

The lived experiences of persons with mobility impairments in accessing water, sanitation and hygiene services in urban Zimbabwe: The case of a Harare Suburb

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ABSTRACT

This paper examines the experiences of persons with physical disabilities in accessing water and sanitation facilities. Using a qualitative research approach, the study is a product of in-depth interviews conducted with 10 persons with physical disabilities residing in a high density suburb of Harare. The study also benefited immensely from input from three key informants working for the municipality. The study uncovered a number of accessibility challenges that included among others difficulties in accessing water facilities, challenges in accessing the toilet and bathrooms as well as maintaining personal hygiene. The coping strategies employed to deal with accessibility barriers included self-help, paying personal assistants and support from well wishers. The study concluded that the challenges faced by persons with physical disabilities stemmed mainly from the absence of disability friendly infrastructure and designs inhibiting their ability to access basic water, sanitation and hygiene services. The study identified the need for the municipality to embrace universal design principles in compliance with the provisions of the United Nations Convention on the Rights of Persons with Disabilities to which Zimbabwe is a state party.

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Introduction

Zimbabwe's economic problems have given birth to the deterioration of social services. In the case of urban areas, this saw the deterioration of basic infrastructure including sewerage system and water supply infrastructure. Such a state of affairs gave birth to an outbreak of water-borne diseases such as cholera and typhoid. The example that comes to mind is the 2008-9 cholera outbreaks that claimed the lives of more than four thousand people mostly in the high density areas of Harare (World Health Organisation Cholera Outbreak Response Team, 2008). This state of affairs pushed donor agencies together with local authorities to sink some boreholes as a stopgap measure. On their part, residents dug shallow wells within their plots. However, the boreholes sunk in high density residential areas of Harare remain inaccessible to persons with disabilities, particularly those with mobility impairments. Admittedly, this state of affairs has sparked a debate around the need to embrace universal design principles in designing such critical public infrastructure.

It is in the light of these urban vicissitudes that this paper examines the rights of persons with disabilities to live in their communities using water, sanitation and hygiene facilities as key enablers of independent living. The paper starts off with a context of the right of persons with disabilities to lead independent lives in their communities as enshrined in the United Nations Convention on the Rights of Persons with Disabilities. This is followed by a brief examination of Zimbabwe's enabling pieces of legislation that include the Constitution of Zimbabwe (amendment 20 of 2013), the Disabled Persons Act (chapter 17.01) among others. The discussion is then complemented by an exploration of the universal design concept before all these issues are consolidated into the general perennial debate of what disability itself actually is. Thereafter, the paper then turns towards the articulation of research methods employed for the study before presenting study findings

in keeping with the phenomenological style of packaging participants' experiences. Thereafter, the paper embarks on a discussion of the same. This is then followed by an examination of appropriate remedies and adaptations necessary to enable persons with mobility impairments to live an independent life in their communities.

Background

In 2006, persons with disabilities woke up to a euphoric experience after the United Nations general assembly promulgated the United Nations Convention on the rights of Persons with Disabilities (UNCRPD). Although the convention was not intent on prescribing a new set of rights for persons with disabilities (Degener, 2016), this piece of international statute represents a defining moment for the largest minority group in the world that had remained marginalized for too long. It is not the intention of this paper to discuss the many articles of the convention; rather, the paper utilizes the provisions of article 19 of the convention that promotes the right of persons with disabilities to lead independent lives in their communities.

It is worth emphasizing at this point in time that persons with disabilities have for too long struggled to lead an independent a lifestyle as possible (Oliver, 2004). The UNCRPD does emphasize the right to accessible public amenities including water, sanitation and hygiene facilities. As such, Article 9 on accessibility remains important and should thus be read together with article 19 of the convention.

Article 9 of the convention places several general obligations that include:

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, State Parties shall take appropriate measures to ensure to persons with

disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- (a) Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces. This calls for what has come to be referred to as universal design (see the section that follows for more information).

Similarly, the convention places responsibility upon governments to legislate accessibility standards in order to:

- (a) Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public.
- (b) Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities.

It is important to note from the onset that access is a multifaceted concept with impacts on every part of daily life (Jaeger and Bowman, 2005: 66). Within the disability nomenclature, the term has been employed to denote the right to participate equally in ways that are not constrained by physical or mental limitations.

This paper argues that because access to water, sanitation and hygiene facilities constitute a recognizable universal right as per the above stipulations of the convention, failure by the city of Harare to provide the same to persons with mobility impairments

does limit such people from enjoying their right to living in their community. Community living refers to the ability of persons with disabilities to live in their communities as equal citizens, with the support that they need to participate in every-day life, such as living in their own homes with their families, going to work, going to school and taking part in community activities (European Coalition for Community Living, 2008). Implicit in persons with disabilities' quest to live in their communities is the need for universal design of public and communal facilities such as roads, water, sanitation and hygiene infrastructure so that they become compatible to the physical needs of such a group. This requires enabling legislation that regulates service delivery including the development of public infrastructure so that it is disability friendly. On this note, the current discussion briefly turns towards an examination of the legislative framework of Zimbabwe.

The Legal Framework guaranteeing persons with disabilities their right to live in their communities.

Any discussion of the law's compliance with any standard set out in an international treaty including the UNCRPD should start from the Constitution 2013. Section 22 is a very important part to any sound examination of the right to access the physical environment by persons with disabilities. It is however worth mentioning that there was a drafting challenge that remains prominent under this section (Mtetwa, 2020: 21). In one instance the section talks of persons with disability, in some instances persons with mental or physical disability and in another instance to persons with all forms of disability. It is not clear whether this should be understood to refer to the broad group of persons with disabilities in general. However, the main point stemming out of all that ambiguity is that the constitution lacks precision with regards to what it is to be a person with a disability as is clear in the UNCRPD. The second challenge with the section in question is

that it seeks to subject disability issues to resource conditionality.

However, if one gets past these challenges, the constitution mandates the state and all its institutions to recognise the rights of persons with disabilities, particularly their right to be treated with dignity. It is instructive to note that due to the inaccessibility of the physical environment persons with disabilities are often subjected to inhuman and degrading treatment within their communities where accessible water, sanitation and hygiene facilities remain a rarity. The constitution also mandates the state and its institutions to assist persons with physical or mental disabilities to reach their potential and minimise disadvantages suffered by them. One such disadvantage is physical inaccessibility of many places in Zimbabwe. The section further mandates the state to ensure that disability is one of the priorities in national development plans and policies. By implication, physical accessibility should be embedded in the planning of social amenities including water, sanitation and hygiene infrastructure in both rural and urban residential areas. The section even mandates the state to take necessary measures to ensure that persons with disabilities have access to places or amenities to which the public has access.

Following from the Constitution of Zimbabwe is the Disabled Persons Act (chapter 17.01 of 1992 as amended). This is the parent statute on disability in Zimbabwe (Mtetwa, 2020). Looked at within the context of the UNCRRPD, the Disabled Persons Act was promulgated in 1992 and only got amended once in 1996. It thus predates both the UNCRRPD and the constitution. A closer look at the functions of the National Disability Board in section 5 of the act suggests that the board is mandated to encourage independent living for persons with disabilities. By implication therefore, they should come up with measures to ensure that persons with disabilities have access to the physical environment.

Section 7 of the act provides that the National Disability Board can issue adjustment orders against owners of any premises or amenities to which the public should ordinarily have access if it appears to the board that such premises or amenities are not accessible to persons with disabilities. However, under subsection 7, the board cannot issue any adjustment order against a state institution such as a local authority, hospital or school without the consent of the minister concerned. It has been observed by many commentators that such a clause is like taking away with the left hand what the act gives with the right hand (Mtetwa, 2020).

Section 8 deals with prohibition of the denial to premises or amenities to which the public has access to persons with disabilities. Although the section indicates that such denial may cause a person with a disability to claim for damages in a court of law, it does not explicitly state that physical inaccessibility of such a place or premise constitute denial of such a right.

Pursuant to legislative provisions on accessible environments including social amenities is the right of persons with disabilities to accessible housing. On this note, housing laws should promote and protect the adoption of universal design in line with article 9 (accessibility) and article 19 (living in the community) of the United Nations convention on the rights of persons with disabilities. Accordingly, it is here observed that the Housing Standards Control Act (chapter 29:8) excludes universal design as part of the grounds for inhabitable housing. On this note, section 16 of the act leaves out houses that are not compliant to universal design as part of grounds for repair, demolition or closure order to be sought in the housing court. By the same token, section 23 of the same act does not have accessibility as one of the provisions for buildings to be deemed below unsatisfactory standard. This leaves room for local authorities to shy away from demanding that

housing and other public amenities be compliant with universal design standards. This brief on the legislative framework of Zimbabwe ultimately leads this paper towards a discussion of universal design as a concept in disability policy and practice.

Universal Design

This paper argues that universal design remains central to the planning of urban spaces and facilities. In discussing this concept (universal design) the paper is fully aware of the many criticisms and shortcomings surrounding its use. These criticisms have led to the promotion of what has come to be referred to as inclusive design (see Imrie and Hall, 2001). According to Imrie (1996), universal design represents a social movement anchored upon a range of foundational ideologies. It is concerned with involving the disabled into society by making infrastructure and environment systems utilizable to the greatest extent possible by the broadest range of users.

Emphasizing the need to uphold universal design within the context of architectural planning, Imrie and Hall (2001: 15) asserted that designers must involve the future users, the customers of the design, and develop a process which is broadly representative, user responsive and participatory. Put differently, universal design has been referred to by some scholars as “design for all” (Molenbroek et al, 2011). Molenbroek et al (2011) further submit that: “Design for All is a process whereby designers, manufacturers and service providers ensure that their products and environments address users irrespective of their age or ability. It aims to include the needs of people who are currently excluded or marginalized by mainstream design practices and links directly to the concept of an inclusive society. A key feature of design for all is the emphasis placed on working with user groups representing the true diversity of users as a route to innovation and new product

development” (page 8).

Conceptualising Disability

There is nothing that is as difficult as defining a term whose meaning changes from community to community across time and space. This section shall give the widely used definitions of what constitutes a disability in literature. This lack of definitional clarity led Oliver et al 1988 to conclude that disability definitions are not rationally determined but are socially constructed (Oliver et al, 1988). According to Hedlund (2009), no single theory or perspective can capture disability in a satisfactory way. As such, a closer examination of this phenomenon requires a broader theoretical framework and approach (Shakespeare, 2006). Any discussion of disability starts from the existence of an impairment. According to Harris and Enfield (2003), impairment is the loss of all or part of a limb, having an imperfect limb organ or mechanism of the body. On the subject of this paper, mobility impairment refers to the inability of an individual to use his/her extremities, lack of vigor to walk, grasp, or lift objects (see Drake, 1999).

Imrie and Hall (2001) however subscribe to the view that universal design carries no political connotation. They argue that: “the core philosophies of universal design principles are apolitical in that there interrelationship between designers is a matter of adaptation (page 16)”. Advocates of universal design argue that poorly designed products and environments are discriminatory and disable large sections of the residents at various stages in the life course. Be that as it may, this paper argues that universal design should, in its various types or forms continue to guide the design of public infrastructure such as water, sanitation and hygiene facilities for the furtherance of the rights of persons with disabilities to live independently within their communities. The following section conceptualizes disability in a bid to situate the lived experiences of this social group in living within their

communities.

According to the International Classification of Functioning, Disability and Health (ICF) (World Health Organisation, 2001) disability is characterised as the outcome of a complex relationship between an individual's health condition and personal factors, and of the external factors that represent the circumstances in which the individual lives. The ICF, (World Health Organisation, 2001) puts much emphasis on this contention arguing that because of this relationship, the physical and social environments have got different impacts on the same individual with a given health condition (World Health Organisation, 2001:17). Here, the argument is that an environment with barriers, or without facilitators, is likely to restrict the individual's performance; other environments that are more facilitating may increase that performance. Put another way, society may hinder an individual's performance because either it creates barriers (e.g. inaccessible buildings) or it does not provide facilitators (e.g. unavailability of assistive devices) (Oliver, 1983). Physical disability is often viewed largely as an impairment that affects the mobility or movement of the individual (Read, 2015).

Methodology

This paper is a result of qualitative in-depth interviews with ten residents of a high density suburb of Harare. The choice of a qualitative approach was largely informed by its strengths in enabling the researcher to construct as complete a picture as possible from the words and experiences of the participants with the intention of discovering that person's view of an experience or phenomenon under study (deMarrais, 2004:52). To be precise, the researcher employed what Thomson et al (1989) termed Existential-phenomenology to tap into the personal and subjective experiences of persons with mobility impairments regarding their interpretation of the extent to which the right to live in their

community as espoused in article 19 of the UNCRPD is operationalised in Zimbabwe. According to Thomson et al (1989), existential-phenomenology seeks to describe experience as it emerges in some context or as it is lived by individual participants. Borrowing from Oliver (1996), research is mostly concerned about the perceptions and interpretations of experiences of persons with disabilities in their own words. It is worth my note that the world of lived experience does not always correspond with the world of objective description because objectivity often implies trying to explain an event as separate from its contextual setting. Rather than separating and then objectifying aspects of the life-world, the purpose of this paper is simply to describe the lived experiences of persons with mobility impairments as perceived and felt by themselves, to the greatest extent possible in their own words. On this note, the meaning of these experiences were situated in the current experiential context and coherently related to the ongoing project of the life-world. It is therefore appropriate at this juncture to emphasize the fact that phenomenological research is largely meant to create contexts in which participants are encouraged to reflect retrospectively on an experience they have already lived through and describe this experience in as much detail as possible (van Maanen, 1990).

In a bid to understand the extent to which persons with mobility impairments were able to enjoy the right to live in their community as espoused under article 19 of the UNCRPD, the researcher rode on the strengths of phenomenological research to solicit for participants' thoughts, feelings, and descriptions of their lived experiences with respect to accessing water, sanitation and hygiene facilities. A snowball or network sampling technique was employed to select participants. Bearing in mind the fact that gender tends to be a determining factor when it comes to accessing rights in society, with men and women being differently affected by lack of water and sanitation facilities, the study chose five men

and five women with mobility impairments.

Participants were asked to narrate in detail their lived experiences with respect to accessing water, sanitation and hygiene facilities in their communities. In practice, this included a description of accessibility of running water in their houses, accessibility of alternative water sources including boreholes, shallow wells among other water sources.

From participants' narratives, the following themes were drawn:

1. Inaccessible Infrastructure Including Elevated Wells and Boreholes.
2. Inaccessible Pathways to Water Sources.
3. Improper Designs of Water Pumps.
4. Difficulties in Accessing Ablution Facilities.
5. Unhygienic Sanitary behavior Including Open Defecation.
6. Inability to Lead Independent Lives.
7. Inaccessible housing.

In line with the emancipatory nature of most disability studies (see Oliver, 1996); the study was designed to allow the voices of persons with mobility impairments to flourish. As such, what follows is largely a product of the felt needs and experiences of persons with disabilities rather than a product of a highly technocratic interpretation of their situation by the researcher.

Findings

The study revealed that persons with disabilities faced a plethora of challenges that impeded their quest to live in their communities. On this note, persons with disabilities lived a costly life mainly on account of inappropriate water and sanitation infrastructure. This problem was however prevalent mainly among those with

mobility impairments who failed to access basic water and sanitation facilities including boreholes, water tapes as well as ablution facilities. Given proper water facilities the mobility impaired persons argued that they could undertake their daily business including using water and other hygienic facilities with easy.

Inaccessible infrastructure including elevated wells and boreholes

The majority of participants reported that the availability of water remained a problem in most high density areas of Harare. As a result, residents walk to boreholes, council taps and shallow wells to fetch water. However, the mobility impaired persons indicated that it was not easy to get to those water points on account of the access pathways as well as the design of water infrastructures such as wells and boreholes. The water source designs and the infrastructure were not compatible with their needs. Participant one was a divorcee who stayed alone but depended solely on a shallow well for water supply.

The shallow well was located about 20 meters away from his house. As such, getting there was a huge challenge due to his mobility impairment. To further compound the already precarious situation for participant one, the shallow well had an elevated concrete slab around it making its navigation on a wheelchair a mammoth task. The researcher quoted him saying:

I want easy access to the well. As the situation stands, I am failing to even get nearer the well on my wheelchair. As a result, if I get a better source of water it will be easier for me.

Participant one's sentiments were also brought forward by two other participants who could not hide their ambitions and hopes of a day they would get accessible water points. Their sentiments

were sparked by the difficulties they encountered in an attempt to access a borehole put up for the community by donor agencies. Like the plight of participant one, participants two and five's community borehole was surrounded by a concrete slab as well, so their wheelchairs could hardly get to the borehole. The other participant said:

The community borehole which is our only water source in the absence of running water in our houses is surrounded by a slab so we cannot access water whilst on our wheelchairs. It is therefore our wish that the local authority could remove the surrounding concrete slab to facilitate easy access to the facility.

Inaccessible Pathways to Water Sources.

The other obstacle mentioned by persons with mobility impairments was largely related to the routes or pathways leading to water sources that were too rugged and not navigable on a wheel chair. For wheelchair users and those who use crutches it was almost impossible for them to find their way to the boreholes and council taps. This was the situation that confronted participants six and seven who shared a house as friends. Lucky enough for their community, the local authority installed public or communal water taps for residents. However, this privilege was not proudly shared by the two colleagues whose impairments militated against their bid to access such water taps with easy on account of distance. Those water taps were located approximately 200 meters away from their house. The access path leading to the communal water points was too rugged and not easily navigable by wheelchair users. To compound the already difficult situation, the two women had to bear the burden of pushing their wheelchairs together with some buckets or gallons of water on their laps.

Similarly, participant three was a married woman whose water

needs were reported to be rather excessive on account of her responsibility to her family in keeping with the patriarchal expectations that a woman fetches some water for the family. For her, the problem related to the distance she travelled to and from the nearest borehole which was more than three hundred meters away from her house. To further worsen her situation, the road to the borehole was too bad to the extent that it was not easily usable by a wheelchair user. Like all other participants, her prayer was simply that the local authority restores tap water in residents' houses to ameliorate the living standards of her family.

Improper Designs of Water Pumps

It was the design of water and sanitation infrastructure such as protected wells, boreholes and public taps that served as obstacles to the efforts of the physically impaired persons in accessing water rather than their impairment. More often than not, wells and taps were reported to be too high, thereby making it extremely difficult for the physically impaired to gain ready access to water.

On this note, participant four in addition to her mobility impairment lost her palms during a road traffic accident. She therefore had to contend with drawing water from a hand-pump installed for her community by the local authority to easy water woes that had punctuated the lives of the community for close to a decade.

Participant four could not hide her frustration when she charged thus:

“It would have been much better if they had put some foot pumps. As things stand, the local authority never had persons with such impairments as ours in mind when they only installed hand-pumps”.

On being asked about the plight of persons with mobility impairments when it comes to the universal design of critical amenities within the city, a senior official within the Municipal Engineering Department acknowledged that disability had never been part of their planning guidelines ever since. As such, water and sanitation were in no way an exception to the rule.

Difficulties in accessing ablution facilities

Similar to the challenges encountered by persons with mobility impairments in accessing portable water were yet other problems of ablution facilities. On that note, participants were quick to note that available ablution facilities including bathrooms were not user friendly for mobility impaired persons. In an environment where running water remains a pipedream to residents, use of flash water toilet systems remained a challenge for wheelchair users. These had to contend with the hassles of fetching water from inaccessible wells, boreholes and pumps and take heavy water containers into toilets through largely narrow doorways into filthy communal public ablutions.

The researcher quoted participant eight saying:

I need to carry a bucket of water along with me for use in the toilet but my impairment remains an impediment against such a move. For our able-bodied counterparts, life is rather simple. The problems I have told you of fetching water are further aggravated when it comes to using water in those communal ablution facilities.

Echoing the same sentiment, participant ten bemoaned inaccessible and poorly maintained ablution facilities saying that they posed a health hazard and a social problem to persons with mobility impairments. He remarked thus:

I wish they could design toilets compatible with the special needs of persons with disabilities like me because my

wheelchair cannot go through the doorway. To worsen the situation, there are burst pipes inside so there will be filthy water on the floors. I cannot use the urinary because it is too high for my physical position. I therefore try by all means not to use the toilet at home because I need to flush it after use. I am just not at easy being constantly shouted at by other people who would also want to use the toilet.

Participants further lamented that the doorways were too narrow to allow them smooth entry into the toilets and bathrooms. The end result was that they would end up crawling on dirty and filthy toilet and bathroom floors carrying buckets of water. Such a predicament led participant seven to remark thus:

The problem is that toilets and bathrooms' doorways do not allow space for a wheelchair to pass through. So if I want to bath I have to crawl on the floor. The same applies each time I want to make use of the toilet. Can you call that a dignified life?

Over and above the poor physical design of ablution facilities, the study also discovered that most public toilets were located close to beer halls where their use by patrons that enjoy themselves to some beer was the norm. On this note, a number of participants close to those facilities complained that beer hall patrons use the toilet too often as compared to the rest of the population in the community because of their consumption of beer. Given their mobility impairment and the use of inaccessible toilets, persons with mobility impairments tended to take too long in toilets much to the frustration of beer patrons. Under the influence of alcohol, beer patrons ended up harassing anyone who seemed to take rather long in the toilet. The majority of people at the receiving end of such harassments were persons with mobility impairments.

Unhygienic Sanitary behavior Including Open Defecation.

In the wake of the above predicament, participants testified that they resorted to open defecation, particularly in the evening further exposing themselves to such dangers as rape and robberies. This also even put themselves and their communities in danger of water borne diseases such as cholera and typhoid given that boreholes and shallow wells remained dependable water sources for these communities. Mobility impaired men resorted to urinating in plastic bottles and cans before throwing these away into the environment. This state of affairs was further corroborated by the Environmental Health Department staff who confessed that they found plastic bottles filled with urine which practice was not proper for the health of residents.

On the same note, participants revealed that they even resorted to go for days without a bath to avoid these inconveniences. This state of affairs created stereotypes where disability was usually associated with stinky bodies, dirty clothes, blankets and even household appliances such as utensils. Participant three could not choose better words to emphasize this state of affairs when he said that:

Like all human beings, I want to remain clean and smart. However, fetching water remains a huge problem. None is there to assist me with laundry. My clothes, blankets let alone floors are too dirty. As a result, none other than me can even enter my room because it is stinky. I have no one to wash my clothes and blankets).

In support of the difficulties encountered by persons with mobility impairments when it comes to accessing places of sanitary and hygienic convenience, a key informant submitted that it was not

true that persons with mobility impairments were dirty because they preferred to remain so. The key informant contended thus: Even if you see the disabled they will be shabby because they do not bath and wash their clothes frequently. This is so because they find it difficult to get water to bath and wash their clothes but they wish to be clean.

This had the negative effect of eroding their social status among the generality of the population further disabling them. For those who wanted to retain their dignity and comfort by sticking to a daily bath, the solution was to take a bath in the open further exposing themselves to rape and other dangers particularly at night. To further complicate the situation, the majority of participants reported that they earned a living from the sell of fruits and vegetables to members of the public. Given that their use of ablution facilities was done under unhygienic conditions and habits, their wares were likely health hazard to consumers.

Inability to Lead Independent Lives

Ultimately, a sense of dependency punctuated the lives of persons with mobility impairments with a number of them relying on the mercy of others even for menial chores such as fetching water, cleaning of floors, accompanying them to the bathrooms, do their laundry and prepare their food. The study therefore discovered that the majority of persons with mobility impairments were forced to live a life of dependency. In as much as they may prefer a life of independency and freedom just like their able-bodied counterparts, such remained wishful thinking primarily because their community did not have the facilities commensurate with their right to independent communal life.

Registering his plea for independent community living, participant eight conceded that he was reduced to nothing more than a baby by

inaccessible facilities. He narrated thus:

I wish to do everything for myself but the infrastructures in this community coupled with the water crisis being experienced by residents do not allow me that social space. Each time I want to bath I wait for my wife to assist me with all logistics. Even when I use the toilet I also wait for her to bring water for me in the toilet. In the absence of my wife my children do that for me. If only a proper water reticulation system was in place, I would joyfully do all this by myself.

The above sentiment raised critical issues that associated most households that had a person with a disability with poverty. Participants including key informants indicated that the presence of a person with a disability in a family placed a burden on that family's use of time for productive chores. Precious time was taken minding the person with a disability as if they were babies. Participants indicated that this tended to rob them of their dignity as parents, brothers, sisters and in-laws who culturally deserve respect. Respect comes from one's ability to lead an independent life in line with the expectations of local culture, customs and traditions. Weighing in on the same issue, participant six remarked thus:

As the situation stands right now, I am unable to fetch water from that well on my own. Instead, my children do it for me all the time. This remains so despite the fact that it is too dangerous for these small children to fetch water from such an unprotected well. They just have to do it because they do not have any choice. Even my husband deserted me a few years after I sustained this spinal injury because he could no longer bear the burden of literally performing all domestic chores that culturally fall within the domain of women.

The same obtained for participant four whose quest for an

independent communal life was further eroded by the fact that she even relied on her colleagues with mobility impairments given that she had deformed hands.

Inaccessible housing

The other preeminent indicator of good community living is the ability to own or at least rent a house and lead an independent life similar to other members of that community. However, the study revealed that persons with mobility impairments encountered immense impediments when it came to the design of available housing units that could not accommodate their wheelchairs.

To further complicate the situation, landlords were not comfortable accommodating persons with mobility impairments on their properties largely for fear of contamination given their failure to maintain proper hygienic conditions in their surroundings. Landlords found it difficult to allocate cleaning duties to persons with mobility impairments as was the norm with the rest of tenants said participant five. Such daily chores as cleaning the toilets, sweeping the yard and watering some flowers became a challenge to persons with mobility impairments. Participant four revealed that her tenancy was revoked by her landlord simply because of her impairment. She narrated thus:

I was literally ejected by the landlord where I used to stay because of issues of hygiene and incompetence. I was supposed to perform my cleaning duties that included sweeping the yard, cleaning the bathrooms and corridors, living rooms and surroundings on a wheelchair. The problem was aggravated by the fact that I was supposed to fetch water from a nearby well, carry the bucket on my lap several times. I tried my level best to perform these duties to the best of my abilities. However, the landlord was not

satisfied leading to my ejection from the house.

Discussion

From the above submissions, the political and economic challenges Zimbabwe is experiencing do not have similar effects on the generality of the citizenry. Instead, those with physical and other forms of impairments bear the brunt of somewhat obsolete water reticulation systems more than their able-bodied counterparts residing in the same suburb.

Inaccessible infrastructure Including Elevated Wells and Boreholes

Participants indicated that they could not access boreholes and water wells simply because they were surrounded by a raised concrete slab that prevented the passage of wheelchairs. This inability to access open wells simply because they were surrounded by a concrete slab that did not allow a wheelchair to navigate. Failure to draw water from a community borehole on account of distance and the physical design of the water sources among other barriers simply reveal the negative effects of insensitive and unresponsive designs on the part of persons with mobility impairments.

In concurrence, Collender (2011:1) contended that the disability needs are constantly overlooked in developing countries especially in the provision of water, hygiene and sanitation facilities. The testimonies revealed that the city of Harare has over the years tended to tailor make its services towards the needs and demands of the able bodied residents experiencing water shortages at the detriment of the special needs of those with physical impairments.

Such a state of affairs has tended to corroborate the contention that

disability is more of a social construction of difference rather than an innate state of incapacity stemming out of a person's impairment (Drake, 1999; Oliver, 2004 and Reeve, 2009). Responding to a somewhat similar pattern of events in a number of developing countries, the World Health Organization recognized *disability* "as a complex interaction between features of a person's body and features of the environment and society in which he or she lives" (Pullin,2009: 1). Emphasizing the same point, Reeve did not have kind words when he remarked thus: "Disablism can be considered to be analogous to racism, sexism, ageism and homophobia, experiences of social discrimination, exclusion and even violence towards people who are marked out as different remains the norm rather than the exception" (page 206), emphasis added. For Jaeger and Bowman (2005), the social classifications of disability have significant relations to the access of individuals with disabilities to society as a whole and to the various activities that comprise a society (Jaeger and Bowman, 2005:66).

Persons with disabilities therefore remained alienated from their communities on account of lack of universally designed amenities. These exclusionary planning models and behaviors have the negative effect of posing a draw-back on Zimbabwe's obligations towards the implementation of the UNCRPD, particularly article 19 on the right of persons with disabilities to freely and independently live in their communities. The physical environment has emerged as a critical determining factor towards the right of persons with disabilities to lead independent lives in their communities. The worsening economic situation of Zimbabwe therefore affected a group that has not received much attention within Zimbabwe's human rights discourse even by both national and international human rights organizations (Mtetwa, 2016). A lot was said about the gross human rights abuses including the deleterious effects the prevailing political and economic situation has had on women and children (Mtetwa,

2011). It is not within the scope of the current discussion to examine or juxtapose the social and political environment of persons with disabilities against that of women and children. It is however worth noting that persons with disabilities tend to lack a voice within the national political, social and even policy discourse further jeopardizing their chances of community inclusion (Mtetwa, 2016).

It is however worth acknowledging that inaccessible water, sanitation and hygiene facilities are not peculiar to Zimbabwe. In the case of Nepal, barriers encountered by persons with disabilities in a bid to access water and sanitation facilities included stigma and exclusion resulting from limited knowledge and understanding of the causes of their impairments and resulting disabilities (Jones et al, 2004). As a result of mobility impairment, persons with disabilities were prevented from using public water and sanitation facilities for fear of contamination of water or dirtying the facility (Jones et al, 2004). Persons with mobility impairments therefore encountered challenges in accessing water sources primarily on account of faulty and exclusionary infrastructural designs that took no account of their physical impairments. This further compromised their quest to lead independent lives in their communities in line with article (19) of the UNCRPD.

Inaccessible Pathways to Water Sources

The other impediment standing on the way of persons with mobility impairments accessing water on an equal basis with their able-bodied counterparts was that water sources were poorly located. Access roads to these communal facilities were not at all included as part of community planning. This act of omission had the unintended effect of excluding persons with mobility impairments from realising their right to clean and portable water. Submission from participants further revealed the inadequacies of

planning authorities when it comes to the provision of essential community services to all regardless of impairment. In the absence of un-navigable pathways together with raised concrete slabs surrounding wells and boreholes, persons with mobility impairments could as well benefit from these community facilities, albeit other challenges associated with carrying buckets of water on their laps. The scenario prevailing in this case in point cements the argument frequently posed by many in the disability scholarship that disability should be viewed as both a product of society and as an individual embodied experience existing in social space (Rankin, 2018). By implication, persons with mobility impairments therefore remained victims of unfriendly physical designs of social amenities rather than of innate abilities borne out of their impairments (Colleridge, 1993).

Emphasizing the right to water, the Human Development Report (2006), observed that not having access to water and sanitation is a polite euphemism for a form of denial that threatens life, destroys opportunity and undermines human dignity. Admittedly, living a life with dignity and worthy represents a marked achievement, particularly for persons with disabilities. This remains so given that disability tends to dehumanize the bearer casting him or her with a dye of inferiority (Mtetwa, 2011a).

Improper Designs of Water Pumps

The procurement and installation of water pumps on local authority communal boreholes did not take account of the differing nature of abilities and even statures of inhabitants of the community in question. Given that persons with mobility impairments use wheelchairs, they found it difficult to reach out and operate a number of bush pumps because they were positioned too high for a wheelchair user. As if that was not enough, participants revealed that the pumps in use took no account of the

fact that some of them could not use their hands because either they were amputated on account of accidents or simply because of congenital deformities. This state of affairs simply reflects the dearth of inclusive and participatory development on the part of both local authority and development partners. It is however worth emphasizing that participatory development remains an integral aspect of the UNCRPD and forms the backbone of the right to live in the community. Even article 33 of the UNCRPD encourages governments to develop institutions that insure a sound and dependable administrative infrastructure of disability affairs (Mtetwa, 2020). Accordingly, section (22) of the constitution of Zimbabwe obliges the state and any other development agency to work in close consultation with persons with disabilities or their legal representatives to facilitate the participation of this group in national development (Government of Zimbabwe, 2013). On this note, persons with disabilities and their organizations should have been consulted in the planning and execution of such community development as water, sanitation and hygiene amenities.

The net effect of not consulting persons with disabilities during the implementation of water, sanitation and hygiene projects by both government and donor agencies has had the cumulative effect of isolating them from such projects. More so, the negative effects of what seems just technical engineering design of water, sanitation and hygiene facilities in an impoverished environment whose water infrastructure has malfunctioned has in turn proved to be too costly for the social and emotional lives of persons not factored in by such a design (Norwich, 2015). Submissions from participants further corroborated the long held argument by many within the disability fraternity and scholarship that people are disabled by design, rather than by their particular capabilities (Colleridge, 1993). However, just as design can disable, it can also enable (Molenbroek et al, 2011:10). The same submissions further vindicate scholarly arguments that designing inclusive water,

sanitation and hygiene facilities from the start is the most cost effective approach (Enfield, 2018). The point of convergence among disability scholars and analysts remains that involving those who will use the facilities from the design stage is essential to understanding current barriers and limitations to the design of communal infrastructure and services (Imrie, 2006).

Difficulties in Accessing Ablution Facilities

The other challenge raised by participants was that of carrying water from boreholes and wells into the ablution facilities including toilets and bathrooms. Persons with mobility impairments found it difficult to carry water to the bathrooms or toilets especially where a water source was not close by (See also Mulholland et al, 1998). Given the centrality of sanitary facilities in the daily life of every human being, failure to recognize the special needs of persons with mobility impairments in the design of such important infrastructure as ablution facilities amount to disregarding their very basic right to life. Put rather lightly, this act amounts to stripping persons with mobility impairments off their citizenship rights.

Lamenting the plight of persons with disabilities when it comes to exclusionary communities, Oliver (1993) concluded that to be disabled is to be refused the elemental rights of citizenship. In the case of participants who failed to access public ablution facilities, community membership was negated through lack of physical accessibility, segregation and an overall denial of the right to life. Emphasizing the exclusionary nature of society, Campbell (2009) contends that disability is cast as a diminished state of being human. This paper further argues that the inability of persons with mobility impairments to access communal boreholes and wells at the same time being harassed and disparaged at public places such as public ablutions particularly those near beer halls amounts to denial by society in general and local authorities in particular of

such a social group of its right to independently live within their community. Evidently, inaccessible and unhygienic sanitation facilities can cause illness and injuries, as well as reducing the person's dignity and increasing stigma. It is all the more important to emphasize that findings have portrayed that disability reflect a sense of dependency and inability (Antebi, 2009).

Arguably, the inability to access sanitary facilities severely compromises the persons to lead a healthy life over and above enabling them to be fully integrated within a community. Put differently, to reach a state of complete physical, mental and social well-being, an individual must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with his/her physical environment (World Health Organization, 1998). Health therefore becomes a positive concept reflecting social and personal resources, as well as physical capacities.

Unhygienic Sanitary behavior Including Open Defecation.

Disability studies literature is littered with nominal assumptions of persons with disabilities as abnormal, scruffy and unenviable, (Drake, 1999; Morris, 1991, Oliver 1981, 1983 and Davis, 2006). Findings revealed that persons with disabilities encountered immense challenges keeping themselves clean and tidy because of difficulties associated with inaccessible water. This negatively affected their sanitary behavior resulting in them engaging in reckless and uncouth habits including unhygienic disposal of human waste. Naturally, images of dirty clothes, utensils, shelters and bodies carry social stigma in most societies. This is so largely because in the majority of cases, dirt is classified as an offense against order,” against the categories that help promote social stability (Barcan, 2010). Put another way, dirty represents that which a society feels it needs to eliminate, conceal, or purify in order to preserve order. Sounds, smells, sights, objects or even people that cross set hygiene boundaries threaten the purity of

social categories and are causes of psychological and social unease (Barcan, 2010: 25).

Remarks by a key informant revealed that some members of the community had the propensity to associate persons with disabilities with dirty clothes, utensils and bodies. However unlike the generality of the community, the key informant further submitted that these stereotypes were not at all synonymous with the rest of the disability population. Instead, they were a manifestation of the inhospitable and discriminatory society personified by recalcitrant planning authorities that failed to create an enabling environment for persons with mobility impairments to flourish in their communities at an equal level with their able-bodied counterparts. Failure to practice “normal” sanitary hygiene places a dent on persons with mobility impairments and in the process attracts a stigma on a population already burdened with ridicule, shame and jimcrow. This is because every society has defined norms about what is and is not acceptable, and has controls in place that ensure the majority of society conforms to these norms (Read, 2015). Individuals failing to conform to set hygienic values and norms are usually subjected to perennial stigmatization. Stigmatization classically involved inflicting a physical mark on individuals who had behaved in a way that was counter to the expectations of society in order to signify their devalued status (Gofman, 1963). The traits that give rise to stigma can be visible or invisible and can vary according to their salience, appearance, disruptiveness in interactions with others, origin (congenital or acquired), and threat to others (Read, 2015).

Put differently, persons with disabilities find themselves at odds with the rest of society by their orchestrated inability to maintain a clean and hygienic lifestyle in conformity to prevailing normative values. Needless to emphasize, disability itself becomes a badge of inferiority whose bearer is cast with a dye of stigma. Therefore,

stigma becomes a natural rather than invited state of being on a population that nature has eternally cursed (Mtetwa, 2011 B).

Inability to Lead Independent Lives

Findings have flagged out the fact that immobility, restrictions on movement and access have since become critical defining features of the lives of persons with mobility impairments particularly in areas where universal design has never been embraced as part of urban architectural policy. The effects of disability exclusive water, sanitation and hygiene facilities cascade into other areas of life, including stronger self-esteem, improved participation in social life, and greater livelihood opportunities. Most importantly, universal design of public amenities tend to promote the value and dignity of each person created in the image of God (World Vision International, 2014). For all intents and purposes, testimonies from participants revealed that the activities of persons with mobility impairments were limited and their social participation restricted largely by their environment. This state of affairs led such scholars as Imrie and Hall (2001) to advance the argument that immobility, and restrictions on movement and access have since become defining features of the lives of many people, particularly for those with physical impairments .

In the case of the life situation of participant one, three, five and six, for example, the built environment was characterized by obstacles and physical impediments that render ineffective the efforts of many persons with mobility impairments seeking independence of movement and mobility nothing short of an exercise in futility. The reality of the built environment for persons with mobility impairments was therefore one of social, physical and attitudinal barriers preventing their ease of mobility, movement and access. In the case of a Harare suburb under discussion, most communal facilities could not be accessed on wheelchair, while accessible housing itself remained the exception rather than the rule. This

further alienated persons with mobility impairments, making their right to lead independent lives in their communities nothing short of a pipe dream (see Imrie and Hall, 2001). On the whole, the right of persons with mobility impairments to lead independent lives in their communities on an equal basis with the rest of society remained a vanity.

Inaccessible housing

Over and above their failure to access water and sanitation infrastructure including wells, boreholes and ablution facilities, persons with mobility impairments cited inaccessible houses as yet another challenge complicating their quest for an independent community life. In the absence of appropriate facilities as running water, the right of persons with mobility impairments to housing in general remained unfulfilled. Submissions from participants revealed that persons with disabilities often view housing as a series of one of the places that were designed in ways that are rarely attentive to their physiological and bodily needs and functions (Imrie, 2006: 94).

It remains important to note that housing constitutes a basic necessity of life. Even the United Nations declaration on human rights (1948), the United Nations convention on the rights of persons with disabilities (2006) as well as the constitution of Zimbabwe (amendment 20 of 2013) all attest to the need of every citizen to decent housing. This paper therefore bemoans the plight of persons with mobility impairments whose testimonies revealed that most housing units did not have appropriate facilities including portable water supply indirectly negating persons with mobility impairments' invaluable right to decent housing. Needless to emphasize, housing remains one of the most fundamental rights that underpins all others in allowing human flourishing (Imrie, 2006:70).

For this paper, housing, particularly renting a house among one's community members reflects full accommodation in the community. The ideal situation remains that any society should be a society of equals in at least the sense that differences between people should be accepted. Housing therefore, remained a challenge for persons with mobility impairments. This was so not because of their failure to afford rentals in a suburb of their social class and choice but primarily because authorities including their planning models did not have disability as a determining factor in the provision of decent housing.

The Way Forward

Pursuant to the above discussion, this section deals with appropriate interventions to facilitate accessibility to water, sanitation and hygiene facilities by persons with disabilities. First and foremost, the government of Zimbabwe having ratified the United Nations Convention on the Rights of Persons with disabilities on 23 September 2013 is obliged to create appropriate institutional infrastructure for its implementation. This calls for a robust institutional framework that assists in the reorientation of national policies and planning models to comply with both articles 9 (accessibility) and article 19 (living in the community).

To that end, Article 33 specifies that states' parties shall, in accordance with their legal and administrative systems, maintain, strengthen, designate, or establish, within the state party, a framework, including one or more independent mechanisms as appropriate to promote, protect and monitor the implementation of the present convention. These mechanisms should ultimately provide a venue for groups and individuals to review government compliance with its obligations under the convention, including those that relate to the universal design (Marthiason, 2011). In the

case of Zimbabwe, government should establish a national disability commission to replace the national disability board established in terms of the Disabled Persons Act (chapter 17.01). It is envisaged that the proposed National Disability Commission, if given the power and autonomy bestowed upon other constitutional commissions established under chapter (12) of the constitution of Zimbabwe (amendment 20 of 2013) is likely to contribute towards the creation of national standards of inclusive built environments for Zimbabwe.

Similarly, it is incumbent upon both government and other development partners to raise awareness about the rights of persons with disabilities to accessible water, sanitation and hygiene infrastructure as part of national efforts towards social inclusion. Such awareness campaigns should in turn result in the formulation and implementation of standardized disability inclusive indicators. Government's role remains that of providing a clear statutory direction to facilitate community inclusion of persons with disabilities. The long-term vision is for equitable and inclusive practices and procedures to be embedded as standard in all aspects of water, sanitation and hygiene programmes and services. Admittedly, government has got the planning mandate housed in the Ministry of Local Government. The ministry should therefore introduce planning models of water systems that take into account the diverse needs of users. In the case of Zimbabwe, such housing models should constitute the local authority's guidelines on universal design. Similarly, local authorities should promote the installation of user friendly standpipes that enable persons with mobility impairments to independently fetch water (Enfield, 2018). Such a move will go a long way in facilitating the integration of persons with mobility impairments by enabling them to lead independent lives within their communities.

Conclusion

Persons with mobility impairments deserve to lead independent lives within their communities. This is particularly so for Zimbabwe now that the country is a state party to the United Nations Convention on the Rights of Persons with Disabilities. However, as reflected throughout this paper, the reality of the built environment for persons with disabilities remains one of social, physical and attitudinal barriers preventing their ease of mobility, access, and movement. It is within this context that the current paper examined the challenges persons with mobility impairments encountered in a bid to lead independent lives within their communities in line with article (19) of the United Nations convention on the rights of persons with disabilities. The paper has done this through a qualitative research conducted with ten persons with mobility impairments living in a high density suburb. The discussion has revealed that the prevailing socio-economic environment of Zimbabwe that has seen rapid critical infrastructure such as water reticulation system literally collapsing has had differing effects on different population groups. Persons with mobility impairments remained the preeminent casualties of such a development. What remains is for government and its development partners to embrace universal design models as

suggested.

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