

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



TOPIC: EXPLORING THE SURVIVAL STRATEGIES OF FEMALE HOUSEHOLD HEADS
WITH DISABILITIES IN RURAL AREAS, A CASE STUDY OF RIMBI AND RUZE
VILLAGE IN MUREWA DISTRICT

BY

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RESEARCH PROJECT SUBMITTED TO BINDURA UNIVERSITY OF SCIENCE
EDUCATION IN PARTIAL FULFIMENT OF THE REQUIREMENTS FOR BACHELOR OF
SCIENCE HONOURS DEGREE IN SOCIAL WORK.

YEAR: JUNE 2024

RELEASE FORM

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TITLE OF RESEARCH : EXPLORING THE SURVIVAL STRATEGIES AMONG
FEMALE HOUSEHOLD HEADS WITH DISABILITIES IN
RURAL AREAS, A CASE STUDY OF RIMBI AND RUZE
VILLAGE IN MUREWA DISTRICT

DEGREE TITLE : BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL
WORK

YEAR OF COMPLETION : JUNE 2024

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SIGNED.....

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APPROVAL FORM

I certify that I supervised Regina Mapfumo in carrying out a research titled, **Exploring the survival strategies of female household heads with disabilities in Rimbi and Ruze village in Murewa district** in partial fulfilment of the requirements of the Bachelor of Science, Honors Degree in Social Work and recommend that it proceeds for examination.

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The departmental board of examiners is satisfied that this dissertation report meets the examination requirements and therefore I recommend to Bindura University of Science Education to accept this research project by Regina Mapfumo titled: **Exploring the survival strategies of female household heads with disabilities in Rimbi and Ruze village in Murewa district** in partial fulfilment of the Bachelor of Science, Honors Degree in Social work.

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DECLARATION

I Regina Mapfumo declare that this research is my own effort and is a reflection of research done by me with the exception of quotations or references which have been attributed to their authors.

This research has not been submitted for any degree at any institution or university.

Student signature

Date

DEDICATION

I dedicate this research to my parents Mr and Mrs Mapfumo for their endless support during the whole study period. Despite the financial challenges we faced during the course of the study period, they have been there for me. I love you Mom and Dad. I also dedicate this research to the women with disabilities who shared their stories.

ACKNOWLEDGEMENTS

Salutations to the Almighty God for guiding me during my research period and gave me the opportunity to finish this dissertation. I also give special thanks to my supervisor Mrs Chigondo for her unwavering support and guidance during the course of my dissertation writing. Greatest thanks go to the staff members of the Department of Social Work who disseminated important information and some guides during the early stages of the research. I also thank Mr Taruvinga, the District Social Development Officer (DSDO) of Murewa district who accepted my request to carry out a research and assistance he provided during the data collection process. Other special thanks also go to the participants who spared their special time responding to my study. I thank my parents for all the sacrifices they made and my little brothers who supported me socially and emotionally.

ABSTRACT

This dissertation explored the survival strategies among female household heads with disabilities in Rimbi and Ruze village in Murewa district. The research's aim objectives were to explore the challenges faced by female household heads with disabilities in Rimbi and Ruze village, to identify the survival strategies of female household heads living with disabilities in Rimbi and Ruze village and to identify the opportunities and barriers in accessing formal support system among female heads with disabilities in Rimbi and Ruze village. Qualitative research design was used and focused group discussions as well as in-depth interviews were used to collect comprehensive data. In the study findings, it was noted that vending was identified to be the most prevalent survival strategy for female heads with disabilities as they engage in vending in the nearest growth point which is Murewa Centre. Farming was also another survival strategy where they basically deal with small scale farming and gardening due to lack of land ownership and inputs. They exchange their few yields with money to cover up other basics. Female disabled heads also found to survive through quarrying where they sell the stones to those who are still under construction in Murewa Centre. The research study concluded that women with disabilities in rural areas are engaging in survival strategies that may cause more harm to their lives, patriarchal norms worsened with disability were also leading women to be discriminated and looked down upon. Recommendations were drawn so that social workers in collaboration with the government raise awareness in challenging harmful stereotypes and a better understanding that disability is a socially constructed aspect. Also recommending that non-governmental organization and government collaborate to help female heads with disabilities to access basic services which include money, Rehabilitation services as well as inputs to improve their agricultural stance for sustainable livelihoods strategies.

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LIST OF ABBREVIATIONS

AMTO	Assisted Medical Treatment Order
BEAM	Basic Education Assisted Module
DSD	Department of Social Development
PWD	Persons With disabilities
FHHD	Female Household Heads with Disabilities
CRPD	Convention on the Rights of Persons with Disabilities
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
WD	Women with Disabilities
UNDP	United Nations Development Program

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.0 INTRODUCTION

Female household heads with disabilities in rural areas often face multiple challenges and are often amplified by poverty, limited access to education employment opportunities and social exclusion. As primary decision-makers and providers for their families, these women navigate a complex and unfamiliar terrain coping with the daily demands of household management, societal expectations and their own personal needs. Rose, Kayima, Mungwaro, Galabuzi & Bakija (2015) also postulates that women with disabilities as household heads face a series and complex challenges that need to be addressed and these challenges often stem from the intersection of gender and disability, leading to a heightened vulnerability among this population.. It is also argued that in developing Countries, there is an increase in female headed families which has been necessitated by different factors such as divorce, death, abandonment, migration and others and is accepted to be global world phenomena (Schatz, Madhavi & Williams, 2011). However, little research has been conducted to understand the survival strategies adopted by female household heads with disabilities in rural areas.

There is also feminization of poverty as households led by female with disabilities are regarded as the poorest among any other households (Chant, 2016). A large number of the population under research is suffering from severe poverty and the impacts to socioeconomic aspect to the country are real. Kabeer, (2016) also noted that a reduced capacity for income generation and the proneness to illness are likely to increase leading to poverty. The marginalization of rural women accompanied with their economic situations has left female headed families vulnerable to poverty (Delchat, 2018). The increase in female headed in rural areas has contributed to the focus on the study of survival strategies of female household heads with disabilities in rural areas. Several

studies have been conducted to investigate the impact of poverty on women with disabilities in general and very little research has been conducted to identify the survival strategies of household head women with disabilities in rural areas in their daily lives.

Due to patriarchal societal norms in Zimbabwe, the male are the most responsible for heading the families and providing financial support to their families (Connell, 2015). However due to the various reasons that lead to the demise of male spouse, women end up taking headship of families despite that they are facing dual complexities of care giving as well as family support. It is therefore important that a research like this be conducted to shed light on the experiences and life strategies that are employed by female household heads for sustainable livelihoods as well as ensuring wellbeing of their families.

1.1 BACKGROUND OF THE STUDY

According to the global point of view, it is noted that disability leads to increased poverty and vice versa. According to Petsch and Nayaran (2012), poverty infringes human Rights of Persons with disabilities. Therefore this often lowers down the persons with disabilities on means of livelihood creation and access to basic necessities. World Health Organization report on persons with disabilities highlighted that more than one billion people. 15% of world's population is estimated to be people with disabilities and the percentage of women is more than that of men. Also on the statistics of people who live below the poverty datum line, one in five is a person living with disabilities.

In Zimbabwe as any other countries, people with disabilities face a series of challenges. According to the Ministry of Public Service Labor and Social Welfare 11% of women live with some form of disability in Zimbabwe. The Convention on the Rights of Persons with disabilities was ratified

in 2013 and the laws and policies to promote the rights of Persons with disabilities. The Ministry of Public Service Labor and Social Welfare also plays a key role in supporting people with disabilities but resources are often limited. Therefore as a result, many people with disabilities rely on their own ways of living without the help of agencies and have to develop survival strategies to cope with their circumstances (Kim &Schalk, 2020). People with disabilities also face many challenges in accessing welfare services in rural areas in Zimbabwe. The current state of people with disabilities leaves a lot to be desired as this population is under looked for.

Disability issues in the government of Zimbabwe are a mandate of the Ministry of Public Service Labor and Social Welfare and therefore disability remains a social welfare issue. Due to covid 19 and other epidemics the focus of funds shifted to health services. Currently, Zimbabwe has no government grant ministered through the Ministry of Public Service Labor and Social Welfare for persons with disabilities who experience highest level of poverty. The Ministry often administers seasonal harmonized cash transfers in selected households in rural areas. Therefore this marks the lack of empirical evidence of the effectiveness of these harmonized cash transfers where disabled female household heads benefit. In Murewa these households include Rimbi and Ruze amongst others who are poorest.

Rimbi and Ruze villages are neighboring villages where they have shared challenges and opportunities. Women household heads in these villages are characterized by poverty where there are shortages of basic services. This was worsened by the covid 19 pandemic. These rural households women used to rely on aid from donors which has been reduced due to economic challenges during the covid 19 pandemic. Women in rural households suffered much due to their subsistence nature of their economic activities.

1.2 AIM

To investigate on the survival strategies of female household heads with disabilities in Ruze and Rimbi village, Murewa District.

1.3 STATEMENT OF THE PROBLEM

Zimbabwe like any other African countries is affected by the problem of female household heads with disabilities. These populations are living in an ever-changing environment that present them with different challenges and problems arising from changing family structures and community as well as economic change. Therefore the feminization of poverty among rural disabled household women needs to be addressed hence; the specific survival strategies adopted by female household heads with disabilities to navigate these challenges remain largely understudied and underexplored. There is lack of comprehensive qualitative and in-depth research examining the innovative coping mechanisms and resilience of these people. Therefore a study on the survival strategies of female household heads with disabilities is topical.

1.4 OBJECTIVES OF THE STUDY

1. To explore the challenges faced by female household heads with disabilities in Rimbi and Ruze villages, Murewa District.
2. To identify the survival strategies of female household heads living with disabilities in Rimbi and Ruze village, Murewa District.
3. To identify the opportunities and barriers in accessing formal support system to female household heads with disabilities in Rimbi and Ruze village, Murewa District.

RESEARCH QUESTIONS

1. How do women household heads with disabilities survive?

2. What are experiences and challenges faced by disabled women who assume the role of household head in Rimbi and Ruze village?
3. Are women household heads with disabilities getting any formal assistance?

1.6 ASSUMPTIONS

It can be assumed that female household heads with disabilities in rural areas may engage in informal economic activities, such as subsistence agriculture, or handicrafts, as a survival strategy to meet their basic needs. It can be also assumed that these women might heavily rely on social support networks within their communities, such as extended family members, neighbors, or community-based organizations, for assistance in acquiring food, shelter, and other essential resources. Given the challenging circumstances they face, it can be assumed that female household heads with disabilities in rural areas may demonstrate resourcefulness and innovation in finding alternative ways to generate income, save resources, or access essential services. Furthermore it is assumed that these women may face significant barriers in accessing formal employment opportunities due to their disabilities which could result in a greater reliance on informal economies for survival. It can be assumed that disabled female household heads in rural areas may face additional challenges due to prevailing gender norms and biases.

1.7 THE SIGNIFICANCE OF THE STUDY

The study will help in the fulfillment of the sustainable development goals (SDGs, 2015) which seeks to ensure that none is left behind, focusing on the emancipation of rural women. Also the research is in support of the Agenda 2063 where main focus is on gender parity as well as financing

women to reduce gendered poverty (Assembly U.G, 2016). Therefore for meeting out the SDGs, a research on the survival strategies of female household heads in rural areas is essential.

Support and intervention development marks the significance of this study. The insights gained from this study can inform the development of support programs and interventions that are tailored to the needs of female household heads with disabilities in rural areas. It can help identify effective strategies that can be incorporated into existing programs or used to develop new initiatives aimed at improving their overall well-being and resilience.

In the current discourses on disability, there is very little research and documentation on the experiences of rural disabled women in Zimbabwe. While the reviewed literature offers invaluable insights into the challenges experienced by women with disabilities, there is a gap in that even where data is current, it is almost silent on how these women survive the challenges, especially in a rural context set against the backdrop of the economic crisis in Zimbabwe. Inasmuch as research on disability reflects on the experiences of PwDs and in the process makes generalizations by treating them as a homogenous group, they are for all intents and purposes a heterogeneous group even in the manner in which they cope with their experiences. The research that focuses on gender-defined or gender-nuanced experiences on disability in Zimbabwe is scarce.

Knowledge expansion also marks the significance of this study. This study would contribute to expanding the existing knowledge around the experiences and challenges faced by female with disabilities who assume the role of household heads in rural areas in Murewa district. It would provide insights into their specific needs, difficulties, and strategies employed for survival. Empowerment and advocacy is another significance of the study. By obtaining an in-depth

understanding of the survival strategies adopted by female household heads with disabilities this study can inform and empower these individuals and the organizations working with them.

The findings can be used to advocate for policy changes and support services that address the unique needs of this marginalized population. Furthermore, it is important in assessing gender and disability intersectionality. The study explores the intersectionality of gender and disability by focusing on women with disabilities in rural areas. It sheds light on the specific ways in which gender dynamics and disability intersect to create unique challenges and opportunities for survival of women with disabilities. This understanding can contribute to the broader discourse on gender equality and disability rights

1.8 DEFINITION OF KEY TERMS.

Survival strategies are coping mechanisms or adaptive behaviors that marginalized groups use to navigate oppressive systems and environments, (Maxine, 2013).

Household head refers to the primary decision maker and the one who has authority within a household (Odhiambo, 2011). A household heads are persons who have the authority figure in a family.

Disability refers to any condition that that limits the person to mentally, physically and socially function and prevent them from full participation in the society, (World Health Organization, 2011).

1.9 CHAPTERS ORGANISATION

CHAPTER 1: Introduction

The chapter introduces the study at hand, giving its background, aims, objectives, problem statement as well as significance of the study.

CHAPTER 2: Literature Review

It outlines the theoretical framework that will be used and also evaluation of studies that have been researched by other scholars related to the study

CHAPTER 3: Methodology

In this chapter, discussions are based on tools. Research design, target population, research ethics, limitations as well as delimitation and data analysis of the study.

CHAPTER 4: Data presentation, interpretation and analysis

This chapter looks at the presentation of data its interpretation as well as data analysis.

CHAPTER 5: Discussions, conclusion and recommendations

Basically the chapter discusses the discussions, conclusion of the findings and recommendations on the study.

CHAPTER SUMMARY

This chapter highlighted the introduction, background of the study, objectives of the study, questions as well as justification of the study. The chapter gave an overview of the steps that are going to be taken during the course of the writings that is chapter organization.

CHAPTER 2: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter is aimed at reviewing literature relevant to the survival strategies of female household heads with disabilities in rural areas as well as giving theoretical framework that goes in line with the study at hand. This chapter also serves to reveal the significance gap of the study which facilitated the importance of engaging the research as it provides a picture of the loopholes which were uncovered by the researchers on the female disabled household heads in rural areas.

2.1 RESEARCH GAP

In rural areas, female household heads vary. There are several categories of female household heads. The focus of this research goes to the female household heads with disabilities which requires little research. More research is needed to understand the unique challenges and specific survival strategies that they use for survival. More researches have been done on the survival strategies of female household heads without disabilities and those household heads with disabilities were left behind, their research leaves a lot to be desired just like their life style. This group is marginalized and is not put much into consideration but they suffer in silent, the triple burden of being household heads, looking after children and at the same time being disabled. Much research was needed to help them to be recognized for any assistance that may deem necessary for their better survival in rural areas.

2.2 GENERAL OVERVIEW OF FEMALE HEADSHIP.

Female headship is categorized into two scenarios. There is the de jure and de facto female headed families. De facto female household headship is women take on primary responsibilities for managing household and caring for dependents even if the male figure is present but not capable

of taking the responsibility due to unemployment, illness (Zaharni, 2011).De jure female household heads refers to women who takes leadership in a family by law or official designation, be it inheritance laws, matrilineal kinship systems and legal guardianship due to death or incarceration (Joshi Rajkarnikar & Ramnarain, 2020). In Zimbabwe, both of these dimensions are valid and in the context of this study, female household heads are those families that survive on income generated by a female or a woman who is a bread winner.

The above mentioned female headships are caused by different factors. These factors vary according to continents. In Zimbabwe, like any other African countries, female headship is mainly caused by labor related migration (Razavi & Staab, 2018). This is as a result of men going outside the country or neighboring countries to look for greener pastures. This idea of migration is also due to the fact that in rural areas they lack economic activities and resort to migrate. Men are more likely to migrate than women as women are limited due to domestic chores and family responsibilities. Desertion by fathers who denies responsibility is another factor that causes female headships.

Divorce is also another factor that causes female headship. In Rimbi and Ruze villages, women who have experienced abandonment by their husbands maybe viewed as divorced in the society even without the legal criteria of dissolving the existing marriage, just the same as women who are said to have been divorced by their husbands maybe legally just separated.

2.3 THEORETICAL FRAMEWORK

Social constructionist theory was used in this research. The theory was developed by Peter L Berger and Thomas Luckman in 1966 (Vinney, 2021). In the disability context, the theory brought out that the survival strategies of female household heads and challenges they face are socially

constructed. The theory identified that disability is created by people's perceptions. Social constructionist helped the researcher to understand and examine how disability and being a woman intersect to influence the lives of female persons with disabilities. The theory also traces the lens on how gender roles and disability impacts the opportunities available for women with disabilities. Furthermore, through this theory, the researcher was able to find out how women with disabilities navigate and challenge the constructed norms to develop survival strategies that will help them within their unique social context.

The constructivist paradigm can therefore facilitate opportunities for disabled people to identify and then make visible shadow barriers that is, barriers that shadow disabled people's daily lived experiences. These are often invisible to non-disabled people but are ever-present in disabled people's lives (Olsen 2022). By doing so, non-disabled people are able to better understand the pressures and constraints inherently faced by disabled people in society, and thereby allow them to question previously held assumptions that disabled people are ashamed of their disability; see their disability as a burden.

2.4 CHALLENGES OF DISABLED FEMALE HOUSEHOLD HEADS WITH DISABILITIES

Experiences of disabled female household heads are shaped by the interplay of gender, disability as well as abject poverty. These experiences give challenges and opportunities to women living with disabilities in rural areas. The challenges also vary according to the social, economic and political status of the region, country or area.

Gender inequality and discrimination create unique experiences to female household heads with disabilities in rural areas. In the Convention on the Elimination of all forms of Discrimination

against Women (CEDAW), there is promotion of rights of women with disabilities and inclusion in all facets of life. The policy also holds the governments accountable for equal opportunities to persons with disabilities. However, Collins (2019) argues that Female Household Heads with disabilities in rural areas discrimination, limiting them access health services, employment and landownership. Taking for instance, a study which was conducted by Gomathi (2021) in India on the social exclusion of women with disabilities in Sivagangai district showed that women face hurdles in their fight for inclusion and equality as they are much subjected to discrimination and gender oppression. Naami& Mikey-Iddirisu (2013) in a study on empowering women with disabilities to reduce the rate of poverty is revealed that women with disabilities are still among the poorest people in the world. Also it is highlighted that In India women with disabilities are regarded an impure and disability is a punishment for them (Vidhya, 2016).

Adding on the above note, women are not being embraced as mothers, wives or heads of families due to their lack of physical able bodied. Sheldon (2014) noted that the role of motherhood is being overlooked among women with disabilities (WWD). In article 23 of the Convention on the Rights of People with Disabilities (CRPD), women have the right to retain their fertility and have access to parental responsibilities. However, stigma denied them to have parental responsibilities and this has also a negative impact to the children's wellbeing. In India a woman is socially constructed as there are certain images that make an ideal woman (Gosh, 2010). In a report by the Women with Disabilities in India Network (WDIN, 2019), it is revealed that women with disabilities are not just considered a burden, deprived of decision-making powers but are also not considered to be women enough as they are also deprived of sexuality. Therefore, the treatment of women with disabilities as inhumane worsens their situation of being disabled as well as a family head. Therefore unlike developed countries, have not yet schemes that support this population such as

state benefits through assistive devices which would help enhance their mobility (Borade, Ingle, & Nagarkar, (2021). There is strong need for assistance to this population. Therefore this underscores the importance of upholding the rights of women with disabilities in rural areas.

The inter-link of gender and disability also hinder land ownership to women with disabilities in rural areas. It is highlighted in the article 6 of Convention on the Rights of Persons with Disabilities (CRDP) that persons with disabilities including women should own property and access land in an equal manner with others. However due to discriminatory social norm and limited access to information avoid women with disabilities to secure land. In Liberia it noted that women with disabilities do not feature in programs and activities related to land neither have been specifically targeted. According to the land sensitization program held in 2019 on Disabled persons on Land Rights by United Nations Development Program (UNDP) it clearly highlighted that despite the principle of equality, persons with disabilities are not enjoying land benefit specifically women.

Manson, Ndhovu and Luckett (2014) from their study in Tanzania highlighted lack of land ownership as a challenge that deprives female headed households to have access to resources such as food, shelter, and income. In addition, in many rural areas, land is passed from generation to generation. Therefore owning a land brought security and stability for the future generations. Therefore, Anyidoho (2022) argues as to why female household heads with disabilities may not be given land. It is argued that in many rural communities, gender roles are deeply entrenched, and women are often not considered to be legitimate landowners and also, cultural norms may dictate that only men can inherit or own land (Anyidoho 2022). Additionally, many women with disabilities may lack the financial resources or social capital needed to purchase land, and may be excluded from land ownership decisions made by male family members (Austin, 2018). In the

study it is also critically examined that not all women household heads have no access to ownership of resources, the de jure may have asset base that is assets that were left by their male counterparts.

Adding on, it is evidenced that food security at household level is poor in developing countries (Ngema, Sibanda, & Musemwa, 2018), female headed ones are worst (Lutomia, Obare, Kariuki & Muricho, 2019). This is so as women are constrained by gender inequalities displayed in obstacles like: poor access to productive resources land, credit (Debela, 2017). Again, they are more vulnerable to shocks from the effects of environmental changes like climate change and/or other rapid changes (Meybeck, La val, Lévesque, & Paren, 2018). Contrariwise, when there is improvement in their access to certain productive resources, agricultural productivity experiences increase, poverty level declines and nutrition improves; thus, an improvement in the food security status (Ashagidigbi, Afolabi & Adeoye, 2017). It is also identified that a notable way the above improvement can be achieved is through the adoption of livelihood strategies

Lack of documentation and official recognition of their disability is another challenging experience among women with disabilities in rural areas. In the CRPD, article 12 on equal recognition before the law, every person has the right to be recognized before the law. Taking for instance in India, a person is recognized to be disabled when having not less than 40% of any specific disability as certified by Medical Authority (PPwD, 2016). Also in Uganda, it is noted that there is no system of registration of persons with disabilities. Therefore this becomes more difficult for them to access social protection services due to lack of official recognition by the government. In Somalia, it is argued that persons with disabilities are treated as second class citizens and their disability council was reported be ineffective since 2015 (Mangu, 2018). Therefore Somalia and India did not meet the needs and Definition of disability in the CEDAW and United Nations on the Convention and Rights of Persons with Disabilities.

Disability and poverty creates challenges on employment to disabled female headed families. According to the case study by Mohapatra, (2012) persons with disabilities in more pitied for and they the employment opportunities to female in rural areas are often discriminated. Taking for instance in Russia female household heads often lack employment opportunities. Unemployment of female household heads with disabilities is very high than in other countries. People with disabilities often have low levels of education such as high school certificate hence income is related to certificates attained. Therefore this vulnerable group remains challenged.

In Article 10 of the CEDAW, it stresses on the promotion of equal education to both male and female. Zimbabwe National disability policy (2021) also identifies that all persons with disabilities should have access to educational curriculum which goes in line with the United Nations on the emphasis education inclusion. Article 11 also emphasizes on the employment access to everyone. There are a number of reasons why women with disabilities in rural areas face discrimination in employment opportunities. Makuhwa & Ushohokunze (2018) argues that lack of education and skills training opportunities available to women with disabilities in rural areas makes it difficult for women with disabilities to be employed. Sarker (2020) also argued that discrimination in employment sector leads to of collateral to PwD as they hardly access jobs that require a pay slip.

Additionally, women with disabilities in rural areas may not have access to the same level of education as their male counterparts, and may not have the opportunity to develop the skills needed to secure employment. Moswetsi, Laher & Joseph (2019) postulates that women with disabilities face discrimination from potential employers who may have negative stereotypes about their abilities and also face structural barriers in the workplace, such as inaccessible infrastructure or policies that do not accommodate their needs in some workplaces. The CEDAW also showed the

gap among female persons with disabilities in rural areas in accessing education as the instrument acknowledges the gap between the male and females only leaving those with disabilities behind.

Gendered responsibilities also reveal different experiences of female household heads with disabilities. In article 12 of CEDAW it was identified that women should be given access to adequate nutrition during pregnancy and lactation. Therefore this clearly identifies that every woman despite their disabilities, are supposed to be mothers. Devkota, Kett & Groce (2019) highlighted that in Nepal women with disabilities also face challenges in cultural beliefs towards their disabilities. However in India, women with disabilities face are not allowed to take care of their children if they happen to have babies whereas in Zimbabwe, patriarchal society women are the immediate caregivers of their children even though disabled. However the issue of unpaid care giving responsibilities can be a significant factor that necessitates the financial challenges faced by disabled female household heads in rural areas. Nduna, Chipungu, Mashingaidze & Blyth (2016) argues that women often bear the responsibility of caring for family members with disabilities, as well as other elderly or sick family members. This can place a significant burden on them, as they may not have the resources or support to meet these demands. In addition, the lack of social services and support systems in rural areas can make it difficult for women to access the assistance they need. As a result, disabled female household heads may experience a high level of stress and strain as they try to meet the needs of their families.

Patriarchal norms can also shape the experiences of female household heads with disabilities. In a study by Chisale (2023) on African women with disabilities and their sustainable livelihoods in Matesi community, it was highlighted that able bodied figures are the ones responsible for taking care of the family. Therefore there women with disabilities are not being acknowledged even though they work hard to sustain their families. Patriarchal norms create harmful power dynamics

within families, which can be especially challenging for female household heads with disabilities. In many patriarchal societies, women are expected to be subservient to men and to prioritize the needs of their family members over their own. This can make it difficult for women with disabilities to assert their own needs and rights.

Additionally, patriarchal norms can also normalize domestic violence, which can be a serious issue for women with disabilities, who may have limited options for escaping abusive situations and also women are given limited or no space on economic development as they are regarded as poor decision-makers. Therefore it is a difficult experience that comes from the intersectionality of disability and gender.

2.5 SURVIVAL STRATEGIES OF FEMALE HOUSEHOLD HEADS WITH DISABILITIES IN RURAL AREAS

Women with disabilities survive through welfare assistance. Social Welfare assistance Act of 2016 highlighted on section 6 1(b) that the eligibility for social welfare assistance involves those who are handicapped physically or mentally. Therefore in Zimbabwe, in rural areas, women with disabilities are provided with welfare assistance in form of cash transfers, food deficit mitigation strategy as well as any assistance that may arise at the Department of Social Development. The assistance provided is however not worthy to rely on as it is remedial. It is also argued that, in Zimbabwe disabled person Act (chapter 17:01) the welfare and rehabilitation of persons with disabilities should be addressed but however the government assistance to persons with disabilities is compromised.

A study by Lokshin (2010) suggests that in Russia, women choose to be single and not married and often stay with their relatives. These household women would share the responsibility with

their parents and relatives while also supported by the government. Wilters (2011) in his study highlighted that in Sri Lanka, women with disabilities get help from their extended family in order to survive. Shin (2013) on their research in Mexico found out that female household heads with disabilities are not as poor as assumed by any other scholars. These populations survive through social network for social and economic support. They also receive remittances from abroad relatives as argued by (Pardo-Montano, Davila- Cervantes, 2023). From this study, it is also noted that only economically Independent women choose to be households and when they are not financially Independent they tend to move in with their parents as survival strategy. Therefore some female headships are by choice as they prefer to benefit from the family members at the comfort of their homes.

According to the United States Department of Survey of Income and Program Participation (SIPP) conducted in 2017, in America, women with disabilities engage in part time jobs. Female household heads are often involved in both reported and unreported work, formal and informal work and cash based a support from community network that is local charities and churches by (Singal, Mahama Salifu, Idrissu, Casely-hayford & Lundebye, 2015). However this is basically done for the welfare of children. Therefore strategies that are used in America partially benefit female household heads since it covers the bigger part which is children even though those with disabilities are left behind.

A study in Malawi showed that women household heads grow crops for survival and they also engage in forest activities. Ahmed & Prakash (2012) in a study of survival strategies of female heads in Libo, Ethiopia argued that, female heads practice agriculture for survival. For instance, the fetch firewood, and thatch grass for selling in order to generate income since most of them are lack access to land for farming. Frayne (2014) in his study showed that social ties play a very

significant role on the survival of female headed households. In Namibia, there is mutual reciprocity where people in urban support those in rural areas with any resources they acquire and in rural likewise. In Zimbabwe, there are programs that help to equip farmers with resources they need. For instance there are government inputs, the Pfumvudza program which is under sustainable development goal 2. Farming is also a major survival strategy as females mainly engage in farming activities like growing vegetables for sale. However the idea of farming is disadvantaged by lack of adequate inputs.

In a research conducted by Musekiwa (2013) on the survival strategies adopted by female household heads in rural areas, it is noted that sex work is one of the biggest and more prevalent survival strategy in rural areas of Zimbabwe. Women often engage in sex work in order to survive even though the activity is illegal in the country and is a leading factor to the feminization of HIV/AIDS (Kangethe, 2010). Sex work however temporarily provides relief as it leads to other sexually transmitted diseases which later on require a lot of attention and medical care.

In Murewa District, women household heads with disabilities often engage in home gardening for survival. Home gardening in this area if done properly it provides diverse stable supply of food for sale as well as consumption. This only fits the population which is nearer to the streams and rivers for watering the gardens and those who are far from these sources of water remain challenged. Therefore those female household heads with disabilities that stay in Rimbi and Ruze village remain questionable on their survival strategies.

The intersectionality of gender and disability creates a complex set of challenges for FHHDs in rural Zimbabwe, forcing them to adopt unique survival strategies to navigate their circumstances. Understanding the interplay of gender and disability is crucial for developing effective policies,

programs, and interventions that address the specific needs of FHHDs and promote their well-being, empowerment, and social inclusion.

2.6 INTERVENTIONS

The Millennium Development Goals (MDGs) were put in place in order to identify nature, extent and complexity of poverty in rural areas. These Goals were aimed at the alleviation of extreme poverty, hunger, diseases as well as discrimination against Women, which are also common challenges faced by female household heads with disabilities in rural areas. After the agenda being not met by 2015, it saw the development of the Sustainable Development Goals which covers issues to do with gender equality to participation in economic development. According to the UN, (2015), the Sustainable Development Goals aim at empowering rural women. Therefore by ensuring that women in rural areas which include Rimbi and Ruze villages' socio-economic rights are recognized and respected, it is of great concern that their challenges are mitigated and little literature if any has highlighted the empowerment, gender equality of women household heads with disabilities in Rimbi and Ruze villages.

Zimbabwe has also addressed the feminization of poverty strategy by drafting the interim Poverty Reduction Strategy Paper which was guided by the country's development plan Zim Asset from 2016 to 2018.

2.1.7 CHAPTER CONCLUSION

The situation of female household heads with disabilities in Rimbi and Ruze reveals pain of disabled females in rural areas. Many of these female household heads engage in activities that may harm their health for survival also poverty increases as the strategies implemented are not sustainable as they only help the current generations.

CHAPTER 3: METHODOLOGY

3.0 INTRODUCTION

This chapter looked at the methodology which the researcher used to investigate the problem statement identified in chapter 1. The chapter focused on research tools, research design, target population, sample and sampling techniques, data analysis and presentation method, ethics that were considered when conducting a research, limitations of the study as well as delimitations.

3.1 METHODOLOGY

This refers to the systematic, theoretical analysis of methods applied within the research (Creswell, 2014). Methodology is therefore a method which was used when a researcher was collecting data on the survival strategies of female household heads with disabilities in Rimbi and Ruze village, Murewa.

The qualitative research paradigm in form of case study was used in the research. This helped to understand and have an in-depth information on the survival strategies of female household heads with disabilities in rural areas of Rimbi and Ruze village in Murewa district. Creswell (2014) supports that qualitative research is the social science type of research that explores the meanings and experiences of individuals. Therefore, qualitative research helps to give a deeper understanding on the survival strategies of female household heads with disabilities.

3.2.0 RESEARCH TOOLS

These are instruments or materials that are used to collect data within a particular research method (Carter & Finch, 2015). These are objects or systems to use to collect, organize and store data gathered using a particular data method. The research tools that were used by the researcher had some advantages and disadvantages towards the research conducted.

3.2.1 SEMI- STRUCTURED INTERVIEWS

Moore (2014) defines semi- structured interviews as a method which combines benefit of structured and unstructured interviews and a conversation between a researcher and a participant, guided by flexible interview questions. They provided an in depth information as it allowed for detailed and nuanced insights into the survival strategies and experiences of female household heads with disabilities in Rimbi and Ruze. Semi structured interviews also captured unique perspectives of voices of all the respondents, thereby providing a deeper understanding of their survival strategies. Kelley (2017) also supported that participants' eyes captures unique perspectives. Semi structured interviews also brings out rich deep data as respondents gave the first hand information pertaining their survival strategies in their rural setting.

On the other hand, it has been noted that semi structured interviews are time consuming as interviews were taking long time and targeted time was not reached. Rädiker & Kuckartz (2020) argue that semi structured interviews require more time from collecting data up data analysis.

3.2.2 A FOCUSED GROUP DISCUSSION

A focused group discussion (FGD) is a research methodology used to collect qualitative data from a small, diverse group of individuals which involves a facilitated conversation among 6-12

participants, guided by a moderator or facilitator, to explore a specific topic or issue (Nyumba, Wilson, Derrick, Mukherjee (2018).). Focus Group discussion was used to make an advantage of those participants who could not read and write. They can encourage participation from people reluctant to be interviewed on their own or those who feel they have nothing to say. During the Focus Group Discussions, the researcher identified that there is validation of experiences which help the research credibility. Johnston (2014) also supported that validation of ideas increases reliability and validity of research findings. FGDs also provides collective insights as it provided collective sharing of experiences and perspectives. FGDs bring together individuals with different backgrounds, experiences, and opinions, fostering a rich exchange of ideas. Promotes inclusivity involving r participants, FGDs ensure that a wide range of voices are heard, including those that might otherwise be marginalized or overlooked. Enhances data validity where diverse experiences and perspectives of female household heads with disabilities in rural setting lead to more robust and reliable data, reducing the risk of biased or limited findings. Scheelbeek, Hamza, Schellenberg, & Hill (2020) also support that through FGDs the researcher gain more comprehensive and reliable information.

In contrast, the focused group discussions do not allow in-depth exploration of people's experiences and survival strategies as participants were not willing to share their private information in a group setting. They would end up giving surface level information. Akcaoglu & Lee (2016) postulate that focused group discussion limits the person to open up and discuss sensitive issues in groups. Therefore this disadvantages to find detailed information which the in-depth interviews will deal with.

3.2.3 SECONDARY RESEARCH/ DESK RESEARCH

Desk research method that involves gathering and analyzing information from different sources (Alliance, 2019). Desk research helps to shed light on the existing studies and reports on the challenges faced by female household heads with disabilities in rural areas without conducting field work. Cheng & Phillips (2014) argued that there are little costs in desk research as compared to primary data collection methods.

The desk research had some disadvantages as it lacks control over the desired or targeted population. It therefore gives a general knowledge not rich deep data specifically.

3.3 RESEARCH DESIGN

Research design is the overall strategy used for conducting a research study (Maxwell, 2013). The case study was used as a research design. It helps to come up with qualitative data that is encompassed with in-depth examination of particular individual and groups as well as multi contextual factors that shape the experiences of disabled female household heads in Murewa District, Rimbi and Ruze village.

3.4 TARGET POPULATION

Target population is the group of people that the researcher is focuses on or interested in studying, (Babbie, 2014). The district under study has about 1500 households with more than 30% of female headed. According the general household survey of 2021, the population was about 12 000. The research targeted household heads women who are disabled and reside in Murewa District in two of the villages, Rimbi and Ruze. Not all female household heads with disabilities will be visited

but selected sample is necessary to study. The research also included women with varying degrees of disabilities to capture diverse range of experiences.

3.5 SAMPLE AND SAMPLING TECHNIQUE

Sampling is the process of selecting participants who will be engaged in the research (Grover, 2012). The sample constituted of 10 female household heads with disabilities from the age of eighteen and older sourced from the Department of social Development (DSD), Murewa district. These female heads were five from Rimbi village and the other five from Ruze village. These ten females were purposively talked with up until saturation was reached.

3.6 SAMPLING TECHNIQUE

Purposive sampling was used basing on the specific criteria of the study. At this point, the researcher selected women who are household heads, who have disabilities and live in rural areas and this allowed the researcher to purposefully select participants who provided the most relevant and useful information for the study at hand.

3.7 DATA ANALYSIS AND PRESENTATION

Data was analyzed using thematic analysis. This is the breaking down of text based data such as interview scripts into smaller and manageable themes that capture key ideas within the data gathered.

3.8 ETHICAL ISSUES

3.8.1 INFORMED CONSENT

The researcher provided informed consent to the participants by clearly explaining the purpose of the study and the confidentiality of their information. Participants were clearly told that they were

going to participate in the study on a voluntary basis and no charges will apply. This gave the room for participants to choose whether they wanted to continue or to quit. All participants signed the informed consent which was provided.

ANONYMITY AND CONFIDENTIALITY

The researcher informed the participants that data provided will be confidential by assigning pseudonyms. Researcher also informed that information will be used only for academic purposes. The respondents were assured that the documents of collected data will be kept safe and confidential.

3.8.3 ADHERENCE TO ETHICAL GUIDELINES

The researcher had to seek permission to conduct research from the District Social Development Officer (DSDO) in Murewa district. After given permission, the researcher was then referred to the participants. Their contribution and collaboration led to a successful research.

3.9 STUDY LIMITATIONS

Some respondents were not giving deeper information concerning their life styles as they tend to recall everything associated with their disabilities and become distressed. Due to the purpose of the study the researcher needs to get deep information and had to probe for more information up until saturation has been reached.

The respondents participated but they were disappointed by not being given any amount of money or that they were not having immediate material gains but rather sharing their social and economic challenges associated with their disabilities. Therefore some were rushing to go to their working places. The research however explained to the respondents that their responses would help them

to have donor support and lead to policies recommending for change and awareness in their community.

3.10 DELIMITATIONS

This research was delimited to women household heads with disabilities as they face unique challenges and circumstances that are not experienced other women without disabilities and by men in the same population. Also due to financial limitations, it was difficult to conduct a research on the survival strategies of women household heads with disabilities in all villages of Murewa district or countrywide, therefore the researcher only focused on a small sample on the two neighboring villages of Murewa district.

CHAPTER SUMMARY

This chapter exhausted the full method in which the researcher used, the tools, target population, sampling techniques, limitations and delimitations as well as ethical considerations when carrying out a research in the community.

CHAPTER 4: DATA ANALYSIS, INTERPRETATION AND PRESENTATION OF FINDINGS

4.0 INTRODUCTION

This chapter presents data analysis and interpretation of findings based on the survival strategies of female household heads with disabilities in rural areas of Murewa district, Rimbi and Ruze village. Challenges that were faced by female heads in these two villages were also exhausted. Therefore this chapter will uncover the view that persons with disabilities are only receivers that independent people who are active for their survival. The data was collected from ten female participants aged from at least 18 years going upwards.

4.1 RESPONSE RATE IN PERCENTAGE (%)

TABLE 4.1: RESPONSE RATE

Number of participants involved in the study	Response Percentage (%)
10	100

Number of respondents =10

All ten female household heads with disabilities in two villages who were called to add up to the research study positively responded and participated. Even though some of them were complaining about any token of appreciation, they managed to answer all the questions that were asked by the

researcher. This helped the researcher to come up with comprehensive data on the survival strategies of female household heads with disabilities as well as the limitations they face.

4.2 PRESENTATION, INTERPRETATION AND DATA ANALYSIS

This chapter is divided into sections which are as follows, the demographic information of female household heads with disabilities, discussion of themes and subthemes that were found upon research interviews as well as focused group discussions and then concluding analysis. Direct quotations supporting the discussions were used and also pseudonyms were used for confidentiality purposes.

4.3 DEMOGRAPHIC DATA

TABLE 4.2: DEMOGRAPHIC INFORMATION OF FEMALE HOUSEHOLD HEADS WITH DISABILITIES INTERVIEWED

Name	Age	Education level	Marital status	dependents	Type of disability	Source of income	Land ownership
Chipo	28	F 4	Married	2	Below knee amputation	Vending	No
Bee	63	G 5	Widow	5	osteogenesis	Agric	Yes
Tana	51	G 7	Separated	3	dwarfism	Vending and agric	Yes
Pau	33	F 1	Separated	2	Deformed leg due to accident	Vending	No

Jane	78	Never been to school	Married	5	Affected by polio at the age of 5	Farming and remittances	Yes
Rudo	50	F 4	Separated	4	Visually impaired	teacher	Yes
Chido	36	F 2	Widow	1	albinism	Vending	No
Prisca	29	F 4	Separated	1	albinism	Anything	No
Ruth	34	F 2	Separated	3	Deaf and partially blind	Vending and quarrying	No
Paida	66	G 3	Widow	4	Deformed hand due to diabetes	gardening	Yes

All ten participants provided their information which was presented on the table above. The demographic information provided played a very crucial role in creating a clear picture of female household heads with disabilities' age, level of education, marital status dependents, source of income as well as land ownership.

4.3.1 AGE

The female household heads with disabilities (FHHWD) age range was 28 to 78. From the interviews that were done, it was noted that the younger the female heads the more the divorce rate. Also the young females were more capable of looking for their families, despite their disabilities whereas the old females were basically complaining of the increased sickness due to aging. All female heads who are aged 50 onwards were complaining of failing to do some activities

that they used to do during their fortys and thirtys. Almost five representing 50% of the participants were raising concerns about their survival strategies based on aging as a challenge or barrier to effective upkeep of their families.

4.3.2 EDUCATION

Six people which respresented 60% of FHHWD managed to attain education upto secondary level. Three female heads managed to access primary education one of the participants has never been to school. Literacy rate is defined as the percentage of population of the given age group that can read and write (United Nations, 2015). FHHWD in Rimbi and Ruze village are regarded as literate as most of the respondents were able to read and write. Most females from twentys to thirtys attented school up to secondary level even though others failed to reach form four. The major reasons which contributed to the failure to further their education is due to lack of funds to attend schools that cater for persons with disabilities, descrimination. Below are the sentiments to support the revelation.

“I went to All Souls High School in Mutoko upto form 2 before my father who used to take care of my school fees died. My mother failed to take from where my father left me because she had no money and I resorted to leave the school, reducing the burden to my mother since my school was a bit expensive.” (Chido).

I grew up being taken care of by my hard hearted stepmother and life was not that easy as I dropped school at form one. I started to worked as a housemaid after school dropout and later on got married to my ex husband who later on rejected me due my my disability.(Pau)

“I never went to school, when my parents discovered that I have a disability, they never thought of sending me to school. They told me that I have been already expensive to them so I should give my brothers the opportunity to go to school. They always reminded me of that up until their death.” (Jane).

“I went to school upto grade 7. I felt rejected and socially unaccepted to an extent of not willing to go to school. My fellow colleagues would call me names and I felt that I can not make it a secondary level. My parents worked hard to find school fees but I denied to be at secondary level”. (Tana)

My family never valued education. They were more entrenched into the church doctrine (marange apostolic sect) where girl child is not much considered to be educated as she will be the mother. That one idea caused me to drop school at grade three after being able to write my name and count money.(Paida)

4.3.3 MARITAL STATUS

According to the results of data collected, most female headships among disabled heads in Rimbi and Ruze villages were caused by separation of spouses as 50% representing five female headed families was due to separation. The other factor was rejection due to their disability stance. The following cause was death of spouses. One FHHWD highlighted that her husband died due to Covid 19 pandemic disease, other one died of mining accident where the mine collapsed when her husband was underground in Mutoko. Therefore the responses of the participants were at some point in concurrence with those of literature reviewed in chapter two as rejection and separation were factors of female headship to female with disabilities.

4.2 CAUSES OF FEMALE HEADSHIP

In the group that was interviewed, 20%, representing two people were defacto where male figures were were unemployed and alcoholists and females stay with their husbands while females take part of the male figures and having the main responsibility in a family . 80% representing eight females was regarded as dejure female heads whereby women are female heads because of their husbands are dead and they take care of families. From the interviews conducted, husbands deny to migrate with their wives and children as the husbands prefer to go to work and send money for food, while others resort to leave the disabled women for able bodies ones. Below are the direct quotations of female heads.

“My husband prefers to go and work in Harare while staying alone, he fears that migrating with the whole family. He is afraid of expensive schools in Harare four our children and rentals are high as compared to rent in rural areas like what we do”. (chipo)

“I was involved in a car accident and my leg was cut off and my husband rejected me under the influence of his parents. He opted to find another wife and left me with 4 children”
(Pau)

My husband was brutally mudered in south Africa where he was fending for his family. It was said that a business deal led to a strong misunderstanding between the people and sadly my husband was murdered. That is only the statement we heard about his death
(Paida)

After a heated argument between my husband and I we resorted to separate. My husband claimed that he was sick and tired of staying with a person with disabilities who requires more money unlike any other women out there. He is not said to be staying in Makaha,

Mutoko with an able bodied wife where he is practising gold panning. I do not even remember the voice of him because it's been long. (Ruth)

4.3.4 DEPENDENTS

According to the interview that were conducted, every female household head has a dependent and the range from one to five. The dependents included the children and grandchildren. It is revealed that dependents in female headed household heads provided labour so as to assist their heads who would find it difficult to do all of the activities on their own due to the disability status. It is also noted that some dependents could not go to school due to financial shortages among their household heads. Among ten participants, only two dependents were helped by Basic Education Assisted Module (BEAM) to access education at primary level. Dependents in Rimbi and Ruze village were engaged in activities that result in child labour in the name survival and that would ruin sustainable development as they engage in activities that only sustain the current situations.

4.3.5 DISABILITIES OF FEMALE HEADS IN RIMBI AND RUZE VILLAGE

The female household heads in the two villages were categorised into two. The study showed that the disabilities of female heads are both acquired as well as congenital. Research revealed that almost four people's disabilities were congenital whereas the six women's disabilities were acquired after birth through different factors which include car accidents as well as illnesses. It was shown that the disability in each and every household head had a major barrier for them to easily access livelihood strategies. Data gathered highlighted that the disabilities that female heads had caused much negative impact to their daily living and the way they were being portrayed by fellow neighbours and community members at large. Disability as a social construct and being female heads created a challenge to female heads. Despite that female heads with disabilities, they thrived to make their dependents survive.

4.3.6 OWNERSHIP OF LAND

From the research data provided, it is indicated that old aged households owned land in rural areas as compared to young ages. Five females household heads with disabilities which represented 50 owned land, which is five out of ten participants. The ages of those participants who owned land range from fifty years to seventy eight. Five out of ten participants who owned land found it through cultural practises of being given land by the parents or village head after a man gets married as well as buying a piece of land.

“My husband was given a piece of land after marrying me so that we can build our own structures. When he died, he left me at our compound and I am still there. I am happy because no one can take it over , the land did not come from inheritance. I have all the powers neccesary towards that land”(Paída)

“My son who used to take care of me before getting married bought me a piece of land in Rimbi village so that i settle as he would not be able to pay rents for me and was not happy with the normadic life that I used to experience. I am now an unquestionably land owner, I am happy that I go to village meetings representing my own piece of land” (Bee)

After the separation with my ex husband I refused to move at our homestead for the sake of his. Children. I had nowhere to put them and not money to pay rentals which serves all of my family. I then realised that it is better for him to move out of the place where we build together and enjoy the roses of the world.(Tana)

Household heads who did not own land were staying in the homesteads of people who were absent due to migration insearch of work and those who died and their children are living in town or were

married somewhere else. Others were renting in rural areas where it is cheap and its also close to their bussiness center, Murewa centre.

“I keep someone’s homestead. I use two rooms out of 6 rooms, there rest have their properties and I only take care of sweeping their houses, be aware of muchenje. I do not pay rent. I always pray that one day I will have my own piece of land and do whatever I feel like doing because currently the landowner denied me to nake any structure. I had the idea of keeping sone road runners for both selling and consupcion but due to this nature I could not make it. It is really painfull ”(Chipo)

“I pay five united states dollars per room and I use a single room in Ruze village. I found that it is better to pay the little rent that I can afford ” (chido)

4.4 CHALLENGES FACED BY FEMALE HOUSEHOLD HEADS IN RIMBI AND RUZE VILLAGE

Female household heads with disabilities in Rimbi and Ruze village face distinct challenges that that are shaped by gender inequality as well as descrimination. The challenges also give impact to their dependents and their own wellbeing.

4.4.1 SHORTAGE OF ASSISTIVE DEVICES

The data collected showed that female household heads with disabilities lack access to assistive devices due to lack of funds and support programs. All respondents identifed that they buy assistive devices for themselves, no agency is helping them to access the services they require for better mobility except promises.The respondents also were finding it more expensive to buy assistive devices. The sentiments below shows the concerns of the female heads with disabilities on the

issue of assistive devices. Lack of assistive devices is not in concurrence with the challenges that were reviewed in chapter two. However much attention is needed to come up with interventions.

“My clutch was giving me pain in the armpit and I went to Social Welfare offices seeking orthopedic assistance. They have done their assessments. They said they had no clutches at that moment so I had to wait up until they find funds to buy me or organisation to link me up but up to today I am still waiting for their response since 2019. They only managed to write down my name and used it nothing up until today. I am not really sure if they really wanted to provide them to me or I was not fit for assistance. Due to financial constraints I use a homemade clutch” (Pauline)

“We were given hope by a certain organisation which was once operating in Murewa center, they promised us some sun creams, maybe they were looking for something to us, we don’t even know their whereabouts right now. I have to make my own deals to find suncreams” (Chido and Prisca)

“ I went to the Department of Social Development requesting for a wheelchair as I was given the idea by the community careworker in our community. They referred me to the rehabilitation section of Murewa Hospital and they said they had no wheelchairs at that period. I lost hope of doing follow ups and I bought my wheel chair for two hundred United States dollars and it took me six months to save that amount of money. ” (Bee)

I find it time as expensive buying spectacles to add up to my sight and I cannot afford that. It is better for me to stay the way I am. With the aid of that home made walking stick alongside my children, I am okay and if they happen to move away from me in search of greener lands I will even manage. Disability does not mean inability.

Research findings revealed a significant shortage of assistive devices for individuals with disabilities, which was a new discovery given that the literature review did not highlight this issue. Borade, Ingle, & Nagarkar (2021) emphasized the importance of access to assistive technology, it did not indicate a lack of availability. In contrast, the study found that participants consistently reported difficulty obtaining necessary devices, such as wheelchairs and communication aids, which significantly impacted their daily lives. This disparity between the literature and research findings highlights a critical gap in addressing the needs of individuals with disabilities.

4.4.2 LACK OF ACCESS TO CREDIT

Research results showed that female household heads with disabilities are denied access to credit or loans. They stated that there are some women who are not disabled who are given credit and loans by different organisations but they are left behind. The respondents also noted that if they can access loans they would have better and sustainable projects that would help them feed their families as well as paying school fees for their dependents. Only very few have access to loans as one out of ten respondents is a government worker and can get loans. Female heads from Rimbi and Ruze village suggested that they lack collateral as some organisations and individuals who lend money require collateral in case if one fails to pay back. Therefore this remains an obstacle as many of the respondents require little or no tangible assets that would be used as collateral.

“My wish is to have somewhere I can be able to borrow money so that I can have sustainable projects and have get and get my own residence rather than hand to mouth that I am practising right now. Generally it is so hard to find a micro loan or individuals who are willing to give loans to us, especially us the dwarfs we are regarded as people who should have their own world to live, the community do not portray dwarfs as people so they cannot be able to offer loans to people whom they call (icho).” (Tana)

“I was once a Thrive microfinance confirming about the requirements to access loans. I found out that they need collateral or a guarantor who has a payslip so that if I fail to pay back the money, they will take the collateral or make payment plans with the guarantor. I was hurt when they talked of collateral and I discovered that the poor are not people and nothing can be done to change our situations for the better” (Prisca)

“I went to the DSD looking for money to start a well established business. They directed me towards the process of applying for a loan at their Department which serves to empower persons with disabilities. The process was too long and requires some money for photocopying and checking if there is any progress and I had to lose hope since I have never heard of anyone who was helped through that loan.” (Ruth)

“We have never tried to look for any credit or loan because it is obvious that they will not give due to our poverty and disability. They are afraid of not being given back their money” (Pau and Chido).

Mohapatra (2011) in literature reviewed supported that female household heads with disabilities are not given access to loans and credits due to lack of employment. Therefore despite the existing policies that advocate for persons with disabilities, elimination of this group of people is still in existence especially in rural areas. In consistent with the findings of Sarker (2020), data revealed a significant lack of access to microloans and credit among the population studied due to discrimination. Specifically, results showed that a significant proportion of participants reported being unable to access microloans and credit, which limited their ability to start or expand businesses. These findings suggest that efforts to improve financial inclusion are necessary to

promote economic development and reduce poverty among female household heads with disabilities.

4.4.3 SOCIAL STIGMA AND DISCRIMINATION

Data provided showed that female household heads with disabilities are being stigmatised and discriminated by fellow community members based on their disabilities. The female household heads are others regarded as people who are responsible for their own disabilities due to the wickedness that they might have done to people such as taking their neighbours husbands and bewitching others. During the interview session, the respondents gave the following statements

“Some happily married women in the community denie to have friends like us as they say we might take their husbands since we are regarded as people who are sexually thirsty. They therefore distance themselves from us.” (Tana)

“Some regard us as thieves and withcrafts as they say the bad deeds that we have done is now backfiring us. one of the community members asked if I have done wrong to anybody after being involved in a car accident broken the legs.” (Pau)

“I am being labeled as the one who is responsible for our separation as some community members claim that it is a curse for a man to stay with a disabled person. After my man gotvinfluence from the community he then told me some unforgettable words. He said if he keeps having sexual Intercoursewith me , he will be possessed by my bad spirits.” (Ruth)

We have been already labeled as (varungu dunhu) and this alone has already created a gap between us the disabled and those without disabilities. We are now used to such names and the community accepted to call such names and they sound normal to them(Chido and Prisca)

Findings showed that the female household heads with disabilities are being down graded and their socialisation with able bodied is compromised due to fear. Findings of this study are in line with Naami & Mickey-Iddirissu (2013) who argue that women with disabilities in rural areas are faced with discrimination and are among the poorest people in the world.

4.4.4 LACK OF LAND OWNERSHIP

Females in Rimbi and Ruze village are finding no access to land ownership, especially those in their thirtys and twentys. From the findings gathered it is noted that females are given less value and being worsened by disabilities. The females identified that they are not being put on land allocation as they regard them as people who should access land to where they are married or where they will get married. Land ownership is mostly given to male children in the community according to their patriarchal and cultural norms. The failure to have access to land to female household heads in Rimbi and Ruze village has led to some females not to practise farming in large scales as they are afraid of being chased away at their temporary places by the owner at anytime or to move due to various reasons that may drive them. The respondents provided the following sentiments

'I once stayed at a homestead where the landowners are dead and their children are in diaspora. That place was haunted and was a place of ghosts so I do not rely much on large scale farming because I am afraid that anytime I might be in the same situation and leave the place leaving my crops uneilded. I wish I could get my own residence I am tired of this nomadic life' (Prisca)

'I don't know where am I going with this life of keeping people's homesteads. I am not able to build even a small poultry unit. Since the place is not mine there is no freedom in keeping one's homestead.' (Ruth)

I have never experienced village or community meetings based on the land owners. My life is of moving from place to place and Rimbi village is the only place that I have stayed for so long. My greatest desire is having my own land. I once went to the council of Murewa District and they said I should be written on the waiting list. I found that I will not be able to find renewal allowances.(Chido)

Our cultural values are so oppressive as they deny us to access land. I separated with my husband and went back to my village of origin looking a very small piece of land so that I can build even a small hut and stay with my children. To my surprise I was denied access and they claimed that the only remaining space is for our son's who have not married.(Pau)

In Ruze village they prefer to sell the land to people from different places like Mozambique, Masvingo and elsewhere rather than giving their struggling daughters. They take it as a punishment as to why we separated . Even though they treat us otherwise, we survive.(chipo)

The findings of the study corroborate the existing literature, revealing a significant disparity in land ownership among women with disabilities in rural areas. Both the literature review and data collected indicated that women with disabilities face significant barriers to land ownership, including discriminatory social norms. Astin (2018) argued that lack of land ownership perpetuates their vulnerability, exacerbating poverty and limiting their economic opportunities and

independence. The respondents are also not able to practise farming according to their will as they are being restricted by nomadic life. Findings on lack of land ownership as a challenge are in concurrence with the literature found in chapter two where it is argued that cultural norms dictate that land is owned by men (Manson, Ndhlovu & Luckett, 2014). The consistent findings across both the literature and data underscore the need for targeted interventions to address this issue and promote inclusive land ownership policies that benefit women with disabilities. Lack of land ownership of female heads with disabilities is regarded as social exclusion.

4.4.5 LIMITED HEALTHCARE ACCESS

Study findings showed that female household heads faced a great challenge in finding healthcare when in need of it. The female household heads revealed that their health has deteriorated due to inadequate medication. They suggested that their health is already vulnerable due to their disability and they are also finding limited healthcare services. They revealed that they basically access healthcare services through the assistance from the government through Assisted Medical Treatment Order (AMTO). The respondents identified that AMTO only serves a very small portion as it is only able to access medication from government hospital pharmacies which have little or no medication. They showed that they are being forced to find medication in private pharmacies which are very expensive and they might end up not buying them due to shortage of funds.

“Our social welfare office provided us with an AMTO which is serving very little purpose at Murewa Hospital as we are not finding drugs what we require, we are being redirected to the private pharmacies in Murewa Centre. Aging is also causing severe diseases which need hospital attention and AMTO is serving almost one quarter of the required medications” (Jane)

“The doctors without boarders once came at Murewa Hospital where everyone willing to be examined was given the opportunity. Due to my mobility challenge I was not able to reach the place on time and the queue was too long and Noone could even helped to access the services. I ended up returning home without any examinations” (Pau)

I have a challenging situation because when it comes to my therapy I have to go to Harare and transport costs a challenging factor which might at times lead me to skip my therapy. I require periodic medication which help to support my mobility, strength as well as bone health. I struggle to reach out the healthcare facility. Other than an AMTO given , I hope there will be transport funds to us the vulnerable ppeople. (Bee)

The combination of aging, chronicle illnesses like diabetes and blood pressure as well as disability is draguallly making me find it difficult to access healthcare facilities easily. I hope at one point they will build a small clinic in the villages.(Rudo)

Limited health services, including specialized care and rehabilitation services, were consistently cited as a major barrier to healthcare access by (Sakellariou & Rotarou, 2017). This shortage of services not only exacerbates the impact of disabilities but also perpetuates the cycle of poverty and marginalization. The convergence of findings from both the literature review and data collection underscores the need for policymakers and healthcare providers to address this critical gap in healthcare services and ensure equitable access to quality care for all.

4.4.6 SHORTAGE OF AGRICULTURAL INPUTS

Interview findings revealed that female haousehold heads with disabilities wetre facing challenges of inadequate agricultural inputs. This was worsening their agricultural productivity. Female heads

with disabilities who own large lands in Rimbi and Ruze village suggested that they lack fertilisers and seeds as well as labour so that they can have sustainable livelihoods through bumper harvests.

“Here in Murewa, we require fertilizers as our lands are not rich enough to grow crops without fertilizers. There are some programs which give fertilisers to those who usually attend to political meetings that happen in our community. Due to my nature of life I am not able to attend to all those meetings like what is done by able bodied youths. There are government inputs that are said to be given to evryone in the community but we can harldy access them.own our own as a family, we cannot afford to buy even a compound D fifty kilogram bag which costs fourty united states dollars. This cause us ending up growing very small portions which serve for a short period of time” (Bee)

“We have plenty of lands but we do not access fertilizers that accommodate our lands. We are ending up practising home gardening which requres little fertilizers than in the actual fields. I am keeping the space as grazing lands for my sons and daughter so that they will not struggle to find land in the near future” (Tana)

Farming has proved to be a difficult task in my area due to shortage of fertilisers and labour. Practising zero tillage at my age and disability stance is very difficult. My family and I agreed on farming a small portion for cunsuption when it happens to be excessive we would sale the yields into the village.(Jane)

As discussed in literature review it was also noted that in data collection, agricultural input challenges emerged as a significant obstacle to agricultural productivity and development to female with disabilities in rural areas. Ahmed & Prakash (2012) stressed that female heads with disabilities engage in agriculture for survival. Lack of access to affordable fertilizers and seeds

was a major constraint by farmers specifically smallholder female head with disabilities farmers in Rimbi and Ruze village of Murewa district. This amplifies the rate of food insecurity and increased poverty to persons with disabilities leading to more vulnerability.

4.4.7 CULTURAL PRACTISES AND BELIEFS

Participants emphasized that their daily experiences with disabilities are directly impacted by their communities' attitudes and behaviors. They believe that societal understanding of disability is deeply rooted in prejudicial beliefs, perpetuating the notion that women with disabilities are incapable and useless. This misconception leads to their exclusion from community development programs. According to the participants, these beliefs are deeply ingrained in community culture and reinforced by local leadership and family members, who wield significant influence and perpetuate harmful stereotypes, further marginalizing women with disabilities. Below are the sentiments of the participants and they have expressed in the following way:

" We face significant barriers to holding influential positions due to persistent ancient beliefs viewing them as cursed and worthless. local leadership must be on board with empowering women with disabilities. NGOs have lobbied and advocated for disability rights, educating communities on equal membership and promoting independent living for women with disabilities. While communities often commit to changing attitudes and implementing inclusive ideas, these promises are frequently abandoned once external educators depart, as deep-seated beliefs prevail. Local leadership plays a crucial role in perpetuating these biases, exerting significant influence when selecting beneficiaries for community development programs, thereby excluding women with disabilities. I hope you one day we are going to be heard.(Rudo)

"Non Governmental Organisations have attempted to educate communities on inclusive practices, teaching able-bodied individuals how to integrate people with disabilities (PwDs) into community programs using traditional knowledge systems. However, despite this effort, meaningful inclusion has not occurred due to resistance from local leadership and community members, resulting in the continued exclusion of PwDs from community initiatives. This exclusion is a primary contributor to the pervasive poverty experienced by people with disabilities in this community." (Chipo)

The cultural beliefs and attitudes towards female household heads with disabilities are a main obstacle to their empowerment as also discussed in chapter two. As noted Sheldon by (2014) disability is often viewed as a curse or a punishment from God, leading to social isolation and exclusion. (Devkot Kett & Grose 2019) also noted that harmful beliefs perpetuate the marginalization of women with disabilities, limiting their access to resources, opportunities, and decision-making power. As a result, female household heads with disabilities face increased vulnerability to poverty, violence, and other human rights violations. Addressing these deep-seated cultural beliefs is crucial to promoting inclusive development and gender equality."

4.5 SURVIVAL STRATEGIES OF FEMALE HOUSEHOLD HEADS WITH DISABILITIES IN RIMBI AND RUZE VILLAGE

Female household heads in Rimbi and Ruze village narrated that they are involved in a variety of survival strategies. Some female heads with disabilities engaged in dual survival strategies. The female household heads with disabilities were asked about their survival strategies and their responses were shown on the figure below. The themes that the researcher used were found from the interviews that were done.

TABLE 4.3 SURVIVAL STRATEGIES OF FEMALE HOUSEHOLD HEADS WITH DISABILITIES IN RIMBI AND RUZE VILLAGE

Respondent name	Survival strategies
Chipo,	Vending
Bee,	Agriculture
Tana	Agriculture and vending
Pau	Vending
Jane	Remittances and farming
Rudo	Teacher
Chido	Agriculture and vending
Prisca	Quarrying
Ruth	Paid labor, vending
paida	Agriculture

4.5.1 ENGAGING IN VENDING

From the study which was conducted, it was noted that vending was the major source of income for female heads with disabilities in Rimbi and Ruze village. The participants's home steads are located near Murewa Centre where most bussiness activities are being done. These female heads who engage in vending have stated different ways of vending they engage in. one of the responded identified that they practise vending along Mutoko Harare road where they sell agricultural products which include tomatoes, onions, cabbages, sugarcanes, roundnuts as well as groundnuts.

The respondent showed that, her dependents are the most menpower as they are the ones who sell most of the products when they come back from school. Some of the respondents showed that that they sell some drinks, zapnacks, purified water and airtime for the upkeep of their children. Therefore their type of vending varied according to the types of products that they sell. During the interview, some respondents made the following sentiments. The respondents who practise vending suggested that they can generate income without the ned for much mobility and it allowa them to set their own working hours.

“My child who is in grade seven goes with me to my place where I sell my products which is Mutoko- Harare highway early in the morning before he goes to school pushing me in a wheel chair. He puts all the products in order so that it will be easy for me to sell them. After school period he comes back to the market and he starts selling the products on the buses and cars so that we can get more money very fast.” (Pau)

“I sell zapnacks, drinks and water on the roadside when the council is not on heat. I found that half a loaf is better than nothing. I sell those small products because I have no money to have large products with more profits and that is the only easier way I found to be my source of income and feed my children. I found that spending the whole day at home going door to door in search of something to eat can be something that can lead to starvation”(Chipo)

“I practise vending in Murewa centre at the shop veranda because I do not need much sunlight. This is our work since we do not have educational qualifications which might help me to find formal work since zimbabwe’s employemnt is measured by academic qualifications.(Chido)

“Vending is the only way to go, that is where our survival lies. I sometimes sell agricultural products and at times would go for drinks and biscuits in the road side in Murewa centre along Mutawatawa road, only that my products are not boosting due to financial shortages since that money of vending is where everyone’s eye is giving attention. (Tana)

The above responses showed that female heads in Rimbi and Ruze village are practising vending but it provides insufficient funds to cover up all the necessary needs to sustain their families. Due to lack of money to order more products to sell as they practise hand to mouth, it is therefore difficult for them to keep the money to order their staff in bulk. Vending as a survival strategy is in concurrence with the literature reviewed as Masawi, Mtisi & Kufakurinani (2023) also highlighted the significance of vending as a vital survival strategy. Therefore this underscored the resourcefulness of female heads with disabilities. Their survival strategy of vending has some implications as the money paid to the council for them to sell without being moved away is a burden to them as they find it difficult to find it. This emphasises the need for policy interventions that recognise female heads to have sustainable livelihoods.

4.5.2 AGRICULTURE

Study showed that female household heads in Rimbi and Ruze Practised subsistence farming as well as gardening. It was noted that in Rimbi and Ruze village, 50% of female heads engage in agriculture, be it subsistence or home gardening. They basically practised zero tillage as they do not have a cattle or donkeys for ploughing. During subsistence farming it was noted that dependents which are children and grandchildren were much engaged in preparing for the land, weeding as well as fertilizer application. They are the ones who take most part in farming and the female heads being the instructors.

“We usually grow maize and a very small portion of groundnuts due to our limited labour. I do not want to strain much my grandchildren as they are not the ones who made me a disabled person and female head at the same time. We only grow maize that might take us from the harvesting period upto the other next season of harvesting when we find enough fertilizers but when we fail to get enough fertilizers we only leave the land to be part of the grazing area.” (Jane)

The study showed that, during the practise of home gardening in Rimbi and Ruze village, children are also the ones who go in the forest looking for mulching materials, they water the garden before going to school. And during weekends they spend their time in gardens. It is also evidenced that female heads in these two villages engage in a gardening activities in one of the gardens that was initiated by CARITAS where they are provided with fencing, seeds, water supply and fertilizers, for vulnerable persons which include persons with disabilities. CARITAS is a non governmental organisation which operates in Murewa district to help people reach their full potential. Therefore not all female heads with disabilities were involved in the gardening project, almost six out of ten respondents were left behind. Therefore those who benefit from the gardening sell their produce to people who stay in Murewa Centre in order to get a certain amount of money. For survival. The following are the comments that were provided by the respondents.

“The gardening project which was implemented by CARITAS is helping us to get money for grinding mill as well as to buy salt.” (Paidia)

“In our family we grow maize in the garden, butternuts and vegetables for our consumption and home gardening where there are mango and lemon trees help us to buy food items that might be missing at home so that the family is fed and exercises books for the children” (Tana)

The above sentiments showed that the projects that are being engaged by female heads are not giving much to their livelihoods strategies, they serve a very small portion compared to their home gardens as well as subsistence farming. Even though they are lacking fertilizers and seeds, they are surviving without sustainable means. Agriculture as a survival strategy has also been noted by Fayne (2014) that female heads with disabilities survive through Agriculture. Agriculture also resonates with the existing body of literature which recognises agricultural activities as sustaining livelihoods within communities. (Ahmed & prakash, 2012).

4.5.3 QUARRYING

From the research conducted, female heads with disabilities in Rimbi and Ruze village engage in quarrying activities as a means of survival. Despite their disabilities, they engage in small scale quarrying activities where they extract rocks and sell them to constructing companies in Murewa Centre as well as other households in rural areas who engage in building. From the study it has been noted that the female heads with disabilities are being empowered by these activities even though their health is being compromised. They practised the quarrying activities with their dependents and during the weekends it has been identified that the children provide more quarry as they produce it in its masses. The respondents showed that they managed to extract quarry which is almost five wheel barrows per day, where a wheel barrow is sold for three dollars fifty cents to four United States dollars. They identified that quarrying does not bring money on a daily basis. They at times put them in heaps when the customers are very low. It might be low in demand during the rain season where many people will not be engaged in building activities due to the rainfalls.

“I practice quarrying with my children at certain plain in which is about 1 kilometer from our homestead. The extracted quarry is sold with reasonable prices and I found that it is

better to keep on doing that because I require no financial capital to start up and I only start from profit going onwards. By doing that activity I managed to keep my three children, sending them to school. The oldest is now in form three. Challenges come here and there but I am managing to send them to school without the presence of any man. These rocks are acting a fatherly role to me. I hope I will not leave this wonderful activity even though sometimes we are given our cash lately by the buyers, it will also serve an important role when it comes.” (Ruth)

The statements that were provided by the respondent showed that they survive better through quarry despite that it is a heavy job that is mainly done by men with no disabilities in their areas. The data which was gathered by the researcher is not in concurrence with the literature that was reviewed in chapter two. The emergences of quarrying as a survival strategy in data collected fills the gap and give an understanding of adaptive strategies utilized by this demographic. Therefore this showed the dynamic nature exploring survival strategies to marginalized female headed families.

4.5.3.1 CHILD LABOUR AND SURVIVAL STRATEGIES

Due to physically unfit female household heads, desperation, poverty and lack of variable alternative survival strategies, children are being engaged in child labor. In Rimbi and Ruze village, child labor was seen as a way to generate income for the household and support the needs of the family. However the practice of child labor came in high cost for those children involved who are deprived of their education as they work for very longer hours in unsafe conditions, basic rights as well as childhood by doing activities that are meant for adults. Many of these children may engage in hazardous and physically demanding work such as farming, quarry extraction as well as selling in the roadsides. Both children and female heads with disabilities found it necessary

for children to engage in different survival activities but rather destroying sustainable development. Deprivation of children to go to school which is a key factor in breaking the cycle of poverty and improving long term development outcomes.

4.5.4 PAID LABOUR

The study showed that one of the respondents engaged in any work that in return pays money. The respondent identified that she cleans houses for those people who are wealthier for money or for used clothes. Ironing of clothes, cleaning the rooms as well as sweeping the yards are the activities that they engage in. This basically helps them to find sources of survival. However these activities served for very little time as the food stuffs given will not serve for the whole month. Therefore the responded suggested that they complement with any other form of paid labor which include sex work. She also opened up that if she gets one who wants to engage in sexual activities for money, she do not deny since they are all sources of Income. The respondent identified that she gets money early through sex work without putting any financial capital on ground same as cleaning people's houses. The responded revealed that cleaning people's houses as well and sex work are categorized in the same category because all are “marikicho” means of survival. The respondent showed that she is not proud of her work but only do it for the sake of money and children's upkeep. The following sentiments explain how the respondent survives through paid labor.

“I engage in sex work and I found it as a better way of sourcing money as I am able to upkeep my children. My motive behind sex work is to upkeep my dependents. Honestly I do not want my girl child to be involved in that activity, it is such a dirty job but I have no option as I want to make my kids grow. I even accept food stuffs in return because some might have no money but food items, I accept whole heartedly. Many females with

husbands hatred me because they suspect that I might have engaged in sexual activities with their husbands but I no longer take it into mind because they do not pay me anything If I stop that activity. I have discovered that disability does not mean inability as I am competing with those who are not disabled.”(Prisca)

The respondent was further asked if she would be able to quit sex work when she finds some income generating activities. The reply was as follows;

“Income generating activities are a way to go. I would really appreciate that idea. I hope my dignity will be boosted again after leaving sex work and concentrate on those activities. I am not doing sex work for the sake of sex cravings but rather for money. Therefore those income generating activities will be the best.”

The identification of paid labor as survival strategy is in line with the literature reviewed as Musekiwa (2013) also noted the issue of paid labour. Therefore this showed challenges of disability and economic insecurity. Therefore from the responses above, it is clearly shown that female household heads with disabilities in rural areas are lacking financial support so that they will be involved in sustainable livelihood strategies even though they are finding those activities that sustain them on a daily basis, they find it difficult to find sustainable solutions.

4.5.5 REMITTANCES

Study results showed that one respondent out of ten respondents survived with the aid of remittances from their child who works in South Africa as a house maid. Remittances are the money sent from family members working in other location. The respondent revealed that she was given fifty United States dollars every month. The money given to the respondent covered the expenses which include school fees for the grandchild and buying some food staffs. The study also

revealed that women with disabilities in rural areas may face stigma and discrimination due to their disability as well as gender. However the receipt of remittances has provided source of recognition and respect from their neighbors as well as community members as it demonstrate that they have family members who care for them despite their disabilities. The receipt of remittances has helped the female with disabilities to encounter negative perceptions and enhance this women heads with disabilities' overall wellbeing. The respondent stated that;

“I survive through remittances from my daughter as well as agriculture. I am greatly honored to have a child who sends me money and being seen on the queue at Mukuru is my greatest pleasure. Before my daughter went to South Africa, I was being down trodden by many people in my village but when I started receiving money from her, the gossip was all over the village. This was because my child had never seated for ordinary level examinations due to shortage of funds for form four registrations but she had potential to pass the examinations. So the neighbors were not expecting that she would resort to go to South Africa but rather to engage in sex work like other young aged girls who became wild. I wish she could sit for form four so that she gets a formal or better job with a better salary so that the money she sends me will increase.” (Jane)

Remittances play a vital role in the livelihoods of female household heads with disabilities in rural areas, as discussed in both Chapters two and four. Research has shown that remittances from family members or spouses working elsewhere are often a primary source of income for these women, enabling them to meet their basic needs and invest in their households (World Bank,

2020). However, as noted by Grech (2019) remittances can also perpetuate dependency and reinforce gender and disability stereotypes, rather than promoting empowerment and autonomy.

4.5.7 TEACHING

The study showed that other female heads with disabilities have accessed formal employment. The researcher found that teaching is a survival strategy that is used by female heads with disabilities. The respondent revealed that they teach English at Murewa High school. The respondent has identified that their disability has come when she was a grown up person where she was involved in a car accident and later on became blind. Therefore she has shown an appreciation to the government that they did not retrenched them but rather empower those living with disabilities. The results showed that the rural homestead that the respondent lived was built through teaching and she was able to keep her children after separation with a husband from primary level up to tertiary education. The respondent stated that they were able to take some loans when things get tough so that they cover the gaps that require money urgently.

“I survive through teaching where the salary is sustaining my family. I stay with my three children and a grandchild and I am able to take care of them all despite the absence of a male figure. I also have an advantage that I use my professional medical aid card to access healthcare services and I also have access to funeral policy which will be easier for me to when I or my family member dies” (Rudo)

The above survival strategy is also supported by Singal, Mahama Salifu, Idrissu, Casely-hayford & Lundebye (2015) as women with disabilities access formal or reported work to a lesser extent and the larger part is involved in informal and unreported work. Therefore in limited equal access

to education is hindering this group of people to have formal work since employment is based on educational standards.

4.6 INTERVENTIONS

The government of Zimbabwe had not done much to help female household heads with disabilities in rural areas of Rimbi and Ruze. During the interview session where the respondents were being asked about any support from the government, they showed that they were getting very limited support. Study results highlighted that female heads are provided with interventions on social protection on education through BEAM, Food Deficit Mitigation Strategy (FDMS), AMTO and Covid 19 allowances. All the interventions were shown that they were not developmental and sustainable as they only worked for a very short period of time.

There respondents showed that they were supported in education through BEAM to a very lesser extent since those children who were nominated and covered by BEAM were not able to attend secondary education with that same program. There are only two out of all dependents who accessed the program. The following statements showed how BEAM helped the female heads in Rimbi and Ruze village;

“ my child was nominated in BEAM in 2022 when he was in grade seven, after that we wanted that same program to take him to secondary education due to lack of funds and we were told that the program changes the beneficiaries every year to give chance to others who might have been vulnerable during the course of the year. Therefore we are now struggling to get school fees” (Ruth)

The NGO which is called CARITAS has introduced a gardening project which is there to help vulnerable household. Thus when the female household heads with disabilities got advantage to

access it due to their vulnerability. Results showed that the project helped them since it provided them with seeds, fertilizers as well as water deposits which make work easier for them. They share the produce after harvest and every single beneficiary will do what she feels with the produce. This was shown to be a developmental project with was initiated but a lot of beneficiaries were involved in a small space, so the yields will be very small as per individual due to the ratio of people versus the space that was used for gardening.

“We might have 10 bundles of vegetables per person which goes for fifty cents and a bucket of tomatoes per person which goes for ten five to ten dollars depending on the demand. These products are not found on a daily basis but rather after every two weeks. Therefore we cannot take it as a source of reliance but it helps to get money for grinding meal and to buy salt.”(Tana)

The above sentiments showed that there is need to engage in developmental programs that would help female household heads in Rimbi and Ruze village to have sustainable livelihoods.

4.7.0 SUGGESTIONS FROM FEMALE HOUSEHOLD HEADS WITH DISABILITIES

4.7.1 GENDER SPECIFIC INTERVENTIONS

It is recommended that the government implement gender- specific support programs that are tailored to the needs of the female household heads with disabilities as they would be able to address their unique needs to provide targeted assistance and solutions. It is recommended that the government of Zimbabwe enhances the poor female heads or informally employed to access loans so that they enhance their lives and engage in home projects that they sustain them financially.

4.7.2 ACCESSIBLE INFRASTRUCTURE TO PERSONS WITH DISABILITIES

It is recommended that the government ensure that female heads with disabilities have necessary infrastructure such as accessible healthcare facilities, educational institutions that are cheap and affordable for persons with disabilities with inclusive education in rural areas. This will help this vulnerable group to access forms of their survival in an easy way.

4.7.3 EMPOWERMENT PROGRAMS

It is recommended that the government engage in local communities and promote the inclusion and empowerment of female with disabilities. Community based initiatives aimed at raising participation of women with disabilities in community decision making process.

4.7.4 SOCIAL PROTECTION

It is recommended that female heads with disabilities as households heads should be the first priority to social protection. They are claimed to be the persons who are suffering a multiple tragedy due to their disability, headship as well as their gender.

4.8 CHAPTER CONCLUSION

The research finding stressed much on the main areas of objectives among people in Rimbi and Ruze village. The areas include the challenges which female household heads with disabilities face, survival strategies that they employ in rural areas as well as the interventions that are at hand together with those that may be beneficial if implemented. It was noted that the female heads triple role accompanied with the country's situation strain them and it becomes hard for them to be effective household heads. Information found from the research conducted showed that female household heads in Rimbi and Ruze village mostly survive through vending and agriculture. These female heads with disabilities face various socio-economic challenges in practicing those survival

strategies. It is also noted that the households engaged in household survival strategies with the aid of their dependents due to their disability stance which will not allow them to do all the tasks by their selves.

Patriarchy and the accession that gender inequality is a social construct was revealed from the challenges which female heads with disabilities were facing which included, lack of land ownership as women were not prioritized to be given land and those who owned land would have bought a piece rather than to be inherited like what was being done to men. Also adding on, the multiple burdens which female heads with disabilities faced through caring for the children as well as taking care of their husbands who do not go to work showed that women in patriarchal society are looked down upon. Despite all the patriarchal and gender inequality factors, women heads with disabilities try their best to earn for a living even though they engage in some socially unacceptable activities such as sex work.

CHAPTER 5

5.0 INTRODUCTION

This chapter gives a summary on findings of the research conducted on the survival strategies among female household heads with disabilities in Rimbi and Ruze village. It also gives conclusions and recommendations based on the analyzed data. The recommendations seek to address the concerns raised in chapter four.

5.1 SUMMARY

The research study on the survival strategies among female household heads with disabilities in Rimbi and Ruze village constituted of five chapters. The first chapter was based on introductions where there was background of the topic under study, problem statement, aim of the research which was to find out the survival strategies of female household heads with disabilities in rural setting of Rimbi and Ruze village in Murewa, as well as objectives of the study at hand which included to explore the challenges faced by female household heads with disabilities in Rimbi and Ruze villages, Murewa district, to identify the survival strategies of female household heads living with disabilities in Rimbi and Ruze village, Murewa district and to identify the opportunities and barriers in accessing formal support system to female household heads with disabilities in Rimbi and Ruze village. Chapter two consisted of the literature reviewed by other authors who are related to the study objectives and the social constructionist theory was used. Chapter three was the method used to conduct a research study. The qualitative research paradigm was used by the researcher. Focused group discussions and in-depths interviews were used among ten female heads with disabilities to find comprehensive data on the survival strategies employed by female heads with disabilities in the mentioned villages. The method in which data collected was going to be analyzed was also revealed in chapter three. The fourth chapter on the research study was

presentation of research findings as well as analyzing them using the methods mentioned in chapter three. Findings have shown that vending was the main survival strategy among female heads with disabilities in these two villages, followed by farming as well as quarrying. The final chapter gives the conclusion of the research findings as well as recommendations that are basically drawn from the findings of the research study.

5.2 CONCLUSIONS

The research investigated on the survival strategies of female household heads with disabilities in Rimbi and Ruze villages in Murewa District and the aim was accomplished. The researcher sourced data from different respondents on the survival based on the research objectives using the qualitative research paradigm. The findings revealed different angles of survival of female heads with disabilities in these villages. Their survival strategies included farming, vending and paid labor among others. However in trying to fight for their survival they have been noted to face some challenges that were coming from stigma and discrimination, shortage of resources as well as limited access to other important services that would open doors for better survival as female heads with disabilities.

The survival strategies employed by female heads with disabilities in Rimbi and Ruze villages were often characterized by high levels of physical and emotional labor. The strategies employed require much physical and emotional effort as they may result in mental health challenges such as depression, physical exhaustion and injury, reduced physical health status which will result in burdening the already burdened persons.

The findings revealed that the survival strategies employed by female heads with disabilities perpetuate the vulnerability and marginalization. They reinforce poverty as the strategies have low earnings and have limited social protection; they also perpetuate gender based violence as women who engage in sex work would be more vulnerable to sexual exploitation, limit access to education as survival strategies may turn resources and attention away from education and healthcare, causing disparities. Therefore poverty will remain and passed from generation to generation.

Survival strategies of female household heads with disabilities highlighted their resilience as they tried to stab patriarchy. Despites the odds and challenges they face in their communities, they make decisions to ensure their survival. They challenged the narratives that reveal them as people who are passive, idol and helplessness persons.

5.4 RECOMMENDATIONS

- The government of Zimbabwe should provide programs that will focus on the marginalised groups which is female heads with disabilities to expand their business for accessible and sustainable livelihoods strategies.
- Community Based Rehabilitation (CBR). The social workers should help facilitate the programs that provide physical therapy as well as assistive devices to female with disabilities. The social workers should also work with the government as it plays a crucial role in supporting financially those programs. These programs will help to strengthen their economic and social resilience.
- Community leaders and stakeholders should promote participation and engagement. The female heads with disabilities in rural households should be encouraged to participate and being leaders in communities in decision making process and initiatives that are meant for

all angles of sustainable development so that no one should not be left behind as per vision 2030.

- Disability inclusive social protection. The government or any other NGOs to provide services that specifically target female heads with disabilities in Rimbi and Ruze area. For instance the Ministry of Public Service Labor and Social Welfare Department of Social Development should prioritize female household heads with disabilities when disseminating social services and that group should not be left behind.
- Improving agricultural services to female heads with disabilities. The government should provide inputs and agricultural loans that are accessible to non formally employed female heads with disabilities so that they can have sustainable livelihoods strategies.
- The government should provide the framework that does not encompass every woman with disabilities but rather look at the female household heads with disabilities who face multiple tragedy.
- The government of Zimbabwe, NGOs and other local organizations are recommended to support and expand the already existing programs in rural areas so that they cover a huge ground of vulnerable people especially families headed by female with disabilities. For instance Caritas which implemented agricultural project should expand so that many females with disabilities benefit from that project.

AREAS FOR FUTURE STUDY

Disability-inclusive Rural Development. Developing and evaluating disability-inclusive approaches to rural development, ensuring that programs and initiatives address the needs and priorities of female household with disabilities using the mixed methods to come up with

information which is comprehensive. The research should also give focus in Murewa District as a whole so that it will help more female heads with disabilities in rural setting.

CHAPTER SUMMARY

The chapter highlighted the summary of the research, conclusions drawn as well as recommendations. Recommendations were basically pointed to the government and social workers and non governmental organizations and were aimed at improving the survival strategies of female household heads with disabilities survival strategies in rural areas.

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APPENDICES

APPENDIX 1: INDEPTH INTERVIEW GUIDE

DEMOGRAPHIC INFORMATION

Age

Race

Level of education

Marital Status

Number of dependents

What is the highest level of your education?

Are you employed?

UNDERSTANDING THE EXPERIENCES, CHALLENGES AND SURVIVAL STRATEGIES OF FEMALE HEADS WITH DISABILITIES

1. What are the challenges you face as a female head with disability providing for the family?
2. What are the causes of your situation, how did you get to this state?
3. What are the strategies you employ to survive?
4. Has there been anything in your village to assist female households with disabilities?
5. Do you have anyone who is giving you support?

APPENDIX 2: FOCUSED GROUP DISCUSSION GUIDE

Objective1: To explore the challenges faced by female household heads with disabilities in Ruze and Rimbi Village.

1. What problems do you face as women household heads with disabilities?
2. What needs to be done to make your livelihood sustainable?
3. What societal challenges do you face in accessing basic services?
4. What support do you need?

Objective 2: To identify the survival strategies of female household heads with disabilities in Rimbi and Ruze village

1. How female household heads with disabilities are generally living?
2. What activities do you engage in for survival?
- 3 how sustainable are the survival strategies you engage in?

Objective 3: Are women household heads with disabilities getting any formal assistance?

1. Are you a member of any cooperative or any developmental program?
2. Do the government provide with any support. If yes how?
3. What do you suggest to be done by the government, NGO, or donors to improve your life?

APPENDIX 3: CONSENT FORM

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



INTERVIEW CONSENT FORM

My name is Regina Mapfumo a student a Bindura University of Science Education, Faculty of Social science and Humanities. I am conducting a research on the survival strategies of female household heads with disabilities in rural areas, case study of Rimbi and Ruze village, Murewa District.

I am kindly asking you to participate in this study. Any information from you will be confidential and your names will also remain anonymous. Your information shall be used only for academic purposes

Answering questions from this study may be difficult to you and sometimes stressful, apologies for any inconvenience. Your cooperation in this participation is greatly appreciated and I thank you for your truthful and honest replies to the questions and making the research more authentic.

If you have any questions you contact me on the following details

Phone 0771 032136

Email regimapfumo@gmail.com

Researcher signature..... Date.....

I..... have read through the content of this form and I will voluntarily participate in this study.

Participant signature.....Date.....

With Regards

Regina Mapfumo

APPENDIX 4: APPROVAL LETTER FOR DATA COLLECTION.

