



## Exploring experiences of women with disabilities living in inclusive communities of Mutorashanga, Mashonaland West Province in Zimbabwe

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The purpose of this study was to explore the experiences of women with disabilities living in an inclusive community setting in Mutorashanga, Mashonaland West province in Zimbabwe. An inclusive community setting is one that aims to remove exclusionary practices within the community system and promote community systems that accept all people irrespective of their difference. Inclusive community practices on its own is not uniquely designed for people with disabilities, but they have been adopted by most developing countries as a basic strategy to influence and enhance social acceptance and personal growth among people with disabilities. A constructivist lived experience perspective underpinned this research, in which multiple case studies were used to interact with the participants on inclusion and their experience living in an inclusive community setting. Ten participants (all women) were purposively sampled. Data were collected through face-to-face interviews and transcribed verbatim. Four themes emerged from the inductive thematic analysis of data sources. It was found that participants were exposed to negative attitudes from their families and communities. The participants also indicated that they were facing serious disability related challenges and were living in abject poverty and lacked useful education. The findings of this study have the potential for the inclusive communities' policy makers and researchers to better understand experiences of women with disabilities living in an inclusive community setting.

**Keywords:** Women with disabilities, Inclusive communities, experiences, attitudes, poverty, education

### Introduction

This study explored experiences of women with disabilities in living in inclusive communities of Mutorashanga, Mashonaland West Province in Zimbabwe. Inclusive communities are communities that put never-ending strategies to effectively address diversity in its communities<sup>[1]</sup>. They facilitate the inclusion of people with and without disabilities, rather than expect individuals to fit into the existing arrangements<sup>[2]</sup>. Inclusive communities are not about the vulnerable members of the community but constitute a framework through which all community development can take place<sup>[3]</sup>. Inclusive communities recognise that all community members, not only those who are vulnerable to marginalisation, require communities that are responsive to all aspects of community diversity<sup>[4]</sup>. The core value of an inclusive community is acknowledging that people are different and that diversity should be valued<sup>[4, 5, 6, 7]</sup>. An inclusive community engages in both sustained and sustainable strategies that are designed to address the needs of its diverse people. It is a lifelong process as it is not possible to respond to the needs of all community members at the same time, and because individuals' needs continuously evolve and change as life progresses.

Inclusive communities are concerned with the identification and removal of barriers to community adjustment,

development and participation<sup>[8]</sup>. Inclusive communities have the potential to serve as the context for the creation of sustainable and free support systems and a means of communication adapted to meet the diverse needs of community members. Inclusion in community is about the presence, participation and achievement of all community members. Presence implies location, that is, where the individual is, and participation is concerned with the quality of his/her experience<sup>[8]</sup>. Although inclusive communities are not uniquely designed for vulnerable populations, they have been adopted by most communities as a basic strategy to influence and enhance the psychological wellbeing of their people with disabilities.

The next section contains a brief overview of adolescents with physical disabilities, the types, examples and signs of physical disability, followed by an introduction of the concept of psychological wellbeing.

### Disability inclusivity in developing country settings.

The general quality of life for people with disabilities in developing countries has shown some improvement over the last decade. This has been largely due to the involvement of these individuals with disabilities in various inclusive community strategies<sup>[8]</sup>. The adoption of inclusive community practices by many developing



countries has directly influenced the movement of most people with disabilities from disability group homes to living in more inclusive communities [9, 10, 11, 12]. Those who remained behind in group homes are catered for by special institutions and residential rehabilitation hospitals that are scattered in many developing countries [13], as inclusion has its own limits [14]. Other persons with physical disabilities are kept indoors by their parents for various reasons, including attitude-related reasons [15]. An example of an attitude-related reason would be when family members consider their children with disabilities as incapable of socialising with others [16, 17].

People with disabilities tend to be less well accepted by the majority of people in some societies [18]. The rejection of minority status groups is described in terms of stigmatisation [18]. Many people who share mainstream cultural values stigmatise persons with disabilities; making statements about attributes of people with disabilities that are deeply discrediting. They consider people with disabilities as less than fully human [19]. These attributes could be visible disability, skin colour, race or geographical cultural value. However, the more visible the attribute like a physical disability, the more stigma it attracts for the beholder, and the greater disruption it can cause to social relations, or personal relations with others [20].

Inclusive communities are concerned with the identification and removal of barriers to community adjustment, development and participation [21]. Inclusive communities have the potential to serve as the context for the creation of sustainable and free support systems and a means of communication adapted to meet the diverse needs of community members. Inclusion in community is about the presence, participation and achievement of all community members. Presence implies location, that is, where the individual is, and participation is concerned with the quality of his/her experience [22]. Although inclusive communities are not uniquely designed for vulnerable populations, they have been adopted by most communities as a basic strategy to influence and enhance the psychological wellbeing of their people with disabilities.

### **The Zimbabwe Situation**

The Zimbabwean government adopted the policy of an inclusive community in 1997 as a measure to enhance the wellbeing of its people with disabilities [21, 22, 23, 24]. However, its implementation has been wrought with several challenges, some of which include the incompatibility of the programme with consumer cultures, and continued negative attitudes of community members without disabilities towards those with disabilities [25, 26]. The inclusive communities' programmes that are being implemented in Zimbabwe and in other developing countries support Western perspectives on disability. Western perspectives on disability generally differ from African perspectives as the latter are based on local cultures [2, 28] and they operate from the broader attitudes of society [29]. African societies as a rule view disability as a product of sin or a curse, and efforts to address challenges emanating from such causes must therefore be directed at the

family and not the community level [30, 31]. This view is however not peculiar only to African cultures. It is also found in a wide range of religions, including those rooted in Western societies. For example, from a Christian perspective the Bible makes numerous references to diseases and disabilities as punishment from God for immoral acts, and efforts to address these challenges include repenting and having faith in God [31].

Zimbabwe currently has no legislation for inclusive communities [32, 33]. The operation of inclusive communities in the country is governed by policies instead of laws. Zimbabwean inclusive policies are captured in the form of circulars that give guidance in inclusive communities in Zimbabwe and are designed at department level. An example of such a policy is the Director Circular No 3 of 2001, which contains guidelines on providing equal access to education for learners with disabilities [32, 34, 35]. Laws on inclusive communities' services are necessary for the funding and accountability of these programmes [2, 34]. In the absence of any mandatory order stipulating the services to be provided, there can be no meaningful inclusive community services for adolescents with physical disabilities in Zimbabwe. The absence of inclusive community laws in Zimbabwe demonstrates that the country is not yet ready for the costs related to inclusive practices [32, 35]. In fact, according to Choruma (2006) and Mpofu (2003), the country delegated the costs related to caring for people with physical disabilities to already poor communities. Inadequate policies on the funding of inclusive community activities are evidenced in the country's constitution. For example, Section 83 of the Zimbabwean Constitution, which deals with the Rights of Persons with Disabilities, limits the provision of services and resources by the state to people with disabilities [32, 35].

### **Disability and gender**

The word gender is usually understood in development circles to refer to the social construction of attributes, roles, obligations, activities and responsibilities given to men and women within any society [33, 36]. These norms create disparities between men and women, disparities that are largely skewed against women. This is the same for people living with disabilities. However, the issue of disability worsens their position as men and women in society with respect to various institutions (which include the socialisation process, decision-making roles, marriage and politics) [34].

The understanding of the word gender by the majority of people with disabilities emphasized equal access and opportunities for men and women. Others viewed it as giving more ruling powers to men than women, while others saw it as providing more power to women than to men. At the family level, experiences between boys and girls vary. Boys with disabilities in most African communities are valued more than girls with disabilities within family settings. Boys are sent to school and girls are denied access to education, as they are considered to

be useless people. Thus, the girl child is exposed to poverty at a tender age and when the boy grows up his status is better than that of the girl. The failure to attend school also impacts on the girl's long-term health and survival. Girls with disabilities are mostly allowed to do menial household chores only, thereby not equipping them with adequate life skills [35, 36]. This can affect a woman with disability's relationship with in-laws in the event of being married, especially to a man without disability. Her acceptance into the family will be difficult, as she is not able to do the household chores expected from daughter-in-law.

Children with mental health problems are prone to abuse in most developing communities. Men sleep with girls with disabilities with the belief that they can get rid of various chronic diseases such as HIV/AIDS by doing so. Girls find themselves abused, impregnated and dumped. This exposes them to psychological and physical trauma (where violence is involved), which is made even worse by the increased risk of contracting HIV and unwanted pregnancy at a very tender age. According to the AIDS and Rights Alliance for Southern Africa [36], gender violence is often not punished in most developing communities and does not reach the police or the media. This situation is reinforced by the general perception and acceptance of women's subordinate status. Women and girls with disabilities are more at risk of being taken advantage of because of their condition and their lack of information about their rights.

Women with disabilities both in developed and developing communities face more difficulties in the marriage institution than men [37]. 'Men with disabilities who are financially secure are more likely to get married, and more so to women without disabilities. It is considered less problematic to be with a partner without disabilities if one is having a disability. Women with disabilities are usually not able to get married to a person without disabilities because of the societal gender roles and expectations related to reproduction and production. Women with mental health problems or learning disabilities are less likely to marry or be married due to the belief that they will genetically pass on the disability to the offspring. Giving birth to a child with a disability in most African communities is blamed on the woman, and can be grounds for divorce. Generally, women with disabilities face the burden of being disabled single mothers to disabled children, and as such attain a low status in society.

Women with disabilities are also disempowered in most developing countries communities by both their gender and their disability in terms of their ability to influence decisions that affect them. Women with disabilities are conspicuous by their absence from decision-making and influential positions. This lack of opportunity to be involved in such positions places people with disabilities – and particularly women – at the receiving end, as they are unable to champion their issues in order to bring change to their situations.

### **Goal of the study**

The purpose of the study was to explore the experience of women with disabilities living in inclusive community settings in Mutorashanga communities. The study specifically

aimed to facilitate accessing marginalised experiences and voices of women with disabilities experiences

### **Method**

#### **Research design**

This study was guided by a constructivist perspective [3, 4, 31, 35, 46] and guided by the principles of thematic analysis [35, 36]. Given that the aim of the study was to explore the experience of women with disabilities living in inclusive community settings in Mutorashanga communities, a phenomenological research approach in which women with disabilities experiences and voices are foreground in both design and analysis was appropriate.

#### **Sampling and sampling techniques**

The purposively selected sample for this study comprised ten women with disabilities. The sample enabled the researchers to collect adequate (rich) data for the study [35, 36]. To be included in this study the participant must have been staying in inclusive communities setting continuously for a period of not less than five years.

#### **Data collection**

Consistent with the constructivist research perspective adopted in this study, open-ended interviews [36, 37] were used to collect data. Participants responded to one-on-one interview questions based on a prepared interview schedule on how women with disabilities construct their wellbeing experiences in inclusive communities. The interviews were recorded using a mobile phone, with each interview lasting between 60 and 90 minutes. The notes and audio-tape recordings were used for the purpose of this study only and was not made available to any other person or to organisations not involved in this study. The interviews were conducted, transcribed and analysed by the author.

#### **Ethical considerations**

Ethical principles of informed consent and voluntary participation, protection from harm, confidentiality and privacy, were adhered to throughout the research process and of data collection and analysis.

The researcher gave the study's participants all relevant information about the risks or harm that could arise if they participate in the research [37]. However, the study minimised risks and enhanced potential benefits to the greatest extent possible [38]. The researcher also gave participants options to pull out of the study at any point, should they wish to without any penalties [39].

The study also ensured that respondents were not exposed to any undue physical harm or psychological harm. The researcher provided pre and post interview counselling to our study participants to cushion the respondents against possible negative effects of taking part in this study [40].

The researcher also protected identities of the study participants by using pseudonyms throughout the study and not having their names or location in the study [41]. The study also kept private participant's information and responses shared during the study by anonymously presenting them in the study's results [42]. The researcher deleted recorded interviews from the mobile phone to

ensure that people who had access to the phone could not listen to them.

#### **Data analysis strategies**

Data were analysed following the thematic content analysis approach proposed by Grbich (2004): becoming familiar with the data; transcribing of the interviews; creating codes linked to research questions by identifying key words and sentences; grouping codes into themes and the last stage involved reviewing themes, labelling them and selecting appropriate quotes to represent the themes. To enhance the dependability of our study the study allowed peer debriefing in this study in order to see agreement in data labels and the logical paths taken to arrive at those labels. In addition, the study also ensured confirmability of the findings by making an audit trail to our study and authors reflexivity. The research also provided thick description throughout the study to check for the transferability of our study.

#### **Rigour of the study**

To ensure rigour of this study the researcher checked for credibility, dependability, confirmability and transferability<sup>[41]</sup>. To enhance the credibility of the study prolonged engagement of the participants through engaging them in interviews that lasted more than one hour<sup>[1, 42, 35]</sup>. The study also triangulated the seven interviews held to produce a more comprehensive view of the phenomenon being studied<sup>[35, 36]</sup>. The study also conducted peer debriefing in this study in order to see agreement in data labels and the logical paths taken to arrive at those labels. The researcher also conducted member checking in this study. Participants were allowed to read their transcription of their interviews to ensure that these have been accurately recorded and are therefore credible<sup>[36, 37]</sup>.

#### **Findings and Discussion**

The findings of this study are divided into four main sections (1) Attitudes towards women with disabilities from community and families e, (2) Effects of disability on women with disabilities, (3) Poverty and women with disabilities and (4) Education and women with disabilities.

#### **Attitudes towards women with disabilities from community and families**

Findings of this study on the attitudes challenges faced by women with disabilities are presented under two sub-themes that emerged from this study. The sub-themes that emerged are community and family.

##### **Community**

Most of the participants in this study revealed that the community posed the greatest attitude related challenges faced by women with disabilities. They indicated that their communities were neglecting and discriminating them. The verbatim narrations of the participants on attitudes related challenges faced by women with disabilities in the context of the community are presented in the following below

. One participant, Jane (38, Physical disability) said, *"The community has negative attitudes towards me and my family. I cannot participate freely at church and community gatherings. I have failed to get a job too"*. Another participant, Chiedza (35, Hearing Impairment) also said, *"My contribution at church and women's clubs are not valued and*

*considered by my colleagues because of disability"*. Chipo (40, Stroke) also added:

*"I have been bed ridden for 15 years. It seems friends, relatives and society as a whole has forgotten me. Most programmes that carried in the community I am always forgotten. No one visits me and my family"*.

Priscilla (37, Physical Disability) said,

*"People do not want to be led by people with disabilities especially women with disabilities. They do not value us or our contribution to community activities. I tried to be the chair of our cooperative society but people refused because of my disability. The community is less supportive of us women with disabilities"*.

Susan (24, Visually Impaired) also: *"People shun associating with me. I do not have a friend or people to share my plight with. I am lonely in my world with my disability"*. Another participant Tsitsi (20, Physical Disability) said, *"I am excluded from some activities and trips at college because of my wheelchair. In addition, some places are not accessible with my wheelchair"*.

Chiedza (35, Visually Impaired) added,

*"I am being overlooked for promotion and special responsibility at work. Colleagues with lesser qualifications and experience are being promoted all around me. The community seems not prepared to give more responsibilities to women with disabilities"*.

##### **Family**

The participants in this study further revealed that there were attitudes related challenges in the context of the family. The participants' verbatim narrations are captured below. Agnes (35, Physical Disability) said,

*"I have been unlucky in marriage. I got married at 20 but my husband was abusive because my in-laws had negative attitudes towards me. My in-laws were not happy that their son had married someone with a disability"*.

Another participant, Gladys (27, Visually Impaired) said, *"I cannot get a husband to marry me because of my disability. I am all alone in my world"*. Kundai (40, Hearing Impairment) revealed, *"I am ignored by my family and I have no one to talk to and share my problems"*.

The verbatim narrations above indicated that the participants were receiving negative attitudes from their families and communities. They indicated that they were facing rejection from the significant others in their communities. They felt they were not treated being treated fairly like other women without disabilities in their communities. One of the major aim of inclusion is to facilitate social acceptance of all community members in their communities.

##### **Effects of disability on women with disabilities**

Findings of this study on the effects of disability on women with disabilities are presented under a number of sub-themes that emerged from this study. The sub-themes that emerged are exclusion, mobility, unemployment and marriage.

### **Exclusion**

Four of the participants in this study revealed that their disability had the effect of exclusion by society. Priscilla (37, Physical Disability) said, *"I am not accepted as a capable and productive house wife and community member. I am often excluded in most activities"*. Chiedza (35, Hearing Impairment) added, *"I cannot fully explain myself because people do not have advanced sign language skills. I am excluded because of the language barrier"*. Another participant Tsitsi (20, Physical Disability) said, *"I cannot fully participate in all activities due to my disability. Exclusion due to my disability is very high"*.

Kudzayi (35, Visually Impaired) said, *"Visually impairment poses a challenges in society and at work. I have a degree but there are times that people seem to forget that due to my disability. I am often excluded due to my disability"*.

### **Mobility**

Other three participants in this study revealed that their disabilities have the effect of affecting their mobility. Gladys (27, Visually Impaired) said, *"My disability makes it difficult for me to interact with others. I cannot visit colleagues and relatives"*. Jane (38, Physical Disability) said, *"My disability limits my movement. I cannot visit friends and relatives. I also cannot go to the Social Welfare meetings or BEAM. Accessing health facilities and public offices is a great challenge"*. Another participant Chipso (40, bed ridden) said, *"My children do all household chores for me. I cannot leave our house, my only movement is being carried to the bath and toilet"*.

### **Abuse**

Three participants in this study revealed that due to their disabilities they were victims of various forms of abuse. Kundai (40, hearing impairment) said, *"Drunkards verbally abused me several times. I cannot call for help due to my disability"*. Susan (24, visually impaired) narrated, *"Due to my blindness I do not have a suitor. Men in my community are not prepared to marry me. I have been a victim of abuse as men take advantage of my disability. I cannot get a job due to fear of being abused by men due to the ordeal that I have survived"*.

Agnes (35, Physical Disability) said, *"I was divorced because of my disability. Even during the marriage, I was abused and taken advantage of due to my disability. I was depressed and started taking alcohol but ended up being sexual abused"*.

The verbatim above indicated that most participants believed that their disabilities were causing some limitations in various ways. They felt that disability was giving them restrictions in as far as socialisation is concerned. They felt that other community members shunned them solely because of their condition. They also felt that their condition was giving them restrictions in mobility. They were not able to explore their communities like other women without disabilities. They also suggested that they were targets of abuse from other community members including their immediate significant others.

### **Poverty and women with disabilities**

Most of the participants in this study revealed that poverty affected women with disabilities in Mutorashanga to a greater

extent. One participant, Priscilla (37, Physical Disability) said, *"The economy has adversely affected us as women with disabilities. We are poor due to disability"*. Chipso (40, Stroke) narrated, *"My husband works in Kariba but comes back home after about three months. Due to my disability we are poor. My husband barely manages to feed our four children"*.t Jane (38, female, physical disability) also said, *"I think the reason why I am poor and struggling in my life is due to my disability. My disability makes me the poorest in my community"*. Tsitsi (20, Physical Disability) said, *"People with disabilities are generally poor. Women with disabilities are worsen off in abject poverty. I am working hard at college to improve my future"*. Susan (24, Visually Impaired) said, *"I depend largely on food and clothes handouts. My life is a struggle my sister"*. Another participant Agnes (35, Physical Disability) said, *"My family is struggling to send my children to school. I have three kids and only one is benefiting from BEAM. We are very poor"*.

### **Disability is not inability**

Three of the participants on poverty and women with disabilities revealed that their disability did not mean that they were also poor. Chiedza (35, Hearing Impairment) said, *"My disability is not my inability I work hard for my family. We are not poor because of the yields I am producing from our plot"*. Kudzai (35, Visually Impaired) said, *"I thank the church that paid for my education because I am living quite comfortably. I am managing to take care of myself because of my job"*. While another participant Kundai (40, Hearing Impaired) said, *"I stay with my parents with my two children. I am an only girl out of eight children. I use my hands to feed and clothe myself and my children"*. One participant revealed that she was not poor because of supportive parents. Gladys (27, Visually Impaired) said, *"My parents have been very supportive. I am still staying with them and they provide for me. They are both teachers"*.

The study participants also highlighted that because of their disabilities they were living in abject poverty. They were not employed some were employed before and demoted as a result of their condition. They were now not able to fend for themselves and provide fees for their children. Others felt that they had developed resilience and were living lives close to normal as they considered disability not to mean inability and others were actually getting some form of support from their significant others

### **Level of education of affects women with disabilities**

The theme on the impact of level of education on women with disabilities yielded divergent views from the participants. However, the common thread of data of their verbatim narrations reveal that women with disabilities with a higher level of education had better coping strategies to deal with challenges they faced due to their disabilities. One participant Kudzai (35, Visually Impaired) said, *"Education plays an important role in overcoming the challenges faced by women with disabilities. I am a good example of the benefit of*

education to women with disabilities". Tsitsi (20, Physical Disability) said, "Education is the only weapon available to address our challenges as women with disabilities". Chiedza (35, Hearing Impaired) said, "I believe with more education my life would have been better. I was denied the opportunity to go to secondary school". Another participant Agnes (35, Physical Disability) said, "I did not go to school or get any tertiary qualifications. Employers want people who are educated". Susan (24, Visually Impaired) said, "I went to school but I am yet to benefit from the 'O' Level I completed. I thought with my 'O' levels life will be better but it's a struggle". Jane (38, Physical Disability) said, "I did not complete my primary education because my family was against educating a child with disability. Due to lack of education I cannot get a job". Chipso (40, Stroke) said, "I have a typing certificate and I used to work but now that I am bed ridden I cannot go to work. My education is now worthless in my condition". Gladys (27, Visually Impaired) said, "I have benefited from my parents being teacher's son they sent me to a special school. I can read braille and I am hoping to enroll in a teachers' college and train as teacher soon". Priscilla (37, Physical Disability) also added, "I did not write my Grade 7 exams. My father opted to educate boys who did not have disabilities".

The verbatim above indicated that the participants recognise that education was the cornerstone for live for any person with or without disabilities. They indicated that most of them they got basic secondary education but it was not enough for them to be employed. Some of them just ended at primary school level because of various disability related problems

## Discussion Of Findings

### Attitudes challenges faced by women with disabilities

Results from this study indicated that women with disabilities in Mutorashanga communities were facing attitude related challenges in their communities and families as well. Members of the communities and their families were showing serious negative attitudes towards women with disabilities. This finding on the community and family posing attitude related challenges to women with disabilities is consistent with findings by other scholars. The problem of attitudes related challenges is also revealed by Bedini (2000) "They get less attention, less stimulation, less education, less medical care, less upbringing and sometimes less nourishment than other members of the society" Therefore, it can be argued that societal attitudinal problems faced by women with disabilities in Europe as revealed by Bedini (2000) are faced by women with disabilities in Mutorashanga. In addition, Mohapatra et al (2012) in a study in India revealed that women with disabilities faced attitudes related challenges in the context of the family as their views and contributions are not valued. Hence, the researcher argues that family context attitudes related challenges established in India are also evident in Mutorashanga<sup>[1]</sup>.

The issue of negative attitudes towards people with disabilities is reported by many scholars<sup>[34, 35, 20]</sup> as stemming from viewing disability from medical perspectives. This tragic and deficit view of physical disability from a medically

oriented community brings with it self-isolation, powerlessness, poverty and low social status, which subsequently lead to poor psychological wellbeing<sup>[40]</sup>. This view is also negatively reinforced by attitudes from most communities towards adolescents with physical disabilities that embrace differences rather than similarities<sup>[41]</sup>. The more visible the difference, the more discrediting an environment it creates in the eyes of the observer and the more disruptions it can cause to social acceptance<sup>[42]</sup>. This particular view allows for women with physical disabilities to be discriminated against and to be stigmatised<sup>[42, 43]</sup>. Community members who are exposed to women with disabilities tend to be more anxious, uncertain and uncomfortable in their interaction with them than with those without physical disabilities<sup>[44, 45]</sup>. This leads to the isolation of women with disabilities and causes poor self-acceptance among people with disabilities as they succumb to the negative effects of having a physical disability, such as their inability to cope with or adjust to perceived problems<sup>[45, 46]</sup>.

### Effects of disability on women with disabilities

The study further established that women with disabilities in Mutorashanga were affected by exclusion, mobility and abuse challenges due to their disabilities. Researches on the effects of disability on people living with disabilities indicates that they go through many problems as a direct result of disability itself. One of the notable findings is from Plummer and Findley (2011). Plummer and Findley (2011: 06) state, "Women with disabilities are at particularly high risk of abuse, both through typical forms of violence (physical, sexual, and emotional) and those that target one's disability." Therefore, the study by Plummer and Findley (2011) found out that Asian women with disabilities are facing the twin challenges of domestic violence and sexual abuse due to their disabilities. Simmons et al (200) also found out that women with disabilities also tend to experience emotional problems such as fear, disappointment and depression as a result of disability itself. Women with disabilities may experience a significant disruption of self-value. Similarly, people with acquired disabilities face challenges in aligning their personal values in ways that are relevant to community participation.

### Poverty and women with disabilities

The study results also indicated that women with disabilities in Mutorashanga were living in abject poverty. They are very poor and find it difficult to take care of themselves and send their children to school. This study's findings in relation to poverty among women with disabilities is consistent with findings by Mohapatra et al (2012) in India. In the study in India by Mohapatra et al (2012) it was noted that women with disabilities are generally disadvantaged economically due to their disabilities and thus tended to be poor and struggling<sup>[1]</sup>. It was further established by this study that women with disabilities hard to rely on donations and programmes like BEAM to pay fees for their children. Mohapatra et al

(2012) support the finding on the reliance of women with disabilities on donation in their study in Europe. Mohapatra et al (2012) reveal that women with disabilities require the state's intervention to send their children to school [13].

#### Level of education of affects women with disabilities

The study further established that women with disabilities in Mutorashanga had a low level of education. Most participants acknowledged that their lives would have been better if they had higher levels of education. Education for ALL, education has not really been for all children with disabilities. A SINTEF study conducted in 2003 (SINTEF,2003) indicated that 32 per cent of people with disabilities in Zimbabwe have had no schooling (36 per cent had some primary schooling, and 32 per cent had some education beyond primary level). A third of the interviewed reported that they did not go to school because family members considered them incapable of learning. This was particularly the case for females with disabilities. Lack of financial resources is another major reason for families not sending children with disabilities to school. It is a matter of fact that most people with disabilities come from very poor backgrounds. Challenges to access to education for most people with disabilities start right at the family level. People with disabilities are faced with negative attitudes from family members. These attitudes are mainly reflected in the view that sending children with disabilities to school is a 'waste of time'. They believe that people with disabilities are not able to learn. Parents and families have a tendency to prioritise household chores instead of education, in some cases related to all children, but in many cases when it comes to people with disabilities. There is also a tendency to keep girls with disabilities at home, thinking they are even less able to learn than boys.

#### Recommendations and Conclusions

Based on the complex nature of the interaction between aspects such as inclusion, women with disabilities experiences, and public policy, several recommendations can be made for populations with similar characteristics as the one covered by this study. This study recommends the need for further research on inclusion and women with disabilities. Discourse analysis that investigates the relationship between inclusion, life experiences of women with disabilities and public policy will help to improve the quality of life of women with disabilities living in inclusive community settings. The findings of such studies could guide the development of inclusive community policies that encourage community participation of non-dominant cultures such as people with disabilities in designing community activities to enhance their personal development.

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