to resources such as therapists, access to healthcare services and lack of transport facilities added to their stress.

4.2 COPING STRATEGIES AND RESOURCES AVAILABLE

In examining coping strategies parents and guardians in providing care for their children with disabilities, the data reveals several effective approaches. First, many parents and guardians emphasize the importance of seeking emotional support from friends, family, and support groups. By sharing their experiences, concerns, and triumphs with others who can relate, they find solace, validation, and a sense of community. Data shows that different parents have different coping strategies which can be categorized into three: support groups, spirituality and extended family.

4.2.1 GOVERNMENT SUPPORT

The government support refers to the various programs, services, and initiatives provided by the government to assist individuals, communities and organizations. The government greatly supports children with disabilities as well as their parents through so many ongoing initiatives and programs. This support by the government helps parents and guardians of children with disabilities by lifting some of the burdens and pressures off their shoulders. These initiatives aim to provide basic support to children with disabilities and that includes assistance in education, healthcare and financial support.

Participant P/G 4 states that:

The government of Zimbabwe has been helping us as parents a lot through services like the BEAM initiative allowing our children to go to school free of charge. On top of BEAM, our children also receive monthly grants which are a bonus to us as we are able to send our children to school and with enough stationery and food.

Participant P/G 7 states that:

Hurumende inotibatsira zvikuru nekuti vana vedu vane urema vanorapwa pachena kuburikidza ne AMTO saka handinyanyonetsekekana kana mwana wangu uyu akarwara. Chinozonetsa ndechokuti process yacho yekuti awane kubatsirwa ndoyakati rebei saka zvinotora nguva uye mishonga yacho muzvipatara munenge musina saka unotozoda mari yemuhomwe kuteenga mishonga.

Translate to:

The government is of great help to us as it offers free medical assistance through the AMTO initiative, hence I don't have to worry when my child gets sick. However, the process to access AMTO is very long hence its time consuming. Another issue is due to the current economic situation which has badly affected the health services hence you have to use your own money at some point to buy medication.

The government of Zimbabwe has put in place great policies and initiatives to support parents and guardians of children with disabilities. These include, the Disabled Persons Act, BEAM, AMTO, housing scheme, grocery hampers and many more. All these strategies by the government have produced great results, however, due to corruption, and the meltdown of the Zimbabwean economy, the government has been failing to achieve its main goal as expected.

The findings suggest that, parents of children with disabilities are in great need of the government support. The government of Zimbabwe has prioritized persons with disabilities by putting in place policies and strategies to provide and protect their rights. The policies include Zimbabwe Disabled Persons Act (chapter 17:01), Disability Inclusive Education System, National Disability Policy (June 2021), National Gender Policy, among others. The government has also put a further advantage to people with disability by giving them first preference to basic services and welfare such as health, shelter, loans, free education (BEAM), welfare assistance (department of social work). However, with all the government efforts, various factors have acted as stumbling blocks to the governments good efforts resulting in poor or no delivery of services by the government (Global Partnership for Education, 2021). These factors include corruption that is on a deadly rise in Zimbabwe in recent years hence sabotaging good initiatives and efforts, economic meltdown which emanated in 2017 up until present year resulting in poor service delivery because of financial and human resource constrains and the fact that most of the government policies and strategies offer social assistance neglecting other pressing factors such as mental and emotional welbeing. This has resulted in parents of children with disabilities being thirsty for more tangible assistance as they cannot fully rely on government support due to many delayals and unfulfilled promises.

4.2.2 NON-GOVERMENTAL SUPPORT

In Zimbabwe, there are several non-governmental organizations (NGO's) and international entities that are actively involved in providing support and assistance to parents and guardians of children with disabilities. Non-governmental organizations are nonprofit making organizations that offer services such as free training schools for parents, invest in projects aimed at assisting parents and guardians of children with disabilities, donors and donations, recreative activities for both children and parents, counselling and therapy among others.

Participant P/G 5 states:

"Honestly, without the support from local NGOs, I don't know how my family would be coping. The government assistance is practically non-existent, so these community organizations have

been a lifeline for us. They've helped us access medical equipment, connected us with specialized therapists, and provided counselling to deal with the trauma and stress."

Participant P/G 2 states:

"The parent support groups run by these NGOs have been especially valuable. Just being able to connect with other families going through similar challenges has made me feel so much less alone. They share tips, pool resources, and advocate together for better services. It's the only real community I have, and it's made all the difference in managing my son's disability."

"In the face of the government's inadequate support, non-governmental organizations (NGOs) and community groups have really stepped up to try to fill the void for families with disabled children in Zimbabwe. These grassroots initiatives have been absolutely vital in providing much-needed services and resources that the state has failed to deliver. I've seen NGOs establish inclusive early childhood development centres, run skills training programs for parents, and organize support groups to combat the isolation and stigma that these families face. They've also advocated tirelessly for policy changes to improve access to assistive devices, rehabilitation therapies, and special education. It's made a real difference, even if it's just scratching the surface of the enormous need."

- NGOs have played a crucial role in providing various services and resources to support families of children with disabilities, such as rehabilitation, assistive devices, and educational programs. Such NGO’s include Miracle Missions, UNICEF, CURE International, Save the Children, churches (seventh-day Adventist, Roman Catholic, Anglican), CAMFED, Kupenda for the Children among other major and minor entities. NGOs have made efforts to deliver high-quality services, with some organizations employing trained professionals and implementing evidence-based practices. Many NGOs have been actively involved in advocating for the rights and inclusion of children with disabilities, as well as raising awareness within the community. However, it is wise to note that NGOs are not reliable as their support is temporary, inconsistent, and the aid in most cases covers a limited scope. Another reason why non-governmental support is failing to address the challenges of P/G of children with disabilities is using a top-down approach in offering their assistance.

4.2.3 SUPPORT GROUPS

Support groups serve as a valuable coping mechanism for parents caring for children with disabilities. These groups offer a haven for parents to connect, share their experiences, seek guidance, and find emotional support from others who understand the unique challenges they face. They also provide parents with practical information and resources to help them navigate the often-complex systems of care and support available for children with disabilities. Moreover, support groups create conducive environment for parents to let out emotions openly and honestly without fear of judgment. This emotional support can help parents process their feelings of grief, guilt, or anxiety that may be associated with caring for a child with a disability.

Participant P/G 7 states:

"It's comforting to sit down and interact with other parents who are just like me is comforting, "Zvinorerutsa mutoro" I remember when my child was first diagnosed, and when my husband left me for another woman, I felt a lot of emotions. It was overwhelming. But ne group redu iri ndakutoona kuti hupenyu hutori nani ndakutogona kutozvimirira. The support has helped me to zvisingaite.

Translated to:

It's comforting to sit down and interact with other parents who are just like me is comforting, it eases the situation. I remember when my child was first diagnosed, and when my husband left me for another woman, I felt a lot of emotions. It was overwhelming. But with the help from the group life is easier and I can fend for myself.

The study findings suggest that -parent households caring for children with disabilities face unique challenges that require additional support to ensure the well-being of both the parent and the child. One way to provide this necessary support is through the involvement of the support groups. These groups help alleviate the psychological burdens faced by P/G, while also providing a network of care and support as well as resources for children with disabilities

4.2.4 EXTENDED FAMILY

Extended family members offer emotional support to parents and guardians as they navigate the complexities of raising a child with special needs. This emotional support helps parents cope with the stress and demands of caring for a child with disabilities, allowing them to better focus on providing for their child's needs. Extended family members can also offer practical assistance, such as helping with childcare, transportation, or household tasks, which can lighten the load for P/G. Further, the presence of extended family members can provide children with disabilities with a sense of stability and security. Having a network of supportive family members around can help create a nurturing environment for the child, where they feel loved, valued, and accepted. This support system can also offer the child opportunities for social interaction and development, which are essential for their overall well-being.

Participant P/G 6 states:

"Kubva pakangoshayika murume wangu ana amwene vangu vanomira neni. Vanogara vachindikurudzira kushandira mwana wangu. Havana havo zvizhinji zvavainazvo asi muhushoma ihwoho vanotondibatsira.

Translated to:

members from the extended family have been my support pillars in trial times when my husband died and have since been of help in the needs of my child. They always encourage me to strive to provide for my child

In support of the study findings on the matter of the resilience model, Bomar (2004) stresses that families manage stress over time, the ability to recover from stressful event. The Resilience Model emphasizes the dynamic nature of family functioning in response to stress and adversity. According to this model, families possess inherent strengths and resources that enable them to effectively adapt and thrive in the face of challenges. Such resources and capacities are invested in the family extended family to be included. Its structure helps in the process of adapting to adversity

4.2.5: SPIRITUALITY

Religion provides parents with a sense of community and belonging, where they can connect with others who understand and empathize with their struggles. Being part of a supportive network can help parents feel less isolated and more understood, reducing feelings of loneliness and stress that can come with caring for a child with disabilities. Faith communities can also offer spiritual guidance and comfort to parents as they navigate the challenges of caring for a child with disabilities. Through prayer, counselling, and support groups, parents can find solace and strength in their faith, helping them cope with the emotional and psychological toll of caregiving.

Participant P/G11 states:

"Church members have been of help and continue to be through a caring spirit fostered in the church. They come to visit often for emotional support

Participant P/G4 states:

"Mufundisi vanogara vachitikomborera neshoko rekutikuti vana zvipo zvinobva kuna Mwari…. Naizvozvo, mwana, chipo changu"

Translated to

My pastor occasionally blesses us with words of encouragement and supports us with advice in difficult times which is helpful a lot. Children are a gift from God and I see my child as that gift"

This study found that religious aid plays a crucial role in empowering G/P who have children with disabilities. Religion provides a source of support and a pathway for well-being, enabling them to care for both their children and themselves. This aligns with previous research, as Bai and Repetti (2015), suggest that positive experiences in daily family life cultivate positive emotions and adaptive coping mechanisms, building internal resilience that helps mitigate the negative effects of chronic stressors.

4.2.6 RESILIENCE AND ADAPTABILITY

Resilience is evident in P/G as they demonstrate the ability to adapt to the challenges of raising a child with a disability. They show flexibility in adjusting their expectations, routines, and approaches to meet the unique needs of their child, thereby fostering a sense of resilience in both themselves and their children. From the findings, it shows that Resilient parents and guardians exhibit a positive mindset and emotional strength, allowing them to navigate the emotional ups and downs that come with caregiving.

Participant P/G 1 states:

"dzimwe nguva unoona kuti mwana kare aisatombogona kuita sekupfuka bhutsu. *But unotoona kuti mwana akutogona. kugonna kwake kunotondipa shungu. Kudzidza kwake kudzidza kwangu"*

Translates to:

Sometimes you see that my child couldn't do certain simple things like tying their shoes. But you see that they are learning and that gives me motivation. I am learning vicariously through them.

4.3 POSSIBLE SOLUTIONS AND INTERVENTIONS

4.3.1 OPTIMISTIC PERCEPTIONS

Further, despite these challenges, many parents and guardians of children with disabilities find strength and resilience in their role as caregivers. They develop strong bonds with their children and become experts in navigating the system to ensure their child receives the support they need. Parents and guardians often demonstrate remarkable creativity and resourcefulness in finding solutions to the challenges they face.

Participant P/G 12 states:

"I am so comforted and joyful in knowing that all my children have what they need and are happy. This is what gives me the courage to keep going and get up every day in the morning to work for my family. As a parent, I know there is no one but me to provide for them.

The study findings denote that the extremely diverse challenges presented in the process of taking care of a child with a disability require special attention and needs, which can however positively mold parents and guardians to become more connected to their children. It further evokes resilience, equipping the parents with the will to fight to promote the well-being of their children in every aspect. Thus, the Resilience Model holds the perspective that the challenges faced by these families may lead to increased resilience and a sense of shared accomplishment when milestones are achieved. Therefore, while the presence of a child with a disability in a low-income -headed household may pose challenges, it can also potentially strengthen the bond between parent and child.

4.3.2 PERCEPTION OF PURPOSE AND CALLING

Regardless of the challenges they face, the study indicates that parents and guardians of children with disabilities often find strength and resilience in their role as caregivers. They develop a deep sense of empathy and compassion for others who face similar challenges and may become strong advocates for disability rights and inclusion. Many parents and guardians find purpose and fulfilment in caring for their children and are able to overcome the obstacles they face with determination and positivity. It becomes more of a calling to them in which they are called to support and make a difference to children in need.

Participant P/G 7 states:

"I am so comforted and joyful in knowing that all my children have what they need and are happy. This is what gives me the courage to keep on and get every morning to work for my family. As a parent, I know there is no one but me to provide for them."

The study essentially brings to light the pivotal role of parents and a positive attitude that can be instrumental in caregiving for children with disabilities. By becoming exposed to the hardships of raising a child with disabilities they are shaped and made to understand their circumstances, which evokes empathetic feelings towards others in similar situations. This drives them to become instrumental in advocating for their children and those in similar circumstances.

4.3.3 ACCESSIBLE AND AFFORDABLE CHILDCARE OPTIONS

One of the key issues faced by parents and guardians of children with disabilities is the lack of affordable and accessible childcare options. Many parents and guardians struggle to find childcare providers who are able and willing to accommodate the needs of a child with disabilities. This lack of support can make it difficult for parents and guardians to work or attend to their own needs, leading to increased stress and burnout.

Participant P/G 2 states:

"it is so depressing to know, as a parent, that I am failing to cater for the needs of my child. Sometimes I have many sleepless nights thinking of how best I can help my child. I cannot afford private institutions that provide special care for people like him. It is painful to think of because it appears like I am depriving my child of his rights, especially in matters to do with education."

The study presents the lack of versatility in the provision of support services to ly disabled children as a setback to parents as far as taking full care of their children is concerned. The uniqueness of each child's requirements is a bit complex, leading to comprehensively providing and satisfying the needs of such children. These findings, along with earlier studies, underline the need for additional support mechanisms for parents and guardians in such roles. This backs up the study by Kim, H. S., Lee, C. E., & Kim, K. M. (2023), which states that as compared to two-parent families, -parent families face greater risks with respect to family relationships, economic status, and legal rights. Support services and interventions are crucial for families of children with disabilities.

4.3.4 HEALTHCARE AND RESPITE CARE*

In today's fast-paced world, parents and guardians caring for children with disabilities face unique challenges when it comes to accessing essential services and support. One critical factor that can significantly impact the quality of life for these families is geographic convenience in service accessibility. It is crucial to ensure that services are geographically convenient for - parent households. Many families may struggle to access services that are located far from their homes due to transportation challenges or time constraints. By establishing service providers in multiple locations and offering virtual services, when possible, we can make it easier for parents and guardians to access the support their children need.

Participant P/G 12 states

"Promoting geographical convenience in service provision, as parents and guardians caring for children with disabilities, we need easily accessible healthcare resources. Handina mota ende kuti tiende kuchipatara kuti mwana anowonekwa zvimwe nguva kunorwadza nekuti mwana anofamba ne wheelchair ndinomuisa pai. Renting a taxi is very expensive"

Translates to

Promoting geographical convenience in service provision, as parents and guardians caring for children with disabilities, we need easily accessible healthcare resources. I don't have a car and the clinics are very far. For me to transport my child and his wheelchair is hard I don't know where to put him. Renting a taxi is very expensive"

Another important resource for parents of children with disability households is respite care. Respite care provides temporary relief for parents caring for children with disabilities, allowing them to take a break and recharge. This can be especially important for parents and guardians who may not have a partner to help share the caregiving responsibilities. Respite care can take many forms, including in-home care providers, day programs, and overnight or weekend respite services.

Participant P/G 5 states:

"Additional help is needed for us as parents to raise our children with disabilities. The task is no easy and especially as a parent the duties are overwhelming. But with professional aid it can be made a lot easier"

The study findings denote the relevance of the parent's ability to take care of children with disabilities at all times. Thus, it proposes a support system to intervene that helps ensure that parents raising children with disabilities boost their will and psychological health. Such aid is essential in caregiving as it covers the gap in caregiving responsibilities in cases where the parent lacks capacity momentarily due to extended periods of caregiving and burnout. Cementing the findings is the notion from earlier studies suggesting that parenting special children is challenging because of the high level of dependency as well as behavior and health problems (Johnston et al.,2003)

4.3.5 CHILD PARTICIPATION

It refers to the involvement of children with disabilities in the execution of their daily activities. Actively involving children in their daily routine allows children with disabilities to become more independent and self-sufficient. The findings revealed that child participation in the daily routine promoted skill development and learning opportunities. Participants emphasized the importance of incorporating activities that aligned with their child's abilities and interests. For example, engaging children in age-appropriate household chores or encouraging them to participate in self-care tasks such as brushing teeth or getting dressed not only helped develop practical skills but also fostered a sense of accomplishment and self-confidence

Participant P/G 2 states:

" It is important that children with disabilities are equipped with all means possible towards self-independence in order to promote development as well as reducing the demanding burden of caregiving time"

Participant P/G 6 states:

" Children with disabilities require support and like any other child need resources to enable them to develop and achieve independence and self-sustenance"

The findings of the study suggests that it is important that children with disabilities must not be denied the opportunities to develop as per their capacities. The Resilience Model expresses the concept of risk factors which according to McCubbin (1983) are characteristics that increase the vulnerability of the family to stress and adversity. Therefore, children with disabilities survival depends on their development and through comprehension of tasks and skills together with the achievement of autonomy.

4.3.6 DAILY ROUTINE

Within the data findings section of the study, a significant theme that emerged was the importance of establishing and maintaining a structured daily routine for parents and guardians raising children with disabilities. Participants emphasize the benefits of having a structured schedule that encompasses activities such as meals, therapy sessions, educational tasks, playtime, and bedtime routines. The data highlights how a well-designed routine can help manage behaviour, reduce anxiety, and provide a framework for the child's development and progress. Firstly, it was found that establishing a consistent and predictable daily routine played a crucial role in managing the challenges associated with caregiving. Parents and guardians highlighted the importance of structure and routine in providing stability and a sense of order for their child and themselves. They emphasized the need to establish regular schedules for activities such as meals, therapy sessions, medication administration, and bedtime routines. By adhering to a routine, parents and guardians reported that both they and their children experienced a greater sense of control.

"*In my experience as a guardian raising a child with a disability, establishing a daily routine has been very important. It has provided much-needed structure and predictability for both my child and myself. It also allows my child to develop their motor skills and familiarizes them with basic household tasks and items"*

Participants reported that having a structured routine promoted a sense of security and predictability for their children, which in turn contributed to improved behavior and emotional regulation.

4.4 CHAPTER SUMMARY

This chapter presents the findings of a research study aimed at understanding the challenges faced by parents and guardians of children with disabilities. The study employed in-depth interviews to gather qualitative data, which was subsequently analyzed using a thematic data analysis approach. The chapter concludes with recommendations based on the study's findings.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMANDATIONS

5.1 INTRODUCTION

This chapter serves as the culmination of the research, offering a comprehensive synthesis of the study's findings, drawing insightful conclusions, and proposing actionable recommendations. The researcher provides a concise summary of the study's key chapters, highlighting the significant findings and drawing conclusions that directly address the study's objectives. The recommendations presented are multifaceted, encompassing policy changes, practical interventions, and suggestions for other agencies. These recommendations are meticulously aligned with the study's scope and findings, offering valuable insights and potential solutions to the challenges faced by parents and guardians of children with disabilities in Zimbabwe.

5.1 SUMMARY OF FINDINGS

The study sought to explore the challenges faced by parents and guardians of children with disabilities in Zimbabwe. The study was based on the Maslow's hierarchy of needs theory. The research used descriptive phenomenology design and it employed in-depth interviews and key informant interviews to gather data from 12 respondents. The study was carried out in Dzivaresekwa 3, Harare, Zimbabwe at Batsirai Special School. The research questions that were explored are:

- What are the most common challenges faced by parents and guardians of children with disabilities in Zimbabwe?
- What services and resources are available to support parents and guardians of children with disabilities in Zimbabwe?

- What strategies can be implemented to address the challenges faces by parents or guardians of children with disabilities in Zimbabwe.

Objective 1: To explore the challenges faced by parents and guardians of children with disabilities in Zimbabwe.

The study found that parents and guardians of children with disabilities in Zimbabwe face significant challenges, including:

- Financial Burden: The high costs of medical care, specialized equipment, and therapies create a substantial financial strain on families.
- Lack of Access to Services: Many families struggle to access appropriate educational, rehabilitation, and community-based support services for their children.
- Stigma and Social Isolation: Children with disabilities often face stigma and discrimination, leading to the isolation of their families from the broader community.

Objective 2: To assess the services and resources available to support parents and guardians of children with disabilities.

The assessment revealed that the availability and quality of services and resources to support families of children with disabilities in Zimbabwe are limited. Key gaps include:

- Insufficient government funding and support programs.
- Lack of specialized training for healthcare and education professionals.
- Inadequate respite care and counselling services for parents and guardians.

Objective 3: To recommend strategies to address the problems faced by parents and guardians of children with disabilities.

Based on the findings, the study recommends the following strategies:

- Increase government investment in disability-related services and resources.
- Implement training programs to improve the skills and knowledge of service providers.

- Establish support groups and respite care services to alleviate the burden on parents and guardians.
- Promote public awareness campaigns to reduce stigma and discrimination against children with disabilities.

By addressing these challenges and implementing the recommended strategies, the study aims to improve the quality of life and overall well-being of children with disabilities and their families in Zimbabwe.

5.2 CONCLUSION

The obstacles that guardians and parents who have children with disabilities encounter at Batsirai Special School were discussed in this study. The qualitative method allowed for a thorough discussion of potentially delicate subjects and shed light on the creation of the Center was viewed by the parents and guardians of the children with disabilities at Batsirai Special School as a very honorable deed since it gave them a more positive perspective on their children than they had previously. The study suggested that counselling disabled children and their parents is a vital and required activity that could improve their quality of life. It was regarded as a crucial empowerment as well.

- **Financial Burden:** Caring for a child with disabilities often incurs significant financial costs, including medical expenses, specialized equipment, therapies, and potential loss of income due to the need for a caregiver to stay home.
- **Emotional Strain**: Raising a child with disabilities can be emotionally taxing, with parents/guardians experiencing feelings of stress, anxiety, grief, and burnout as they navigate the unique challenges their child faces.

- **Accessibility and Accommodations:** Parents/guardians may struggle to ensure their child has access to appropriate educational, recreational, and community resources that can adequately support their needs.
- **Social Isolation:** Families of children with disabilities may experience social isolation due to the demands of caregiving and the lack of understanding or acceptance from their community.
- **Navigating the Healthcare System:** Coordinating care and accessing the necessary medical services, specialists, and support programs can be complex and frustrating for parents/guardians.
- **Advocacy and Empowerment:** Parents/guardians often have to advocate tirelessly to ensure their child's rights and needs are met, which can be time-consuming and draining. There is also need for continued support and educating Parents and guardians on disability and issues surrounding it.
- **Lack of Respite Care:** The limited availability of respite care services can further exacerbate the physical and emotional fatigue experienced by parents/guardians.
- **Uncertainty and Ongoing Adaptation:** Families must continually adapt to the changing needs and circumstances of their child with disabilities, which can be a source of ongoing uncertainty and stress.
- The study is of the view that there are solutions in trying to address the challenges being faced by parents and guardians of children with disabilities.

5.3 RECOMMENDATIONS

- The following recommendations were made after the above findings:
- **Increased Accessibility:** There is a critical need for more special schools like Batsirai, particularly in remote and urban areas, to ensure accessibility similar to mainstream

schools. This requires the support of founders, likeminded individuals, and government funding.

- **Government Support:** The government should provide substantial financial and in-kind support to special schools, including psycho-social support for parents and children with disabilities.
- **Group Counselling:** Group counselling sessions for parents and guardians of children with disabilities can be highly beneficial, allowing them to learn from each other's experiences and coping strategies, fostering a sense of community and shared understanding.
- **Health Services:** Increased volunteerism from the health field is crucial, providing medical examinations and access to prescribed medications for children with disabilities.
- **Nutritional Support:** The government and non-governmental organizations should provide nutritional support to special schools and invest in self-sustaining projects to ensure long-term financial stability.
- **Positive Representation:** Displaying images of successful children from Batsirai and similar centers at main entrances can help challenge negative stereotypes and promote the message that disability does not equate to inability. This can contribute to reducing stigma and discrimination against children with disabilities.

5.4 SUGGESTIONS FOR FURTHER STUDIES

- Further research is of paramount importance to this study. This research mainly focused on the challenges faced by parents and guardians of children with disabilities in Dzivaresekwa 3 specifically at Batsirai special school. However, there are other areas that need to be taken into consideration for example, Assessing the accessibility and inclusiveness of the educational system for children with disabilities. Further researchers should also conduct a comparative study to explore the challenges and available resources in different regions or provinces within Zimbabwe. This could help identify any geographic disparities and inform more targeted interventions. Last but not least, researchers can Investigate the mental health and overall wellbeing of parents and guardians, and the effectiveness of existing support mechanisms.

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APPENDICES

ASSESSMENT TOOL

IN DEPTH INTERVIEW GUIDES QUESTIONS FOR PARENTS AND GUARDIANS OF CHILDREN WITH DISABILITIES.

CONSENT FORM

"My name is Shelter Nyagoro and I'm a Social Work student, at Bindura University of Science Education (BUSE). As part of the requirements for my learning, I am conducting research entitled, *challenges faced by parents and guardians of children with disabilities.* Thank you for participating in this interview. I would like to start by asking you some questions about your background and experiences. There are no right or wrong answers, and I would like you to be as open and honest as possible. Please note that all information you provide is kept confidential. If you are not comfortable answering a question, that's okay, and you can let me know. Are you ready to begin?". Please do use any language that you are comfortable with.

Terms and Conditions of Participation

1. Participation in this study is voluntary
2. You may withdraw at any time if you are uncomfortable to answer some of the questions
3. Information given to the researcher will be recorded for academic purposes only

I ……………………………………………. have read and fully understood the conditions of participating in the research study carried out by Shelter Nyagoro for Bindura University of Science Education.

Signature (Participant)………………………………..

Signature (Researcher)……………………………….

Signature (Witness)…………………………………..

Demographic Information of Respondent.

Relation to child	
Age of the child	
Type of disability	

SECTION A: CHALLENGES FACED BY PARENTS AND GUARDIANS

1. What are the challenges faced by you as a parent and or guardian?

SECTION B: WHAT RESOURCES ARE THERE TO SUPPORT PARENTS AND CHILDREN WITH DISABILITIES?

2. Is there any support system available for you as a parent or guardian? If yes, what are they and if no, what is the reason?
3. Do you know of any government or non-governmental support that is being give to you as parents or children?
4. What are the coping mechanisms that you have in place to cover if government or non-governmental organizations do not offer support?

SECTION C: STRATEGIES THAT CAN BE IMPLEMENTED TO ADDRESS THE CHALLENGES FACED BY PARENTS AND GUADIANS OF CHILDREN WITH DISABILITIES.

5. What can be done by government to support you as a parent and, or guardian of a child with disability.
6. What can be done by non-governmental organizations including UN agencies to address the challenges?
7. What can be done by the large community to reduce the challenges faced;
    - Nuclear family

- Extended family/ relatives
- community

Thank you so much for sharing your experiences and insights with me. This information is "incredibly valuable and will help me to better understand the needs of children of sex workers. I really appreciate your time and willingness to be open and honest. Do you have any final thoughts or comments before we conclude?"

ASSESSMENT TOOL

KEY INFORMANTS INTERVIEW GUIDES

CONSENT FORM

"My name is Shelter Nyagoro and I'm a Social Work student, at Bindura University of Science Education (BUSE). As part of my learning l am conducting a research study entitled, *"challenges faced by parents and guardians of children with disabilities".* Thank you for taking the time to speak with me today. I know you are very busy, and I really appreciate your insights and expertise. I would like to hear your thoughts on the challenges faced by parents and guardians of children with disabilities. You can be as open and honest as you would like, and I will respect your privacy and confidentiality. Do you have any questions or concerns before we begin?"

DEMOGRAPHIC INFORMATION FOR RESPONTANCE

AGE	GENDER	AGENCY

SECTION A: CHALLENGES FACED BY PARENTS AND GUARDIANS

1. What are the challenges that parents and or guardians of children with disabilities face?

SECTION B: SUPPORT SYSTEM AVAILABLE

2. What is the available support system for parents and of children with disabilities?
3. What does your organization provide in terms of support to the children?

SECTION C: STRATEGIES THAT CAN BE IMPLEMENTED

4. What can be done from a policy level by the government to assist parents and guardians of children with disabilities.

5. What can be done by the government on a practical level to assist guardians and parents who have children with disabilities.
6. What support can NGOs provide to assist parents and guardians who have children with disabilities.

"Thank you so much for taking the time to speak with me and share your knowledge and expertise. I have learned a lot from this interview and I really appreciate your willingness to share your experiences and thoughts. Do you have any last comments or questions for me?"