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EXCLUSION OF CHILDREN WITH DISABILITIES IN COMMUNITY DEVELOPMENT IN BINGA RURAL COMMUNITIES, ZIMBABWE

MUTALE, Quegas

ABSTRACT

The purpose of the study was to assess the level of exclusion of children with disabilities (CWDs) in community development in Manjolo ward, Binga, Zimbabwe. A qualitative methodology was employed to collect and analyse data from 22 participants. Participants were 6 CWDs, 4 caregivers, 4 key informants, 5 focus group discussion (FGD) members of the Child Protection Committee (CPC) and 3 children without disabilities. Using the models of disability, the study found that CWDs in Binga faced physical environmental barriers, isolation and were hidden from the public and lacked access to special services. The society believed bearing a child with disability as a curse. The local support systems remained weak to support CWDs. lack of assistive devices, limited skills among service providers, lack of empowerment of CWDs, negative attitudes and perceptions and lack of policy implementation contributed to exclusion of CWDs. The study argues that it is hard to fight rural poverty as long CWDs continue to be excluded. This study recommends the empowerment of CWDs and their inclusion in community development to transform rural communities.

KEY TERMS: *children, disabilities, exclusion, community development*

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Author/s details: *Quegas Mutale, Humanitarian and Development Worker, Binga, Zimbabwe. Email: quegasmutale@gmail.com*

INTRODUCTION

How societies understand disability the treatment of People with Disabilities (PWDs). Children with disabilities are defined and judged by what they lack rather than what they have (UNICEF, 2013), and this has perpetuated their exclusion in community development. PWDs are difficult to account the world over due to exclusionary practices. Therefore, little is known about their participation in community development, and this reflects a gap in sustainable development endeavours. The purpose of the study was to assess the level of exclusion of CWDs in community development in Binga. Using qualitative methodology responses were obtained from participants, basing on the transformative worldview. Key informant interviews, focus group discussion, face to face interviews and observations were used to collect data. The study found that exclusion of CWDs dragged community development. The study recommends empowerment and inclusion of CWDs in community development to transform rural communities. The study provides background of the study; defines disability; discusses disability models and the methodology used; presents study findings, conclusions and recommendations.

BACKGROUND

UNICEF (2013) posits that there is little data that exists on CWDs, with existing evidence based on a smaller set of studies. In Zimbabwe and beyond there is legislation that was designed to promote inclusion of CWDs, for instance, through improving access to education. Generally, there is an unknown portion of CWDs creating some blind spots in community development initiatives. This is an indicator of the extent to which CWDs are excluded in different aspects of life. Manjolo ward in Binga has been a hub of CWDs who lacked empowerment and access to social services. Widespread exclusionary practices affect the daily lives of persons with disabilities in Binga (Munsaka, 2012). The vulnerability of CWDs lies behind their exclusion and invisibility as they are denied respect for their dignity, their individuality, and their right to life (UNICEF, 2013). Such evidence notes the exclusion practices perpetuated in the communities. CWDs are amongst the vulnerable groups of the population. Exclusionary practices upon CWDs in community development in rural areas have been overlooked by previous studies, with this study focusing on that.

Defining disability is very contextual and hence lending it a difficult term to bring a universal definition. According to the CRPD persons with disabilities are those who have 'long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.' (CRPD, Article 1). In other words, disability is defined as a restriction due to impairment that reduces the ability to perform an activity in the manner considered normal for a human being (Council of Europe, 2017). Whilst acknowledging the definitions expressed above, this study understood disability as referring to a handicap due to combination of impairment and restrictive environment. Disability is associated with negative perceptions resulting in exclusion (African Union, AU, 2016). Article 7 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD) provides that people with impairments need to enjoy their rights and have equal treatment like other children. The CRPD encourages transition from a model where persons with disabilities are treated as objects of medical treatment, charity and social protection to where they are recognized as subjects of human rights, active in the decisions that affect them and are empowered to claim their rights (UN, 2008). Despite the existence of the inclusion policies, there is a wide gap between the theory and practice. It is from such a background that this study sought to assess the conditions exposed to CWDs that manifest onto their exclusion in Binga. This study will unpack disability using different models.

A community is defined as diverse groups of people who live in a commonly understood location (Majee and Hoyt, 2011). Acknowledging the multiple definitions of community development, this study understands it as involvement of structural changes in the community, especially in how resources are used, and the functioning of institutions, and the distribution of resources (Green and Haines, 2012). It is therefore viewed from the point of developing and sustain the economic, social, political, environmental, human and cultural capitals of a community. Community development should include all the concerned members and meet their needs (Majee and Hoyt, 2011), including CWDs.

Models of disability

Disability can be understood from the perspectives of the medical, social, political and multi-dimensional models. The medical model of disability sees a perfect world as the one without disabilities. The most commonly held belief about this model of disablement is that it involves a defect, deficiency, dysfunctional, abnormality, failing or medical "problem" that is located within the individual (Smart, 2014: 10). It treats CWDs as objectifying, dehumanising, and polarising. The approach is based on the view that disability is caused by disease or trauma and its solution is intervention provided and controlled by medical professionals, through a medical cure since it believes the problem lies with the individual (Council of Europe, 2017). The implication of this model is that

CWDs may not be acceptable in the community for them to participate in development programmes because of their condition, impacting negatively on community development.

The social model understands disability as a social issue characterised by unequal opportunities for participation. The model acknowledges that obstacles to participation in society and its institutions reside in the environment rather than in the individual, and that such barriers can and must be prevented, reduced or eliminated (UNICEF, 2007). The social model seeks to promote positive attitudes by making sure that laws and policies support the exercise of full participation and non-discrimination (Council of Europe, 2017). The understanding of the social model is that the disadvantages suffered by PWDs are due to a complex form of institutional discrimination that is as deep-seated in societies (Council of Europe, 2017). This model rejects the idea that obstacles to the participation of CWDs arise primarily from their impairment and focuses instead on environmental barriers (UNICEF, 2007). In this study, the model helps explain the barriers faced by CWDs in Binga.

The political Model believes that in a perfect world, CWDs are accorded full civil rights and accommodations. The perspective understands disability as a human right issue. The work towards an International United Nations (UN) Convention on the rights of persons with disabilities emphasises this perspective. The model subjects that prejudice and discrimination are common practices among CWDs. Hence, Smart (2014) propels that the model solely has the power to mobilise PWDs into political coalitions. In this study, the political model is used to understand the human right side of the exclusion of CWDs in Binga.

Disability can also be observed from a multi-dimensional model which conceptualises disability through four dimensions: impairments, activity limitations and participation restrictions and environmental barriers and facilitators. In this model, no one single factor is used to define disability. The strength of the model lies in that it acknowledges all the other models in explaining disability. In this study the model helps understanding the various dimensions of disability.

The concept of exclusion

The issues of exclusion pin the development drivers in any society. Inclusion is not limited to inserting persons with disabilities into existing structures but rather transforming systems to be inclusive of everyone (UN, 2008: 14). Where barriers exist, inclusive communities transform the way they are organized to meet the needs of all children (UN, 2008: 14). The greatest barriers to inclusion of children with disabilities are stigma, prejudice, ignorance and lack of training and capacity building (UNICEF, 2013). In this view, disability has a social connotation as it is expressed as socially constructed as understood by the social model of disability. Inclusion is at times explicit, underpinned by relevant policy frameworks defined by resolutions, strategies, action plans and other national, regional and international instruments, and effectuated through development aid programs (Lord et al, 2010:31). The UNCRPD notes that "discrimination on the basis of disability" means any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. The inclusion of CWDs is a matter of social justice and an essential investment in the future of society (UNICEF, 2007: v). Failure to include CWDs in community development efforts is an indicator of exclusion that this study sought to investigate. Experience has learnt that those who usually have physical deformities are the ones termed as CWDs. This argument is in line with the multi-dimensional model of disability that does not point at one but rather a group of factors as leading to disability.

METHODOLOGY

The study took the transformative worldview stance in understanding exclusion of CWDs in community development. The transformative worldview fits well in studies involving PWDs (Creswell, 2014). Transformative research provides a voice for these participants, raising their consciousness or advancing an agenda for change to improve their lives (Creswell, 2014).The study employed the qualitative methodology because the feelings, perceptions and expressions of participants were more peculiar. Targeted participants were CWDs, their parents, Child Protection Committee (CPC) members and stakeholders in child protection. In this study, qualitative methodology was adopted basing on its flexibility and the complexity of understanding the extent of exclusion of CWDs in the community development.

A single FGD was conducted composing of 5 adult CPC members. Face to face interviews were conducted to 4 caregivers of CWDs, and 3 children without disabilities. In-depth interviews were administered to 6 CWDs. The interviewed children had physical deformities, and were selected for interviews because it was easy to communicate with the researcher compared to those with speech impairment. The researcher could probe to seek detail on issues raised by research participants. Key informant interviews were conducted to 4 key informants who were purposively sampled basing on the assumption to have knowledge on the level of exclusion of CWDs due to their extensive interaction with CWDs. Caregivers, CWDs, CPC members and children without disabilities

were reached through convenient sampling. The Key informant interview guides were emailed to the key informants and the responses were received via email.

The researcher conducted the FGD with the CPC members. Face to face interviews were conducted with caregivers of CWDs. In depth interviews were conducted to 6 CWDs who narrated the issues affecting them. Data presentation and analysis was based on themes and thematic analysis respectively. Children with speech impairment were reached solely to observe the conditions under which they lived.

The researcher observed ethical requirements such as seeking authority to conduct the study from Binga District Development Coordinator, obtaining informed consent from research participants, and ensuring anonymity of participants by coding responses. The study portrayed the CWDs with respect, avoiding discrimination. As for children, consent was sought from their caregivers before interviewing them. Children's right to privacy was upheld during the study.

FINDINGS AND DISCUSSION

Exclusion of CWDs in community development in Binga

Lack of assistive devices and specialised services

The study found that CWDs in Binga District lacked access to assistive devices and specialised services. The impairments that existed among children like hearing, visual and physical impairments required assistive devices. One caregiver alluded that "*NGOs tried to help CWDs with assistive devices but not all were assisted*". A participant from the Ministry of Health and Child Care (MoHCC) echoed that "*there are a lot of CWDs in this district but they do not have assistive devices"*. Lack of assistive devices has caused the physically impaired children to fail to access education among other social services due to long distances travelled to school and other service centres. However, the provision of technical aids, medical intervention and professional support are important ways of promoting empowerment and independence and are an integral part of the social model (UNICEF, 2007: 5). The technological assistive devices are essential to assist learners meet the physical, sensory and communication needs to enhance their participation and involvement (Mudyamahoto, 2016). Therefore, provision of assistive devices helps CWDs to participate in community development initiatives.

On the same note, the study revealed lack of special schools and rehabilitation services in Binga to assist CWDs. The situation has been worsened by the lack of human resources such as rehabilitation technicians and disability specialist teachers. As observed by the medical model, rehabilitation technicians do offer medical remedy to the impairments that children face by monitoring their conditions from the earliest stage of birth throughout their growth. The few available human resources have been overwhelmed by the need gap. It was found that in Binga there were few social workers to deal with the protection and safeguarding issues affecting CWDs. Therefore, the lack of needed human resources deepened the exclusion of impaired children and left them exposed and vulnerable and in no means to participate in issues affecting them.

The study revealed that service providers in Binga lacked skills to help CWDs. One parent issued that "*some impaired children are not able to read because they did not get a chance to go to school, we do not have proper teachers for that at school*". One FGD participant responded that "*CWDs do not read and write because at school they do not have teachers good for them*". The findings therefore indicate that despite the availability of services like education and health, the service providers faced a challenge on how, for example to teach children with various forms of disabilities. This brings to question on how the CLWDs can get assistance from service providers who do not understand the basics of, for example, sign language. The critical issue is not only the unavailability of services but also the lack of skills among service providers, deepening exclusion. Thus, Moore and Slee (2012: 236) argued that teachers are rarely offered disability studies in education to engage with oppressive epistemologies. Various studies conducted in Zimbabwe show that teachers have a challenge of limited knowledge and skills or expertise to properly implement inclusive education (Mudyahoto, 2016; and Kaputa and Charema, 2017). A study by Chireshe (2011: 159) confirms that not all teachers can handle special needs education in an inclusive class. As expressed by the social model, the environment in which the children with various impairments exclude them from accessing services and also participating in community development practices.

Lack of inclusive environment

Observations noted that there was lack of inclusive environment in schools. This was noted through lack of ramps and rails on school infrastructure, affecting children with physical defects especially those using wheel chairs. Annex schools had shades made from pole and dagga. Such infrastructure made the situation worse for children with impairments. This state of affairs repelled impaired children from attending school and hence not acquiring education, further deepening exclusion. UNICEF (2007: iv) confirms that environmental obstacles are found at

all levels of society. Lack of infrastructure is a setback for inclusion of CWDs (Chireshe, 2011). This is in line with the views of the social disability model which argues that obstacles to participation in community and its institutions reside in the environment. Such barriers need to be eliminated to reduce exclusion of CWDs. In Zimbabwe, inclusive education is a policy issue but with limited practice in schools. Social transformation in terms of practice of inclusive education and policy implementation may go a long way in reducing exclusionary practices upon CWDs in rural community development in Zimbabwe.

Lack of empowerment

Lack of empowerment for CWDs in Binga was caused by their absence in the public sphere, lack of proper database, and lack of access to education. It was noted with concern that CWDs were part of the CPC only on paper but in reality they were not participating. Their participation in child protection issues was shuttered by their failure to attend meetings and failure of service providers to reach them. One CWD responded that he had the strong zeal to do entrepreneurship but lacked proper support. Although the community had to somewhat learnt that disability does not mean inability, lack of resources to empower CWDs further shuttered involvement in community development. Chireshe (2011) argues that CWDs are usually ignored due to the examination oriented curriculum in schools. Mudyahoto (2016) calls for training of stakeholders. This may have ripple effect that can lead to empowerment of CWDs. As long CWDs remain un-empowered they will continue to be excluded from community development. The social model fulfils this idea of lack of empowerment as it is more of a social phenomenon that can be eliminated by change of attitudes and practices in the community.

Perceptions about CWDs

Discrimination, labelling, negative beliefs and perceptions about children with impairments occurred in Manjolo. CWDs appeared to be a nuisance in society. Disability was linked to result from the social ills like witchcraft, theft and curse from the gods. Such practices created a source of the handicap for the impaired children. Countries like Nigeria provided public education and information to overcome false beliefs about the causes of disability (Eskay et al., 2012). The perceived causes are curse from God, ancestral violations of societal norms, offenses against the gods of the land, breaking laws and family sins, misfortune, witches and wizards, and adultery (Eskay *et al*, 2012). One CWD coined that "*people focus on our disability and never on our ability*". Another one echoed that "*other parents do not allow their children to play with me thinking that I will defile them*". Such kind of behaviour has extended to the public sphere where CWDs were not acceptable. However, one key informant noted that, "*with the awareness done by NGOs people's minds are becoming positive towards disability in this area".* On the same note, one NGO representative responded that, *"there are high levels of negative perceptions against CWDs in this area. However, to some extent we have managed to contain such negative beliefs but we haven't reached the saturation level of transforming people's minds*". Munsaka (2012) therefore found that the gravity of the impact of beliefs, labels and taboos on the lives of people with disability was evident in the expressions of the language used by PWDs in describing experiences of exclusion in Binga. This is confirmed by the view that some barriers may be attitudinal, with widespread underestimation of the abilities and potential of children with disabilities creating a vicious cycle of under expectation, under-achievement and low priority in resource allocation (UNICEF, 2007: iv). A study carried out in Zimbabwe revealed that negative attitudes coined with belief systems that see people with impairments as unable do anything, manifesting from family to community levels provide a challenge to CWDs. This reveals the manifestation of social construction of disability which is described by the social model. Therefore, negative beliefs and perceptions about CWDs deepen impaired children's level of exclusion in community development.

The issue of hiding CWDs from the public was dominant. One CPC member issued that "*there is a child who got physically impaired but the parents have since hidden him and did not bother to take him to the hospital*". "*Children with disabilities are not treated as humans here and they are usually hidden*", CPC member echoed. CWDs who were hidden in the private places normally had no time to interact with others and were forgotten in any community platform, fortifying exclusion. Negative perceptions also generated feelings of shame among families who hide their CWDs from the public sphere. Such perceptions generate long term effects on CWDs and development of the marginalised communities.

There was low value attached to CWDs in Binga. This was revealed by the sentiments like "*a disabled person can't do anything*", "*why does a disabled child need to attend school?"* One other issue is on the expression of 'disabled child instead of 'a child with disability'. To them, it means that they usually first see a disability then the person later. Literature indicate that most writers favour the use of the word 'disabled children' at the expense of 'children with disabilities'. This view is in tandem with the social model which places disability in the hands of people who label it so due to perceptions around societies. The study argues that there is segregation and discrimination in the communities in Zimbabwe based on disability. CWDs are rendered as useless. This cultivates low self-esteem that affected CWD's participation in community development. Thus Mudyahoto (2016) argued

that CWDs exclude themselves due to the inferiority complex. This study reveals mind set as a problem leading to exclusion of CWDs in community development.

Policies on inclusion of CWDs

Despite the existence of policies in support of CWDs at national level, Binga had no district level policies to support inclusion of children with impairments. Where national policies existed, the practice itself was manned with failure to uphold the policy regulations. In this regard, the political model of disability is more applicable as it raises the red flag that disability is viewed as a human rights issue. The political model therefore acknowledges collective action for CWDs to rise against the systems that perpetuate exclusion. Thus the policy gap affects inclusion of CWDs in community development. Across nations, there are wonderful policy documents for people with disabilities but there is weak implementation (Kaputa and Charema, 2017) which compromise the inclusion of CWDs in community development circles. The study argues that localisation of policies of inclusion can help reduce the handicaps that renders impaired children to be disabled. As a human right issue, disability is therefore perpetuated by lack of existence and implementation of inclusive policies.

CONCLUSIONS

Exclusion of CWDs creates a negative balance in terms of the development of rural communities. The potential in CWDs remain untapped and reserved. In other words, exclusion is an evil that handicaps and disables the impaired in their attachment with the societal institutions. Highly excluded children are highly at risk of failure to succeed economically since they lack skills that can help elevate them to lead an independent life. These children remain as second class citizens and their social needs remain unaddressed. This is increasing a disparity in the development spectrum of the society. The needs of CWDs are usually not met and this affects their future lives. Remarkable levels of exclusion of CWDs in remote rural areas drag back their potential to take part in community events that are essential for their living. Using the lens of the multi-dimensional model of disability, this study have shown how different factors together contribute to the exclusion of children with impairment in community development. Therefore, empowering CWDs provides a recipe to combat the high levels of exclusion in remote rural areas.

RECOMMENDATIONS

1. There is need to conduct regular assessments of disabilities in children for early detection to come up with necessary intervention or corrective measures. These include provision of assistive devices and other necessary support in line with the medical model of disability.

2. There is need for deliberate efforts by the government to train and deploy to rural communities enough human resources like specialist teachers, rehabilitation technicians, and remedial tutors and provision of enough social workers to deal with exclusion issues bedevilling CWDs.

3. The government need to raise the administrative powers of the remedial tutor at district level in the Ministry of Primary and Secondary Education to supervision and assessment to allow effective inclusion in the education sector.

4. The government, NGOs, civil society and affected communities need to source more resources to help CWDs.

5. Provision of resource centres that can act as meeting points to assist CWDs to become empowered and included in rural community development.

6. There is need to provide special training to all service providers on disability and inclusion. The training needs to be mainstreamed in each and every training curriculum.

7. In response to the social model of disability, creating and adapting inclusive environment in the institutions in terms of infrastructure, beliefs, and the promulgation and practice of sound policies at all levels of society.

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