



**Inclusion of Disabled Students in Higher Education in Zimbabwe:
From Idealism to Reality - A Social Ecosystem Perspective**

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**Thesis Submitted in Fulfilment of the Requirements for the Degree
of Doctor of Philosophy (PhD) in Special Educational Needs**

**The School of Education
The University of Sheffield**

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Declaration

I declare that the work presented in this thesis is my own. Where information is derived from other sources, I confirm that this has been indicated in the thesis

[Redacted Signature]

Tsitsi Chataika

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Dedication

This Thesis is a special dedication to my indispensable mother, Mary Chataika

&

**In loving memory of my late Father, Misheck Chingodza Chataika who
Was promoted to Glory on 4th Oct 1990 after surviving 95 exemplary, admirable & unforgettable
years**

**Their cultured child-rearing philosophies
Taught me to embrace diversity & celebrate individual differences**

&

In remembrance of Virginia, a beloved sister, who was the darling of the entire family

**“The most beautiful and enriching trait of human life is diversity.
Repressing diversity will impoverish the human race”**

Dr Óscar Arias Sánchez, President of Costa Rica

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Acronyms and Abbreviations

ADCET	Australian Disability Clearinghouse on Education and Training
AHEAD	Association of Higher Education & Disability
AIDS	Acquired Immunodeficiency Syndrome
BEAM	Basic Education Assistance Module
CSO	Central Statistical Office
DDA	Disability Discrimination Act
DfEE	Department for Education and Employment
DfES	Department for Education & Skills
DRC	Disability Rights Commission
DRTF	Disability Rights Task Force
DSA	Disabled students Allowances
DSW	District Social Welfare
DWSO	Disabled Women Support Organisation
ESAP	Economic Structural Adjustment Programme
GDP	Gross Domestic Product
HEFCE	Higher Education Funding Council of England
HESA	Higher Education Statistical Agency
HIV	Human Immunodeficiency Virus
ICAZ	Institute of Chartered Accountants of Zimbabwe
IMF	International Monetary Fund
INDS	Integrated Disability Strategy
NASCOH	National Association of Societies for the Care of the Handicapped
PA	Public Assistance
PCIET	Presidential Commission of Inquiry into Education and Training
PhD	Doctor of Philosophy
SEN	Special Educational Needs
SENDA	Special Educational Needs & Disability Act
SHEFC	Scottish Higher Education Funding Council
SIDA	Swedish International Development Agency
SAFOD	Southern African Federation of the Disabled
SPS & SNE	Schools Psychological Services and Special Needs Education
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UCE	United College of Education
UDHR	Universal Declaration of Human Rights
UK	United Kingdom

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UPIAS	Union of the Physically Impaired Against Segregation
USA	United States of America
UZ	University of Zimbabwe
VUW	Victoria University of Wellington
WHO	World Health Organisation
ZADHR	Zimbabwe Association of Doctors for Human Rights

Publications/Presentations arising from the Study, Awards & Research Projects

Full-length Publication

Mutepfa, M. M., Mpofo, E & Chataika, T. (2007) Inclusive Education Practices in Zimbabwe: Policy, Curriculum, Practice, Family and Teacher Education Issues *Journal of the Association for Childhood Education International* Vol 83, No. 6, 342-346.

Conference and Seminar Presentations

1. Postcolonialism, Globalisation and Disability Studies: reflections from an African disability researcher EdD, Applied Disability Studies One Day Conference – Ranmoor Hall Conference Centre in Sheffield, 17 Feb 2007
2. Two Papers presented to the Postgraduate Disability Research Forum, University of Sheffield, UK, 6th Dec 2006:

Part 1: ‘Excellence Exchange Scheme’: Reflections on a Recent Academic Visit to Pennsylvania State University, USA, State College

Part 2: The Social Ecosystem Framework and the Inclusion of Disabled Students in Higher Education
3. Inclusive Education in Zimbabwe – Paper presented during Diversity and Equality Week, School of Oriental and African Studies, A College of the University of London, London, UK, 9 Oct 2006
4. Inclusive Practices in Higher Education: The Social Ecosystem Framework in Disability Research – Poster Presentation at the International Disability Studies Conference: Putting Theory Into Practice, University of Lancaster, UK, 16-18 Sept 2006
5. Postcolonial Theory: African Reflections and Disability Studies – Paper presented at a Group Discussion, Pennsylvania State University, African Studies Department, USA, State College, 18th Aug 2006 (Similar paper also presented at Sheffield University to Postgraduate Disability Research Forum, UK, 13th March 2006
6. Education in Africa: Unpacking the History – Seminar Paper Presented to the Sheffield United Nations Working Group in Sheffield, 5th May 2006
7. Narrative Research: What's in a Story? - Paper presented at the International Disability Studies Conference, Norway Nordic Disability Research, 8th Nordic Conference in Oslo 14th - 16th April 2005. Available at:
<http://sell.hil.no/nndr2005/Papers_nndr/Tsitsi%20Chataika%20%20paper.doc>
8. Inclusion of Disabled Students in Higher Education in Zimbabwe – Seminar Paper Presented to the Postgraduate Disability Research Forum, University of Sheffield, UK, 9th Nov 2004
9. Analysis of the Medical/Individual Model of Disability & Social Model of Disability – Seminar Paper presented at The University of Zimbabwe, University and Teaching Learning Centre, Harare, Zimbabwe, 15th April, 2004

Academic Awards

1. Excellence Research Scheme Award (University of Sheffield – One month Academic Visit to Pennsylvania State University, USA (£2 900), Aug, 2006)
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3. Commonwealth Scholarship (M.A. degree in Special Educational Needs - Sept 2002 to Sept 2003–University of Leeds) (Full sponsorship)

Other Previous Related Publications/Reviews

Publication

1. Badza, A.; Mapepa, P. & Chataika, T. (2002) *Ophthalmology, Mobility and Orientation of People with Visual Disabilities*, Harare: Zimbabwe Open University

Reviews

1. Wyatt-Smith, S., Elkins, J. & Gunn, S. (Eds) (2007) *Multiple Perspective on Difficulties in Learning and Numeracy* (Book Proposal Review) John Wiley & Sons Publishers.
2. Devlieger, P. J. (2006) Making of Disability Worlds. *Journal of Psychology in Africa* (Reviewed May, 2006)
3. Chimedza, R and Peters, S (2001) Disability and Special Education in an African Context Harare: College Press: Review in '*The Zimbabwe Weekly Mirror*' Newspaper – 15 - 21 March 2002, Harare, Zimbabwe (Reviewed February, 2002)

Research Projects

1. Research Associate - "Jobs not Charity" (Jan 2004-Dec 2005) funded by European Social Fund. The project director was Prof Dan Goodley, who by that time was at The University of Sheffield available at: www.shef.ac.uk/jobsnotcharity (Published Dec 2005).
2. Research Assistant – "Disabled people's experiences of anti-social behaviour and harassment in social housing: a critical review. Principle investigators were Caroline Hunter, Nick Hodge, Judy Nixon, Sadie Parr, and Ben Willis from Sheffield Hallam University, Centre for Educational Research and Social Inclusion. Disability Rights Commission funded the research project (Published Aug 2007).

Abstract

Inclusion of disabled students in higher education has been gathering momentum in various countries, although until recently, it has not been under the spotlight. This study was born because of the absence of research on personal experiences of disabled students in higher education in Zimbabwe. The study's major object was to investigate the current provision for disabled students in higher education in Zimbabwe. Narrative research and ethnography are the methodologies that informed this study. Fifteen University of Zimbabwe disabled students were the main informants of this study. Inevitably, the study took into cognisance, the researcher's vast personal and professional experience, and diverse views from other scholars through a comprehensive literature review. The study established that attitudes and disability awareness could be either catalysts or obstacles to inclusion. Institutional barriers that incorporate physical access, inappropriate application and admission procedures, inappropriate teaching methods, inadequate support services and resources, and most importantly - absence of legislation and political will, hampered participation of disabled students in higher education in Zimbabwe. Lack of coordinated disability activism among disabled people's organisations was also reported in this study. It was from these research outcomes that the researcher constructed the social ecosystem framework, which embodied the theoretical resources, namely, postcolonial theory, globalisation, disability studies and inclusive education. Critical determinants in the applicability and effective use of the social ecosystem framework in promoting the inclusion of disabled students in higher education in Zimbabwe and beyond were identified. These include enabling socio-cultural beliefs, genuine family and community support, stable political and economic climate, appropriate legislation and political will, appropriate/accessible information and technology, self-belief, proactive disability activism, and sustainable partnerships. Conclusions were drawn, and practical recommendations were made to various stakeholders in the education of disabled students in higher education. Finally, the research study also signposted areas for further research.

Preface

Justification and Thesis Outline

“Telling stories is as basic to human beings as eating. More so in fact, for while food makes us live, stories are what make our lives worth living. They are what make our condition human”

(Kearney, 2002, p.1)

Introduction

The justification of this study commences with my own story. It is by telling my story that this research study is better understood. The preface further presents the research aims, research questions, the thesis outline, and the writing style used. Below is my story:

A Personal Biography

About four decades ago, my parents were blessed with a baby daughter. They unanimously agreed to call her “Tsitsi.” “Tsitsi” is derived from Shona (my first language - see Chapter 2), which literally means ‘mercy’. Mandela (2002) highlights that in the African context; names have some significance and that people live up to their names. I personally ascribe to this conviction and believe that names are destiny. My parents somehow divined my future. In later years, friends and relatives have attributed my name to my involvement in disability issues.

I was born the youngest of the ten children consisting of eight females and two males. I grew up in one of the poorest families in Zimbabwe, but my parents were determined to send all their children to school. They believed that education was the cornerstone of a good livelihood. They vowed not to see us leading a difficult life in our adulthood, as they did. As a result, they worked tirelessly as peasant farmers, fruit and vegetable vendors, in order to bring up such a big family. My elder brothers and sisters later took over from my parents in looking after their younger siblings soon after getting jobs, as it is common practice in our culture for siblings to look after each other. I am very proud of my parents because they managed to fulfil their dreams. It is however unfortunate that my father did not live to fully enjoy the product of his sweat since he passed away in 1990 when I had just graduated as a teacher. If the dead have anything to do with the living, surely, he is smiling in his grave because of what his children managed to achieve – a reasonably comfortable life.

In 1974, at the age of six, I started primary school and then I proceeded to secondary school in 1981, one year after Zimbabwe attained national independence. I did a four-year primary teacher training course and qualified as a teacher in December 1989. My first encounter with pupils with visual impairment was during my first placement when I taught an intelligent boy named Voice at one mainstream boarding primary school. The specialist teacher would temporarily withdraw children with visual impairment to a resource unit for specialist instruction since all teachers,

including myself had no special educational needs training. Every day, Voice never stopped intriguing me and he was the reason that I decided to become a special educational needs teacher.

From that time, the idea of being a special educational needs teacher preoccupied my mind until 1992, when I saw an advertisement in the Zimbabwe Sunday Mail that the United College of Education (the only teacher training college that offers a diploma course in special education) was recruiting trainee special education teachers. I did not hesitate to apply. Fortunately, I was called for an interview and up to now, I still vividly remember the day. There were more than 600 interviewees. The selection process was so competitive because the college could only accommodate 60 students per intake who were to either specialise in the teaching of children with visual impairment (like Voice), hearing impairment, or mental retardation (sic). Since Voice had inspired me, I opted for visual impairment. Despite the rigorous selection process, I succeeded into the one-year programme. Wherever Voice is, I wish he knew that he contributed largely to what I am today.

Part of our training involved visiting special schools and integration units, and that is when I became aware that Zimbabwe had so many disabled children. This period proved to be a revelation for me, and at the same time overwhelming. I remember questioning myself whether I had made a right decision to enrol for the course. In one of our visits, one of the special education trainees literally threw up when she saw some profoundly disabled pupils. Unfortunately, for her, lecturers made sure that they later deployed her at that school for her six-week placement. As for me, I was determined to complete the course, since I had vowed that no challenge was going to be huge enough to obstruct my way until graduation day. After completion, I was deployed at Jairos Jiri, one of the two special schools for the blind in Zimbabwe.

The school for the blind taught me numerous aspects since I was involved in the teaching of daily living skills to beginners. Before joining this school, I had no idea that children would come to school without mastering basic daily living skills like toileting, dressing, walking, and even proper eating habits, and this really took me by surprise. I believe that children did not master these important skills, either due to neglect or due to overprotection by parents, or lack of appropriate support in special parenting skills to raise a disabled child. When I look back, I do not blame the parents since I later learnt that there was not much assistance for parents in bringing up disabled children due to the lack of early intervention programmes in the country. Being part of the school's assessment team enabled me to be engaged in outreach programmes that involved scouting for children with visual impairment in the remote parts of the country. This was the most daunting task since some parents hid these children away from the public,

with some children hidden in granaries. That explained to me why most children with visual impairment lacked simple daily living skills. It is to do with how disability was/is viewed by society; an area covered in Chapter 2.

The special school only sent pupils who did not struggle with their academic work to neighbouring mainstream schools so that they could learn side by side with non-disabled peers. However, these children used the special school as their 'home base' since they came from distant places across the country. As in Voice's case, each mainstream school had a specialist teacher who gave specialist instruction to children with visual impairment in a resource room. The specialist teacher was responsible for assisting these pupils to master concepts they might have missed out during mainstream classroom tuition, and this was done outside mainstream teaching times. For pupils with visual impairment who struggled in their academic work, including those with multiple impairments, received all their tuition at the special school, and they had no option of going into the mainstream.

Because of my experiences at this school, I decided to pursue my career in special education by studying at degree level. However, since I had no General Certificate in Education "A" Levels that were a requirement, I decided to attend evening classes to acquire this qualification before going to university for a two-year Bachelor of Education degree in Special Educational Needs. I passed my "A" Levels and then I applied for the degree programme of which I successfully secured a place into university. After completion in December 1999, I went back to the special school to continue teaching.

On the 19th of August 2000, I submitted an application for the post of disability coordinator at the University of Zimbabwe. Since this was also the day I was graduating, my friends who had come for the official ceremony were discouraging me from applying for the post. Their argument was that I was too overzealous and that there was no way I could get the post since I had no experience. I had just completed my first degree eight months before, and had not even officially graduated. I told them that I had nothing to lose since I had self-delivered the application letter. Surprisingly, I got the job although I was the least experienced among the interviewees. My success meant that from 1st February 2001, I was to be the disability coordinator at the University of Zimbabwe. That was a huge and least expected step in my career development.

As you might have noted, my appointment to the post of disability coordinator at the University of Zimbabwe came at a time when I was teaching at a special school for primary school children. I had never worked in a secondary school setting before, let alone in higher education. In Zimbabwe, the status of the University of Zimbabwe can be equated to the United Kingdom's

Oxford University. With my new job, my teacher's salary was going to be trebled and I remember telling my family and friends that this was the "from rags to riches" experience. However, I was yet to face the challenges that justified my new lucrative earnings that trebled with responsibilities as well.

Prior to my appointment, I always had the notion that higher educational institutions were better equipped and supportive of disabled students. However, I was shell-shocked by what I saw when I became part of the system. I began to question the whole system; whether it was either inclusion or exclusion, or a combination of both. That was my first challenge. My second challenge was that my predecessor had been hastily transferred from the Disability Resource Centre to another department, owing to disabled students' general discontent. I remember the first day in my office looking puzzled and not knowing where to start. Then, I realised that most of the theories that I had learnt at university were far from reality.

The first two days therefore passed by unaccounted for, though of course I was actively engaged in some mental gymnastics. Fortunately, no university officials bothered to come to my office during the initial days of my appointment; otherwise, they could have questioned my competence. One of my sisters quizzed me on what my actual work entailed, and my answer to her was; "To tell you the truth, I absolutely have no idea, and I do not even know where to start." As if she was not interpreting the overwhelming confusion in me, she went further to ask me, "so what were you doing the whole day?" My answer to her was, "Nothing!" - I exploded. "I have been browsing through the files. I better go back to my school and teach before it's too late, I can't take this!" Calmly, she said to me, "but you did a good job by looking into those files. I think now you know where to start from and I know you as a determined person Tsitsi, take up the challenge! Those disabled students need your help Tsitsi. Live up to your name Tsitsi." It was only then, that I realised how I was straying from the meaning of my name and how I had overcome many huddles in my life; and I unknowingly yelled; "Thanks sister, I will go for it! I will go for it! No going back! Come rain, Come thunder!"

Up to now, these words are still vivid in my mind, and they keep me going even though "the going gets tough." I had to come up with a formula to solve the equation, or else I was also going to follow my predecessor in no time at all. Going through the files gave me the image of my new work place. My predecessor had no regular reports about the Disability Resource Centre's activities. I started from scratch and the rest of the staff members had limited knowledge of how the department should operate. Therefore, this meant that I had to rely on skeletal information from my work colleagues and disabled students. I could not get any appropriate literature on disabled students and higher education in Zimbabwe. Up to now, apart from this research study, I am not aware of any research on personal experiences of disabled students in higher education in Zimbabwe.

The university administration, more so disabled students, expected me to deliver the service since I had a degree in special educational needs. Being the only person holding such a post at that time in Zimbabwe, and with no policy guidelines, I had no one to compare practice with, and therefore had to resort to the “trial and error” method. That is when I came face to face with reality that there was no legislation concerning inclusion of disabled students in higher education in Zimbabwe. In as much as the university was preaching inclusion, practically, exclusion was more pronounced. I had to search on the Internet for examples of appropriate support services offered to disabled students in other countries. Thanks to the world of technology. With the information that I had gathered, a limited budget, complemented by my good communication skills, things gradually began to take shape. Disabled students were the first to acknowledge my capabilities. Other administrators too began to appreciate my work though I had to continue fighting the system. This was enough motivation for me to explore deeper into the education of disabled students in higher education, hence the beginning of my academic journey.

After these positive comments, I was eager to investigate this unexploited area. Thanks to the Commonwealth scholarship. It came my way at the right time to study for a Master of Arts degree in Special Educational Needs degree at The University of Leeds. From my Internet search during my trial-and-error method as the disability coordinator, I had come across some useful literature from the United Kingdom (UK) universities and disability related websites. Therefore, I was very excited to further my education in the UK and I did not need to think twice about my research topic. At the University of Leeds, I opted to do a directed study specifically on policy and provision for disabled students in higher educational institutions in UK. A directed study is an independent course module chosen by the student. The tutor will only provide guidance. I opted for this personalised module because it was relevant to my work as a disability coordinator.

One intriguing revelation was that there is indeed a great deal of developmental work going on in UK universities in terms of provision for disabled students guided by public policy. Thus, the developmental work aims to allow all students, whatever their circumstances, to have access to, and benefit from a high quality educational experience.

Unlike the British system that is widely guided by public policy (Special Educational Needs & Disability Act [SENDA], 2001), provision for disabled students in Zimbabwe is adversely affected by lack of legislation, and indeed, the voice of disabled people themselves is never heard.

After the completion of a Masters’ degree programme, I felt that I needed to equip myself better by pursuing doctoral studies. If someone had told me that I would do a doctoral study ten years

ago, I would have taken that as the “joke of the decade”. Nevertheless, here I was now, very excited to pursue doctoral studies. I was optimistic that if I become a “Doctor of Philosophy (PhD)”, I would command a lot of respect and be in a position to influence change. Policy makers and various stakeholders would take me more seriously since it was, and is still my intention to contribute towards a positive influence in the education of disabled students in Zimbabwe. I was optimistic that I would make more impact in policy change as “Dr Chataika”, rather than as merely Miss Chataika.

I applied for a PhD study at The University of Sheffield, and I was successful. However, I had no funding for my studies since the Commonwealth scholarship was only for the Masters programme. Nonetheless, that did not deter me from the quest to fulfil my dream. I made an application for a bursary at The University of Sheffield and I got it in the form of a fee waiver, which was equivalent to the home (United Kingdom) fees. This meant that I had to pay the difference since I was an international student. Thank God, I managed to pay the difference through part-time jobs, and I was never in arrears up to the end. Getting a job as a research associate from March 2004 to December 2005 at this same university was groundbreaking. I used the salary from this job to pay for my tuition fees. As a Christian, I thanked God ceaselessly since this job was my answered prayer. I did not struggle much because the salary was enough as far as my needs were concerned. I do not want to sound as if it was an easy journey. Rather, it was more to do with determination and prioritising needs. I also had to pay for all my bills and fund for my up-keep. Considering that I was at the same time supporting my big family back home, was not an easy task. At the time (2003-2006), Zimbabweans were going through a difficult time, whereby the country’s inflation rate was well over 1000%, the highest in the world. For a family to have someone in the Diaspora, particularly in the UK, was like having “manna” from heaven due to the deteriorating economy at the time in Zimbabwe.

The Research Training Programme I covered in the first year of my doctoral studies was a revelation. The programme introduced us to a number of research methods and I found myself more biased towards qualitative research methods. Without undermining the contribution of quantitative methods to disability research, I knew that qualitative methods would be more applicable to my study. Most of all, I wanted to tell my story, and I knew that qualitative methods would allow me to do so. Of relevance was that a kind of emancipatory research was long overdue in promoting the inclusion of disabled students in higher education, judging from some of the responses from my previous research study (Chataika, 2003). Therefore, narrative research and ethnography (see Chapter 5) seemed relevant to my study. Thus, the findings prompted me to continue my research area into doctoral level for a more critical in depth study based on students’ experiences.

The Purpose of the Study

The purpose of this study was to explore and understand the disabled students' experiences of inclusion in higher education in Zimbabwe. In this study, a disabled student refers to any person with impairment who is in higher education, or those who have already left higher education. As the research progressed, it proved that the methodologies I selected were useful resources in answering the following research aims and questions that guide this study.

Research Aims

1. To explore literature on inclusion of disabled students in higher education mainly in UK, with further examples from United States of America (USA), Australia, New Zealand and South Africa, in order to understand policy, legislation, and practice.
2. To develop a theoretical understanding of higher education, provision and support of disabled students in Zimbabwe
3. To present detailed narrative accounts of experiences of five disabled students in higher education in Zimbabwe.
4. To reflect on and analyse how ethnography can inform the study through revealing my positionality and participation, academic and professional experiences, and the entire research process.
5. To identify emerging key issues from the research findings, particularly from disabled students' perspective and make recommendations for policy and practice in light of disability studies, inclusive education, and postcolonial vis-à-vis globalisation literature encapsulated in a social ecosystem analysis.

Research Questions

The above research aims were a deliberate attempt to address the following research questions:

1. What comparative lessons can be drawn from countries such as UK, USA, Australia, New Zealand, and South Africa in relation to inclusion of disabled students in higher education that are of relevance to the Zimbabwean context?
2. What literature surrounds the understanding of education, provision, and support of disabled students in Zimbabwe?

3. What are the issues of central concern to disabled students in higher education in Zimbabwe, and what can be learnt from their personal experiences?
4. How can ethnography inform the study through reflecting on my positionality and participation, academic and professional experiences, research writing, data gathering and analysis, and the entire research process?
5. What are the emerging key policy and practice issues from the research findings that can inform policy and practice in relation to the education of disabled students in Zimbabwe in light of disability studies, inclusive education, and postcolonial vis-à-vis globalisation literature embodied in a social ecosystem analysis?

A number of methodological resources were drawn to examine inclusion of disabled students in higher education, and these include narrative research (individual experiences of disabled students,) and Ethnographic snapshots (some individual experiences of the disabled students' community, my academic and professional experiences). In addition, the thesis explored literature surrounding provision and inclusion of disabled students.

The social ecosystem framework was designed and used in this study. Postcolonial theory, critical accounts of globalisation (e.g. Ahluwalia, 2001; Mpofu, 2001; Ashcroft *et al.*, 1995; Mandela, 1994; Mbembe, 1992; Chung and Ngara, 1985; Mpofu and Nyanungo, 1998), disability studies (social model of disability) (e.g. Oliver, 2004; 1996, 1990; Barnes, 1990; 1991), and inclusion (e.g. Beattie, *et al.*, 2006; Barton, 2003; Engelbrecht, 1999) were used as the thesis' theoretical resources.

Terminology

I am aware that “definitionsare powerful” (Tomlison, 1995, p5). Words and statements we use to talk about disability play an essential part in the way we view disabled people (Oliver and Barnes, 1998). The language used to describe impairments and the people who experience them is constantly evolving. It is almost impossible to always ‘get it right’ and avoid offence completely. There is no universal agreement on how to describe disabled people since disabled people themselves often disagree on the “best” term (Corcoran, 1977). There are many different schools of thought on correct and incorrect language, and these will also vary from country to country. Much of the terminology used to describe disabled people in the past has been negative and dis-empowering (Corker, 2002; Morris, 1993, Barnes, 1992). It has tended to use the impairment to describe the person (eg. ‘The Blind’). Disabled people, most often, do not have the opportunity to define their own identity. It has always been the case that disabled people have been categorised and labelled by non-disabled people (Corker, 2002). Figure 0.1 offers a

list of some of the most generally accepted terms that are in line with the social model of disability, which states that people are disabled by societal barriers and not by their impairments. The Journal of Disability and Society editorial on language and policy guidelines (www.tandf.co.uk/journals/authors/cdsolang.pdf, accessed on 02/10/07) have been considered in understanding the language of disability that has been adopted in this study.

Figure 0.1: Terminology

Positive Terms	Negative Terms
A disabled person/ a person with a disability	The disabled/handicapped/ a person with special needs
A person who has mobility difficulties/ a wheelchair user	Mobility impaired /Wheelchair bound/ confined to a wheelchair
A person who has hearing loss/impairment/ A person who is D/deaf/	Hearing impaired
A person who has visual impairment A person who is blind	The blind
A non-disabled person	An able-bodied person
An accessible toilet	A disabled toilet

(Oliver and Barnes, 1998; Corker, 2002; Carver, 1995; Corcoran, 1977; Barnes, 1992)

Setting the Scene

Chapter 1 answers the first research question by reviewing literature on higher education, provision, and support for disabled students in higher education in UK and in other countries that have made great strides in this area (United States of America, New Zealand, Australia, and South Africa).

Chapter 2 contextualises the thesis by providing information on the topography of Zimbabwe and highlights the country's socio-cultural beliefs, values, and knowledge systems. It further defines disability and critically examines the general perception of disability in Zimbabwe vis-à-vis the current provision of support systems in view of the prevailing challenges, which include the tragic economic decline and the ravaging Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV and AIDS) pandemic.

Chapter 3 provides an overview of the general education system in Zimbabwe. It briefly outlines the country's education system – its organisational structure, the education of disabled students and the concept of inclusion, or lack of it, in relation to these students in the pre and post-independence eras. This chapter answers research questions 2 and 3.

Chapter 4 clearly lays out the social ecosystem framework and its justification for and relevance to this study. It seeks to analyse the postcolonial and globally based view of disability and

inclusion in the context of the social ecosystem framework, the framework that I have ingeniously designed in order to make sense of the issues emanating from the study.

Chapter 5 covers the empirical section of this thesis; that is, methodologies, methods, and analyses employed to answer the five research questions posed in this study.

Chapter 6 presents individual life stories of five disabled students from birth to adulthood. Their stories describe in vivid and unsentimental language the real life experiences of disabled students in Zimbabwe. Their stories gave them a rare opportunity to speak out and to pass on their message to a wider audience.

Chapter 7 outlines the broader themes derived from the narratives, and gives meaning to the stories by pointing out the struggles, determination, and achievements of narrators throughout their life courses as disabled people. The chapter links the themes with the social ecosystem framework in the context of the study's theoretical resources (disability studies, postcolonial theory vis-à-vis globalisation, and inclusion). The analysis is interspersed with relevant literature and my personal experiences. Chapters 6 and 7 respond to the third research question.

By answering the fourth research question, Chapter 8 covers some profoundly intriguing reflective ethnographic snapshots. It describes my personal journey in doing research with disabled students. The chapter identifies some key issues that emanated from focus groups and informal discussions. These key issues made an immense contribution to this study and in the process provided some analytical linkages with the narratives. The chapter also demonstrates how ethnography informed the study through reflecting on my positionality and participation, academic and professional experiences, research writing, data gathering and analysis, and the entire research process. It also embodies the empirical work carried out in UK and Zimbabwe, as well as my visit to Pennsylvania State University (USA), an academic research visit funded by the University of Sheffield to develop a postcolonial analysis. This chapter mirrors how my thinking and understanding of inclusion of disabled students in higher education in Zimbabwe is now comprehensible in the light of a social ecosystem perspective.

Chapter 9 concludes the thesis. It responds to research question five, reflecting upon what the study sought out to uncover by briefly discussing the research findings and proffering recommendations as a way forward for genuine inclusion of disabled students in higher education in Zimbabwe in view of the social ecosystem framework.

Chapter 1

Inclusion of Disabled Students in Higher Education in Britain, USA, New Zealand, Australia & South Africa

“A university that is committed to inclusive education welcomes diversity in the student population. It accepts that diversity brings with it a greater range of experience, prior learning and cultural values which, when used within educational settings, can enrich learning outcomes for all concerned; more [diverse] students does not mean worse standards.”

(Nunan, *et al.*, 2000, p72)

Introduction

Various published articles on disabled students in higher education show that inclusion is now a feature of policy (Corlett and Cooper, 1992; Curran *et al.*, 1994; Department for Education & Skills [DfES], 2003; Hall and Tinklin, 1998, 2002; Hurst, 1999; Leicester and Lovell, 1994; Low, 1996; McCarthy, 2001; Stowell, 1987). Many nations are now actively working towards according disabled people basic human rights in line with the United Nations' Human Rights Convention. The UK Disability Discrimination Act (DDA, 1995) defines a disabled person as anyone,

“with a physical or mental impairment, which has substantial and long term adverse effect upon their ability to carry out normal day-to-day activities”.

It is beyond the scope of this thesis to provide a critical analysis of the above definition, but it is worth noting that it embraces a wide range of conditions such as the profundity of the disability and/or the long-term effect the disability has on the individual. However, Chapter 4 provides detailed definitions and analysis of the social model of disability.

In recent years, most British higher education institutions have taken steps to move from a reactive ad hoc response towards a more proactive and standardised approach in relation to the needs of disabled students, backed up by public policy and procedures (Hall and Tinklin, 1998). This chapter establishes the literature surrounding the understanding of education, provision, and support of disabled students in British higher education institutions and in other countries that have made significant developments in the education of disabled students. The analysis of the British context is an attempt to pick on key policy and practice issues, and the inclusion of the USA, New Zealand, Australia and South Africa, is to tease out some other emerging issues in disability studies and higher education. Chapter 1 therefore, allowed me to answer research questions 1. The chapter is divided into two sections, with Section 1 addressing the area of higher education policy and provision for disabled students in UK and Section 2 looks at the

USA, New Zealand, Australia, and South Africa, as examples of international contexts where disability studies and higher education have been tackled.

Section 1: Policy and Provision for Disabled Students in Higher Education in UK: a critical review

Higher education is generally considered an important gateway to a better future, and it has been well documented that employment opportunities are most likely to double or treble judging against those without it (Magnus, 2006). The DfES (2003) has also reported the same economic benefits of higher education. It details that those who have degree qualifications earn on average, 50% more than employees without degrees do. They have enjoyed double the number of job promotions over the last five years, compared to non-graduates (DfES, 2003).

A study commissioned by the Higher Education Funding Council of England [HEFCE] (2001) shows that the advantages graduates derive from higher education cover not only better jobs and higher pay, but also a wide range of other social and personal benefits. The study also found out that on average, graduates are less likely to smoke, are less obese, have a higher sense of well-being, and when parents, they read more to their children. They are also more likely to be involved with their children's school Parent Teacher Associations, hold more tolerant attitudes towards other races, and are more likely to be involved in their communities through voluntary activities. Degreed graduates are less likely to require social security benefits, and their healthier lifestyle places less burden on the National Health Service (HEFCE, *op.cit.*).

Although some of these benefits are obviously in the private interest of individuals in enhancing their own quality of life through enhanced earnings and consumption, others have indirect benefits to the economy such as cost savings to the health service. In relation to the evidence on citizenship and values, the benefits may be seen as even more relevant to society as to that of individual gain (HEFCE, *op. cit.*). With all the benefits reflected above, regrettably, higher education has long been associated with selection and elitism, and seems to be beyond the reach of many marginalised groups, particularly disabled people (Riddell, *et al.*, 2005; Wolfendale, 1996).

Unlike the long-standing debate over mainstreaming within the school system, higher education has largely remained untroubled in educating disabled people (Borland and James, 1999). A study by Hall and Tinklin (1998) reveals that prior to 1993; there was little national coordination of efforts to increase access to higher education for disabled students. Traditionally, an enquiry into the education of disabled children and young people could go no further than to report, "Some universities and polytechnics have taken steps to enable students with disabilities to pursue courses" (Warnock, 1978, p177). Higher Education in UK was largely inaccessible to disabled people and any adjustments made were through the generosity

of staff and students (Barnes, 1991; Leicester and Lovell, 1994). For instance, a rota of willing students would be created to carry a student in a wheelchair up and down a flight of steps in order to reach a particular lecture room (Leicester and Lovell, *op.cit*). Barnes (1991), in a review of education for disabled people, established that many institutions were unwilling or unable to provide the necessary support services. Leicester and Lovell (1994), in their study carried out between 1990 and 1992 based on equal opportunities in UK universities, highlighted lack of awareness on disability in departmental practice and provision. Hall and Tinklin (1998) stress that politicised disabled students would fight through a particular course by being vocal about instances of discrimination, and in the process educating the educators.

The above examples illustrate how the support for disabled students has been arranged in many UK universities without coherent policies and systems, but rather making arrangements on an ad hoc basis (Sharpe and Earle 2000). In their recent study, Riddell, *et al.* (2005), report that

“A few institutions had limited provision for disabled students; for example, Kalikundi’s House at the University of Sussex was adapted for students with multiple disabilities, who were supported by personal assistants and student volunteers. However, such initiatives were the exception rather than the rule, and the general assumption was that university was not the place for disabled people.”

(Riddell, *et al.*, 2005, p4)

In 1993, following the creation of Skill - the National Bureau for Students with disabilities - a voluntary organisation devoted to promoting access to higher education, the Scottish Higher Education Funding Council (SHEFC) and HEFCE were convinced to offer special initiative funding to institutions to improve their provision for disabled students (Cooper and Corlett, 1996; Riddell, *et al.*, 2005). However, a study on experiences of disabled students carried out in 1996-97 (Hall and Tinklin, 1999) indicated that although there were signs of improvement in provision for disabled students, barriers remained in entrance to higher education; the physical environment, access to information and low levels of awareness among staff. Positive experiences for students depended largely on the attitudes, experience, and personal knowledge of particular staff members rather than on institutional policies, and, provision varied greatly between academic departments within institutions.

Recently, UK higher education institutions have been increasingly under pressure to meet the support needs of disabled students because of substantial mounting research evidence that disabled students have been discriminated against at every stage of university services, from administration of examinations to career services (Konur, 2002). Public policy initiatives in Britain have now encouraged widening participation in higher education. In line with the initiatives, disabled students have increasingly participated in higher education. The Higher Education Statistical Agency [HESA] Report (2005/50) shows that 49 125 students out of a total student population of 848 940, declared their disabilities. However, there might be more

undeclared cases since, from the total student population, 80 330 have not made their situation known (HESA Report, 2005/50).

In April 1993, the 1992 Further and Higher Education Act became operational (Hurst, 1999). This Act divided financial responsibility between the Further Education Funding Council and Local Education Authorities, both of which became obliged to ensure that education was provided for young people and adults (Cooper, 1996). Equal opportunities began to play a key role and in 1995, the Disability Discrimination Act (DDA) was passed (Hurst, 1999). However, educational services were exempted, and therefore educational needs of disabled students were not addressed by the DDA (Riddell *et al.*, 2005). The Tomlinson Report (1996) recommended the move towards inclusive learning in further education. The significance of the above two pieces of legislation were however unclear. After years of intensive campaigning against a reluctant Conservative government to put disability on the agenda in further and higher education, the Labour government was keen to enter into dialogue in 1997 (Dryden, 1998).

The Labour government established the Disability Rights Task Force (DRTF) in 1997 with the responsibility to consider how best to secure comprehensive enforceable civil rights for disabled people (Clarke and Newman, 1997). In the DRTF report published in December 1999, one of its central recommendations was that the DDA should be extended to education. The DDA made it unlawful to fail to provide any services to disabled people, that is, services that are ordinarily provided to the public; although it did not specifically include websites and educational technology. In the report, the DRTF states:

“Disabled people must have the right to pursue their education without unfair discrimination. What value do we place on education when a disabled person has rights against discrimination under the DDA when going to the cinema, but not whilst at school or college? We have recommended a range of new legal rights against unfair discrimination and duties on education institutions to make reasonable adjustments to allow access for disabled people.”

(DRTF, 1999, p42)

The government accepted DRTF’s recommendations, and the Department for Education and Employment (DfEE) demonstrated commitment to follow the recommendations:

“The provision of many educational services to the public is currently exempted from Part III of the Disability Discrimination Act (DDA) 1995 (access to goods, facilities, services, and premises). The Government believes that this exemption is unjust and indefensible. The Government therefore proposes that new duties should be applied to education in schools (including nursery schools), further education, higher education, adult education, youth service provision and, in Scotland, community education. The new legislation is intended to ensure that people in education receive protection from unfair discrimination as disabled people in other areas of society now enjoy.”

(DfEE, 2000, p3)

As a result, in 2001, the Special Educational Needs and Disability Act (SENDA) received royal assent. With effect from 1st September 2002, the new Part 4 DDA made it unlawful to discriminate against disabled students. Riddell, *et al.* (2005, p7), define discrimination as:

“A failure to make reasonable adjustments or providing less favourable treatment to a student for a reason relating to their disability without justification.”

The DDA part 4 places a duty on higher education funding councils to require institutions to publish Disability Statements containing information on existing policy and provision, future activity and policy development for disabled students. Riddell *et al.* (2005) further clarifies that institutions are expected to carry out anticipatory adjustments, rather than simply responding in an ad hoc way to the needs of individual students. SENDA (2001) therefore places higher education institutions under a legal obligation to provide ‘reasonable adjustments’ for disabled students and to ensure they are not discriminated against. Making a reasonable adjustment might involve changing procedures, adapting the curriculum, providing additional services (e.g. materials in large print), or altering the physical environment (Hall and Tinklin, 1998, SENDA, 2001). In practical terms, several key areas are clarified from SENDA as indicated in the next paragraph.

SENDA (2001) stipulated that from the 1st September 2002, it became unlawful for educational institutions in the UK to discriminate against disabled people by treating them less favourably than others for a reason relating to their disability. Providing training for information technology support to staff working with disabled students and their equipment was to be mandatory. From the 1st September 2005, institutions were required to adjust physical features of premises where these put disabled students at a substantial disadvantage. This might include installation of ramps at entrances, widening doors or installing lifts (Knox, 2002), and therefore institutions are to work hard before they are dragged into courts for discrimination. This means that an institution should not wait until a disabled person is accepted on to a course before making any adjustments, but should anticipate those requirements (Disability Rights Commission [DRC], 2003).

Disability movements like the Disabled People’s Direct Action Network, took the centre stage in changing the way disabled people in UK were perceived by demanding civil rights, not charity, or pity (Curran *et al.*, 1994). Other civil rights groups who have contributed immensely in disability rights include The Disability and Development Group, which is advocating for inclusion of disability in mainstream development policy practice; the International Disability and Development Consortium, and the Disability Information and Communication Group who are all fighting for equal opportunities amongst disabled people (Curran, *et al.*, 1994). It becomes evident that civic groups play a crucial role in pressurising the government into looking at the needs of disabled people and ultimately enacting appropriate laws.

Current Provisions in UK Higher Education

[The purpose of SENDA is to create] “a sector in which the teaching and learning needs of disabled people are anticipated, ... in which academic staff are knowledgeable about and able to put in place ‘reasonable adjustments’ and where disabled students are treated unjustifiably and less favourably than their peers ... must be acknowledged to be a challenging goal, the achievement of which will require major institutional commitment.”

(Teachability, 2002, p29)

There is need to promote equal opportunities in higher education, and this can be reflected through the promotion of diversity and provisions that are geared towards the needs of all students (DRC, 2003; Wray, 2003). There are physical barriers in the form of inaccessible buildings and facilities, financial barriers, such as the lack of funding for special equipment and personal support needs, and lack of understanding of the issues surrounding disability, which may affect negatively disabled students’ performance in Higher Education (Low, 1996). To make sure such provisions are made available to disabled students, Myers and Parker (1996) raise two critical points. That is, ensuring that there is an explicit policy statement and commitment to its promotion, and that there are necessary strategies, systems, resources, and other steps taken to make the policy a practical reality.

As indicated earlier, some positive changes are noticeable in most higher education institutions since SENDA was enacted. Most institutions have reviewed their provisions for disabled students and have local policies or guidelines already in place for specific aspects of the university environment such as admission policies and assessment/examination procedures (Riddell *et al.*, 2005). Riddell *et al.* (*op cit.*) research findings highlight signs of marked improvements in the provision of disabled students in higher education. Most institutions now have the following provision in place:

- At least one permanent disability officer, with administrative support and a designated senior manager with responsibility for disability matters.
- A comprehensive disability statement, admissions procedures that addressed the needs of disabled students and arrangements for assessment of individual student needs.
- Committees with a particular interest in disability issues

(Riddell, *et al.*, 2005, p48-49)

In 1999, the HEFCE’s funding initiative recommended a base level provision for disabled students that institutions with little experience or provision for disabled students would use as a standard measure. Base level provision was clearly specified as a minimum level of provision, rather than the best practice (HEFCE, 1999). The base-level provision required institutions to:

- Come up with a comprehensive disability statement

- Have application and admission policy procedures that specifically address the needs of disabled students
- Have arrangements for the assessment of individual student needs, and these arrangements be well publicised and have target times for completion of assessment.
- Come up with an institution-wide policy covering examinations and assessments, which also addresses the needs of individual disabled students
- Monitor statistics about application/enrolment rates of disabled students
- Have provision of services to meet assessed needs and monitoring the provision of support services that have been agreed following professional assessment.
- Make sure that disabled students have access to networks of trained support workers
- Have a code of practice of confidentiality of information
- Draw up clear internal communication and referral policies
- Carry out staff development programmes covering information about disabled students and support available to them, and the inclusion of these staff development programmes in induction and training of new staff
- Draw up procedures to regularly monitor the impact and effectiveness of policy and provision for disabled students

Riddell, *et al.* (2005)'s study suggests that institutions are doing well in most areas, particularly the first three though there are some areas that need attention. Areas that were identified as in need of further development in most institutions included monitoring of statistics and services for disabled students and staff development. While this suggests there is room for much further development, the Riddell *et al.* (op. cit.)'s findings were encouraging since where institutions did not fully meet criteria, significant numbers of them often stated that they partially meet them. Some of the provisions for disabled students are discussed below.

Disability Statements

In Hall and Tinklin (1998)'s study, disability coordinators view disability statements as public documents, and therefore statements for future plans. In an earlier study, Disability coordinators revealed that they were using Disability Statements to raise awareness amongst its staff and prospective disabled students on the institutions' position regarding disability (Chataika, 2003). In a way, disability statements are a marketing strategy to lure prospective disabled students. Although there are no longer mandatory, Disability Statements are still being produced by disability offices because of the above-cited reasons.

Applications and Admission

One of the most important stages for entry into university is the application stage and if universities want to encourage disabled applicants, there are a number of considerations to be taken into account (Wray, 2003). Disabled people generally are under-represented in higher education and one of the reasons for this might be that the application stage does not reflect support for disabled students. Owing to the introduction of legal rights of disabled people, the rhetorical aspect of inclusive education was met with a significant challenge in SENDA (2001). Yet HESA found out that the number of disabled students only rose from 4.1% in 2000/2001 to 4.65% in 2001/2002 (HESA 2003/60). My personal view is that, one of the reasons could be the difficulty in access and limited support within institutions. Another reason could also be that social benefits that disabled people in the UK are entitled to appear to have created a dependency syndrome among disabled people to the extent that unfortunately, they perhaps no longer see why they should go into higher education. The 2001/2002 intake of students in higher education in British universities was 786 065, and out of the total, 30 970 indicated that they had disabilities, representing just above 4% of the entire student population (HESA, 2003/60). Undoubtedly, such a small proportion cannot be a true reflection of all disabled students eligible for higher education in UK. According to general population trends, the rise indicated that only half of the expected number of disabled people entered higher education (Victor, 2003). That lack of access was, and still is a major deterrent and cannot be denied as reported by Riddell, *et al.* (2005, p104):

“The main concern for the disability officer appeared to be the accessibility of university buildings and the access routes between them. ... A combination of relatively minor access issues had the cumulative effect of hampering his independence around the campus.”

Currently in Britain, the universities' policy on admission of disabled students is not to reject a student on the grounds of disability, if he/she meets the selection criteria. The new provisions in the SENDA (2001) do not require institutions to lower academic or any other standards to accommodate disabled students. There are three instances where an institution can reject disabled applicants even if they meet the necessary criteria. According to Wray (2003), these are:

1. Overriding health and safety concerns
2. Barriers resulting from professional requirements
3. Necessary reasonable adjustments cannot be made

Many universities send copies of Disability Statements to all applicants who indicate a disability. Universities' websites I visited do detail information on courses and useful pre-

application advice concerning access to specific facilities and support services for disabled students in alternative formats, for instance, the University of Leeds, Bradford University, and the University of Lancaster. HESA (2001/36) suggests that it is worth considering representation of disabled students in the prospectus. For example, a photograph along with a small account or a quote might be appropriate, and at the same time, caution should be taken not to stereotype a disability. There are also a large number of disabled students in higher education who could be included but whose disability are hidden, e.g. deaf, and dyslexic students (McDonald, 1996; Hurst and McCarthy, 2001), and that could define how a particular institution views disability.

In UK, prospective students declaring a disability are contacted with detailed information on the services provided by the Disability Office before admission. However, many disabled students, as shown in Hall and Tinklin (1998)'s study were still reluctant to disclose their impairments on the application form because they feared that it could affect their chances of admission. Disability coordinators who participated in this study pointed out that this was mere speculation; instead, declaring a disability was actually an important prompt for the Disability Office to contact a student and offer support, advice and information.

Access and Participation

Lack of knowledge of access issues for disabled people appears to remain salient an issue (Borland & James, 1999; Collins, 2000). People are more used to thinking about how disabled people access buildings. It must be understood that disability is a broad term that goes beyond the physical/sensory spectrum of disability as previously defined by the DDA (1995). Therefore, the social model of disability discussed in Chapter 4 is illustrative of this dimension. It should be noted that accessibility and participation is more than just providing accessible buildings. Access is a multi-layered issue encompassing the physical, attitudinal and curricular. Obstacles to access and participation of disabled people in higher education have been classified into five broad categories:

- Physical;
- Information and Technology;
- Entrance to higher education;
- Assumption of 'normality';
- Levels of awareness (Borland & James, 1999; Halloway, 2001)

Physical access is obviously an important consideration for universities since if disabled students cannot get into the building in the first place, they cannot access the teaching, hence no participation. Despite some progress, physical access constitutes a crucial issue, as many

teaching spaces are inaccessible. SENDA (2001) stipulates that institutions have to ensure that disabled students need to access the physical environment in which they will study, learn, live, and take part in the social life of their institutions. The Code of Practice for Students with Disabilities stresses that institutions should consider undertaking a physical access audit of all buildings, including halls of residence, teaching and learning accommodation and resources, leisure and recreational facilities (covering general access and health and safety).

Wolfendale (1996) pointed out that institutions should have in place policies and procedures that ensure that the needs of disabled students are taken into account when any new building work or refurbishment of existing buildings is to take place. Arrangements to ensure that landscaping, car parking, and on-site and inter-site transport take account of access by disabled students cannot be overemphasised. Institutions have to devise flexible and imaginative approaches to enabling alternative means of participation where physical access is impossible or unreasonably difficult (Wray, 2003). Flexibility regarding where classes are held, including moving teaching to accessible lecture theatres/classrooms to some extent, alleviates access problems.

Institutions need to ensure that facilities and equipment are as accessible as possible to disabled students. For example, the height and layout of classroom tables, supporting access around the campus with appropriate signage and information, such as large print and Braille notices, tactile maps and maps showing wheelchair-access routes and lighting design (Knox, 2002). Halloway (2001) reports that positive experiences for disabled students usually resulted from access to appropriate equipment and sufficient funding to support learning needs, combined with a well-briefed academic and support staff who are aware of diverse learning needs .

Information and Technology

Access to information is very important because, with it, people can make informed decisions. Therefore, the importance of providing accessible information to disabled students cannot be overstated. There are many different packages available now for disabled students. Packages with a voice-synthesiser, which can read out text or commands, can be useful for students with dyslexia and those with visual impairment (Wolfendale, 1996). These packages include Jaws 4.0 Professional, voice-activated software and Duxbury that converts print into Braille (Biggs, 1999). The use of computers can be useful to those students who have handwriting difficulties. Biggs (1999) stresses the need for training and ongoing technical support to students who use computers. This may be provided in some cases by information technology staff in institutions, Access Centre staff, and/or by the Disability Office information technology officer. William and Ceci (1999) pointed out that constant training on both information technology staff and

academic staff is essential since teaching methods now include online learning where students can download lecture notes and references. Undoubtedly, making sure that information is accessible to everybody, including disabled students is very crucial.

Disability Awareness/Training

Conceptions of disability continue to be influenced by the medical model closely connected to a charity discourse (discussed in more detail in Chapter 4). As Borland and James (1999) observe, institutional policy may explicitly support the social model of disability, but this can be contradicted through the everyday experience of staff and students that are based on medical model assumptions. Placing disability support under the umbrella of student welfare tends to reinforce the medical model assumptions that the student principally requires care (Borland and James, 1999). As a result, disabled students have to overcome dual obstacle of academic demands combined with attitudes about their disability.

Wray (2003) stresses that there is need to raise awareness on disability issues amongst staff. In order to promote equality, induction and other relevant programmes for all staff should include disability awareness/equality and training in specific services and support (McDonald, 1996). Institutions need to consider providing disability training as part of induction and development programmes for all staff, including part-time and contract staff. Konur (2002) insists that institutions should consider ensuring that training programmes are flexible enough to allow specific training on working with students with particular impairments. Institutions need to make the necessary arrangements for staff to attend such training programmes, for example, by providing designated time for staff development. The Disability Office might design pamphlets providing guidelines for staff on disability awareness/equality and sources of support. In order to encourage staff members to attend training sessions, Skill (2002) and Wolfendale (1996) agree on some of the following strategies:

1. Including disability training in their paid hours
2. Taking training departments by adding short sessions onto existing departmental meetings
3. Making sure disability issues are incorporated into all appropriate training, not just disability-specific sessions

Apart from staff training and awareness, the entire student population benefits. Some universities in Hall and Tinklin's (1998)'s study made sure all new students underwent a disability awareness orientation so that they can understand the implications of a disability. Disability coordinators in this research indicated that the orientation produced very positive

results and enabled both disabled and non-disabled students to appreciate each other. If such awareness programmes can create positive results, their usefulness cannot be overlooked.

Examination and Assessment

It is important to consider the needs of students when designing assessment methods. In any assessment, the purpose is to determine a student's academic achievements and skills. To do this, examinations and assessments need to be rigorous in terms of the standards so that all students are genuinely tested against an academic benchmark (Hurst and McCarthy, 2001). Wray (2003) emphasised that for examinations and assessments to fulfil their purpose, they must also be flexible regarding the mode of measurement so that each student has an equal opportunity to demonstrate their achievements. In some cases, this may mean changing the existing conventional examination or assessment practices within an institution. The point is not to change the way the assessment is marked, but to change the delivery of mode of assessment. Sharpe and Earl (2000) found out that differential marking might be appropriate in some cases, but only if it was not possible to put reasonable adjustments in place for the examination or assessment itself.

Skill (2003) noted that there is a need to have a policy that makes it clear that adjustments can be made to examinations and assessments. In turn, students need to be aware of the presence of such adjustments. According to HESA (2002), institutions may wish to consider the following adjustments:

1. Flexibility in the balance between assessed course work and examinations
2. Demonstration of achievement in alternative ways, such as through signed presentations or viva voice examinations
3. Additional time allowances, rest breaks and re-scheduling of examinations
4. The use of computers, amanuenses, readers and other support in examinations
5. The availability of examinations in alternative formats, for example, in Braille, large print or audiotape
6. The provision of additional rooms and invigilators for those using alternative arrangements, if it is not possible to use the same examination room as other students

Funding

In 2000/01 HEFCE introduced mainstream disability funding for supporting disabled students. Disability offices carry out the educational and technological assessments for students applying for disabled student's allowances (DSA) and the fees for this is charged to the students' Local Education Authority. DSA is available to both full-time and part-time higher education students who can demonstrate that a disability would affect their undertaking. There are four disabled students' allowances available to help students pay for their extra impairment related costs. The four allowances according to DfES (2002) and Skill (2003) are:

1. Specialist equipment allowance – allocated to a student per course for all full and part-time students
2. Non-medical helper allowance –per academic year of the course
3. Disability-related costs – no maximum limit since this is based on amount of support one needs
4. Other expenditure allowance –per academic year of the course for general use

DSA allowances are not means tested (DRC, 2003). Thus, their income or their parents' income is not taken into account when assessing the level of DSA – instead, it is based on what support one needs. The reason behind this is that if the disability related needs are met, disabled students can perform just as well as any other student.

Issues and Concerns within British Higher Education

There is growing evidence that disability issues are now on the centre stage in UK, and “that disabled students are now being recognised more fully as a group experiencing particular disadvantage” (Riddell, *et al.*, 2005, p40). HESA (2005) includes disabled students in its annual statistical report. The introduction of premium funding for disabled students indicates recognition of the need to mainstream disability provision and disabled students are now included in the performance indicators relating to widening participation (Riddell, *et al.*, 2005; Hall and Tinklin, 1998).

Though education of disabled students in UK has improved each year, a number of studies indicate that there is still a long way in widening access of disabled students in higher education. Halloway (2001) argues that most research studies do not take into account the experiences of disabled students. Among those who investigated the education of disabled students in the UK in the last decade include Borland and James (1999), Tinklin and Hall (1999), Palfreman-Kay (1998) and Riddell, *et al.* (2005).

Borland and James (1999) examined the social and learning experiences of disabled students and established issues of central concern to students, policy implications and the social values that underpin the framework of support for disabled students. The study revealed that while many of the experiences of disabled students in an institution were influenced by the University's size, location, intake, and its experience of working with disabled students, there are a number of issues that transcend the particularities of place and relate to the wider concerns of disabled students in the higher education system. In many instances, these findings translate into opportunities for good policy and practice. Disclosure, access, quality assurance and the moral basis of the institutions' disability policies were seen to be the four sources of most concern (Borland and James, *op. cit.*).

Tinklin and Hall (1999) detail the experiences of disabled students in Scotland. They produced illuminative accounts of the experiences of a smaller number of disabled students in different higher educational institutions in order to develop a list of key issues for policy makers to address. They focused on application and admission, access, examinations, funding, type of support and disclosure. The study established that higher education institutions now have institutional policies on disabled students; disabled students are only looking for equal opportunities; institutions have found ways of adapting the physical access, but this is still sometimes less than ideal. Non-academic aspects of life in higher education were also identified as important in ensuring that students are successful in their educational pursuits.

A most recent study by Riddell *et al.* (2005) reveals the need for further development in most institutions. The identified areas included monitoring of statistics and services for disabled students and staff development. The study also revealed that though legislation (SENDA, 2001) provoked significant activity in higher education, institutions were most likely to have undertaken information gathering and review activities and less likely to have actually changed practices, although most had definite plans to do so. Riddell, *et al.* (2005) also highlighted that although the legislation has potentially far-reaching implications, there are a number of conditions that possibly weaken its impact depending on how they are interpreted. They cited the aspect of deciding what adjustments are reasonable. Responsible bodies may consider the following factors:

- The need to maintain academic and other prescribed standards;
- Financial resources available to the responsible body;
- Grants or loans such as the DSA that are likely to be available to disabled students;
- The cost of taking a particular step and the extent to which it is practicable to take the step;
- The extent to which aids or services will otherwise be provided to disabled students;

- Health and safety requirements;
- The relevant interests of other people including other students.

In a way, the above aspects suggest that there could be “get-out clauses” for some institutions and therefore avoiding meeting the required base-level provision, especially traditional universities that religiously consider academic excellence as their bench mark. The challenges highlighted above indicate that though the UK has definite signs of progress in provision for disabled students, there is need to explore practices and challenges from other countries in promoting inclusion of disabled students in higher education, which would be used as a benchmark for the development of such provision in Zimbabwe. Therefore, the next section is important in that it allows us to have a sense of where the UK stands internationally in relation to the development of services for disabled students. In turn, lessons learnt through good practice, coupled with issues, and dilemmas raised, can undeniably provide a strong basis for analysis in relation to the Zimbabwean context.

Section 2: Global Context

“National agendas for change are also influenced by regional and global factors. Ideas, images, people and money move ever more easily across national borders in a rapidly globalising economy, and this is true in Disability Studies. We need to look more closely at what other countries are doing and think about ways that we can benefit from the different political and philosophical approaches that other countries are taking. We need to look at work being done in other parts of the world so that we can learn from the strategies other countries are developing. Similarly, other countries have much to learn from developments in South Africa.”

(Priestley, 2006, p19)

As university graduates are more likely to be absorbed in professional employment, under-representation of disabled people studying at this level underlines a massive social inequality that still exists in today’s education system (Magnus, 2006). In many countries, there has been a noticeable lack of interest in this group of students. Widening access and participation in higher education has recently become a top priority for a number of governments around the world (Hall and Tinklin, 2002). There has been a broad movement of change in tertiary education towards social inclusion as tertiary education providers recognise that diversity is fundamental to their successful functioning, and as they seek to reflect and shape community aspirations by ensuring social justice and equity for all members of society (McCathy, 2001; Riddell *et al.*, 2005). Apart from the UK, countries that have demonstrated commitment on the provision of disabled students in higher education, include USA, Australia, New Zealand, and closer to home - South Africa, which has shown enthusiasm in rebuilding the educational services for disabled people by signing the White Paper on the Integrated Disability Strategy (INDS) in 1997 (Howell, 2006).

Policy and Provision of Disabled Students in Higher Education in USA

Developing high quality policy and provision for disabled students in USA higher education does not have a very long history. Perhaps the first significant development was made in 1948 when services were put in place at the University of Illinois (Riddell *et al.*, 2005). However, it was the anti-discrimination legislation that USA pioneered in the last thirty years, which provided the real stimulus for change (Mott, 2004). The Americans with Disabilities Act (ADA, 1990) provided the legal foundation for equal opportunity and access for disabled people. When President George H. W. Bush signed the ADA in July 1990, individuals on both sides of the issue considered it the beginning of a new era (Mott, 2004). The ADA was designed to extend protection to people working in the private sector and those seeking access to public accommodations, including institutions receiving federal financial assistance. According to the ADA (1990):

“No otherwise qualified individual with a disability...shall, solely by reason of her or his disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Riddell *et al.* (2005) illustrate how comprehensive the ADA (1990) is, compared to the UK's DDA (1995):

“The law prohibits discrimination on the basis of disability in employment, state and local government, publication accommodations, commercial facilities, transportation and telecommunications. Universities were covered by the Act from the start, in contrast with the British DDA that excluded education until 2001.”

(Riddell *et al.*, 2005, p7-8)

Both Section 504 of the Rehabilitation Act of 1973 and the ADA made it unlawful for post-secondary institutions to discriminate against students based on disability. In order to be entitled to this protection, a student or prospective student must establish that he or she is a ‘qualified individual with a disability’ (Mott, 2004) To meet this requirement, an individual must show both that a disability exists and that he or she can meet the requirements of the program, with or without ‘reasonable accommodation’. An individual has a disability if he or she has a physical or mental impairment that substantially limits one or more of the major life activities of such individual; has a record of such impairment, or is regarded as having such impairment (ADA, 1990).

A closer look on USA university websites indicates that provision of disabled students is well embedded and systematic. For instance, at Pennsylvania State University (PSU), where I spent a month on an academic research visit¹, their website explicitly sets out the university's

¹ I visited PSU in August 2006 after successfully applying for an award from the Sheffield Graduate Office to visit a centre of research excellence of my choice.

responsibilities under ADA (1990). The Office for Disability Service website makes it clear that:

“At every Penn State location, there is an office designated to provide services for students with disabilities. Each designated office requests and maintains disability-related documents; certifies eligibility for services; determines academic adjustments, auxiliary aids, and/or services; and develops plans for the provision of academic adjustments, auxiliary aids, and/or services as mandated under Title II of the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973.”
(<http://www.equity.psu.edu/ods/main.asp>, accessed on 18/08/06)

Another example is of the University of California, Berkeley. The university’s Campus Plan for Accommodating the Academic Needs of Students with Disabilities policy describes the roles of various units and individuals in ensuring that students with disabilities receive appropriate accommodations in their instructional activities, as mandated by Federal and State law and by the University policy.

“The fundamental principles of nondiscrimination and accommodation in academic programs were set forth in Section 504 of the federal Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990, Title II; and their implementing regulations at 34 C.F.R. Part 104 and 28 C.F.R. Part 35 respectively. These laws establish that students with disabilities may not, on the basis of their disabilities, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any University program or activity. The University must make sure that its academic requirements do not discriminate or have the effect of discriminating against persons with disabilities. Academic requirements that are justifiably essential to a student's program of instruction are not considered discriminatory. Academic accommodations to which a student may be entitled include changes in the length of time allowed to complete degree requirements, substitution of specific courses required for the completion of degree requirements, and adaptation of the manner in which specific courses or examinations are conducted.”

(www.berkeley.edu/students, accessed on 18/08/06)

A comprehensive staff team that deals with issues of disabled students is in place and each department has a staff team that ensures that the federal and university policies are being followed. Senate and non-Senate faculties (including Graduate Student Instructors) are responsible for conducting classes and administering examinations, as described in the Bylaws of the Academic Senate. They should be mindful, in developing tests or other procedures for evaluating students' academic achievement, that both Federal regulations and University policy require that:

“. . . methods should be provided for evaluating the achievement of students who have a [disability] that impairs sensory, manual, or speaking skills as will best ensure that the results of the evaluation represents the student's achievement in the course, rather than reflecting the student's impaired sensory, manual, or speaking skills (except where such skills are the factors that the test purports to measure).”

(www.berkeley.edu/students, accessed on 18/08/06)

Sixteen years after the passage of what some consider the most important civil rights law in the past twenty-five years; Mott (2004) argues that much of the law remains undefined. Because of the broad definition of disability, in many cases, brings to the fore, the question of whether there is a disability and if the ADA applies. Several recent Supreme Court cases have continued to struggle with interpreting "major life activities" or the meaning of "substantial limits" when referring to these activities. Mott (2004) provides some examples of court cases:

“In Gonzales versus National Board of Medical Examiners, Michael Gonzales sued the National Board to force it to give him extra time to take medical examinations. The 6th U.S. Circuit Court of Appeals affirmed a lower court's decision denying the student's petition for extra time to take the test. The lower court had ruled that Gonzales didn't have a disability under the ADA because he didn't have a documented history of a learning disability. The court ruled that he therefore, was not disabled in the 'major life activity' of working”

(Mott, 2004, p135)

“In Bartlett versus New York State Board of Law Examiners (2002), Marilyn Bartlett, a diagnosed dyslexic, had been denied accommodations by the board. Bartlett's eight- year fight included an appeal to the U.S. Supreme Court and two appearances before the 2nd U.S. Circuit Court of Appeals. The ruling came in February, 2002, and found that Bartlett is substantially limited in the major life activity of reading when compared to most people”

(Mott, 2004, p135)

The above recent cases highlight that in order to access the protection and services available through the ADA (1990) and Section 504 of the Rehabilitation Act resulting from a disability, postsecondary students must submit documentation. In 1997, the Association of Higher Education and Disability (AHEAD, 1994) published guidelines for documenting a learning disability. AHEAD has also published additional guidelines in the last four years for documenting Attention Deficit Disability and for Psychological Disabilities for disabled students in higher education. Despite the publication of all these guidelines, the issue of documentation remains subject to controversy. Mott (2004) stresses that guidelines are helpful, but still there is need to be able to interpret the information to determine appropriate accommodations.

Failure to interpret and provide a reasonable accommodation is a violation of law, putting in jeopardy, among other things, an institution's receipt of federal financial assistance (Mott, *op.cit*). Misunderstandings about providing reasonable accommodations can add to faculty members' sense of suspicion and fear. Claybaugh & Rozycki (1990) identify policies related to equal educational opportunity as a basic internal organisational conflict of following policy versus sensitivity as opposed to individual differences. In addition to the concern that accommodating will lower academic standards, it can also add to the concern that faculty members may feel that they are contributing to a generation of unqualified professionals (Claybaugh & Rozycki, 1990). The controversial issues raised above are some, but not all issues

illustrating the dilemmas surrounding provision of disabled students, even in developed countries like the USA.

Inclusion of Disabled Students in Tertiary Education in New Zealand

“Tertiary education enhances our lives and our society. A fully inclusive tertiary education system is one that recognises and values diversity and enables wide ranging participation by offering flexible learning pathways”

(Achieve [The New Zealand Code of Practice for an Inclusive Tertiary Education Environment for Students with Impairments], 2004)

The estimated resident population of New Zealand is 4,151,600 (Statistics New Zealand, 2006). Until the disability survey that followed the 1996 census, there were no national statistics available on the extent of disability in New Zealand. Planning had relied on estimations based on overseas experience and imprecise statistics (Neale, 2005). There are approximately 10 600 disabled students enrolled in New Zealand’s universities (Statistics New Zealand, 1998). Inadequate provision for disabled students in the tertiary education sector has been the subject of intensive lobbying by student groups, and “ACHIEVE²”.

Good practice has been cited at Victoria University of Wellington (VUW) where the university has a charter to support inclusion of disabled people and a policy of reasonable accommodation (Neale, 2005). A range of services of disabled students is offered through the Disability support Services. Besides the support structures set by the university, disabled students have also been very active both in terms of consultation and through CAN-DO, a group set up and run by disabled students themselves (Neale, 2005). According to Neale (2005), CAN-DO is very active such that in 1993, it commissioned research to record the experiences of disabled students at VUW, and the research study was entitled ‘We can do it’. Very useful recommendations were made because of this research, and these included funding for a full time Coordinator and the active involvement in decision-making processes by disabled students, which all were taken on board by the VUW.

² ACHIEVE is a national network in New Zealand established to ensure equal opportunity and access to post-secondary education and training for people with impairments. It advocates and lobbies for people with a range of impairments transitioning into or studying in post-secondary education or training; e.g. at a university, polytechnic, private training establishment, or college of education. ACHIEVE's membership may include students with impairments, their families and support networks, Polytechnics, colleges of education, universities, private training establishments and other training providers, disability support staff and other professionals supporting students with impairments in post-secondary education and training, Students Association, service providers and organisations in the disability community.

Following up the “We can do it” report, the New Zealand Disability Strategy released by the Government in 2001, adopted a vision of a more inclusive society for people with impairments. The belief was that, through implementing the Strategy, barriers faced by people with impairments in participating and contributing fully to society would be removed. The Government, through the 2002 Ministry of Education Tertiary Strategy 2002 – 2007, recognised that New Zealand's economic growth and improved social outcomes depend on equal access and equal opportunities for all learners. Despite the efforts of the New Zealand government in the promotion of inclusion of disabled students into tertiary education, statistics show that people with impairments are still one of the most educationally disadvantaged groups in New Zealand (ACHIEVE: New Zealand code of practice consultation survey, 2003). It was therefore important that barriers to their academic achievement and participation had to be identified and addressed, hence ACHIEVE worked tirelessly and developed a Code of Practice (2004) governing post-secondary education.

The Code of Practice for an Inclusive Tertiary Education Environment for Students with Impairments (2004) was designed through the efforts of all interested parties in the education of disabled students in post secondary education. It was designed to assist service providers to create a fully inclusive tertiary education environment for students with impairments within New Zealand. The Code of Practice (2004, p3)’s aims are to:

1. Set out ‘Best Practice Standards’ that describes the outcomes needed to create a fully inclusive tertiary education environment for students with impairments.
2. Assist tertiary education providers to:
 - a. Understand the status of people with impairments in tertiary education in New Zealand.
 - b. Evaluate their progress towards an inclusive environment.
 - c. Identify barriers to participation and achievement that people with impairments face.
 - d. Improve tertiary outcomes for students with impairments.
 - e. Be aware of policy and legal obligations relating to people with impairments in tertiary education.

ACHIEVE stresses that disabled students are valuable members of the community, just like all other students and that they have the ability to contribute to the community through education. Therefore, The Code of Practice (2004, p5) intends to assist tertiary education providers to:

- a. Improve tertiary education outcomes for students with impairments;
- b. Meet their specific obligations relating to students with impairments under the New Zealand Disability Strategy, the Tertiary Education Strategy, Charters and Profiles;

- c. Avoid the possibility of an institution or organisation receiving a disability-related complaint under the Human Rights Act or other legislation, through the proactive identification and removal of barriers to participation and achievement; and
- d. Review services for students with impairments thus enabling them to get the greatest value out of resources.

As higher education in New Zealand evidently went through an extensive review process as outlined, educational provisions for under-represented groups such as Pacifica students, still lagged behind. A large scale study of this minority group of students by Benseman *et al.* (2006) identifies several negative factors. These include lack of student motivation, attitudes, family pressures, financial problems, lack of support services and language issues. If these negative issues affect Pacifica students in general, it is likely that disabled Pacifica students are more disadvantaged. Therefore, this illustrates the colleration between disability, poverty, and ethnicity/race, which is followed up in Chapters 2 and 3.

Australian Context of Disabled Students in Higher Education

The Australian Disability Clearinghouse on Education and Training (ADCET) outlines the legislation on what the Australian education institutions need to do to promote inclusion. Australian Disability Standards for Education were formulated under the Disability Discrimination Act (DDA, 1992), and tabled in Parliament in March 2005, and they came into effect in August 2005 (ADCET, 2006). The Standards clarify the obligations of education and training providers to ensure that disabled students are able to access and participate in education without experiencing discrimination. According to Adams (2001), the Australian DDA is more or less like the British SENDA. The similarities most probably, are a result of Adams (2001)'s study tour to Australia to learn and identify practices that were of relevance to the British higher education context prior to the implementation of Part 4 of the DDA (Riddell *et al.*, 2005). Adams's tour established that, before the implementation of the Australian DDA (2005), some main key points emerged (Riddell, *et al.*, 2005). The following were identified as major 'gaps' in Australia's provisions encompassed in the quality of advice, information, and support given to academic staff:

- The majority of legal cases taken against institutions were directly related to teaching and learning issues through direct discrimination in not allowing access to courses, the inability to make reasonable adjustments to teaching and learning and the absence of materials in alternative formats.
- Pockets of best practice existed in relation to the production of flexible learning resources, but these were not well disseminated to other institutions.

- Disability was treated as a social welfare issue and policies in relation to disabled students were not linked to other widening access strategies.

(Riddell, *et al.*, 2005, p9)

The Australian DDA (2005), largely, addresses a number of the above shortcomings. According to the Australian DDA, it is unlawful for educational authorities to refuse to admit a disabled person to a professional or skill-based training course on the basis that he/she is unlikely to be able to work in the profession or trade because of his or her impairment. Just like the British SENDA (2001), qualifying and vocational bodies may refuse to authorise or qualify a disabled person if he/she is unable to carry out the inherent requirements of the trade or profession, and for health and safety reasons. Educational authorities are not able to overrule the decisions of the qualifying body.

The DDA (2005) through the Disability Standards for Education require universities to take 'reasonable' steps to enable a student to participate in education on the same basis as a student without a disability. An adjustment is reasonable if it balances the interests of all parties affected. So, in assessing whether a particular adjustment is reasonable, consideration should be given to:

- the student's disability and his/her views.
- the effect of the adjustment on the student, including effect on his/her ability to achieve learning outcomes, participate in courses or programmes and achieve independence.
- the effect of the proposed adjustment on anyone else affected, including the education provider, staff and other students.
- the costs and benefits of making the adjustment.

(Disability Standards for Education, 2005)

There is no doubt that there is much to be learnt from the Australian experience with regards to provision for disabled people. However, there has not yet been a published review on the Australian DDA (2005) that I am aware of although global trends tend to point to the fact that disabled people in higher education inevitably face numerous challenges.

The South African Perspective

Apartheid, the system of racial discrimination that characterised its governance, saw South Africa being isolated from the international community in the second half of the twentieth century. It became independent in 1994. South Africa had been an embodiment of both racism and gross inequality (Guelke, 2005). The education system inherited by the newly elected government under the presidency of Nelson Mandela was divided along racial lines. The higher education system was not spared either. Considering the degree of racial inequality that existed in the higher education system prior to 1994, the overall focus inevitably shifted, after

independence, towards increasing the participation of black students in higher education (Department of National Education, 1996; 2001). Like Zimbabwe, South Africa's second focus was to increase women's participation in education (Ngara and Chung, 1985; Department of Education, 2001). It was clear that there was limited attention on addressing issues of access and participation for "non-traditional students", and disabled students fall under this category (Department of National Education, 2001, p28).

Disabled students had been historically disadvantaged, and as an important target group to reach in broadening the social base in the higher education system, the new South Africa had a difficult task and a very limited provision for black disabled learners. This kind of provision meant that there were very high levels of exclusion from primary and secondary education, let alone higher education (Howell, 2006). The South African policy for democratising higher education cannot be positioned within one specific education policy, but rather within an epidemic of education policies, which include Education White Paper 3 (1997); the Higher Education Act 101 of 1997; the National Plan for Higher Education (2001); and Education White Paper 6 (July, 2001).

While the above pieces of legislation call for transformation of the higher education system to reflect democratic change - a redress of past inequalities, serving a new social order, and responding to new realities and opportunities' (White Paper 3), Howell (2006) stresses that lack of practical commitment profoundly affects access of disabled students to higher education. Carrim, 2002; Sayed, 2003, and Peresuh & Barcham (1998) also note that among many African countries, policies on various issues are hardly translated into practice. However, in the case of South Africa, this practical commitment seems to have been made by constitutional provisions on disability, which afford disabled students with an enabling environment and appropriate support systems as outlined in the aforementioned policies.

In a study, "The role and effectiveness of disability legislation in South Africa" commissioned by the Disability Knowledge and Research Programme, it emerges that South Africa has some of the most comprehensive legislation and policy protecting and promoting the rights of disabled people in the world (Dube, 2006). Government's commitment to increasing participation in higher education for disabled students is given more prominence in the National Plan for Higher Education (Department of National Education, 2001a). The plan puts particular emphasis on 'non-traditional students', of which disabled students are part. The plan indicates that:

"The Ministry therefore expects institutions to indicate in their institutional plans the strategies and steps they intend taking to increase the enrolment of these categories of learners, including clear targets and time frames."

(Department of National Education, 2001a, p28)

This National Plan was further developed through the provision of the Education White Paper 6 (Department of National Education, 2001). Its principal function is to create educational opportunities for learners who have not been able to access existing educational provision or have experienced learning difficulties, specifically because of the education system that ‘has failed to accommodate their learning needs’ (Department of National Education, 2001, p.6). Therefore, the Education White Paper 6 argues for the creation of equal opportunities by addressing the barriers that hamper or restrict equal participation, and by ensuring that the education system is all-encompassing.

It is beyond the scope of this section to go into detail of the South African government policy documents or to consider their strengths and weaknesses, but key issues need to be raised concerning policy and practice on inclusive education. Despite the seemingly adequate educational provisions, there appears to be a massive buffer zone between policy and practice. Carrim (2002) argues that,

“Although it would be fair to state that South African education and training legislation and policies promote an expanded and rich use of the notion of inclusion, it cannot be assumed that this is reflective of current, and emerging, practices. Instead, mounting evidence seems to suggest that various forms of exclusion still prevail throughout the system currently.”

(Carrim, 2002, p14)

Carrim argues that while South African education policies are inclusive in intent and purpose, in practice, teachers do not have support to develop their skills to teach or prepare materials in inclusive ways, and learning support materials are insufficient or non-existent (Carrim, 2002). Given such a high degree of discrepancy between legislation and implementation, it may be concluded that South Africa, also somehow lacks pragmatism in their approach (Sayed, 2003). In view of Carrim’s assertion above, future research on South Africa’s tertiary education should therefore focus on capturing personal experiences of disabled students as a measure or indicator of the correlation between policy and practice. The South African government should however be commended in showing keen interest towards addressing the inequalities within the education system regarding disabled students. Its geopolitical position should in itself present challenges to the formulation of similar constitutional provisions and policies in such countries as Zimbabwe, and this is considered in Chapter 9.

Conclusion

It is evident that countries that have had comprehensive anti-discrimination legislation in place for long periods of time (e.g. UK, USA, Australia, and New Zealand) have made significant progress in the provision for disabled students. However, difficulties in making reasonable adjustments to teaching and learning, and providing adequate

support services in these countries reflect some significant gaps between policy and practice are evident, and there is room for improvement. It implies that inclusion is a continuous process. The ongoing debates in UK and USA, on what really constitutes 'reasonable adjustments' (SENDA, 2001;) and 'reasonable accommodations' (ADA, 1990) suggests that such loophole clauses may be used by some institutions as 'escape phrases' in making appropriate provisions to disabled students. Despite the seemingly adequate educational provisions in South Africa, there appears to be a massive buffer zone between policy and practice (Carrim, 2002).

After focusing on the inclusion of disabled students in higher education in UK, USA, Australia, New Zealand and South Africa, it is now imperative to explore the Zimbabwean context. The next chapter provides Zimbabwe's traditional/cultural and socio-economic responses to disability, issues that influence inclusion of disabled students.

Chapter 2

Disability versus Traditional Values and the Social-economic Factors in Zimbabwe

“While the rest of the world might view Africa as a continent plagued by civil wars and official corruption, and individual countries as bankrupt states with starving populations ravaged by HIV and AIDS, the Africans surveyed see themselves quite differently. Africans are generally positive about their lives and they are proud to be African. Pan Africanism with a strong local flavour dominates the way people see themselves, other countries and the world. Ethnic origins, country and ‘Africanness’ combine to produce a strong sense of identity in which disappointment at one’s own government’s shortcomings can be balanced against an admiration for the continent’s positive legacy to the world.

(Pulse of Africa Survey, 2004, p4)

Introduction

The provision of education is largely, influenced by a particular country’s socio-cultural beliefs and traditions vis-à-vis its responses to prevailing situations. This notion justifies the inclusion of this chapter in the thesis and it addressed the second research question. Chapter 2 is partitioned into three sections. Section 1 focuses on traditional/cultural values and their bearing on different situations pertaining to disability. Section 2 defines disability and provides a general overview of the perceptions of disability in Zimbabwe. Section 3 explores disability and legislation, the economic situation, poverty, existing social security safety nets, and HIV and AIDS and how these, from time to time, impact on the inclusion of disabled students in higher education.

Section 1: Traditional/Cultural Values

Zimbabwe is a landlocked Southern African country situated north of the Tropic of Capricorn between the Zambezi and the Limpopo Rivers. The country stretches 797 kilometres from north to south and 813 kilometres from east to west. It has a total area of 390,580 sq km, of which 386,670 sq km is land and 3,910 sq km is water (World Fact Book, 2006). The country is bordered by Zambia to the north, South Africa to the south, Mozambique to the east, and Botswana to the west. It is part of a great plateau, which constitutes the major feature of the geography of Southern Africa. The map of Zimbabwe on the next page illustrates Zimbabwe’s international and provincial boundaries, cities, and towns.

Figure 2.1: The Map of Zimbabwe



Map of Zimbabwe used with copyright permission from www.mapsofworld.com

Zimbabwe is a mixed but predominantly natural resource-based economy that produces a range of agricultural and mineral commodities. Tobacco, cotton, and sugar have been the top export crops while gold, asbestos, chrome, platinum, coal, copper, graphite, iron ore, nickel, silver, tin, and diamonds form the mineral export base of the country (World Fact Book, 2006).

Zimbabwe derives its name from Great Zimbabwe, the twelfth - to fifteenth-century stone-built capital of the “Rozvi” Shona dynasty that means great stone esteemed houses (Mpfu, 2002). According to current estimates, the population of the country is 12,236,800, of which 98% are indigenous blacks and about 70% of the population lives in rural areas (World Fact Book, 2006). These estimates explicitly take into account the effects of excess mortality due to AIDS; this can result in lower life expectancy, higher infant mortality and death rates, lower population and growth rates, and changes in the distribution of population by age and sex than would otherwise be expected (World Fact Book, *op cit.*). Harare and Bulawayo account for most of the approximately 30 percent of the population in urban areas. Zimbabwe is divided into two major

tribes, the Shona and the Ndebele, which are further divided into numerous but minor tribal dialects (Shona: e.g. Manyika, Zezuru, Karanga, Korekore, and Ndau; Ndebele: e.g. Tonga and Kalanga). These groups of people have their own traditions, social-cultural values and belief systems unique to them, which essentially determine how individuals think, act, behave, and generally conduct themselves (Mbiti, 1992).

Hensley and Schott (1999, p2) define culture as:

“A shared set of values, assumptions, perceptions and conventions, based on a shared history and language, which enable members of a group or community to function together.”

Therefore, our culture vitally affects every aspect of our daily life; thus how we think and behave, and the judgements and decisions we make. It is like a set of lenses through which we look at the world that defines both what we see and how we interpret it. Like air we breathe, our culture is all around us from birth and we acquire most of it unconsciously in early childhood (Hensley and Schott, 1999). Hensley and Schott (*op cit.*) perceive culture as one layer of human mental programming of the mind, which distinguishes the members of one category of people from another. They argue that culture is something that is not genetically inherited. Rather, it is acquired during childhood when we are systematically taught the basic values and norms by which our family, society, and community live. However, there likely to be a danger or a dilemma in distinguishing the cultural from the personal. In this respect, the challenge lies in that, people may assume that personal beliefs represent society’s cultural values and beliefs thereby misrepresenting the macro level of understanding within a particular culture.

The Zimbabwean culture emphasises the philosophy of ‘*unhu*’ (Shona), ‘*ubuntu*’, (Ndebele/Nguni) or ‘beingness’ (Mbiti, 1992). Mbiti (*op cit.*) explains “*ubuntu*” as being honest, accommodative, sharing, saving life at all cost, and respecting young and old. The concept is synonymous to valuing human dignity. Beingness is defined by qualities of the individual’s participation in valued family and community activities. Participation in family and communities is valued more than individual differences or other human attributes.

The Shona concept of “*ukama*” (being related to other people) also places inclusiveness at the core of humanness. Through totems³ and marriages, most Zimbabweans are related to each other. “*Ukama*” conveys a sense of wholeness of human situatedness with the “human world [individual], the natural world [accepted or expected], and the spiritual world [religious or sacred]” (Gonese, 1999, p38). For example, through “*ukama*,” one can be linked to present and

³ A totem is a natural object or animal that is believed by a particular society to have a spiritual significance and that is adopted by as an emblem.

past relatives. Similarly, the Shona dictum, “*munhu wese ihama yako*” (everyone is your relative) may be considered a strong basis for inclusiveness.

The family is a very strong cultural institution in Zimbabwe with responsibilities between family members taken seriously. The bond that brings them together is manifested in such activities as having meals together and also holding consultations on various issues affecting the family [*dare*] (Pulse of Africa Survey, 2004). All children are members of a broad extended family and arrangements for their care and upbringing are the concern of not just their biological parents, but also an extensive network of relatives (Nyambedha *et al.*, 2003). A family comprises of biological parents, children, paternal and maternal grandparents, uncles, aunts, nephews, nieces, cousins, and sons and daughters in-law (Nyamukapa and Gregson, 2005). Therefore, members of the extended family automatically become part of the immediate family members. The nuclear family is a foreign concept that came to Zimbabwe with colonisation (Peters and Chimedza, 2000). Any family member can pledge their willingness to take care of any of the wider family relations. Thus, responsibilities would include but not limited to, providing clothing, food and tuition fees. My personal example is when I started taking care of my nephew since he was three until he finished university education. Up to now, he literally regards me as his “mother”.

In coping with both transient and chronic poverty, the extended family is an important factor in social security in Zimbabwe. The extended family system “remains very real within the collective consciousnesses in Zimbabwe” (Nyamukapa and Gregson, 2005, p2161) and is usually the first point of reference when a problem arises. Hospitality and mutual aid towards one’s relatives, even quite distant ones, are important cultural values for Zimbabwe’s ethno-cultural groups (Mararike, 1999 p154-651), and beneficiaries, in most cases appreciate the assistance as exemplified by a study participant in Chataika (2003) who had this to say:

“I grew up being looked after by my aunt. Though my parents were alive, financially, they were dead. I did not miss my parents that much because my aunt was like a father and mother to me. She was really, really good to me. She never treated me differently from her kids. I owe my aunt everything I have today.”

(Chataika, 2003, p35)

In Zimbabwe, like in many other African countries, communities comprise of a cluster of families or clans. It is also the responsibility of those communities to ensure that all the children follow community values, norms, and beliefs religiously. The understanding here is that, it takes the whole village to raise a child. Mutual assistance and sharing of burdens (*kubatsirana*), within the community, signify the morals of community behaviour in mutual help and a close bond of households (Nyamukapa and Gregson, 2005). For instance, the concept of “*nhimbe*,” is where the whole community comes to one homestead to work together in such activities as

ploughing, planting, weeding, and harvesting of crops. Since reliance on each other for support in times of need constitutes Zimbabwe's traditional fabric, usually people try to maintain good relationships (Mutepfa *et al.*, in press). Such community set values require mutual consideration and assistance especially in times of distress, for example, in sickness, death, and famine.

The whole community has an obligation to participate in various traditional and cultural ceremonies, for example, weddings and funerals. Thus, participation in, and contribution (money, supplies, or labour) to these gatherings is vital though not mandatory (Mbiti, 1992). However, my experience is that, if one does not participate in these community activities, then, community members will also reciprocate by not assisting the uncooperative member when support is most needed in his or her own family. Therefore, as Mbiti (*op cit.*) points out, an individual has little latitude outside the context of the traditional African family and community. He goes further to say that:

“Whatever happens to the individual happens to the whole group, and whatever happens to the whole group happens to the individual. The individual can only say: ‘I am, because we are; and since we are, therefore I am.’ This is a cardinal point in the understanding of the African view of man.” (sic)

(Mbiti, 1992, p109)

However, in most cases, history has shown that the mere presence of disabled children in Zimbabwean communities presents numerous challenges to families concerned and the communities in general. A critical analysis of the Zimbabwean perception of disability in the realm of the country's traditions and cultural beliefs is made in the subsequent section.

Section 2: Perception of Disability in Zimbabwe

Many of our attitudes, values, beliefs, and ways of being are shaped by cultural experiences. These often leave an indelible mark that has a major effect on our perception of life and reactions to situations, especially major life events such as the presence of a disabled child in a family (Hensley and Schott, 1999). If disabled people are viewed as victims of a tragedy, this will determine how they will be treated. The word disability is subject to a wide range of interpretations and has proven to be a difficult term for academics and policy makers to define. How society defines disability is important in the development of social policy (Livingston, 2005).

The World Health Organisation (WHO) defines disability as:

“Any restriction or lack of ability to perform an activity in a manner or within a range considered normal for a human being.”

(WHO, 1980)

The Zimbabwean Government carried out a national disability survey to ascertain the extent, nature, and main causes and impact of disability in the country (Department of Social Services, 1982). The survey found out that they were about 271 000 disabled people in Zimbabwe. This data is obsolete and the survey itself has many flaws. For instance, it invited disabled people to volunteer to go to central places to register without considering how disabled people would manage to get to these centres (Csapo, 1986). In addition, this survey did not focus on young disabled children since it mainly concentrated on people disabled by the war of national independence from the British Government. Nonetheless, this survey remains an important study in that it was the first such survey to be carried out in Zimbabwe and it provided a useful database for purposes of national planning.

In the Department of Social Services Disability Survey Report (1982), a working definition of disability that incorporated both clinical and functional aspects was crafted. The Report defined disability as:

“A physical or mental condition, which makes it difficult or impossible for the person concerned to adequately fulfil his or her normal roles in society” (p8).

The revised Disabled Persons Act of Zimbabwe (1996, p51), defines a disabled person as:

“A person with physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society.”

Although the above definitions provide a general understanding of how the perception of disability has evolved in Zimbabwe, marking a hugely significant paradigm shift in the general perception of disability over the years, the big challenge lies on the Disabled Persons Act of Zimbabwe definition, which in my view is still medically based.

In Africa, disability issues have so far attracted a very modest amount of research (Miles, 2006). Burke (1989, p60-67) cites observations of indigenous practices with disabled Africans since 1900, across a wide range from “infanticide through to tolerance and provision of legal protection.” Peters (2001) highlights the situation of disabled people in Zimbabwe and directions for change. Mpofu (2001) addresses how disability was viewed in pre-colonial Zimbabwe. Peters and Chimedza (2000), Chimedza and Peters (2001), Zvobgo (1990), Devlieger (1995, 1998), Peresuh and Barcham (1998), Addison (1986, 1992), Coleridge (1996), Miles, (1996; 2006), Jackson and Mupedziswa (1988) and Chitiyo and Wheeler (2004) are among the authors who have written about disability, culture, education, attitudes and development in Zimbabwe.

From pre-colonial Zimbabwe up to today, disabled people have been marginalised and treated as if they are second-class citizens. Disability is equated with inability. The Shona and Ndebele words for a disabled person, “*chirema*,” and “*isilima*” respectively, have been used to mean inability to function and stupidity. In Shona, the object or animal-referent “*chi*” prefixes the word “*rema*”. Therefore, an indigenous Zimbabwean conception of disability considers a disabled person as the borderline between a human being and an animal (Devlieger, 1998). As a result, disabled people have been, for a long time, perceived by the society as lacking in clear social role functions. This phenomenon is described as “role marginalisation” (Devlieger, 1998) or social liminality (Murphy, 1990).

Disability was viewed as a form of punishment by some ancestral spirit unhappy with the family or, a result of bewitchment by enemies of the family (Addison, 1986; Kisanji, 1995) and similar beliefs and attitudes towards disability have been found elsewhere in Africa; for example, in Nigeria (Onwegbu, 1979) and Zambia (Phiri, 1979). In either case, the target of the punishment was the family, and the disabled person would suffer on its behalf. As highlighted earlier on, in this context, family meant the extended family.

In some cases, rituals and spiritual ceremonies were held to cleanse the disabled person and to dispel the evil spirits from the family, and all family members attended these functions in solidarity to solve a ‘family problem’ (Peters and Chimedza, 2000). In such a situation, the disabled person enjoyed sympathy, support, and empathy from the entire family and village. Disability was therefore a responsibility for the family and village. This is exemplified by the experiences of one late Zimbabwean disability activist who went through such a ritual as cited in Chimedza in Peters (2001):

“I was taken up a mountain and I was left overnight on the mountain on my own. They were to collect me the following morning, traditional rituals were performed. It was expected that was the way of really helping me out. It was terrible.”

(Chimedza & Peters, 2001, p157)

The above situation is confirmed by a study commissioned by The United Nations Children's Fund [UNICEF] (2001). The study established that some relatives saw the birth of a disabled child as a taboo that brought bad omen to the family. As a result, they did not want to be associated with the situation. In the study, parents of disabled children pointed out that some family members came to support only if there were “family rituals to cleanse the disabled child, thus removing the bad omen” (UNICEF, 2001, p76). This suggests that other family members were supportive of, not the disabled child, but rather, the desire to eliminate the disability (the bad omen) from the family. So intense were these beliefs that “mental retardation” (sic), like all other forms of disability was regarded as meted out by the gods and for the various offences committed (Avoke, 2002). Even today these “attitudes and beliefs towards disability are still

prevalent and strong,” although at times people pretend that they no longer exist (Avoke, 2002, p79).

Tilstone (2003) emphasises that mythical beliefs are hard to eradicate, as they easily become the crystallised opinions and attitudes of society. In Zimbabwe, there were other numerous mythical beliefs that were associated with disability. For example, a general belief that one should not laugh at a person with a disability lest the curse is transferred to the scornful person was common (Mpofu, 2000). In some way, this resulted in society being more tolerant to disabled people, because of fear that the disability might be shifted onto them, hence the proverb, “*seka urema wafa*.” This was a way of desisting people from laughing at a disabled person. It was also believed that pregnant women should not look or associate with disabled people or they may give birth to a disabled child. This assumption is evident from the personal experience of a disabled man cited in the National Association of Societies for the Care of the Handicapped (NASCOH):

“Then sometime last year in the afternoon, my pregnant secretary was brave enough to ask me a straightforward question. ‘Mr X, what chances do I have in giving birth to a disabled child since I am working with disabled people?’ She was simply trying to crosscheck the truth in the belief that when a pregnant woman comes across a disabled person, she must spit at her tummy so as not to give birth to a disabled child. My secretary could not imagine spitting at herself every time disabled people visited the office. She was also aware that our association regularly held workshops and seminars with disabled members. Therefore, could she always spit at herself at every workshop? Such dangerous beliefs in our culture are a thorn in the flesh for our modern society. It is good that some of our colleagues are slowly becoming free”.

(NASCOH, 2002, p2)

This indicates that beliefs can be transcended from one generation to another, but could also change with time because of the advent of new thinking on disability. Societal attitudes disable people, and this is often manifested in their reaction to disability with horror, fear, anxiety, distaste, hostility, and patronising behaviour (Kisanji, 1995; Coleridge, 1996). What society believes to be the cause of disability is usually internalised by families. Ndebele (2003) argues that the first challenge that the parent of a disabled child faces is that of accepting the child’s disability. She points out that *N’angas* (traditional healers) and prophets are often consulted to make a reversal of the condition but usually in vain.

The idea of the family as a social unit that takes the burden of responsibility for its disabled members is an old one in Zimbabwe. Under pressures exerted by urbanisation and changing patterns of production and employment, however, the institution of the family has weakened substantially. In colonial Rhodesia, the consolidated extended family broke down and was replaced gradually, by the nuclear family system with a very loose extended family base. The disabled person became the responsibility of the nuclear family. Due to this limited family support and because family members had to work for colonial masters in their fields and

factories, disabled people began to be locked in houses, chained to trees, and generally ill treated and seen as a burden (African Rehabilitation Institute, 1991). The introduction of education for disabled persons, beginning in the 1920s by the missionaries, was therefore a great relief to the families of the few disabled children who were fortunate enough to get a place in a school (Peters and Chimedza, 2000). These were institutions where disabled children were institutionalised away from home and most families valued these institutions more as custodial homes than as education centres. The impact of colonisation is clearly portrayed here and this is flagged up later in Chapters 4, 7, and 9.

The above situation means that from early childhood, young disabled children therefore get the message that they are unclean, inferior, and unworthy. This is against the background that the growing disabled child needs love, respect, friendship, responsibility, group learning, and participation.

Families are often torn apart by the birth of a disabled child. From experience as a special educational needs (SEN) teacher, 75% of the disabled children in the class that I taught in 1995 came from single mothers who were divorced because they were being blamed for causing the disability, especially if no such thing has ever happened in the family lineage. Although divorce is common amongst families of disabled children elsewhere (Hogan, 2004), in Africa, and particularly in Zimbabwe, it is more pronounced and a common practice for the man's relatives in Zimbabwe to blame a woman who has given birth to a disabled child (Charowa, 2005). Tatenda, a mother of a disabled child shares her experience with Charowa (2005):

“I separated from my husband who could not come to terms with the disability of our child and was under pressure from his relatives.”

(Charowa, 2005, p2)

UNICEF (2006)'s study found out that most of the relatives of the husband's side blamed the disability on the wives. The caregivers in the focus group related stories of sour relationships between mothers-in-law and their daughters-in-law with disabled children. Most mothers-in-law were said to be angry with daughters-in-law who “brought” disabled children into the family, and in most cases, they ended up in broken marriages due to pressures from paternal relatives (UNICEF, *op cit.*).

Parents may even believe the child to be a curse, so they may hide the child as a way of coping with the affliction and retaining social equilibrium. United Nations Educational, Scientific and Cultural Organization (UNESCO, 2001, p10) establishes that:

“Often these children are excluded from society. They might be hidden away at home if they look different because of fear and superstition Often their needs are not recognised and they are thought to have little to contribute to their community. But this exclusion reduces children's opportunities to learn, grow and develop.”

This was also evident during my career as a special educational needs teacher when we were involved in outreach programmes scouting for school-aged disabled children. In some cases, the family would deny that they had a disabled child in the family until we exhausted all the channels, for instance going via the local chief, only to find out that the child was hidden, mostly in the granary.

Stigmatisation does not end with the community and family members; it can extend to professionals. For instance, Ndebele (2003, p3), in a newsletter article reported that:

“The constant visits to the hospital also made the medical staff to think that he was indeed HIV positive, so test after test of HIV as well as TB [Tuberculosis] were carried out on both me and my child. Finally, my child was labelled an FTT, which means ‘failure to thrive’ as he was not responding to medication.”

Not all mothers lose hope when faced with such challenging situations from society or professionals (Goodley, 2007; Hogan, 2004); instead, the experience can turn them into strong and bold super mums who defy all negativity:

“All this process made me bolder and eventually asking myself the question; ‘why not me?’ as this was God’s gift and he could have given it to anyone else. Anyway, my child to me was just a child and the fact the he had down syndrome and a congenital heart defect would not change that.”

(Ndebele, 2003, p3)

Ndebele (2003)’s response shows that there is need to let go of stereotypical reactions and stigma as a precondition for readiness to accept a disabled child. However, strong cultural beliefs could overwhelm individuals into accepting disabled people. In any case, views about disability as being the atonement for sins seem to be outdated, as “increased modernisation seems to be diluting the effects of traditional belief systems” (Choruma, 2006; Avoke, 2002, p771). In some social setting, disabled people are invisible because generally the country’s social amenities have not been structured in a way that is inclusive for disabled people (Choruma, 2006). As such, disabled people are less likely to participate in most social activities. Instead, disabled people belong to institutions where “specialised” activities are developed for them. However, individual experiences of disabled people still differ as reported by Tikiwa (2006) that disability is still regarded as a curse in some quotas. To some extent, society’s attitude towards disabled people reflects a view that disabled people are liabilities who have no role to play in society (Choruma, 2006). In view of this, it is therefore important to highlight how the Zimbabwean government responds to disability issues.

Section 3: Disability: Socio-cultural and Economic Factors in Zimbabwe

Let me hasten to emphasise that in this thesis, the cut off date for the 'current state of Zimbabwe's economic status is November 2006. It is beyond the scope of this thesis to cover periods beyond this date, as this thesis, at some point, had to be concluded. Therefore, this cut off point provides the sense of how 'current' the overview at the time of writing was.

Social security⁴ is vital to enhance disadvantaged citizens' lives, and yet in many cases, countries (particularly the majority of countries) do not adequately address this aspect, especially when it comes to disabled people mainly due to strained resources. In Zimbabwe for instance, supportive technical gadgets such as hearing aids, braille machines, white canes, accessible information, wheelchairs, and other mobility aids are not readily available for the user groups (Peresuh and Barcham, 1998). With Zimbabwe currently economically hard hit, this has further reinforced negative attitudes towards disabled people as they are regarded as expensive and not worth the expenditure.

Poverty is both a cause and a consequence of disability (Choruma, 2006). This means that disability is inseparable from poverty and the two are linked in a vicious circle, as disabled people are more prone to live in chronic poverty, which in turn can lead to disabling conditions. Both poverty and disability reinforce each other, thereby contributing to increased vulnerability among disabled people (Choruma, *op cit*). Unfortunately, in most cases, where poverty is extreme, disability is right down on the priority list (Peresuh and Barcham, 1998) and disabled people are thrown deeper into the poverty pool. For example, Ndebele (2003) points out that unsettled accumulating bills for hospital appointments and ever escalating school fees if the child is of school going age become a burden to the parents. While for instance in the UK there is free National Health Service and free education prior to further and higher education, in Zimbabwe, this is not the case. This places deprived families of the basic necessities, particularly disabled people who have already suffered a long history of marginalisation. Ndebele (2003) argues that parents need the help and support of society in general and the state in particular to bring up disabled children. Without support, the disabled are caught in a cobweb of perpetual poverty. Political will can only be best shown through legislation and policies backed up by financial resources.

Legislation

Zimbabwe is one of the few countries in sub-Saharan Africa with legislation on disability. The Disabled Persons Act (Chapter 17:01) was passed in 1992 and amended in 1996, to make

⁴ To be discussed in detail later in Section 3

provision for the welfare and rehabilitation of disabled persons. The Act was enacted with the disabled war veterans in mind, and as result, the Act has no mention of the education of disabled children (Mpofu, 2001).

The Disabled Persons' Act demonstrates government commitment to issues of disability to some extent. While the document requires amendments and implementation, its enactment was a positive stride in the right direction. Nevertheless, the difficult is to translate such a myopic document into practice and show commitment towards a broad range of disabled people, particularly on the issue of education not covered by the Act. Disability is a constituency in the demographic distribution of any nation's human resource. Naturally, people are bound to react to any form of social or other deviance but can develop negative to positive attitudes through symbolic interactions where all citizens interact with respective communities for shared meaning. There are a number of issues that can be raised from this Act. Dube (2006) quoted a Zimbabwean Disability Activist, Gladys Charowa at a conference who commented that Zimbabwe has poor legislation on disabled people. Charowa quoted in Dube (2006) argues that although the Disabled Persons Act was drafted in 1992 by the government, nothing has materialised. There has been no implementation of the policy after its formulation.

Legislation can, to some extent contribute to the social exclusion of disabled people. First, legislation can fail to protect the rights of disabled people and second, through legislation, barriers can be created to prevent disabled people from accessing equal opportunities (Zigomo, 2000). Although there have been some attempts to identify and eliminate discriminatory legislation from our statute books since the Disable Persons Act was passed in 1992, many aspects of past discriminatory legislation remain and even some of the new laws and amendments contain sections, which directly or indirectly lead to discrimination against disabled people. As a result, large sections of the legislative framework in Zimbabwe still fail to meet international human rights standards and principles about the rights of disabled people (Zigomo, 2000). The Act is very general, making it difficult for disabled people to know how and where to access services (Choruma, 2006). One of the main reasons why legislative discrimination continues to take place is that discrimination is not always obvious merely from reading a statute. Problems often arise when the law or statute is applied. These include:

- The way regulations governing specific acts are drawn up
- The way Acts and/or their regulations are administered
- Inappropriate and/or ignorant interpretation of the law, and
- Poor monitoring of the law

To empower disabled people, Zigomo (2000) suggests that there is need to lobby for a review of the Act. The Disabled Person Act (1996, p51) stipulates that a Director of Disabled Persons Affairs must be appointed, and up to now, no one has been appointed despite outcries from disability movements. One can therefore conclude that primitive and negative attitudes of prejudice, injustice, and rejection are still prevalent in Zimbabwe (Ndebele, 2003). To add to the above prejudices, NASCOH, the umbrella body for more than 50 disability organisations in Zimbabwe, through its regional arms which are working hard to change societal attitudes and influence policy change, has its own challenges (NASCOH, 2002).

Generally, disabled people are ignorant of the Disabled Persons Act due to limited exposure to and education on this instrument (Choruma, 2006). Disabled people's organisations in Zimbabwe seem not to be carrying out awareness campaigns to raise awareness among their constituencies and communities. Lack of knowledge or information on legislation and policies is indeed a limiting factor for disabled people to be able to meaningfully engage in discussions about provisions or violations thereto (Choruma, *op. cit*). In addition, divisions among the disability groups that form the umbrella body usually work against them. As a result, policy makers do not take them seriously since they speak with a divided voice (Choruma, 2006; Zigomo, 2000).

The Presidential Commission of Inquiry into Education and Training Report (PCIET), 1999) points out that The Disabled Persons' Act (1996) is silent on the language that helps disabled people to enjoy their rights as full citizens of Zimbabwe. The Report also highlights that the Act is administered under the Department of Social Welfare.

“By doing so, the government has made issues and rights of disabled people not to be dealt within a holistic manner. Some government departments now refer all disability issues to the department of Social Welfare.”

(PCIET, 1999, Section 4.6)

Due to lack of mandatory legislations like the British Disability and Discrimination Act (1995, 2005), and the American Disability Act, disabled people are likely to be subjected to utter poverty. The British Government has, through the Disability Rights Commission (DRC) produced a number of Codes of Practice explaining legal rights and requirements under the existing legislation. These Codes are practical guidelines - particularly for disabled people, employers, service providers, and education institutions. Such political commitment is what is lacking in Zimbabwe. Disabled people in Zimbabwe constitute a higher percentage of people living in poverty and whose rights are not legally protected (NASCOH, 2002). Unquestionably, the current economic circumstances inevitably promote the sinking of disabled people into further poverty.

Prevailing Economic Circumstances

After attaining independence, Zimbabwe adopted a centralised economic policy- directly controlling some areas of production, intervening heavily with price controls and subsidies (Mombeshora, 2000). As a result, Zimbabwe economically progressed significantly and was dubbed the 'bread basket of Africa' because of its lucrative farming and mining industries (Chimedza, 2000). Unfortunately, the country is now faced with insurmountable challenges. The poor performance of the economy can be attributed to many factors. These include the difficulties of the adjustment process and recurrent periodic weather-related downturns in farm production that drained state coffers in food aid to rural people (Mombeshora, 2000). The socialist policies adopted by the government did not encourage investors, and the budget deficits in excess of 10% of Gross Domestic Product (GDP) for much of the 1980s and 1990s, which rose mainly from government spending on a large bureaucracy were partly to blame (Mombeshora, 2000). Low commodity prices and poor fiscal and monetary management all factored in a pattern of uneven performance. Towards the late 1980s, there was a clear sign that the economy was in trouble since the country was experiencing shortages of commodities. Black markets and corruption became common practices and the country was in a very difficult situation where it sought to continue with its socialist agenda, contrary to the realities of the economy (Mhone, 1995).

Faced with the financial problems, the government had no choice but to seek external assistance, and therefore approached the World Bank and the International Monetary Fund for assistance (Chimedza, 2000). It is from this situation that the Economic Structural Adjustment Programme (ESAP) was born in 1991 in an attempt to restructure the national economy. The approach was for the government to liberalise trade, promote private enterprise, remove price controls and subsidies, allow free play of market forces, reduce government expenditure (e.g. reducing the number of civil servants) and budget deficit (Chimedza, 2000). The bright promise at independence of a free, equal, and just society could not be fulfilled since access to education and health ceased to be free. Therefore, the first phase of ESAP failed dismally as the budget deficit increased.

The financing of the deficit was made through domestic borrowing and this fuelled the already sour inflation and resulted in high interest rates (Chimedza, 2000). Prices of goods shot up resulting in food riots, industrial actions, labour union led work stay-aways and lots of discontent in civil society (Mombeshora, 2000). The Government reacted to this by not stopping and removing ESAP, but instead it further affirmed ESAP by launching its second phase under the new name Zimbabwe Programme of Economic and Social Transformation (Mombeshora, 2000; The Institute of Chartered Accountants of Zimbabwe [ICAZ], (2006). The economic nightmares experienced during the ESAP continued as the government kept on borrowing in

order to finance its political agenda. Just as ESAP, the second phase failed dismally and soured the country's economic situation (Mombeshora, 2000).

Zimbabwe now faces continuous economic problems as it struggles to consolidate earlier moves to develop a market-oriented economy. Further more, its unnecessary involvement in the Democratic Republic of the Congo war in 1998 drained hundreds of millions of dollars from the economy. The Lords of Hansard Publications (2001) was also concerned about the involvement of Zimbabwe in the Democratic Republic of the Congo war:

“We are extremely concerned about the level of spending on defence by the Zimbabwean government, largely as a result of their own involvement in the Democratic Republic of the Congo conflict. Zimbabwe's economy will not be able to start the recovery process while defence spending remains high.”

(Lords of Hansard Publications, 2001, Column 268)

In 1999, Zimbabwe defaulted on its loans from the International Monetary Fund (IMF) and badly needed support was suspended because of the country's failure to meet budgetary goals (Mombeshora, 2000). Inflation rose from an annual rate of 32% in 1998 to about 60% in 2000, and then to 100% in 2001, 426.6% by August 2003 and 900% by March 2006 (ICAZ, 2006). The government also embarked on an overdue land reform programme, which unfortunately was characterised by chaos and violence and derailed the commercial sector, the traditional source of exports and foreign exchange, and the provider of approximately 400,000 jobs (World Fact Book, 2004; Mombeshora, 2000).

The declining economic situation resulted in millions of skilled and professional Zimbabweans having to leave (and are still leaving) the country to greener pastures. The snapshots highlighted below demonstrate the seriousness and damaging effects of the Zimbabwean situation because of the ailing economic situation:

“An exodus of lecturers over the past few years is threatening to cripple teaching at the country's biggest higher learning institution, the University of Zimbabwe (UZ), the Daily News established yesterday. Hardest hit by the shortage of teachers were the faculties of medicine, arts, law, social studies, science, agriculture and engineering, with teachers said to have left for higher paying jobs in the private sector or at foreign universities in Britain, New Zealand and Canada. Some of the faculties have already suspended several courses because there are no lecturers to teach students. Association of University Teachers (AUT) secretary-general James Mahlaule said: “The UZ operates with a maximum of about 1 400 lecturers but right now we have less than 50 percent of lecturers remaining. The situation is pathetic; people are resigning in their numbers”.

(The Zimbabwe Daily News, 21 July 2003, p.1)

“Each year Zimbabwe loses thousands of talented professionals crucial to its development needs. Most of these are young professionals who abandon their professions in Zimbabwe, often for menial jobs that advance the socio-economic interests of their host countries,” the report said. The professionals mostly involved include doctors, nurses, engineers, teachers, financial experts, and other skilled people.”

(The Zimbabwe Independent, 19 Dec, 2003, p1)

Disabled people have not been left out of the exodus bandwagon to “greener pastures” either:

“According to Muponde, she and scores of other disabled people left Jairos Jiri (Centre) [Association] when the government’s Department of Social Welfare stopped supplying food and other services to the centre, saying it no longer had money to do so. Muponde said some of her former colleagues at Jairos Jiri remained, trying to eke out a living begging on Zimbabwe’s streets, but she decided to trek down to South Africa to join the roughly two million Zimbabweans based here after fleeing their home country because of economic hardships. “The government’s department of social welfare said it could no longer assist us because it had no money.”

(The Zimbabwean, 15 April 2005, p9)

The above unfortunate situations, undoubtedly negatively affect the lives of Zimbabweans in general, and disabled people in particular since the once cherished family and community ties are fast diminishing because of economic hardships and “forced” migration. The current economic situation has made things even more difficult for disabled people since the government is focusing on turning around the economy and the need to develop effective responses to HIV and AIDS⁵ (Choruma, 2006). These two main issues have taken precedence, reducing the scope for addressing a wider range of social needs, including disability issues. Therefore, it is inevitable that these conditions emphasise the need to put a study of disability studies in the context of such economic hardships.

Poverty and Social Security Safety Nets

Generally, poor people face a greater risk of impairment. In addition, the birth of a disabled child or occurrence of disability in a family, often places heavy demands on families, thrusting them deeper into poverty (Maunganidze, 2001). Maunganidze (*op cit.*) reported the findings of the International Labour Organisation and the United Nations Development Programme, which indicated that the main key indicator of poverty is the degree to which people are excluded from accessing basic goods and services. Poor people do not have sufficient income to purchase goods and services. Such degree of poverty calls for responsible nations to come up with social security safety nets to assist their poor citizens, particularly disabled people who are in general, grossly over-represented among poor people.

Social security is defined as “the security that society furnishes, through appropriate organisation against certain risks to which its members are exposed” (International Labour Organisation [ILO, 1942]. The ILO reference dates back to 1942, and this shows how far backdated the concept of social security is. It indicates the realisation of the importance of providing some form of social security to less fortunate citizens. The assumption behind the provision of social security is that an individual usually develops needs or wants which he/she may not be able to meet using his/her own resources, hence the need to mobilise resources

⁵ To be discussed later in this section

external to the individual. Social security therefore aims at providing income-maintenance in circumstances where “an individual’s capacity to earn income is impaired permanently or temporarily” (Kaseke, 1988, p5).

The Government of Zimbabwe’s social safety nets have been credited with preventing famine and protecting livelihoods in three consecutive years of drought-induced food emergencies in the 1980s (Drèze and Sen, 1989, p146-152; Drèze, 1995 p571-580). While recent assessments of the performance of Zimbabwe’s social safety nets in the 1990s have produced a more nuanced picture of different programmes with varying degrees of effectiveness, most of the academic and media attention in the 1990s focussed on those Zimbabwean social safety nets targeted at people who were temporarily poor due to drought or economic restructuring (Kaseke, 1997; 2005). One such safety net was designed specifically to help those who “by reason of age, infirmity, chronic illness or disability and lack of family connections,” and were continually poor (Munro, 2005, p111). This safety net is referred to as the Public Assistance (PA), mandated by the Social Welfare Assistance Act (1988).

The Act limits PA to people who are destitute, are unable to work for a living, and are over 65 years of age, disabled or chronically ill. They must have no known family who can look after them (Social Welfare Assistance Act, 1988, Munro, 2005). The rationale for the PA is that, no matter how well the economy is doing and no matter how effective traditional (that is local or kinship –based) social safety nets are, some people still fall into destitution and are unable to help themselves (Munro, 2005). The assumption in the post-colonial 1988 Act was that “a Zimbabwean who had relatives could be looked after by them to a decent standard” (Munro, 2005, p118). Given the poverty of many Zimbabwean households, this is not necessarily true, as well as considering the gradual disintegration of the *ukama* and *kubatsirana* concepts discussed earlier on.

Poverty increased throughout the 1990s, many social indicators, especially mortality and life expectancy, were already deteriorating before the three major droughts (1992, 1995, and 1999), and a botched economic structural adjustment programme announced in 1991 made things worse (Central Statistical Office [CSO], 1994, p153). Extreme poverty in Zimbabwe in the 1990s was largely, though not entirely a rural affair. Urban poverty also rose throughout the 1990s, fuelled by rising unemployment, falling real wages, rising levels of morbidity and mortality often linked to HIV and AIDS⁶, and decline in the quality and availability of social services. This resulted in homelessness due to family breakdowns (Munro, 2005, p115). Many people lost contact with family members in the rural areas, and therefore could not draw on the traditional or informal social safety net based on kinship and neighbourliness. The concept of

⁶ Impact of HIV AND AIDS to be highlighted in the next section in this chapter

kubatsirana referred to earlier on, was adversely affected during this period due to high levels of poverty within nuclear families, extended families and neighbours.

In coping with both transient and chronic poverty, the extended family in Zimbabwe, as highlighted before, is an important factor in social security. A raging epidemic of HIV and AIDS created “600, 000 orphans” by the end of the decade and both “traditional and state-run social safety nets have struggled to provide adequate care for them” (Munro, 2005, p116). The extended family has been increasingly under strain from urbanisation, labour migration, the HIV and AIDS pandemic, and the impingement of Western cultural, religious, and economic values, especially in urban areas (Munro, 2005, p117). Disabled people undoubtedly are the hardest hit because already, most of them have been living in abject poverty.

Zimbabwe’s expenditure on PA has always been small, around one-hundredth of one percent of the national income (Mhone, 1995). The low budgetary allocations to PA reflect the low priority accorded to the programme. The following are some of the limitations of PA highlighted by Munro (2005, p119):

- High barriers to entry [red tape put to restrict access to PA]
- Passive approach to identifying and recruiting potential beneficiaries [not much effort is put in identifying and recruiting potential beneficiaries]
- Lack of accompanying publicity
- Small budgetary allocations

Since the applicants of PA are supposed to go to District Social Welfare (DSW) offices, many of the legible applicants never get to a DSW office to apply because they are too old, too weak, or too disabled to travel to the district headquarters to apply (Munro, 2005). Munro also reported that since there was only one DSW office per district, and that a journey to the offices might mean a costly and difficult journey of 100km or more, discouraged many eligible applicants. Other potential PA clients live in remote areas without access to the mass media, and therefore may never have heard of the PA. For those who are fortunate to hear about it from relatives and friends through word of mouth, transport problems would restrict them from going to District offices since now, with the current poor economy, transport costs are actually more than the PA, and it does not make sense to pursue it. Due to small budgetary allocations of PA, the cash maintenance allowances paid out to the few that get it are well below the government’s own food poverty lines. In other words, the PA allowance that is meant to cover an individual’s basic necessities would be barely be sufficient to purchase a 10kg bag of staple maize meal. In most instances, the travel expenses would consume at least 70 percent of the maintenance allowance or more (Kaseke, 1995; Munro, 2005).

It seems there has been lack of political will by Government in PA. PA has suffered chronic under-funding for most of the decade and inadequate political will to reform the relevant legislation (Kaseke, 1995). The lack of political will might be that the politicians calculated that they were unlikely to win many votes by improving PA's benefits or coverage. The fact that PA benefits are so small and that its clients are amongst those least likely to vote because of their infirmity, disability or advanced age, discouraged politicians from developing any interest in PA. It is common knowledge that if the chronically poor are to get adequate social protection, there will be need for a broader scheme of social assistance. The question that lies ahead is whether the Zimbabwean government will be able to design and provide such a scheme in the light of the current souring economic situation. The PA seems not to address the needs of vulnerable people in Zimbabwe. However, apart from the PA, other social safety nets targeting orphans and children in difficult circumstances, for example, the Basic Education Assistance Module Programme (Munro, 2005).

In 2001, the Zimbabwe Department of Social Welfare started running the Basic Education Assistance Module (BEAM) programme. This programme is meant to provide assistance with school fees, food, counselling, fostering and relocation of orphans to identified surviving relatives or communities, medical assistance, income-generating projects and technical support for community nutritional gardens (Munro, 2005, p2164). Unfortunately, now, the BEAM programme has resorted to payment of tuition fees for pupils from poor families, since there is no free education in Zimbabwe. In a way, issues affecting disabled people in Zimbabwe have been relegated to society's back burner due to a plethora of socio-economic problems that have hit the poorer of society (Dube, 2006). Dube (*op. cit.*) argues that pressing issues have taken centre stage in the life of Zimbabweans at the detriment of disabled people including the prevalence of HIV and AIDS scourge, the deteriorating economic situation, and political problems currently plaguing the country and the general decay of the social fabric. She further feels that the government has abdicated its social responsibility to its vulnerable citizens due to other overwhelming issues.

As the economic situation is worsening, these safety nets are becoming unattainable. The escalating numbers of orphans resulting from HIV and AIDS and an ever-soaring inflation rate has continuously overwhelmed BEAM. This has left many beneficiaries struggling to access BEAM facilities due to the red tape imposed by the authorities as a way of controlling the number of recipients (Munro, 2005). In view of the above overwhelming socio-economic difficulties, this study is significant and timely in that it challenges stakeholders and policy makers focusing on disability issues to consider all these raised issues if inclusive practices are to be put on board in Zimbabwe.

With diminishing safety nets, the HIV and AIDS pandemic has also increased the number of disabled people in Zimbabwe. Unfortunately, Zimbabwe has not yet recognised these conditions as forms of disability, which is the case in UK (DDA, 2005).

The Impact of HIV and AIDS

The global HIV and AIDS epidemic, which has claimed over twenty million lives including 3.1 million in 2004 alone, has had a devastating impact on children's right to education. A well-known momentous issue in the Zimbabwe context is the HIV and AIDS pandemic. Zimbabwe has one of the highest HIV and AIDS prevalence rates in the world, with 20% of these aged 15-49 living with HIV or AIDS, and has seen the life expectancy being drastically reduced to below the age of 40 (The Joint United Nations Programme on HIV and AIDS [UNAIDS], 2005). The National Aids Council (2004) estimated that 3 000 Zimbabweans die from HIV and AIDS related illnesses every week, while over two million people are living with the virus. No known research in Zimbabwe has managed to determine the number of disabled people in the country who are infected by HIV and AIDS (Choruma, 2006). However, anecdotal evidence suggests substantial rates of HIV infection, disease and deaths among disabled people. According to national estimates from the Ministry of Health and Child Welfare (2005), 115 000 of the people living with HIV and AIDS are children under the age of 15, which is the school going age. Orphan-hood has increased steadily since the epidemic and about 2.2% of the children have lost both parents. These orphaned children obviously include disabled children, who are already marginalised.

Orphanage levels will rise substantially over the next decade as adults who are currently HIV-positive succumb to AIDS (UNAIDS, 2005; UNICEF, 2005). The government's commitment to providing anti-retroviral drugs has been questioned in most HIV and AIDS meetings and conferences. Prostitution has become so rampant for women who cannot make ends meet because of the current economic hardships in the country, and this situation is bound to bring along new infections resulting in increased HIV and AIDS cases (Nyamukapa and Gregson, 2005).

Myths on curing HIV and AIDS which proclaim that HIV-positive individuals can rid themselves of the virus by having sex with virgins have contributed to a significant increase in the rape of children and disabled adults (Choruma, 2006; Charowa; 2005). Assumed virgins, they are purposefully targeted to execute this "mythical treatment". As a result, this myth has led to numerous rape cases involving disabled females. In 2004 alone, the Disabled Women Support Organisation (DWSO) lost nine of its members to HIV and AIDS after they were sexually abused in "HIV cleansing sessions" (Charowa, 2005). Among the most disheartening

cases is that of a mother who assisted her brother to rape her young disabled daughter so that his HIV could be cured (Charowa, 2005); and this girl died a year and a half later. The Girl Child network reported that children as young as two years are being sexually abused by caregivers or close relatives who believe in this HIV and AIDS “cure” (Charowa, *op cit.*).

Disabled people are among the least educated people in Zimbabwe (Chimedza, 2001) and can easily be victimised if they report abuse. If the perpetrator were the breadwinner, other family members would not afford to see him go to prison, and therefore, would not let the case reported. Disabled people I have informally spoken to indicated that they had difficulties accessing Voluntary Testing Centres for HIV and AIDS due to counselling staff’s attitudes towards disability and lack of proper access to the buildings. Disabled people indicated that they are not aware of any HIV and AIDS literature since it is not available in accessible formats (for example in Braille).

Drawing parallels with the aims of this research study, stigmatisation that goes along with HIV and AIDS, influences perceptions of illness and impairment in Zimbabwe (Ndebele, 2003). Therefore, this makes it difficult to separate disability, HIV and AIDS in an African context. HIV and AIDS affects children’s right to education in numerous and overlapping ways. In some cases, overt discrimination against AIDS-affected children can directly impede both their access to formal schooling and the treatment they receive in the classroom (UNAIDS, 2000). Such discrimination is often driven by the ignorance on the part of parents, educators, and community members, and by school systems and officials that fail to address the problem and ensure the inclusion of such children.

Apart from discrimination, the combined effects of poverty and HIV and AIDS can lead many families to withdraw their children from school in order to supplement their family income. This is especially true in sub-Saharan Africa, home to the overwhelming majority of the world’s children orphaned by AIDS. Overwhelming evidence is in a study of heavily HIV and AIDS affected communities in Zimbabwe, where 48 percent of primary school-age orphans had dropped out of school, most often at the time of a parent’s illness or death due to financial problems (UNAIDS, 2004). Obviously, disabled children are most likely to be affected first since not much may be expected from them.

The current political and economic situation in Zimbabwe was also exacerbated by the inexplicably poor conditions that resulted from the dubbed “Operation Murambatsvina”, which means ‘Operation Restore Order’ that started in May 2005 (Tibaijuka, 2005). With little or no warning, a military-style “clean up” operation started in the capital, Harare and it quickly developed into a deliberate nationwide campaign, destroying what the Government termed

“illegal” vending sites, structures, other informal business premises and homes, literally displacing hundreds of thousands of people. The army and police were mobilised to carry out the demolitions and evictions. The Government claimed that the clearances were needed in order to carry out a vigorous clean-up campaign to restore sanity in the country since some people were making the country ungovernable by engaging in criminal and illicit activities. This operation has been dubbed “Operation Tsunami” by most Zimbabweans since its aftermath resembled the destruction caused by the Asian Tsunami. I personally witnessed this clean up when I had gone for my fieldwork trip to Zimbabwe, and for sure, it seemed like one. The police came out in full force destroying houses, home industries, corner shops and reduced them to rubble. It was really pathetic as the owners were left helpless and reduced to tears as they witness their possessions destroyed by the very people who were meant to protect them. The difference with the Asian Tsunami was that while it was a natural disaster, the Zimbabwean one was man-made.

The most devastating and immediate effect of this operation was that hundreds of thousands of people were rendered homeless and left without any viable form of livelihood. The informal sector (e.g. Open markets, cross border trading, home industries) had effectively become the mainstay for the majority of Zimbabweans. These would be the equivalence of the UK’s car boot sales, Sunday markets, and the open markets, and corner shops. About 3 to 4 million Zimbabweans earned their living through informal sector employment, supporting another 5 million people, while the formal sector employed about 1.3 million people (Tibaijuka, 2005). Most local authorities derived substantial revenues from fees levied from informal sector activities. It is against this backdrop of the deeply weakened economy that the country is faced with political challenges where the ordinary people cannot criticise the government, lest they face retribution (Zimbabwe Association of Doctors for Human Rights [ZADHR], 2005). The above-described situation undeniably impacted on the provision of education in Zimbabwe where a very large number of students were displaced in the process. This also points to the social ecosystem framework (see Chapter 4) and its subsequent analysis, particularly the stable political and economic climate component.

As said before, Zimbabwe is a country where the informal sector has been contributing a lot to the economy. The stoppage of informal trading has therefore left many families in dire poverty and in that situation; obviously the disabled are the most affected. In support of the above statement, ZADHR had this to say:

“In clear violation of the International Convention on the Rights of the Child, hundreds of orphans and vulnerable children, together with the families caring for them, have joined the thousands already deprived of shelter, education and health care by Operation Murambatsvina. Seven hundred primary school pupils, 150 of whom were about to write

their Grade 7 examination, and 183 secondary school students have been forced to abandon their education, in addition to an estimated 300,000 children similarly affected countrywide.”

(ZADHR Report, July 2005)

Undeniably, the current situation has adversely affected the whole Zimbabwean population, but most of all, disabled people who are already marginalised and who were mostly relying on informal trading as a result of difficulties they encounter in accessing the formal labour market. Whatever the real motivation behind this clean up operation, it is clear that Zimbabwe, like most other African countries, is confronted by serious and mounting challenges related to rapid urbanisation, including inadequate shelter and rising pressure on infrastructure and services.

The most devastating and immediate effect of this operation was the fact that hundreds of thousands of people were rendered homeless and left without any viable form of livelihood. Civil society and humanitarian agencies tried to reach people who had been affected in order to protect and assist them, but unfortunately, the police denied them full access (Tibaijuka, 2005).

The operation has obviously had its fair share in slowing down progress in the provision of education in Zimbabwe and worse still, on inclusion since most children have been left homeless. Because of the current situation prevailing in the country, talking of channelling resources to education and specifically to inclusion is not the government’s priority since there is need to rebuild houses and finding ways of restoring the economic activities destroyed during the operation. One of the aspects suggested by the Social Ecosystem framework towards the journey of inclusion is that of a stable political and economic climate. The above challenges unquestionably have negative implications towards realising inclusive practices in the Zimbabwe education system.

Conclusion

Chapter 2 provides insight into the traditional values and beliefs of Zimbabweans. It brings in literature on how the foreign individualistic foreign concept of a nucleus family is slowly creating a shaky extended family base. This chapter also brings to light how disabled people are perceived in Zimbabwe. The declining economy has resulted in the exodus of many skilled professional Zimbabweans abroad to unfortunately, advance the socio-economic interests of their host countries. Postcolonialism and globalisation therefore, were useful theoretical resources that brought to light the analysis of the literature on Zimbabwe’s socio-economic situation. The issues raised in this chapter have a bearing or impact on inclusion of disabled students in various educational settings in Zimbabwe, particularly in higher education. Chapter 2 is very significant in that it contextualises this study. It also demonstrates the need to pitch disability and inclusion analyses in deep considerations of inter/national contexts. The next chapter focuses on the country’s overview of the education system.

Chapter 3

Overview of the Education System in Zimbabwe

“Education is the great engine of personal development. It is through education that the daughter of a peasant can become a doctor; that the son of a mineworker, can become the head of the mine, that the child of farm workers can become the president of a great nation.”

(Mandela, 2005, p112)

Introduction

In this chapter, I endeavour to describe the state of the education system in Zimbabwe. The chapter is divided into three sections that attempt to answer the second research question. Section 1 starts by examining the meaning of education, and then briefly looks at the Zimbabwean education system before independence. The section goes on to outline the current organisational structure of and practices in the education system. Section 2 shifts the focus to the education of disabled students, briefly tracing it back to the pre-independence period up to the present day. These historic periods (pre and post independence) serve as yardsticks upon which to measure the progress of the development of education in Zimbabwe. Section 3 wraps up the chapter by reviewing literature surrounding the history and provision of disabled students in higher education in the country.

Section 1: The education System in Zimbabwe

What do we mean by education? The question appears to be straightforward; however, there have been thousands of academic papers struggling to answer it. People have worked at it from philosophical, anthropological, sociological, and psychological perspectives and there seems to be no one agreed definition. There is no universally agreed or unchanging definition of education. Any definition of education reflects the ideological and ethical preconceptions of the definer of the meaning, rather than an absolute and unchanging reality . According to Peters (1966), we can only define the term ‘education’ by its criteria and through its aims. Peters (1966, p187) likens education to “reform” because it would be:

“A logical contradiction to say that a man had been educated but that he had in no way changed for the better or that in educating his son a man was attempting nothing that was worth while.”

The 1948 Universal Declaration of Human Rights (UDHR) is the starting point for any definition of education in which human rights are incorporated. The aims of education in the UDHR are outlined in article 26 as follows:

1. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms.
2. It shall promote understanding among all the nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.

The above principles establish the requirements of an education to produce citizens who respect rights and freedoms within a global, rather than merely a national context. Education is defined as a right in itself, but the aforementioned article in the UDHR also implies that education is a means to an end, rather than an end in itself. Education is the process through which all citizens can become aware of their rights and responsibilities, so that peace as well as prosperity can be secured for all nations and peoples. In article 3 of the UDHR, States are required to:

“Enact such legislation and to promote such educational programmes as may be calculated to secure the acceptance and observance of this policy...”

This means that education is a tool for the development of the human character and the strengthening of respect for human rights and basic freedom. The Warnock Report (1978) points out the purpose of education as:

“First to enlarge a child’s knowledge, experience and imaginative understanding and thus her/his awareness of moral values and capacity for enjoyment; and secondly to enable her/him to enter the world after formal education is over as an active participant in society and a responsible contributor.....”

Therefore, in order to satisfy this purpose, education appears to be concerned with:

- Knowledge
- Imaginative understanding and creativity
- Moral values
- Capacity for enjoyment
- Involvement in society and,
- Independence/interdependence

In simple terms, for education to be valuable, it should impart knowledge, promote imaginative understanding and creativity, instil positive moral values, provide room for enjoyment through various activities, involve and empower an individual and society at large and finally promote independence/interdependence amongst individuals at both micro and macro levels. If education is such a powerful tool in human development, then no one has the right to deny it to any person, including disabled people. Only an understanding of the history will make the present situation meaningful and the future intelligible. Thus, the next part briefly focuses on the education system before independence.

The Zimbabwe Education System in the Colonial Era

At independence, the newly-elected majority Government of Zimbabwe, formerly Rhodesia, inherited a 90-year legacy of inequality from the colonial era⁷ that encompassed the social, economic, political, and educational aspects of life, which oppressed and discriminated against the black majority (Richards and Govere, 2003; Peters and Chimedza, 2000). According to Dorsey (1989), legislation, whenever necessary, was enacted to ensure that black development did not pose a serious threat to white development and interests. Thus, continued manipulation of the economic, political, and education structures was particularly important in maintaining white dominance during the colonial era. Although such Acts were the foundation of Rhodesia's colonial society, the various colonial education Acts defined the compliant role, the African people would play. It is however outside the scope of this thesis to discuss all the related Education Acts enacted to suppress black people. However, what is important is to provide some statistical evidence and consider educational provision to highlight the magnitude of racial bias that existed within the education system.

A segregated system of education was developed to serve the racially defined communities. The "European" and "African" education departments, while administered by a single Ministry of Education (now Ministry of Education, Sports and Culture), were nevertheless developed as separate distinct systems (Dorsey, 1989; Chimedza and Peters, 2000). The differences in the regulations and budgetary provisions for the two systems resulted in restricted provision and a lower quality of education for blacks as compared to that provided for whites. The government spent 12 times more per primary school pupil in the "European" system than in the "African" system and nearly three times more per pupil at the secondary school level (Dorsey, 1975). Thus, the "African" system produced a broadly based educational pyramid in which pupils in secondary schools represented only 4% of pupils in the system, while in the white system the corresponding figure was 43% (Dorsey, 1989). Education for whites was free and compulsory up to the age of 15; they proceeded automatically to a comprehensive secondary school and, if sufficiently bright, were assured of going on to advanced high school. The black children, on the other hand, entered a system that was voluntary and highly selective. Whether they continued at various levels depended on their ability to pass examinations with high marks and their parents' ability to pay tuition fees (Dorsey, *et al.*). Thus, black education was so limited that in 1975, only 54.5% of the grade one cohort completed the 7-year primary school course, 9.9% went to secondary school, 4% completed the general certificate of education (GCE), and the number in the sixth form qualifying for university entrance was only 0.3% (Dorsey, 1981).

⁷ The colonial era stretched from 1890 to 1980

In the early 1900, missionaries started to fill the void created by government by providing formal education to the black people in church mission schools. Dangarembga (1988) asserts that some missionaries did support the indigenous people in fighting against the existing inequalities, but many were perceived to be on the side of the oppressors. Mission schools in varying degrees served the interests of the colonisers, the settlers, the missions themselves, and to some extent, the indigenous people. It is often argued that missionary education coincided with the colonisers' interests so that education could lay the basis for a smooth-functioning colonial administration (Dangarembga, 1988). The missions also had a stake in this, and therefore it was significant for them to communicate with the people through the written word, and to translate the Bible into indigenous languages.

The role of the missionaries in the colonisation of the region was also considerable in terms of cultural and political domination of the people. Although the missionaries' task was to make people accept Christianity, the Bible and its teachings, Christianity was turned into an ideology that could be used to convince people not to resist white domination. Religion was used to legitimise, sustain, and promote political tyranny and oppression, and in some cases, for political liberation of the people (Bourdillon, 1993). Missionaries brought in new beliefs and ideologies, and viewed African religion as an evil that had to be completely eradicated.

The historical perception of the relationship between the early educational provisions and Christian religious organisations and the indigenous population has remained ambivalent. While some politicians and educationists in Zimbabwe have regarded the instigation of westernised education procedures through missionary initiatives favourably, there persists considerable scepticism about the circumstances surrounding initial development of missionary education (Mackenzie, 1993). This is perhaps consistent with a general unease about institutions whose evolution has been concomitant with imposition of foreign rule. However, some missionaries and churches genuinely joined the people in the fight against colonialism until the attainment of Zimbabwe's independence in 1980, particularly those churches that had black people in leadership positions.

Development of Education in Independent Zimbabwe

“Education is one of the fundamental bases on which the prosperity and future of a nation depend. Without education, no country, no nation would be able to achieve social progress and prosperity nor would its dignity and its bright future be conceivable.”

(Kim Jong Il in Chung & Ngara, 1985, p 88)

Upon gaining independence, significant changes in education were inevitable (Chitiyo & Wheeler, 2004). The government gave first priority to the reconstruction and reopening of

schools that had been closed during the liberation war⁸, which, included nearly one-third of the primary and secondary schools, particularly where the war was intense (Csapo, 1986; Government of Zimbabwe Annual Report of the Secretary for Education, 1980). The second priority was to expand the educational system at all levels, but particularly at the secondary school level, to redress the extreme imbalance and inequality inherited from the colonial era (Dorsey, 1989).

With independence, there was explosion of effort in education and health and the government developed and adapted the policy of education as a basic human right, and committed itself to universal and equal educational opportunities for all (Coleridge, 1996). It was within this broad policy framework that the Government, buttressed by the progressive Bill of Human Rights in the Constitution of Zimbabwe [1979] (Dorsey, 1989), promoted a wide-ranging and all-encompassing educational system that included the establishment of free compulsory primary and secondary education, and the expansion of technical and university education. Emphasis was also placed on the necessity for preschool and adult education (Dorsey, 1989). To realise the above reforms, the government allocated 22% of its budget to education since it was declared a birthright of every Zimbabwean. This was a huge commitment when compared to an education budget of around 2% in Britain in the same period (Coleridge, 1996).

The political will shown by the government yielded rapid results. Within ten years, the total school population had grown from 900 000 in 1979 to three million in 1989 (Coleridge, 1996). The 2001 Government Report to UNESCO International Bureau of Education explains how the education sector expanded after independence:

“The Government invested heavily in the education sector such that primary and secondary school enrolments expanded by 841% by 1989. University enrolment increased by about 300% during the same period. Public technical colleges had increased from two in 1980 to eight by 1989. Primary education was made free. This resulted in gross admission rates shooting to well over 100%. By end of the first decade of independence, Zimbabwe had achieved universal primary education.”

(Government of Zimbabwe, 2001, p5)

The government was widely praised for extending education to the black majority, who had been kept out of a supportive education system. By the 1990s, Zimbabwe had the highest literacy rate in Africa, of 90% (Ministry of Education Report, 2004). The enactment of the 1987 Education Act (Government of Zimbabwe Education Act, 1987) evidently strengthened the then existing policy statements and made it possible to achieve universal education in the first decade of independence. The phenomenal expansion was achieved with the help of an enormous amount of community action (unpaid voluntary work), particularly in rural communities, centred on building schools and running informal educational activities such as literacy and

⁸ The war of independence that was fought to free Zimbabwe from the British colonial rule

night classes for adults. There was a huge desire to get the country going under its new Government, and to demonstrate the desire of ordinary people to support it.

Government of Zimbabwe Education Act (1987) revised in 1996 sets out the general policies of education. Mainly, the Act stipulates that,

1. Notwithstanding anything to the contrary contained in any other enactment, but subject to this Act, every child in Zimbabwe shall have the right to school education.
2. No child in Zimbabwe shall be refused admission to any school on the grounds of race, tribe, colour, religion, creed, and place of origin, political opinion or the social status of his parents.
3. It is the objective in Zimbabwe that primary education for every child of school-going age shall be compulsory and to this end it shall be the duty of the parents of any such child to ensure that such child attends primary school.
4. Every child of school-going age shall be entitled to be enrolled at the Government primary or secondary school, as the case may be, nearest to the place where he is ordinarily resident, unless such primary school or secondary school is fully enrolled.

(Government of Zimbabwe Education Act, 1996, p619)

Thus, the Education Act revamped the education system that favoured the whites to a more embracing education system.

Organisational Structure of the Education System in Zimbabwe

At the dawn of the last decade of the twentieth century, Zimbabwe had two ministries of education: The Ministry of Education, Sport and Culture, and the Ministry of Higher Education. The former, organises, structures and manages education from pre-school to secondary school level. It also deals with non-formal education and adult literacy, technical, vocational, and commercial education at secondary school level. The latter is responsible for tertiary education and training. It organises and manages tertiary education focusing on teacher, technical, vocational and university education.

In the Ministry of Education, Sports and Culture, the education administration consists of ten Administrative Education Regions. Each region is further divided into Administrative Districts. Currently, there are about 59 official districts in the country. Harare, with a purely urban setting,

is divided into 7 administrative circuits. The Ministry of Education (2001) outlines the structure and organisation of the Education system from preschool to high school level.

Figure 3.1: The Structure of the Education System

Level	Age-Group (in years)	Study Period	Academic Year
Early Childhood Education and Care (Preschool)	3 - 5	2 – 3 years	Jan/Dec
Primary School (Grade 1 – 7)	5 - 12	7 years	Jan/Dec
Lower Secondary ('O' Level - Form 1 - 4)	12 - 16	4 years	Jan/Dec
Upper Secondary ('A' Level - Form 5 – 6)	16 - 18	2 years	Jan/Dec

Source: Adapted from Ministry of Education Report/2001

Up to secondary level, the school system is organised in 7-4-2 formation, covering primary (7 years), lower secondary (4 years), and upper secondary (2 years). At lower secondary school level, usually students study eight to ten subjects and then sit for the General Certificate in Education “O” level qualification though it should be made clear that a significant number may sit for just the minimum five subjects due to financial difficulties. Those who perform well, proceed to upper secondary school where they will write a minimum of three subjects (and, in some cases, up to a maximum of five) before proceeding to further or higher education. Until the late nineties, UK’s Cambridge and London examination boards administered public “O” and “A” level examinations. It is still unfortunate that some schools and parents prefer these foreign-based examinations to the locally administered examinations by the Zimbabwe Secondary Schools Examinations Council, since they feel that they are of high standard than the locally based examinations. In some ways, it reflects on how the remnants of colonialism still exist in today’s Zimbabwe where some locals still undermine their own systems and believe that anything from the West is better although such tests are not contextualised to meet the local needs. However, the irony is that, those who have taken local examinations in Zimbabwe still fare very well globally and they have been absorbed in industry and commerce in every continent through brain drain resulting from Zimbabwe’s current economic climb-down (The Zimbabwe Independent, 2003).

The Ministry of Higher and Tertiary Education has a different organisation, structure and management system. There are no education regions as is the case with the Ministry of Education, Sports and Culture (Ministry of Education Report, 2001). Universities are governed

separately through Acts of Parliament, which provide for the establishment of university councils and senates to run the affairs of the institutions (Government of Zimbabwe, 2001).

Evidently, the development of general education was massive, bringing up the literacy rate to about 90% in the 1990s as indicated earlier. However, the downside of the drastic educational expansion has to this date, been the huge negative impact on the employment sector where the demand for employment outstripped available employment opportunities. What I have observed it that, to get the humblest position in most cities and towns these days requires one to have a minimum of five “O” levels. On the streets of Harare itself, among the smartly dressed and quick-stepping office workers are the unemployed and the beggars, many of them women with children and disabled people. The situation of disabled students who were also entitled to equally benefit from this general education system, unfortunately presents a very different scenario.

Section 2: The Development of Special Education in Zimbabwe

“Without an educational system you are denying and creating disabled people destitute from the onset. The consequence at the end of the day of denying disabled people an education is much more expensive than provision of education.”

(Mpindu, cited in Peters, 2001, p153)

In this chapter, it is evident that historically, disabled people have been treated in part since disability was believed to be a result of punishment imposed on families for wrongdoing. Therefore, disabled people were meant to suffer on their families’ behalf, and in this context, a family means the extended family. The idea of an extended family as a social unit that takes the burden of responsibility for its disabled members is an old one in Zimbabwe (Chimedza and Peters, 2000). With pressures exerted by urbanisation and changing patterns of production and employment, the institution of the family is now weakening substantially. The disabled person is now becoming the responsibility of the nuclear family.

During the colonial period, family members had to work in the fields and factories for the colonisers, and disabled people began to be locked up in houses, chained on trees, and generally ill-treated and seen as a burden (Chimedza and Peters, 2000). In rural areas, most grandparents would raise disabled children while the biological parents worked in cities and commercial farms (Mutepfa *et al.*, in press). The introduction of education for disabled people by the missionaries in the 1920s was a great relief to the families of the few disabled persons who were fortunate enough to get a place in a school (Chimedza and Peters, 2001; Chimedza and Peters, 2000; Peresuh and Ogonda, 1997). Existing special schools could only meet the needs of a limited number of students, and they were set up at the convenience of the missionaries, and as such did not necessarily take into account the vastness of the country (Chimedza and Peters,

2001). Furthermore, any initiatives were generally uncoordinated and children with special educational needs were put in rural boarding special schools that required children to leave their homes at a very early age and go into segregated settings (Peresuh and Barcham, 1998).

The earliest types of formal service by missionaries were with people with leprosy, visual or hearing impairment, and the humanitarian model for disabled children was characterised by a special school, which was linked to a church or charitable, non-governmental organisation (NGO) (Kabzems and Chimedza, 2002, Miles, 1998). The charitable link provided the school with personnel, funding and equipment that served as an alternative source of attitudes towards disabled children. These imported attitudes emphasised the medical and charitable models of development and service delivery. The churches and missionary societies traded on their charitable service. Services to individuals were provided in exchange for adopting Christianity (Kabzems and Chimedza, 2002). Up to now, services and development aid, are contingent on adopting the philosophy of donor or service provider otherwise, they pull out. The current situation in Zimbabwe where donors have stopped disability related aid over the land issue is a typical example.

Most families valued special schools more as custodial homes than as education centres (Chimedza and Peters, 2000). Since disabled students were too far from their homes, and most families regarded them as respite centres, they did not return to their homes until they completed their education. Those who were lucky, they could only afford to go to their homes once or twice a year (Chimedza and Peters, 2000). By 1978, only 435 African children were registered at these schools. Mpindu, an interviewee in Peters (2001) showed how this arrangement was worrying:

“...the thing that really worried me most was that when parents would bring their children with disabilities and leave them. ... We started asking ourselves why we would be separated from our relatives and the uniting factor would be disability. That's when I started to feel that I was being treated differently, because I could only go and meet my relatives once and may be sometimes twice a year. Sometimes they would not come to collect me.”

(Mpindu, interviewed in Peters, 2001, p156)

In Zimbabwe, the Dutch Reformed Church opened the Margaretha Hugo School for the Blind in Masvingo (see map of Zimbabwe) in 1927 (Peresuh *et al.*, 1997). The education of the deaf and the hard of hearing pupils started in 1947 when the Catholic and the Dutch Reformed churches respectively (Chimedza, 2001) established units at Loreto and Pamushana mission schools. Since the government was very minimally involved in the education of disabled children, there were no government efforts in training special education teachers in the country then, and such training only started in 1983, three years after independence (Chimedza, 2001). Consequently, most of the teachers in special schools were unqualified to teach in special education. Those

who had received training in the 1970s got their specialist credentials from Montfort College in Malawi, the only special education college in Africa then, which emphasised on visual and hearing impairments. Otherwise, countries of the founders or sponsors of the special schools, for example, Sweden and Germany provided specialist training (Mpofu, 2001). Thus, Christian missionaries from Western Europe initiated Special Education in Africa and these missionaries and externally trained personnel brought with them philosophies, teaching methods and curricula used in their countries of origin and training respectively (Chimedza & Peters, 2001; Peresuh and Barcham, 1998). This raises questions about how culturally aware non-African teachers are.

Disabled children dumped in institutions were mainly taught practical skills such as basketry, woodwork, leatherwork, sewing, and cookery (Peresuh and Barcham, 1998). This implies that Missionaries and humanitarian organisations considered it more of a moral and religious obligation rather than a right for the children to receive education. There was no coordination in the services offered to special needs children and each school had its own syllabus, and therefore children at these schools could not write public examinations (Peresuh and Barcham, 1998). Funding for these special schools was primarily through church donations and charitable fundraising. In light of the external intervention of the education of disabled people in Zimbabwe, there was one visionary indigenous man who could not stand the ill-treatment of disabled people, and his name was Jairos Jiri.

Tribute to a Legend: Jairos Jiri

“It was a pain I felt in my chest when I saw these people, and it became worse every time I saw another.”

(Jairos Jiri quoted in Farquahar, 1987, p18)

The history of the education of disabled people in Zimbabwe would be incomplete without referring to the legendary Jairos Jiri, one of the greatest African humanitarian. Founded in 1950 by the late Mr. Jairos Jiri, the Association that bears his name is probably the largest of its kind in Africa, which serves over 13 000 disabled people each year (Farquahar, 1987). Although Zimbabwe’s cultural beliefs on disability were full of superstition, Jairos Jiri, who himself was not formally educated, could see the potential in disabled people.

“Virtually uneducated and only having held several menial jobs, the pitiful sight of the ‘crippled’ [sic] and blind persons he saw begging in Bulawayo⁹ from store to store to be given food and at other times to be kicked away like unwanted dogs distressed him.”

(The Bantu Mirror, 7 July, 1956 in Devlieger, 1995, p. 40)

⁹ Jairos Jiri’s home city and the second largest in Zimbabwe

Jairos Jiri was from a very humble background and was illiterate right up to his death (Farquahar, 1987). Though he could hardly read, that did not deter him from championing the welfare of disabled people. Started as a personal initiative to help African disabled people, his organisation became part of a larger self-help skills movement in colonial Zimbabwe with the aim of establishing independent African-controlled schools and black-run business ventures in an effort to uplift African disabled people (Devlieger, 1995). Many people in Zimbabwe spontaneously link the thought of disability to Jairos Jiri.

Jairos Jiri's unique personality contributed much to his success. The first was his great amount of "obstinacy" (Devlieger, 1995). Despite on going difficulties, financial as well as problems of loyalty in the formation of the organisation, he stubbornly continued to do what he thought he had to do – undoubtedly, this is a high level of political consciousness in a country where disability was and is still regarded, in many quarters as a curse.

Jiri's activities started as early as 1945 but gained momentum in the early 1950s with the establishment of a leather shop followed by institutional expansion all over the country. The period 1950-60 is characterised by Jairos Jiri's effort to build African consciousness and the solicitation of financial support for Africans with disabilities. In this process, the financial contributions from non-Africans and from overseas, institutional expansion, and the idea in the 1960 that political control would uplift Africans overshadowed Jiri's self-help philosophy (Devlieger, 1995). In the 1980s and 1990s, disability advocates portrayed the Association in terms of charity rather than self-help, thus underestimating the liberating role Jairos Jiri played prior to independence. In professional arenas, the alienation effects of institutionalisation became criticised as professionals argued that Jairos Jiri's centres had contributed to the alienation of disabled persons rather than to their intended intentions of self-help (Devlieger, *op cit.*). Perhaps Jiri's most lasting contribution is the genuine concern of an African person on disabled people.

By the time he died in 1982, he had spent 35 years, the whole of his working life, setting up centres for disabled people all over the country under the name of Jairos Jiri Association. He had established seven children's educational centres (institutions), three training centres, three farms, six sheltered employment workshops, and one old people's home, plus commercial funding for craft shops (Coleridge, 1996). It was an extraordinary achievement by any standards, in a country where disability was almost totally neglected before he came along.

The work of Jairos Jiri sheds light on the historic process behind work in disability that is common in many parts of the world: the transition from no services at all, to charitable institutions, to growing disability activism (as will be discussed below), and the formation of a

movement. With the awareness that we have now, focused on empowerment and equality, it is easy to be dismissive of past efforts that seem to stem from outdated notions of charity and paternalism. There is need to keep the historical perspective in mind as argued by Coleridge (1996, p137):

“In Britain, Victorian philanthropy, with its gloomy, monolithic institutions and armies of determined do-gooders ladling out soup to the eppor, laid the basis for present-day voluntary action, not to mention the establishment of the Welfare State. To criticise the Victorians now with our present attitudes is like saying the USA should have put men [and women] on the moon in the 1920s: the time was not right.”

Similarly Jairos Jiri, with all his paternalism, played a vital role in preparing the ground for the response to disability that has developed in Zimbabwe over the years. To dismiss him as a misguided institutionalist is to be unaware of the historical moment.

Before his death in 1982, Jairos Jiri had started shifting his focus from institutionalisation towards integration in line with the newly elected government’s expectations. Most of all, Jairos Jiri Association has provided education to many disabled people, which in itself, accords “Jairos Jiri the visionary man”, all the credit, and hence this tribute. It is not surprising to find out that most of the disabled students from the University of Zimbabwe have gone through schools owned by Jairos Jiri Association, where I once worked as a special educational needs teacher from 1994 to 2000. Jairos Jiri’s involvement and achievements in fulfilling the educational needs of disabled people in Zimbabwe unquestionably deserve acknowledgment in light of the difficulties described Chapter 2.

The development of special education in independent Zimbabwe therefore started in the manner outlined above. Did the situation change after the attainment of independence in line with the development of the general education system discussed earlier on? The following subsection attempts to address this question and highlight the involvement of NGOs.

The Post-Independence Education of Disabled People in Zimbabwe

About 3% of the Zimbabwe’s population is disabled. Out of this percentage, 39% are children between the age of 0 and 14 (Central Statistical Office, 2002). In developing countries, disabled children’s school turnout is usually very low, with 28% to 35% having never attended school; and those who have attended and completed General Certificate of Education ‘O’ Level constituting only 13% (Southern African Federation of the Disabled [SAFOD], 2004). Literature suggests that the majority of Zimbabwean disabled people have visual, mobility, mental and hearing impairments (Chitiyo and Wheeler, 2004; Tapera, 2003). Figure 3 summarises the findings from two separate studies in Zimbabwe.

Figure 3.2: Distribution by Type of Disability (Zimbabwe)

Nature of disability	Study A (n= 271 000)	Study B (n = 690)	
	Total number of people with disability	Number of people with disability	26.2% of these persons are children aged 6 to 14 and 18.7% are adults aged 31 to 64 years
Mobility	94000	19700	
Visual	70 000	10 400	
Hearing	23000	5 100	
Mental	27000	6 600	
Speech	20000	7 700	
Neurological (Epilepsy)	9800	2 600	

Source: (Csapo, 1986) - Study A; (Tapera, 2003) – Study B

A similar pattern of disability ratios seems to prevail in other Sub-Saharan countries. Forty-three percent are physically disabled, 42% with sensory impairments and 11% with mental retardation¹⁰ (sic) (SAFOD, 2004). It is therefore evident that special education services in Zimbabwe have been mainly designed to address the needs of those children with four generic impairments, namely visual, hearing, cognitive, and physical impairments.

Children with impairments and many others who experience difficulties in learning have traditionally been marginalised within or excluded from schools. Because of conventions signed by different member states, the challenge of exclusion from education has been put on the political agenda in many countries (Abosi, 1998). According to Mutepfa *et al.* (in press, p3) Zimbabwe is a signatory to several education related international charters, conventions and cooperation agreements that include:

- The UN Convention on the Rights of the Child (1989)
- The World Declaration on Education for All, Jomtien (UNESCO, 1990)
- The Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994)
- World Education Framework for Action (2000)
- Millennium Development Goals focusing on Poverty Reduction and Development (2000)
- Education For All Flagship on Education and Disability (2001).

However, what remains to be seen is Zimbabwe's political commitment of translating theory into practice.

¹⁰ Mental retardation is the common label for people with learning disabilities in Zimbabwe

Special Educational Needs (SEN) is a very wide and complex agenda and becomes challenging when coupled with the size and immense diversity of traditions, languages and cultures represented in different countries (Corbett, 2001). The diversity of special educational needs has seen countries coming up with various definitions that best explain their understanding of this term, and determining the nature of provision. Special educational needs children according to the Zimbabwe Ministry of Education, Sports and Culture are:

“Those children who cannot learn without the provision of either special equipment or special teaching or some combination of these. Handicapping conditions may relate to vision, to hearing, to speech, to mobility, to general mental competence, to emotional status, extreme environmental deprivation and to any combination of these.”

(Ministry of Education and Culture, 1990, p1)

The Zimbabwe’s special educational needs definition sounds like the early World Health Organisation (WHO) model, and it is still operational to date. The above definition indicates how some definitions can be transplanted without question or without adaptation for contextual relevance. The phrase “handicapping conditions” illustrates how the deficit model is still engrained in the education of disabled people in Zimbabwe.

Non-Governmental Organisations, for instance the Council for the Blind, through funding from the Germans (e.g. Christoffel Blinden Mission) and Swedish agencies (e.g. Swedish International Development Agency [SIDA]) initiated massive outreach programmes that focused on identifying disabled children in remote areas and placing them into special schools and resource units (Kabzems and Chimedza, 2002). This initiative increased the enrolment of children with special needs from 2 000 in 1979 to 4 000 by 1980 (Samkange, 1987) and, by 1994, enrolments had risen to a total of 10 749 (Ministry of Education and Culture, 1994). This, however, was only a small proportion of the total number of children and young disabled people in Zimbabwe. Zimbabwe made some significant progress in general education provisions. However, the question that comes to mind is: “Why has special educational needs lagged behind in a country where the general education system had developed so rapidly?”

The Government of Zimbabwe Education Act (1996 [revised]), and various Ministry of Education circulars (e.g. Education Secretary Policy No P36) require that all children have access to basic or primary education. Section 4 (paragraph 2) of the Zimbabwe Education Act states that:

“No child in Zimbabwe shall be refused admission to any school on the grounds of race, tribe, colour, religion, creed, place of origin, or the social status of his or her parents.”

There are evident gaps between ideological obligations to universal education, and the actual practice on the ground. “All” in, most legislative instruments including the Zimbabwe’s

Education Act usually do not automatically cover disabled children. Therefore, absence of specific legislation places disabled children at a disadvantage. From experience with the British legislation like SENDA (2001), policies need to be specific and should embrace all aspects to avoid discrimination on any ground.

In the same year the Education Act was passed, the Zimbabwean education authorities with the support of SIDA, decided to expand the integration of disabled students into mainstream schools by putting in place an integration policy, which stated that:

“New strategies have been formulated as special education has come into line with national policy statements by attempting to ensure equal educational opportunity for children with handicaps (sic) into normal school”

(Ministry of Education Integration Policy, 1987, p20)

The aim was to educate disabled students in mainstream schools, providing for specialist teaching and resource room instruction with significant reduction of learning barriers (Mutepfa *et al.*, in press). The other intention was to develop local, relevant, training facilities, procuring equipment and establishing government personnel to service, monitor and co-ordinate special education programmes (Peresuh and Barcham, 1998). However, the challenge was that there were no legislative guidelines put in place to monitor the ‘who’s’ and the ‘how’s’. In developing countries, evidence suggests that lack of legislative guidelines covering special needs is almost non-existent (UNESCO, 1995). Zimbabwe does not have special educational needs legislation similar to the British 2001 Special Educational Needs and Disability Act and the American PL 94-142 or PL99-145 (Peresuh, 1998; Chimedza, 2001). Peresuh (2005, p7) therefore argues that,

“... in the absence of any mandatory order stipulating what services are to be provided, by who, how, when, and where, laissez-faire attitudes prevail in the provision of educational services for learners with disabilities in developing countries.”

Since Zimbabwe does not have a comprehensive, Special Education Act, the Special Education Policy Statement (1989), which is a guiding document used to operationalise special education has the following objectives:

- the early dictation, intervention and prevention of handicaps (sic)
- Development of local relevant training facilities at college and university levels
- integration, wherever possible, of children with handicaps (sic);
- development of resource centres in order to localise integration
- establishment of government personnel to service, monitor, and co-ordinate programmes

- the procurement of equipment, (funds permitting)
- Assistance of non-governmental organisations (Ministry of Education, Sports and Culture, 1989)

The other enabling policies in place to help in Special educational needs are:

- The 1972 Rhodesia Psychological Practices Act (revised in 1988 and became the Zimbabwe Psychological Practices Act). It advocated for the development of individualised programmes and placement of special needs children in the least restrictive educational environment.
- The Chief Education Officer's Circular No. 3/89 makes it compulsory for all special education students to follow the regular curriculum as much as possible and to consider the learning abilities of each child as an individual.

Unfortunately, these policy statements do not have any legal backing such as an Act of Parliament would have. Although legislation exists to uphold the right of every child to attend school, disabled children remain excluded (Mutepfa *et al.*, in press). Even when disabled children's rights to education have been recognised and expanded by the above policy statements, it does not necessarily mean that the education provided is appropriate. Legislative loopholes still prevail via the inclusion of phrases like "funding permitting." Disabled People's Organisations, with agendas of self-advocacy, human rights and equitable access to education, health care and employment, have, continuously argued for equal access to all community services as a matter of human rights based in law (Kabzems and Chimedza, 2002; Peresuh and Barcham, 1998; Mpofo, *et al.*, 2005). Their efforts are regularly required to address Government Acts one at a time – education, health, land, social security, and others. Each Act is differently worded, and may not necessarily prohibit discrimination on the basis of disability.

The Disabled Persons Act of 1992, revised in 1996, still does not commit the government to inclusive education in any concrete way and specifically disallows disabled citizens to sue the government on issues pertaining to access to government facilities that may hamper their community participation (The Disabled Persons Act, 1996 [revised]; Mutepfa, *et al.*, in press,). In the absence of any obligatory legislation specifying what services are to be provided, by whom, how, when, and where, there would be no significant educational services for disabled learners in Zimbabwe (Mutepfa *et al.*, in press).

With the prevailing economic and political turbulence in many developing countries, special education services are the most affected (World Bank, 2002). In May 2006, Zimbabwean government's Central Statistical Office (CSO) released the official figure of the inflation rate of

1193.5% - the world's highest (CSO, 2006), and unquestionably, disabled people would be down on the priority list on any government developmental plans. UNESCO (1994) established that funding for special needs provision is not a priority of government policy and expenditure in developing countries as it is considered "too costly" yet individuals with special needs are in the minority. Consequently, financial provision for education and other needs of disabled people are still largely met by non-governmental organisations (Brouillette, 1993). Churches and various Non Governmental Organisations [NGOs] have been actively involved in the education of disabled people since independence.

In the 1960s and 1970s, donors provided ideas and policy options on rehabilitation and special education based on the medical model with specialist provision (Kabzems and Chimedza, 2002; McConachie and Zinkin, 1995). In the 1980s and 1990s, community-based rehabilitation, integration, and some elements of inclusive education were the fashion. Bilateral aid programmes provided funds and personnel to support government ministries and NGOs in pursuing projects in line with donor thinking. The following NGOs have been instrumental in supporting disabled children and adults in Zimbabwe as part of their overseas aid programmes:

- SIDA
- USAID
- Oxfam
- Save the Children Fund UK
- Rotary International
- Danish International Development Agency
- German's Christoffel Blinden Mission
- Canadian International Development Agency

(Kabzems and Chimedza, 2002; Peters and Chimedza, 2000)

There is no doubt that the above agencies contributed immensely to the welfare of disabled people in Zimbabwe, particularly on education. However, there are challenges that come along with external assistance.

Projects initiated by agencies were required to demonstrate quantifiable outcomes such as the number of persons sent out of the country for training or the number of workshops conducted (Kabzems and Chimedza, 2002). The recognition that attitude change in a society does not readily lend itself to the measurable outcomes desired by the donor agencies appears to have been neglected. Most development agencies attached their own personnel to development assistance. Some aid still comes with attached "experts" recruited by the donor. In the area of disability, this means a representative from an organisation of or for disabled persons of the

donor nation is attached to the development assistance. These individuals usually possess a remarkable sensitivity in the area of a particular impairment, but fall short in their appreciation of cross-disability challenges, cross cultural attitudes and have linguistic overlays (Kabzems and Chimedza, 2002; Mpofu, *et al.*, 2005). The linguistic overlays include having to translate between indigenous languages, which may not have a direct equivalent in the European language of the visitors, or the fact that many of the indigenous cultures, because they have a different worldview, “lack” the labels for the disability and disease that would be familiar to the European fact finders. External ideologies, in most cases do not necessarily match local traditional practices and attitudes towards disabled people and therefore creates barriers between the locals and external agencies.

The direct delivery of specialist services was considered the optimal strategy in support of disabled children. Transportation of disability models was common because the belief of donor agencies was that if the models worked in their home countries, there was no reason why they would not work elsewhere (McConachie and Zinkin, 1995; Mackenzie, 1993). Therefore, the “why not export what worked at home?” attitude was the driving force in providing services for disabled people in Zimbabwe. As the models and/or theories of disability changed in the donors’ home countries, shifts were reflected in the types of projects they would support. Examples of these ideological trends include support for inclusive education; community-based rehabilitation, and most recently, advocacy and government lobbying by disability related organisations (Coleridge, 1996; Kabzems and Chimedza, 2002). Pragmatically, recipients will align themselves with donor guidelines even though the ideas may not suit local culture or aspirations, which is a form of colonialism. In a way, developmental NGOs have unwittingly become a part of the neo-liberal system that has resulted in widespread impoverishment and the loss of the authority of African states to determine their own agenda.

As indicated earlier on, sources of funding can bring with them their own problems through imposition of conditions that perpetuates imperialism through receipt of financial aid. This notion has been established by the research carried out by McConachie and Zinkin (1995). They also established that NGOs assert their own religious and ideological views in deciding where to allocate funds. Thus special needs education ends up in NGO’s hands, thereby determining disabled children’s educational destiny due to lack of sufficient government funding.

While external agencies have been involved in the education of disabled people in Zimbabwe, the government developed some special educational needs ‘policies’ to guide the education of disabled children. At national level, the Schools Psychological Services and Special Needs Education (SNE), a government organ, under the Ministry of Education, Sports and Culture, has the responsibility of the education of special needs children. Assessment and placement into

appropriate programmes is determined by the Schools Psychological Services. However, the impact of NGOs in how this government department operates is significant.

The Schools Psychological Services and Special Needs Education

The Schools Psychological Services and Special Needs Education (SPS & SNE) is an establishment within the Ministry of Education Sports and Culture, which focuses on primary and secondary school education. SPS & SNE in collaboration with other ministries and non-governmental organisations is tasked with the identification and placement of children with special educational needs in appropriate special education facilities. It also provides teacher in-service training and support in the application of applied behaviour analysis and teaching disabled pupils (Mutepfa *et al.*, in press). The SPS & SNE department also provides a wide range of counselling services (Mpofu & Nyanungo, 1998).

By 1999, 24 special schools, 154 resource units and 207 individual integrated services had started offering assistance to disabled children (Chitiyo and Wheeler 2004). SPS & SNE considers a child to be with special educational needs if the child cannot be expected to benefit from schooling without the provision of either special equipment or specialist teaching or a combination of these (Thatha, 1997 in Chitiyo and Wheeler 2004). Thatha further asserts that the department is specifically responsible for the establishment of appropriate placements, acquiring assistive devices, and establishing remedial programmes for special needs children. However, questions as to how the school system should be capable of accommodating the diversity of children without the possibility of exclusion where there is absence of binding legislation are raised. Where disabled children are included, some may ask whether teachers have the requisite craft, competence, skills, and the appropriate attitude to handle this diversity (Peresuh, 2005). Again, the current country's worsening economic situation makes it increasingly difficult to translate the above-intended positive motives into practice.

The Ministry of Education Secretary for Education directive for inclusive education (2005) requires schools to:

- Provide equal access to education for disabled learners
- Routinely screen for any form of disability, and
- Admit any school aged child regardless of ability or disability.

According to the above directive, refusal by any school to enrol a child on grounds of disability calls for appropriate disciplinary action, and should be taken through the District Education Office. However, requirement for open access to education does not extend to high school, and

perhaps because government considers literacy achieved at Grade 7, so that having a high school education is considered a privilege rather than a right.

Teacher training colleges at the moment, seem not to be proactive in preparing teachers to meet the needs of disabled learners. Currently, The United College of Education (UCE) is the only teacher training college that offers training to special needs education teachers in three generic areas – thus, hearing impairment, visual impairment, and mental retardation (sic). The University of Zimbabwe (UZ) introduced a Bachelor of Education degree course in Special Education in 1994, which is a follow up to the diploma course offered at UCE. Students are admitted to this degree course if they have gone through the UCE course first. In the preface, I highlighted in the preface that about 60 students are admitted to the UCE course, which last for a year. This indicates that the same students who would have gone through UCE are the same students who will only access this degree course. The number of specialist teachers therefore remains unproportional with the disabled children who require specialist services.

The Zimbabwe Open University also introduced the Bachelor of Science in Special Education in 2000 (Chimedza, 2001). The concern raised about this course was its theoretical lineage without any practical aspect, thereby questioning the competence of graduates to practice as special needs teachers. Most conventional colleges and universities have not shown any concern to offer training in this area (Chataika, 2003). Professional attitudes that may be instrumental in facilitating or retarding the implementation of the above named policies intended for the success of innovative and challenging programmes, must depend much upon the co-operation, participation and commitment of those most directly involved at the lowest level, the grassroots. Therefore, if graduating teachers lack practical skills and the right attitudes to deal with disabled children, the commitment to such type of children can be questioned.

There are some concerns raised against SPS & SNE department in the running of the education of disabled children in Zimbabwe. The terms used by the SPS & SNE like “handicapped” have attracted a lot of attention from special educators since the term perpetuates the deficit model. Special educators in Zimbabwe have constantly raised concerns about the relevance of having a clinical psychologist as head of this department. This concern has dominated most special needs education meetings that I have attended, and it is still a battle yet to be conquered. The most challenging aspect is for SPS and SNE to implement inclusive practices in schools. Generally, mainstream schools do not have enough qualified staff to meet the special needs of disabled students (Choruma, 2006). There is also a general problem in the education system of inadequate financial resources, resulting in a lack of funds for maintenance of the existing equipment and purchase of material supplies. Most school buildings in Zimbabwe are inaccessible for people with mobility difficulties.

While the government through SPS and SNE, talks of including disabled students into mainstream schools, the infrastructure is not yet user-friendly to disabled children and the approach is just not holistic. The relevance of the social ecosystem framework (see Chapter 4) cannot be overemphasised in this study. It has been argued that inclusive programmes in which students with special educational needs are educated alongside their non-disabled counterparts have made it easy for most African governments to refrain from allocating funds specifically for accommodating disabled students (Abosi, 1996). The 1999 Presidential Commission of Inquiry into Education and Training report found some overwhelming evidence on challenges facing the education of disabled people in Zimbabwe, most of them already highlighted earlier in this Chapter and in Chapter 2.

The 1999 Presidential Commission of Inquiry into Education and Training

In a bid to revamp the education system in Zimbabwe, the State President set up a commission of inquiry in 1999 to look into the education system and training needs of Zimbabweans in order to come up with recommendations. The Commission also looked at the provision of Special Education. The Commission had a number of comments and recommendations to the President. The Commission reported that in Africa, Special Education is relatively a new concept and that many African nations are still learning its planning, organisation and orientation. African nations have also inherently been characterised by poor funding, lack of information, neglect of African values and selfish interests by its so-called experts (Section 4.5). The Commission came out with a number of useful findings and recommendations concerning the situation of disabled people in Zimbabwe.

The Commission highlighted issues on legislation, funding, attitudes, training and foreign influence. It confirmed the existence of the Disabled Persons Act. However, it acknowledged that the policy is silent on provision of education, and by letting the Act administered by the Social Welfare department makes it fall into the tragic model. The commission acknowledges that the legislation is silent on education and training of children or persons with disability. Another concern raised in the report is that the Act is administered under the Department of Social Welfare. By doing so, the government has made issues and rights of disabled persons become welfare issues related to the charity model. The result is that most government departments do not bother themselves with disability issues, but simply refer them to the Department of Social Welfare.

The Commission Report was very clear on the absence of a specific policy on the education of disabled people:

“The Commission observes that there is no specific policy on Special Education. Such a policy should be formulated and implemented. It should deal with issues which include the teacher training curriculum, the teaching and learning curriculum, the development and teaching of a Zimbabwean Sign Language, the provision of mobility appliances for learners with disabilities, including hearing aids and spectacles.” (Section 5.3)

The commission also questioned the competence of SPS & SNE in the running of special education in the absence of legislation:

“Lack of comprehensive policy on Special Education raises questions as to what policy Schools Psychological Services is using in implementing the programme on Special Education. The Commission notes that the Ministry of Education, Sports and Culture issues circulars from time to time in an effort to direct the activities on Special Education. This clearly shows that the Ministry is running this programme on a caretaker basis.”

These findings concur with a number of scholars who also identified and questioned the non-existence of legislation on the education of disabled people in Zimbabwe (Peresuh, 2005; Chimedza, 2001; Chataika, 2003; Chitiyo and Wheeler, 2004).

The Commission also reported on the budgetary constraints that evidently characterise Ministry of Education as confirmed in McConachie & Zinkin (1995)’s research findings. Section 4.7 of the Commission report indicates this anomaly:

“The commission observes that there is no specific budget from the two ministries of Education for Special Education programmes. There is also a serious shortage of human, material/equipment, and infrastructural resources for special education. Thus most programmes for Special Education are donor-funded and run by private, church organisations and NGOs.”

Even though the government assists some disabled students in primary and secondary schools with school fees if they prove that they come from low-income families, the Commission reported that the process to prove that is tiresome. The parents of disabled children end up subjected to a “kangaroo court,” which might be more stressful than actually dealing with the disability of their children. In addition, existing safety nets (e.g. BEAM, discussed in chapter 2), seem to have been strained and overtaken by the current financial difficulties facing the country.

The Commission Report found evidence relating to issues raised in Chapter 2 that the use of insulting terms that define and describe disabled people is common amongst Zimbabweans. With the current political consciousness, many disabled people find such terms derogatory and unpleasant. Realisation of this facilitates the reduction of stigmatisation of the disabled in Zimbabwe. Parents or guardians seem not to have the expertise to cope with the arrival of disability in their homes, and this usually leads to most marriage break ups. The report also established that cultural beliefs that regard disability as a curse from God/ancestral spirits still exist as discussed in Chapter 2.

The training of specialist teachers takes a year at the United College of Education, an affiliate of the University of Zimbabwe. The evaluation of the programme by the Commission found it very relevant. However, it observed that there was a clear lack of co-ordination of Special Education programmes in Zimbabwe. Most players in this field try to implement borrowed models without carrying out a careful feasibility study of Zimbabwe's own situation and requirements. Effects of reliance on external expertise, the area covered on the role of NGOs highlighted the baggage this brings with it.

The Commission report highlights that trained personnel is leaving for greener pastures in other African countries, and some going as far as United Kingdom and America. Thus, Zimbabwe is turning into a training ground for other countries, and this situation has been worsened by the current country's poor remuneration resulting from the prevailing harsh economic conditions. There are no postgraduate degrees in the area of Special Education offered in Zimbabwe, and those who need training have to go abroad. Unfortunately, most of them never return home after graduation; instead, they choose to become economic refugees in those countries of study due to poor working conditions in Zimbabwe. In many ways, the Commission's Report confirms that the Zimbabwean government has not been seriously concerned about the livelihood and education of disabled people. The question to be asked is whether there is inclusion or exclusion of disabled students in education in Zimbabwe in the light of the Commission's findings. The subsection below focuses on inclusionary practices in the education system in Zimbabwe.

Inclusionary Practices in the Education System of Zimbabwe

Integration of disabled people in various facets of life has been critical to the general planning of various African Governments in recent years. Currently, countries are moving from integration to inclusion and Zimbabwe, though largely influenced by the concept of integration, has indicated its interest in including disabled people. For instance, its interest in following the inclusive global trend is supported by some government policy documents, and by implication, by several pieces of legislation. These include the Disabled Persons Act and The Education Act. In trying to analyse the inclusive practices in the Zimbabwean Education system, Mnkandla and Mataruse (2002) and Mpofo (2001) interchangeably used integration practices to mean inclusive practices. This shows how Zimbabwean scholars change the use of words in trying to be in line with the global trend, although in many cases, the descriptions hardly suit the practices. This current shift to inclusive education might explain why Mnkandla and Mataruse (op. cit.) and Mpofo (2001) justify the existence of "inclusion" in Zimbabwean schools in supporting school participation of disabled students under the following four "inclusive" models:

- Locational inclusion
- Inclusion with partial withdrawal from ordinary classroom settings
- Inclusion with clinical remedial instruction, and
- Unplanned inclusion (Mnkandla & Mataruse, 2002; Mpofu, 2001)

According to them, a school can use several of these options with special needs students as needed, or depending on options' availability. Locational inclusion is when profoundly disabled pupils attend ordinary schools and are taught the national curriculum subjects (for example, subjects like English, Mathematics, Art and Craft, HIV and AIDS, Music, Physical Education, Environmental Science, etc.) in a secluded resource room within the school (Mpofu, 2000). It is available only at primary schools, and the units are setup by schools with the help of the SPS & SNE. The students typically have deafness, blindness, severe to moderate learning difficulties or other significant conditions. Less than one percent of Zimbabwean primary schools offer locational inclusion. A significant minority of students who would be enrolled in mainstream schools with locational inclusion attend residential special needs education schools. Parents or guardians perceive those special needs education schools to be better resourced to meet the needs of the students (Mpofu, 2000).

The learning goals for many of the pupils with significant impairments include basic self-care and social skills training. School psychologists select these learners for locational inclusive education and tend not to cover the full national curriculum by the time they move from school to community - which for most of the students with significant impairments, are by the end of primary school (Mutepfa *et al.*, in press). They typically do not take the national examinations in their transition from primary school to the community, as they do not go onto secondary school. For transition to secondary school, students are required by the Zimbabwean education authorities to sit for and pass the national examinations in order to graduate from primary school. Locational inclusion in a way, meets the intent of the Zimbabwe Ministry of Education's universal access to basic education policy for all children of school going age.

Students may also be on inclusion with partial withdrawal from mainstream classroom settings. In this instance, they are taught the core subjects of reading and mathematics in the resource room and attend regular classroom with the other students for social studies, science and religious and moral education (Mpofu, 2004). Very few schools (about 1%) offer this type of inclusion. This provision tends to be for those with hearing impairment, moderate to mild visual impairment, and moderate to mild learning disabilities. A minority of the students take the national school achievement examination at the end of primary school, with only less than one percent of these students proceeding to high school (Mutepfa *et al.*, in press).

Students included with clinical remediation take the full curriculum in mainstream classrooms and receive clinical remedial instruction as needed. The designation “clinical” refers to the fact that instruction is designed to target the student’s specific learning difficulties rather than the broader curriculum competencies (Mpofu, 2001). This type of inclusion is expected in all primary schools in Zimbabwe (Ministry of Education and Culture, 1987). Inclusion with clinical remediation differs from inclusion with partial withdrawal in terms of the student populations served, as previously noted. They also differ in that inclusion with partial withdrawal takes place in a resource room at the same time other students are taking the same lesson in regular classroom, whereas inclusion with clinical remedial instruction is supplemental instruction in mathematics or reading that is offered outside the regular instruction time for the school subjects.

Clinical remedial instruction is offered in mathematics and reading for two hours per week by a team of regular classroom teachers. The supplemental instruction is geared to the unique learning needs of each student. As far as possible, instruction is provided in small groups to students perceived to have similar learning needs. Regular classroom teachers and resource room teachers co-identify the needs to be met in the resource room. Often, teachers use the student’s performance on the regular curriculum as basis for determining the learning needs for which clinical instruction is needed (Mpofu, 1996; Mpofu, 2001). Occasionally, they may also have results of diagnostic attainment testing carried out by remedial tutors from the SPS & SNE (Mpofu & Nyanungo, 1998). Students with moderate to mild learning disabilities tend to receive supplementary instruction with resource room support. Inclusion with clinical instruction is also offered at a number of Zimbabwean high schools. Schools providing inclusion with supplementary instruction have the services of a peripatetic remedial tutor from the SPS & SE department. These remedial tutors assist mainstream teachers with instructional design, delivery and evaluation.

The most prevalent type of inclusive education in Zimbabwe is unplanned or defacto inclusion. The advantage of unplanned inclusion is that disabled pupils are exposed to the full national curriculum in mainstream education settings. In addition, disabled students get to learn and socialise with non-disabled peers and thereby making it possible for the two groups to understand each other more, and in most cases, realising each other’s potentials and limitations (Chimedza, 2001, Engelbrecht, 1999). The vast majority of disabled pupils in unplanned inclusion are placed in schools by parents and guardians and often with no documentation of their specific impairment. They are in defacto inclusion by default, that is, in the absence of options rather than by design.

Students with severe impairments are least served by defacto inclusion as practiced in Zimbabwean schools because an overwhelming majority of the schools do not have the human and material resources to cater for a variety of significant learning needs (Mnkandla & Mataruse, 2002). A majority of students with severe impairments and in defacto inclusion are likely to drop out of school by the third grade. With unplanned inclusive education, parents or guardians do not have much of a say in the curriculum and classroom practices beyond getting the child enrolled at the local school. This is so because schools with defacto inclusion do not have any disability services in place and have no educational plans for disabled pupils (Mutepfa, *et al.*, in press; Mpofu, 2004). Legally, Zimbabwean teachers cannot deny a child admission to their classrooms. However, in practice, children with significant impairments have been turned away from schools because teachers perceived themselves untrained and ill - equipped to teach the children (Mutepfa *et al.*, in press). Then, if these ill-resourced forms of inclusion exist, chances to reach higher education are seriously minimised for disabled students in Zimbabwe.

Section 3: Provision for Disabled Students in Higher Education in Zimbabwe

“When disabled students enter higher education they are taking up an opportunity to increase their knowledge, to develop their social skills, to obtain qualifications and to expose themselves to debate and discussions. It is an important experience for empowerment.”

(Hurst, 1996, p141)

Education is a major determinant of individuals’ status in society and their social mobility as it influences career prospects. In this modern world, better-educated people gain access to better paying jobs than the less educated in general, and post secondary education in particular. Universities are critical to the development of any nation. Universities are often the only institutions with capacity for the development of high-skilled workforce, technology transfer, and generation of new knowledge (Kariwo, 2007).

There is rapid expansion of the higher education system in Zimbabwe, which began in 1999, and this is in response to the very high demand, which has been increasing since 1980 (Kariwo, *op. cit.*). One of the major policy decisions taken at independence was to increase access in education. Prior to 1980, less than 20% of the students who completed primary education could proceed to secondary school in the academic stream. At independence, this bottle-neck system was removed and the transition rate increased from 20% in 1980 to 86% in 1981 (Kariwo, 2007). This was a dramatic increase that impacted heavily on the secondary school infrastructure and large amounts of resources had to be directed towards secondary school expansion. From 1986, the consequences of the policy on widening access started to be felt at the tertiary level, in particular at the only public university in Harare - the University of

Zimbabwe and the few colleges that were involved in vocational, technical training and teacher training.

Up until 1989, there was only one university in Zimbabwe with an enrolment of 2000 - University of Zimbabwe located in Harare, which was established in 1957. Now, there there are nearly 40 000 students studying at 12 universities in Zimbabwe, out of which four are private, with the University of Zimbabwe having a total population of about 12 000 students (Kariwo, 2007).

It was not until 1991 when the second state-funded university was established in Bulawayo (the second largest city), and the university has a a strong bias in Science and Technology (Kariwo, 2007). From 1995, there has been rapid expansion of higher education system in Zimbabwe in response to the very high demand, which has increased since independence. It is estimated that Zimbabwe has an excess of 8 000 students annually who qualify but fail to enter university. Over 22 000 students sit for 'A' levels each year and about 14 000 qualify to enter university. The Zimbabwe Open University is a distance education university and already has the largest enrolment with about 24 000 part-time students (Kariwo, *op cit.*). It is not included in the list of those institutions that offer full-time programmes.

The contribution by private universities is very small, both in student enrolments and programmes offered, yet there is so much hope these institutions could provide a solution to the current demand for higher education (Banya, 2001). The experience in Zimbabwe is that the enrolments are quite small and the disciplines are concentrated in the humanities. While the contribution of private universities is growing, at the moment it is far less than that of the state universities (Kariwo, 2007). However, though there have been deliberate policies to widen access in tertiary and higher education, disabled students seem to have been left out of the bandwagon.

If there are certain social groups who are denied access to further and higher education, they are likely to be excluded from the social and economic development of society. This seems to be the situation for disabled people in Zimbabwe. As of 2003, the student population in universities, technical and teachers' colleges stood at 78 481, unfortunately, less than 1% were disabled students (Government of Zimbabwe Report, 2004). The University of Zimbabwe, the largest institution in the country, has a Disability Resource Centre that caters for disabled students. However, comparing to the student population, the number of students who declared a disability in 2004/2005 academic year is insignificant (60) in comparison to the entire student population of about 12 000 (University of Zimbabwe, 2005). The Midlands State University

recently started admitting disabled students in 2004, which made it the second university to have a disability resource centre.

For the purposes of this study, the University of Zimbabwe is used as an example since it was the first university in Zimbabwe to have a disability resource centre, and that is where all the participants in this study came from. In addition, I have drawn on this context in the ethnography (see Chapter 8).

The University of Zimbabwe Disability Resource Centre

The Disability Resource Centre falls under the Student Affairs Division. In 1978, a few disabled students with physical impairments whose condition did not require special academic and physical accommodations were admitted. Although the UZ had no disability policy until 2005, in 1982, the first students with visual impairment were enrolled, which was a challenge as these students needed specialist services such as Braille material and needed assistance in many other areas (University of Zimbabwe Disability Resource Centre website, www.uz.ac/institutions/drc, accessed on 15/10/06). Between 1982 and 1986, volunteer students and lecturers assisted the students with visual impairment in procuring reading materials in the form of cassettes and Braille books on an ad hoc basis. Since there were no specialists to transcribe examinations, the University enlisted the services of specialist teachers at Waddilove and Mrewa Mission Schools, which had resource units for primary and secondary school students with visual impairment (www.uz.ac/institutions/drc, accessed on 15/10/06).

After independence, the number increased and students with other impairments were gradually admitted. In 1987, the Disability Resource Centre was officially opened and a disability coordinator's position was established. A secretary was also appointed to service the centre. The Department was first set up under the Students Health Services department, thus perpetuating the medical model, which suggests that disabled people always need some form of treatment. The department later moved to the Student Union Building (www.uz.ac/institutions/drc, accessed on 15/10/06). In 1993, the Department moved to the University Teaching and Learning Centre Building. Since the UZ was the only university with such a centre in the country, the ever-increasing number of disabled students, necessitated an increase of staff from two permanent staff to five. Now, the department has five full time members of staff comprising of the disability coordinator, secretary, and three technicians (all with special education degrees).

Until 2004, only University of Zimbabwe had services for disabled students. Therefore, students who wanted to access university education across the country had no choice but to scramble for very few places at this highest institution. The Midlands State University in Gweru has recently

started admitting disabled students and this has significantly seen a reduction of the total number of disabled students admitted at the UZ each year. For instance the enrolment of disabled students dropped from 81 in 2003 to 58 in 2004 (University of Zimbabwe, 2005) because some students opted to go to the Midlands State University.

In 1994, the government, through the Ministry of Higher Education, Science and Technology (now Ministry of Higher Education) began to offer undergraduate disabled students a special disability grant to help them meet their academic needs. Unfortunately, the grant ceased to operate in 2002 due to what the government termed “economic hardship”. Thus, disabled students no longer had any source of funding apart from the students’ loans borrowed from banks, which a student must start repaying three months upon completion (Chataika, 2003). The disability grants have since been re-instated, but the question is whether they are sufficient to meet the students’ requirements.

The Disability Resource Centre provides direct services to students and liaises with the University community and society regarding placement of graduates after completion of their studies, and is involved in public awareness programmes. Some of the direct services the department does are facilitating admission of disabled students, arrangement of campus accommodation and sourcing of specialised equipment and gadgets. The Disability Resource Centre has been operating without a policy until 2005 when it welcomed the endorsement of the Disability Policy Document by the Senate. This has become a major breakthrough in the education of disabled students, and a milestone towards inclusion of disabled students in Zimbabwe. The policy document also covers the recruitment and selection policy of disabled staff in the university (University of Zimbabwe, 2005). The policy document highlights that:

“The University of Zimbabwe is committed to a policy of equal opportunities for students with disability and aims to create an environment, which enables them to participate fully in the mainstream of University life. For the purposes of this policy, disability is understood in the broadest sense and, in addition to mobility and sensory impairments, includes mental health problems, specific learning difficulties and medical conditions, which may have an impact on day-to-day activities.”

(www.uz.ac/institutions/drc/disabilitypolicy/2005, accessed on 15/01/06)

The disability policy is guided by the following aims:

- Applications for admission from potential students or applications for employment are assessed on the basis of the applicants aptitudes, abilities and qualifications;
- Students and staff with disabilities have access to the appropriate support and adaptations to enable them to be fully included in the life of the University;
- The views of the individual are taken into account at all times when their requirements are being assessed;

- Members of staff working with disabled people, either as colleagues or as students, have appropriate information and support;
- The University takes steps to enable staff and students who become disabled during their time at the University to continue in their chosen career or course of study;
- Disabled members of the public can fully participate in public events held on University premises;
- So far as is reasonably practicable and within the constraints of existing buildings, University premises are accessible and safe for disabled people.

(University of Zimbabwe Disability Policy, 2005)

The dilemma in implementing the above UZ's disability policy is that it is not backed up by a public policy such as the British SENDA (2001), American ADA (1993), and Australian DDA (2005). Thus, it is not a legal obligation for higher education institutions to admit disabled applicants. Thus, at national level, the government has not committed itself through legislation to promote the inclusion of disabled students in higher education.

Below are some of the useful findings from a research project carried out on the provision for disabled students at the University of Zimbabwe (Chataika, 2003). The questionnaire in the study requested disabled students to respond in the areas of the disability statement, application, and admission, funding, physical access and general support services. In addition, these are baseline provisions that promote inclusive practices in higher education. This overview provided the necessary background for this PhD research.

Disability Statement

Unlike most British universities, the study established that the Disability Resource Centre has been operating without a disability statement. However, there were tendencies and practices that seemed to be the tradition of the university. However, the Disability Resource Centre had pamphlets with guidelines on provisions and how disability is defined at the University of Zimbabwe (UZ). In Chapter 1, I demonstrated how disability coordinators in British universities indicated that they viewed disability statements as public documents, and therefore statements for plans. They also highlighted that they were using the Disability Statements to raise awareness amongst its staff on the institutions' position on disability (Chataika, 2003). This indicates that disability statements are an advertising strategy. Therefore, lack of such disability statements at the University of Zimbabwe works to the detriment of disabled students. Some disabled students indicated that they were not aware of the existence of the Disability Resource

Centre prior to coming to the university (Chataika, 2003). This was a clear indication of lack of marketing strategies of the disability services within the university. Fortunately, the University Senate approved a disability policy in 2005 (UZ Disability Policy, 2005), and it is hoped that this will be taken seriously for the benefit of disabled students.

Application and Admission

UZ admits students on merit but also, put some consideration to certain groups of people. Admission may occur via one of the following categories: **standard** – that is entrance on merit; **special** – where previous work experience is considered; **specific** – where certain criteria is stipulated which segregated other students due to health and safety and on **affirmative action** – where other factors which disadvantaged a student during his/her studies are put into consideration. This last radical avenue applies only to disabled students and females. If a disabled student does not qualify through the first three avenues, affirmative action is used. The rationale behind it is that, such an applicant may have suffered educational disadvantages because of his/her disability. For instance, most Zimbabwean schools have an acute shortage of brailled and audio-taped books for blind students and hence students rely more on their sighted peers who read out for them. In such a case, the student is disadvantaged in that; he cannot access the curriculum the same way as the rest of the students.

Abosi (1999)'s research findings show that most African schools are ill-equipped and disabled students have to struggle in order to access the curriculum. He further stressed the need to re-consider their applications when they apply for admission into higher education, bearing in mind the ordeal they go through without any meaningful provisions. However, a student has to disclose his/her disability on the application form in order to qualify through the affirmative route. In this case, UZ may reduce the entry points by one or two.

Application forms come in one format and these disadvantage students who cannot access the information through the only prescribed format – print format. As far as the British context is concerned, it is important to put any communications in adaptable formats so that disabled applicants/students can easily access the information on the forms (Hall and Tinklin, 1998). In any case, resources to effect such changes are available at the UZ. There is need to implement what is required so that disabled applicants are not disadvantaged in any way.

Physical Access

Accessibility at UZ is problematic because most of the buildings are not friendly to disabled students. Only 30% of the buildings that house the departments in which the disabled students

are enrolled, and some administrative offices as well as a few other places meant for social activities which these students regularly frequent, are accessible. Some key buildings like the Library, Clinic, Student Affairs Building, and the Great Hall are now accessible through the installation of ramps and rails. The Disability Resource Centre in conjunction with various departments facilitates the scheduling of lectures so that they are held in accessible lecture rooms. In some cases, lectures are appropriately spaced enabling students with mobility impairments to move at their own pace to the next scheduled lecture.

UZ gives priority to disabled students on campus accommodation. Disabled students automatically qualify for accommodation until they complete their studies. They are given the chance to scout around university accommodation and then choose a room of their choice every year. However, from experience as the disability coordinator, this can take more time than expected to put in place the students' accommodation due to bureaucratic procedures.

The UZ provides mobility appliances to disabled students so that they can be mobile. These include white canes, wheel chairs, walking frames and crutches. The Disability Resource Centre has a budget for repair and maintenance of these appliances. If an appliance is not working, the student brings it to the Disability Resource Centre for repair and the department meets the costs. However, due to lack of foreign currency and adequate departmental budget, these appliances are usually not readily available when students need them and therefore, they have to struggle without them. Those who are fortunate to get the appliances when they graduate, they leave these appliances behind, and in some cases, the graduate becomes immobile. Obviously, this has negative effects when the graduate is looking for employment because he/she will be unable to move about. It is useful to note that most of the disabled students come from very poor families and chances of the families buying such mobility aids are very slim. Worse still, most of these appliances are not locally available. With no foreign currency in the country, coupled with the current highest inflation rate in the world, and a soaring unemployment rate as highlighted before, disabled students are the worst affected. The impact of the recently adopted Disability Policy (2005) at the University of Zimbabwe is still yet to yield positive results.

Support Services and Funding

The Disability Resource Centre is responsible for the provision of equipment and materials for disabled students. The Disability Resource Centre is allocated a budget on an annual basis by the university and it is the responsibility of the coordinator to make sure that money is put into good use. For instance, the 2002 budget allocated to Disability Resource Centre was an equivalence of about £45 000. The budget was meant to cover all the needs of the students and the department as a whole; however, in most cases it is inadequate because most of the

specialised equipment and materials are purchased abroad, which turn to be more expensive. It is even difficult based on the current financial standpoint of the country.

Common support services include:

- Transcription and brailing – most students with visual impairment use Braille when writing. Thus, the department has to transcribe the work from Braille to print to enable lecturers to mark the assignments.
- A departmental library with print and Braille books for disabled students
- Loaning of equipment
- Time extension on out-of-lecture assignments – e.g. essays and projects
- Computer cluster – this is a cluster for disabled students only backed up by latest software that support disabled students in accessing information in adaptable formats; that is, voice-synthesized software.
- Special library arrangements – library staff assist them to find books for borrowing and there are given extended periods.
- Examinations – students get examination scripts in the format that best suits them; e.g. either in large print, Braille, or audio tape. Students can use word processors, Perkins Brailers, tape recorders, or typewriters when writing examinations. Extra time is given to disabled students depending on the nature and severity of the disability. Usually 15 minutes per hour is allowed.
- Counselling – the coordinator provides counselling services to disabled students and refer to university counsellors where necessary.
- Braille book production
- Mobility and orientation training sessions for blind students
- Repair and maintenance of equipment e.g. Perkins brailers and recorders

Conclusion

The purpose of education is dependent on the form of the family, society, the historical context, and place in which the individual is raised. Chapter 3 has attempted to answer the second research question. It has provided the history and development of the general education system and special education in both pre and post-independent Zimbabwe. These historic periods are a yardstick upon which to measure the progress of the development of education in Zimbabwe. The involvement of both missionaries and non-governmental organisations in the education of disabled people showed how disabled people accessed formal education. However, foreign influence in the provision of education has largely influenced service delivery. The contribution of Jairos Jiri has also provided some insight into one of the most important dimensions in the historic events behind the provisions for disabled people of Zimbabwe. The SPS & SNE

department's policy statements and inclusionary practices in Zimbabwe's education system provide the patterns of provision in the education of special need children in Zimbabwe. Provision of disabled students in higher education in Zimbabwe has been outlined. This chapter forms a strong base for the analysis chapter that explores disabled students' higher education experiences based on their stories. One of the main aims of education is to leave a man in the condition of continually asking questions, and undoubtedly, this chapter does stir up some debate on educational provision in Zimbabwe in the work of the thesis's theoretical framework to be presented in the next chapter.

Chapters 2 and 3 provided a platform upon which to consider the effects of foreign ideologies imposed in both pre and post-independent Zimbabwe. Consequently, these external ideologies, in most cases do not necessarily match local traditional practices, thereby creating barriers between the locals and external agencies. It is from this understanding that the social ecosystem framework in the next chapter was designed, and the need to engage with postcolonialism, globalisation, disability studies and inclusive education literatures in this study was essential.

Chapter 4

The Social Ecosystem Framework vis-à-vis Postcolonialism, Globalisation, Disability Studies and Inclusive Education

“Over the life course, human development takes place through processes of development of progressively more complex reciprocal interaction between ... human organism and the persons, objects, and symbols in its immediate [and] external environment.”

(Bronfenbrenner, 2001, p6965)

Introduction

This chapter introduces the social ecosystem framework, the theoretical framework that underpins this study. The study engages with postcolonialism vis-à-vis globalisation, disability studies, and inclusive education within this framework. The chapter is divided into four sections. Section 1 introduces the social ecosystem framework and justifies its relevance to the study. Section 2 focuses on postcolonial theory and globalisation in relation to the perception of disability in Zimbabwe. Nothing much is documented about Postcolonial theory and disability studies, and therefore this section explores a relatively new body of knowledge. Section 3 turns the spotlight to the social model of disability as opposed to the traditional medical perspective. Section 4 discusses inclusion and identifies some of the barriers that hold back inclusive practices. This section ends by bringing the theoretical resources together (postcolonial theory vis-à-vis globalisation, disability studies, and inclusive education), embodied in the social ecosystem framework. This chapter is distinct in that it creates a postcolonial view of disability and inclusion, engaging with the newly developed social ecosystem framework to make sense of the experiences of inclusion of disabled students in higher education in Zimbabwe.

Section 1: The Social Ecosystem Framework

Engelbrecht (1999) argues that most educational debate on inclusion centres on the effectiveness of practical matters of educational organisation and practice without taking into account its broader dimension. It is essential to realise that human experience and actions occur in everyday life as part of the wider human, political, and ethical effort of securing a better life (Lewis, 1998). The engagement of a diverse theoretical framework that allows a broader insight of inclusion of disabled students in Zimbabwe is therefore vital. The social ecosystem framework, which is premised upon Bronfenbrenner's assertion that humans have the potential to shape their world in “intricate physical, social, technological and cultural ways” (Bronfenbrenner, 2004, pxviii), was developed to investigate the experiences of inclusion of disabled students in higher education. Bateson (1972), Miron (1994) Engelbrecht (1999) and

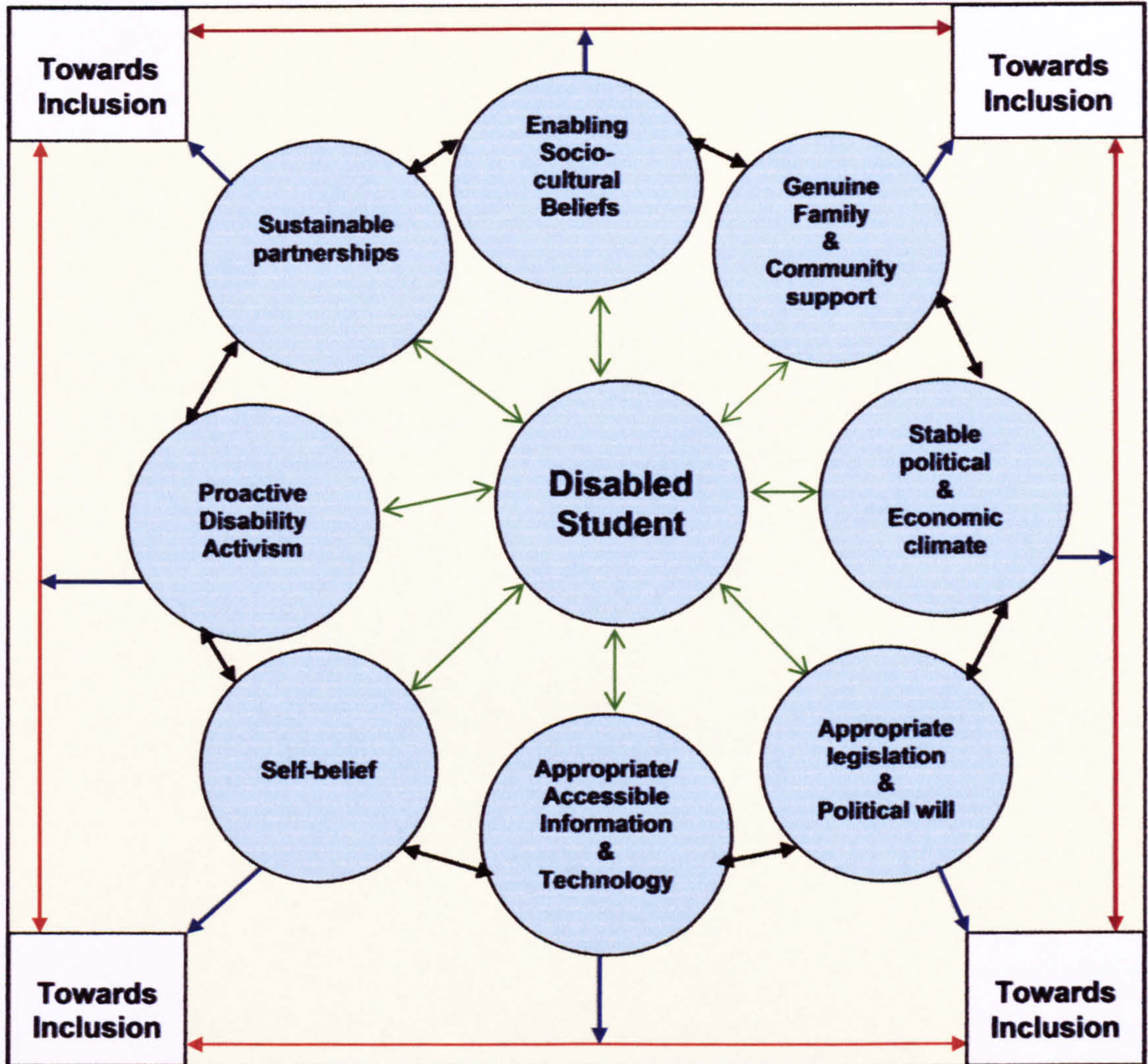
Jordaan and Jordaan (1999) are some of the other authors who have contributed to the ecosystem theory, whose ideas have been used to develop the social ecosystem framework.

Bronfenbrenner traces the historical development of his groundbreaking bioecological model of human development and details how it can be applied via programmes and policies. In his model, he asserts that humans do not develop in isolation, but in relation to their family and home, school, community, and society (Bronfenbrenner, 2004). While the popular view has been that psychologists studied the human mind, sociologists focused on the family, anthropologists on culture, and so on, Bronfenbrenner's bioecological model challenges and transforms how social and behavioural scientists approach the study of human beings and their environment.

The rationale for developing the social ecosystem framework is from the understanding that humans are social species that interact with the environment. "Framework" is preferred to "model" simply because, a model is static while a framework is easily adaptable to suit the needs of the person who wishes to use it. The current thinking that regards disability as a social construct, underpinned by the social model of disability¹¹ (Oliver, 1990, 2004; Barnes, 1998; Finkelstein, 1999) necessitated the use of the word "social" in the framework instead of "bio". The social ecosystem framework goes further to widen the scope of Bronfenbrenner's focus on the physical, social, technological and cultural aspects of human development, to specific elements that are compatible and consistent with the narrative methodology used in this study (see Figure 7.2). These specific elements are illustrated in the Figure 4.1.

¹¹ The social model of disability is discussed in detail in Section 2 of this chapter.

Figure 4.1: The Social Ecosystem Framework



(For a developmental conceptualisation, the sequence of the elements is better Comprehended clockwise, though not prescriptive)

By closely scrutinising the illustration above, it evidently reveals the interconnectedness of the elements or variables that form the social ecosystem framework, and this interdependence is the nucleus of the framework. The arrows resemble a flow of an electric current through the eight circles, connecting back and forth, thus signifying a causal or correlation effect. If there is a gap in any of the circles, the result will be a short circuit. As illustrated in the diagram, inclusion is not an end in itself, but an ongoing process. On the same note, all the arrows are pointing towards inclusion, which is the ultimate goal for the framework. Therefore, the assumption here is that, an occurrence of a short circuit at any stage would result in a major disruption of working towards the inclusion process. To avoid such a short circuit, there should be a better understanding of the intertwined nature of the requirements, context, and processes towards inclusion of disabled people in society from micro to macro levels; and more so, disabled students in higher education. In its development and as an analytical tool, the social ecosystem framework engages with the postcolonial theory, globalisation, disability studies, and inclusive

education – the theoretical resources that informed this study. The social ecosystem framework has therefore allowed me to:

- Consider disabled students in context
- Consider a whole range of historical cultural, familial, political, economic, and personal factors that impact on the inclusion and exclusion of disabled students
- Make sense of higher education and disability as they relate to specific contexts in Zimbabwe
- Draw on a host of deep, rich and qualitative data to analyse the position of disabled students
- Bring in postcolonialism, disability studies, and inclusive education analysis.

Issues pertaining to disability are mostly considered as unique, divorced from, and independent of all other activities. There is overwhelming evidence that the further and higher education sector, particularly in Zimbabwe, has largely remained undisturbed by the need to provide education for disabled students (Chataika, 2003). For instance, the Disability Resource Centre at the University of Zimbabwe is rarely regarded as a support services unit as should be the case. Instead, disabled students in various programmes are considered to be wholly belonging to the centre rather than to their respective academic departments. Such a situation creates a kind of stereotype, stigma, and a sense of isolation on the part of the disabled student – hence the occurrence of a short circuit in the process towards inclusion. The ignorance about the existence of disability support services by one of the narrators (refer to Edmore's story in Chapter 6) is an indicator of how short circuits are easily created in institutions of higher learning. The social ecosystem is a framework sensitive, particularly to culture, society, and economics, and therefore is meant to minimise the short circuit occurrences.

The social ecosystem framework requires theoretical ideas to aid analyses of the interconnected themes of history, culture, family and personal, as well as global issues. Absence of continuity within the circles and lack of sustainable partnerships at any level within the framework can be a recipe for disaster.

Chapters 2 and 3 highlighted the influence of colonialism, and at this stage, it is important to make a strong link between the framework and postcolonial ideas and how they influence the process of inclusion.

Section 2: Postcolonial Theory vis-à-vis Globalisation

“Colonialism is not satisfied merely with holding a people in its grip and emptying their native’s brain of all form and content. By a kind of perverted logic, it turns to the past of the oppressed people, and distorts, disfigures and destroys it.”

(Ahluwalia, 2001, p136)

The Postcolonial Theory

The postcolonial theory is a literal theory or critical approach that focuses on literature produced in countries that were once, or are still colonies of other countries, or on the everyday socio-cultural practices on colonised countries. It may also deal with literature written by citizens of imperialist countries that take their colonies as the subject matter. The theory is based upon the concepts of otherness and resistance.

Ashcroft, *et al.* (1995, p2) define post-colonial theory as:

“Discussion of migration, slavery, suppression, resistance, representation, difference, race, gender, place, and responses to the influential master discourses of imperial Europe... and the fundamental experiences of speaking and writing by which all these come into being.”

The postcolonial theory therefore brings to the fore many issues in countries that experienced colonialism. These issues include:

- the dilemmas of developing a national identity in the wake of colonial rule;
- the ways in which writers from colonised countries attempt to articulate and even celebrate their cultural identities and reclaim them from the colonisers;
- the ways in which the knowledge of colonised people has served the interests of colonisers, and how this knowledge is produced and used;
- the ways in which the literature of the colonial powers is used to justify colonialism through the perpetuation of images of the colonised as inferior.

This postcolonial discussion is based upon one of the prominent African political scientists, Pal Ahluwalia. He undertakes an important intervention in the field of postcolonial theory and its use in the study of contemporary post-colonial Africa. Ahluwalia (2001) proposes a new way of going about the task of examining the European colonial presence in Africa. Specifically, he argues that the interdisciplinary framework of the postcolonial theory alone is able to bypass a tendency within Africanism studies to analyse Africa's past in search of origins and authentic points of departure. Ahluwalia cited Mbembe (1992) who observed that:

“The postcolonial ‘subject’ mobilises not just a single identity, but several fluid identities which, by their very nature, must constantly be ‘revised’ in order to achieve maximum instrumentality and efficacy as and when required.”

(Ahluwalia, 2001, p135)

Ahluwalia (2001) makes a strong case for the adoption of postcolonial theory on critical practices to account for the complexities of contemporary Africa. He argues that postcolonialism is hardly singular in its tone or political aim. African intellectuals, will therefore fail their function if they do not take from postcolonial theory what they find useful, disregarding the rest. Césaire stresses that “every doctrine is worthless unless it is rethought by and for us and adopted for own needs” (2001, p29). Ahluwalia further argues that the postcolonial theory needs not be seen as an elite preserve of Western intellectuals as it by no means was. Having said that, it is vital to look into the postcolonial theory and connect it to the Zimbabwean situation, bearing in mind that my studies have taken place in UK, Zimbabwe’s former colonial master.

To believe that colonialism can just come to a sudden end upon attainment of a nation’s political independence is certainly naïve. Colonialism, which brings with it “new values, new beliefs, foreign languages, alien traditions” and in most cases, is tantamount to total brain washing, “cannot be shed like the skin of a snake and then tossed away and forgotten” (Ashcroft, *et al.*, 1995, p2). It will always leave something behind, some form of colonial remains because of continuous brain washing as postulated by Nelson Mandela:

“We were taught and ‘believed’ that the best ideas were English ideas, the best government was English government, and the best men were English men.”

(Mandela, 1994, p53)

Political independence, therefore does not automatically translate to total socio-economic emancipation. There is still bound to be evident colonial hangover even after such declarations of political freedom.

Like any other newly independent nation, in 1980, the immediate challenge for the Zimbabwean government was “national development and modernisation” (Chung and Ngara, 1985, p86). The inherited colonial systems had to be phased out, expanded and/or modified to serve new economic and social needs in the face of this new political dispensation. For instance, the ban of Africans from accessing “whites only” places was phased out. Since education is regarded as the vehicle for socio-cultural, economic and political change, the Government immediately sought to invest heavily in educational expansion and diversification (Chung and Ngara, 1985). Intellectuals from within and without were then engaged to critically evaluate the goals and practices of education. The focus was on the re-evaluation of the colonial system and the re-

examination of the traditional Zimbabwean education system. They then had to explore and develop educational alternatives for emancipation and achievement of an authentic African national identity (Rwomile, 1998). For example, the early 1980's saw the introduction of the concept of education with production – a concept that was meant to combine both technical and academic skills with the aim of producing a worker-intellectual (Chung and Ngara, 1985), a concept that was non-existent in the colonial era.

While special education programmes, which included integration of disabled students, were expanded during this period, most of these students were enrolled in missionary institutions that were foreign funded. By leaving the education of disabled people in the hands of missionaries and NGOs, and engaging intellectuals from other countries, foreign philosophies were also brought along, and in most cases these were not questioned. Therefore, the danger was that some of them were not culturally responsive to the needs of Zimbabweans (Mpofu, 2001).

The NGOs' vision of Africa was informed by images of exoticism and adventure. Caught in the torrent of upheavals that characterised the victory over colonialism, it was easy for these Western NGOs to become romantic and blinkered by their own enthusiasm for "bringing development to the people" (Manji and O'Coill, 2002, p7), in the newly independent countries. But the real problem was that the dominant discourse of development was framed not in the language of emancipation or justice, but in the vocabulary of charity, technical expertise, neutrality, and a deep paternalism as its syntax. As with the racist ideologies of the past, the discourse of development continued to define non-Western people in terms of their perceived divergence from the cultural standards of the West, and it reproduced the social hierarchies that had prevailed between both groups under colonialism. On this basis, the so-called "developing world" and its inhabitants were (and are still) described only in terms of what they are not:

"They are chaotic not ordered, traditional not modern, corrupt not honest, underdeveloped not developed, irrational not rational, lacking in all of those things the West presumes itself to be. White Westerners were still represented as the bearers of 'civilization, and acting as the exclusive agents of development, while black, post-colonial 'others' were still seen as uncivilised and unenlightened, destined to be development's exclusive objects."

(Manji and O'Coill, 2002, p7)

Interestingly enough, soon after independence, NGOs established the same racial divisions of labour and ideologies that had once characterised the missionary outposts and the colonial Zimbabwe. The white expatriate, the technical expert, was usually the head of the local office, and became militant at home about parity in salary scales within their home organisations. NGOs came armed with a baggage full of reasons why local staff should not be paid at the same rates (Manji and O'Coill, 2002). Thus, while the vision of development appeared to offer a

more inclusive path to “progress” than had previously been the case, in fact the discourse was little more than a superficial reformulation of old colonial prejudices. As Crush puts it:

“Development is fundamentally about mapping and making, about the spatial reach of power and the control and management of other peoples, territories, environments and places.”

(Crush, 1995, p7)

The discourse of development has provided a means subverting popular aspirations for radical change in the context of independence struggles while legitimising the continued marginalisation of non-Western people, and this has a significant impact on disabled people who are already marginalised as objects of study (Mpofu, 2001).

Historically, there was no cultural need among Africans to separate disabled people from communities to make them objects of study as was the case in Western countries (Mpofu, 2001)¹². Such an action would be contrary to the essentials of beingness or “*hunhuism*” of persons, and quite reprehensible. In most African countries, they do not have terms for the many disabilities that are recognised in Western nations. Where a disability is recognised, it is often perceived primarily within the socio-cultural context rather than as a characteristic of a person. African communities may also attribute a disability to an act of God, infidelity in parents, or witchcraft as opposed to disability being viewed as a result of inadequacies in and failures of the environment. Attributing disability to the environment rather than to biogenetic anomalies in the person may explain, in part, the greater tolerance of disability related differences in Africa as compared to Western communities (Divlieger, 1998).

Conversations between Western and African cultural representation of disability have tended to be unequal and in favour of Western cultures. They have been unequal in the sense that technologies and practices for instance in mental retardation¹³ (sic) are adopted from Western countries and often applied to African communities without any cultural adaptations (Mpofu, 1996). Problems associated with the importation of Western constructions into African settings as alluded to before include use of technologies. For instance, African children are being diagnosed as having mental retardation (sic) by African professionals with Western training, and using Western instruments in form of ability tests, adaptive behaviour, which were normed on European or North American children like the Wide Range Achievement Test (WRAT) (Mpofu & Nyanungo, 1998; Serpell, 1988). This is an unfortunate situation because the behaviours that are sampled by these psycho-educational tests and on the basis of which decisions are made about competence in African children may be irrelevant in two ways. First,

¹² See Seal (1998) for an account on how citizens of a European country were made objects of study by their medical establishment.

¹³ The term mental retardation is still in use in Zimbabwe.

to the world view of the African children and secondly, measuring competence in children in African settings.

Competence can only be understood within the context of the environment in which the person participated regularly and with reference to peers in that environment. For example, African children are not socialised to dialogue with a stranger in a secluded environment (e.g. testing room) about questions of no apparent practical significance (Mpofu & Nyanungo, 1998). Having been a teacher for more than ten years operating in this system, I had never really sat down and questioned the ir/relevance of some of the tests and models that are used on children in schools. It is now that I am retrospectively realising the shortcomings of these tests and models that are not culture specific. The implication here is that many children who function quite well in their environments may be regarded as pupils with learning difficulties or multi-adaptive and in the end given interventions that they do not need. Actually, African children and their families are not even told that the intervention techniques that are being applied to them are contested in the very countries of origin. For instance, the social model of disability is a controversial issue in United Kingdom, in that some disability activists feel that it ignores the “impairment effect”, while others argue that it addresses both social and impairment effect aspects (Hughes & Paterson, 1997; Oliver, 2004).

Intelligence tests in Zimbabwe, are, in most cases, used without any environmental and cultural adaptations. Thus, a child might fail to pass the test, not because he/she has low Intelligence Quotient, but the language used (English) and issues referred to (e.g. snow) are irrelevant to the Zimbabwean situation. Western international agencies of and for disabled people and the Western education system that Zimbabwe inherited from the colonial era have been the chief vehicles in the transportation of Western cultural ideologies on disability issues to the African continent (Mpofu, 2001). The works by the European and North American scholars, though valuable, have tended to be conspicuous in their lack of co-authorship with African professionals and suggest three views. The first one being that they are written with a non-African audience in mind. Second, they may not represent the African perspective through omission or commission. Finally, they may inadvertently “perpetuate information dependencies on Europeans and North Americans in African professionals” who may consider such works as authoritative – hence remnants of colonialism being exhibited (Mpofu, 2001, p119).

Another contributing factor to the imbalance in the intercultural conversations between Westerners and African communities is the (mis)construal of Westernisation and modernisation by some Westerners and Africans. Westernisation (adoption of Western cultures) and modernisation (the acquisition or development of technologies for national development) have tended to be taken as synonymous (Mpofu, 1999). For instance, Westernisation is confused with

modernisation by some international agencies working in Africa, African policy makers and citizens. As a result, African professionals and international experts may disregard local views on disabilities in the name of progress or modernisation, yet in actual fact, it is Westernity syndrome (Mpofu, 1999).

Based on the above facts therefore, in the name of modernisation, the focus has to be on discarding that which is reactionary and outmoded in our traditions and to accept new influences. However, welcoming new influences should not mean a rejection of traditional culture. Neither should it mean an acceptance of the view that African culture is inferior to new culture from foreign countries. If foreign ideologies bring positive elements into a culture, those positive elements should be accepted if they serve a useful purpose or fill in a gap in the traditional culture (Chung and Ngara, 1985). Thus, negative foreign influences that seek to destroy the indigenous culture should be resisted and rejected, just as negative aspects of traditional culture should be discarded. This works exactly the same with models of disability transported from other continents. Any imported model needs to be weighed in relation to that nation's life style and cultural beliefs rather than wholesomely adopted without question. Thus, the social ecosystem framework seeks to recognise postcolonial commentators' view that we need to be wary of colonising Zimbabwe with westernised views. The framework also recognises that the postcolonial notion of the complex African self, and therefore complex disabled African self. This means that if assistance is rendered in any country, it has to be respectfully offered, and avoid undermining local expertise and local cultural values. In this way, knowledge exchange can be promoted in a more impartial way – hence promoting fair trade through globalisation, the concept to be discussed next.

Globalisation

“Globalization represents a process of rapid intensification of economic, political, and cultural interconnectedness among the different actors and geographical areas in the global system.”

(Mengisteab, 2006, p3)

The social ecosystem framework places the disabled student within the global setting through sustainable partnerships because today, perhaps more than ever before, the interdependence among nations is becoming more apparent and more difficult to overlook. Information, money, goods and services produced in one part of the world are increasingly available in all parts of the world. International travel and communication are now more frequent and faster. This phenomenon is referred to as “globalisation” (Beck, 1999). Thus, globalisation can be summarised as the growing interdependence of countries world-wide through the ever-increasing volume and variety of cross-border dealings in goods and services, and also through the more speedy and widespread flow of technology (Mengisteab, 2006). The issue here is

whether globalisation entails that individual nations have to abandon their way of life, or whether a culturally responsive global networking is possible. Does this mean that nations need to maintain their identity or lose it in the name of globalisation? These concerns and more, present some challenges on the concept of globalisation. Nsibambi (2001, p1) stresses that

“Globalization is not a value-free, innocent, self-determining process. It is an international socio-politico-economic and cultural permeation process facilitated by policies of governments, private corporations, international agencies and civil society organizations.”

The growing integration of economies and societies over the past two decades has touched off a storm of controversy. Proponents consider globalisation the answer to the social, political, and economic ills plaguing developing countries. However, critics argue that globalisation “creates inequalities, loss of jobs, and environmental degradation” (Prasad, *et al.* 2003, p6). Nsibambi (2001) argues that as cultures interact, some cultures become diluted and/or destroyed at the expense of others and negative values spread across the world with relative ease. As a result, an intense debate has emerged in both academic and policy circles on the effects of globalisation within developing nations and their economies. Some countries are taking globalisation as a big problem, and therefore missing the opportunities it is offering, while others have grasped it as a movement offering development potential and use it to advance their growth and development as well as their own interests. However, most developing countries are taking it as a dangerous process of exploitation where rich countries and big international corporations are getting bigger and richer at the expense of the poor ones and a sort of fulfilment of the saying, “the best enemy of a human being is another human being”. Most African governments are finding themselves in a situation of “fait accompli” (an action that has already been done without consultation or discussion) when it comes to making certain policies and decisions. International agencies such as World Bank, International Monetary Fund, the United Nations World Trade Organisation, take decisions that are binding on countries¹⁴ (Nsibambi, 2001; Mengisteab, 2006). This could be viewed as eroding the sovereignty of State powers, or that, the poorer the country, the more chances of State power erosion. This may perhaps be minimised if the voice of African States was increased and strengthened in the world bodies and stronger African regional bodies would help in this respect provided these bodies are equally represented at global level.

Globalisation has also opened borders and relatively freed labour movement. For Africa, particularly Zimbabwe, this has aggravated the problem of brain drain highlighted in Chapter 3, which has further reduced its human capacity. It should be noted however, that brain drain on human capacity should not be over simplified. Some of the most qualified Africans are frightened away by brutal regimes rather than through the attraction of globalisation forces. Sadly, these brutal regimes have adopted the behaviours of their colonial masters – signifying

¹⁴ See chapter 2 on IMF’s ESAP and ZIMPREST effects on Zimbabwe.

that colonialism is hardly shed like a snake's skin and forgotten. Instead, it leaves some remnants that go along with mental colonisation.

The degree of controversy on the effects of globalisation undoubtedly has a bearing on the livelihood of disabled people in Zimbabwe. In view of the challenges raised about globalisation, its impact in the inclusion of disabled students in a market oriented higher education system in Zimbabwe cannot be ignored. Therefore, globalisation is a key element of the social ecosystem framework. To be part of the micro and macro social ecosystem, one has to be fully included into the day-to-day activities, and this incorporates fairness and sustainable partnerships, another aspect of the social ecosystem framework. In doing so, the benefits of globalisation in political, economic, social, cultural, educational and technological engagements among nations can be realised. This includes genuine transfer of knowledge (e.g. concept of inclusion, social model of disability, etc) and fair trade among nations. In this way, all nationals, including disabled people across the globe can benefit from all the developmental activities. Theoretical approaches need to be borrowed and adapted to meet the needs of the intended beneficiaries without undermining their traditional and cultural beliefs. The next section of this section focuses on theoretical approaches to disability.

Section 3: The Social Model of Disability

In recent years there has been a great deal of discussion about different theoretical approaches to disability and what they mean for disability politics, policies, and services as well as how adequate they are as explanations for the experiences that disabled people have. The emergence of various models, for example the medical, charity, welfare, administrative models, and the recent social model of disability (Finkelstein, 1993) have left many people confused (Oliver, 2004), especially most for developing countries who rely on models from developed countries. However, the two main models that have dominated disability research are the medical model and the social model of disability, and substantive documentary evidence has been about these two models (Oliver, 1996; Barnes, 1998; Priestly, 2003). To understand the social model of disability, it is essential to provide a brief background of the medical model of disability, and to relate it to the social ecosystem framework.

The Medical Model of Disability

Until the later part of the 1990s, disability was exclusively a predicament of the individual, with the focus on intervention entirely on specific individuals (Schneider, 2006). This view is linked to the medical model of disability, or personal tragedy. The medical model places the problem within the individual and it denies the individual their values and worth. It is reflected by the

obsession with finding medically based interventions that usually distract us from looking at the actual cause of exclusion and disablement (Oliver, 1996, 2004; Tregaskis, 2004; Oliver & Barnes, 1996). The emphasis on the model is on dependence, backed up by the stereotypes of disability that bring out pity, fear and patronising attitudes (Oliver, 1990). In this case, more emphasis is placed on the impairment, rather than the needs of the person.

Metaphorically, under the medical model, I equate society to a “steel jacket.” If a person cannot fit into the steel jacket, it is not the problem of the jacket, but rather, it is the person who needs to “undergo surgery”, or requiring “panel beating” to fit into the existing steel jacket. Similarly, in the Social Ecosystem Framework, the medical model cannot promote the smooth flow of the “electric current” since the model places the blame on the disabled individual. There is bound to be a short circuit in the process of service provision because the emphasis is on finding the cure of the impairment, rather than making provision available to counter the effects of impairment. Instead, the medical model’s assertion is that the problem lies within the student. In this case, the question that may quickly come to the mind of higher education institutions is, ‘How are we going to cope with this ‘problem’?’ Accepting the student on a programme therefore means changing work practice, creating more work and additional costs. What is the best option then? Avoidance, and therefore access is denied, resulting in total exclusion in the higher education system. In such circumstances, higher education becomes only a privilege of the so-called “non-disabled” students (Hall and Tinklin, 1998).

Wray (2003) argues that an institution should not wait until a disabled person is admitted onto a course before making any adjustments, but should anticipate those requirements. Failure to anticipate a requirement may mean that an adjustment is unlikely to be made when it is required. The medical model therefore seeks to justify exclusion due to an individual’s inability to do what is considered “normal” by society, without addressing the actual cause of exclusion. Missionaries, without question, transplanted this currently disputed medical model into Zimbabwe, and the result was the emergence of special schools – a form of colonisation. However, the current buzz phrase ‘the social model of disability’, has outdone the medical model because of the new thinking and increase in disability activism.

The Social Model of Disability

With the rise of the disability rights movements, the perception towards disabled people is gradually changing. The crisis has recently been understood to be situated in the environment, with interventions being environmental rather than the individual (Oliver and Barnes, 1998; Schneider, 2006). Disabled people, out of their own experiences, created the social model of disability (Oliver and Barnes, 1998; Goodley, 2001; Finkelstein, 1999). The starting point for

the social model was the publication of *The Fundamental Principles of Disability* by the Union of the Physically Impaired Against Segregation (UPIAS) in 1976. It states that:

“In our view it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society”

(UPIAS, 1976, p14)

This overturned the perspective of disability entirely “by arguing that it was not impairment that was the main cause of the social exclusion of disabled people, but by the way society responded to people with impairments” (Oliver, 2004, p19). Within disability research, many of the current debates centre on the nature of disability and on interpretations of the social model of disability, which views disability as the externally imposed

“disadvantage or restriction caused by a contemporary social organisation which takes little or no account of people who have impairments and thus excludes them from the mainstream of social activities.”

(Oliver & Barnes, 1998, p18)

Unfortunately, some people still maintain the individualistic viewpoint, and do not see the essential role of environmental factors in creating disability (Schneider, 2006). Oliver (1990) argues that disability is the outcome of society’s failure to accommodate disabled people’s needs, and that disability is created through a society that does not fully take into account the needs of disabled people by imposing:

“restrictions ... ranging from individual prejudice to institutional discrimination, from inaccessible public buildings to unusable transport system, from segregated education to excluding work arrangements.”

(Oliver, 1996, p3)

Schneider (2006) points out that disability is an experience that arises out of the interaction between an individual with a health condition and the environment in which they live. She also stresses that if the environment changes, then the experience of disability will also change. Therefore, disability includes both external environmental factors and internal personal factors. This means that both internal and external factors must be considered if one is to describe a person’s experience of disability accurately and comprehensively. The International Classification of Functioning, Disability, and Health refers to this as the “biopsychosocial model” (WHO, 2001). Disability therefore, can no longer be seen as a static feature of an individual, but rather as a dynamic and altering experience determined by the changing nature of the environment. This change from focusing on the individual to focusing more on the environment has important implications on developing disability related policies (Schneider, 2006, p8).

The current thinking is that disability is not something individuals have. Instead, what they have according to the Code of Practice for New Zealand Tertiary Institutions (2003) are impairments. They may be physical, sensory, neurological, psychiatric, intellectual, or other impairments. This social relational definition of disability extends the one created initially by the UPIAS (1976) to incorporate all impairments, rather than just physical impairments, and received an overwhelming support from disabled people. In this model, disability is viewed as “a form of social oppression, like racism and sexism”, rather than as an individual problem caused by impairment as in the medical model of disability (Reeve, 2004, p83). In simple terms, Oliver and Barnes (1998)’s definition of disability refers to the process which happens when one group of people create barriers by designing a world only for their way of living, taking no account of the impairments other people have. Our society is built in a way that assumes that we can all move quickly from one side of the road to the other; that we can all perceive signs, read directions, hear announcements, reach buttons, have the strength to open heavy doors and have stable frame of mind and perceptions. Unfortunately, this is not the case since every individual is unique in his or her own right.

In contrast to the medical model, the social model of disability views the medical condition as only part of the so-called problem. Philpott and McLaren (1997) argue that the locus of the problem is the disabling world. The result is that disabled people are unnecessarily segregated and excluded because of badly designed built environment, inaccessible public transport, discriminatory attitudes, and practices. In fact, disabled people are an oppressed and marginalised group in society. Philpott and McLaren (1997 p2) prefer to call it “apartheid of disabled people” as people do not have access to the same opportunities as others simply because of a physiological characteristic. Thus, the social model of disability makes the important distinction between “impairment” and “disability”.

The social model approach suggests that the “cure” to the problem of disability lies in changing society (Barnes, 1998). Unlike medically-based cures, this is an achievable goal; for instance, constructing ramps alongside steps, using automatic doors, providing information in Braille and other formats, providing text phones or minicons and valuing different learning styles. The social model does not deny the existence of impairments that affect disabled people’s daily lives that may require medical expertise, but shifts the emphasis onto the real barriers that affect participation (Oliver, 1996). Oliver argues that the social model does not declare that if all barriers are removed, impairments will disappear. Rather, it shows that different people can do things in different ways. It enables both disabled people and non-disabled people to understand these differences. It describes disabled people as being different but not inferior. Going back to the ‘steel jacket’ example, according to this understanding from a social model perspective, the

jacket (that is, society) should be altered in order to fit the disabled person and not the other way.

As with postcolonial theory, globalisation, and inclusive education, the social model is also a useful resource for the social ecosystem framework since they both emphasise on changing the external factors rather than the disabled student. Therefore, the engagement of all these theoretical resources within a social ecosystem framework perspective may promote:

- Enabling socio-cultural beliefs**
- Genuine family and community support**
- A stable political and economic climate**
- Appropriate legislation and political will**
- Appropriate/accessible information and technology**
- Co-ordinated disability activism, and**
- Sustainable partnerships**

Based on the above determinants, the social ecosystem framework and the social model of disability, postcolonial theory, globalisation and inclusive education seem to work together in instilling self-belief among disabled students, and hence paving the way to move towards inclusion.

Therefore, higher education institutions need to adopt the social model of disability from a social ecosystem framework perspective, and acknowledge that students are diverse, including those with impairments. The first thing is to acknowledge that a student has an impairment. The following questions would be; ‘what are the barriers (identified by the student and relevant others)? What support or action do we need to take to overcome those barriers? Then the student and the relevant others decide on a plan of action and therefore, diversity is welcomed. The social model highlights the areas in society where disabled people experience discrimination and provides an opportunity for disabled people to take collective action. By flagging up areas of discrimination, the social model is attempting to achieve for disabled people the same citizenship rights enjoyed by non-disabled people (Palfreman-Kay, 1998). The value of adopting this interpretation of disability helps to promote inclusive practices, but most of all; inclusive practices should be viewed using the traditional/cultural lens of any given country. In that way, the social model would have worked as a useful resource for the social ecosystem to move towards inclusive practices in the education of disabled students in higher education.

Section 4: Inclusive Education

“If inclusion is about the development of comprehensive community education and about prioritising community over individualism beyond education, then the history of inclusion is the history of these struggles for an education system which serves the interests of communities and which does not exclude anyone within those communities.”

(Booth, 2000, p64)

Inclusion is currently a global issue, for which many diverse meanings are assigned, across nations and within nations. It is a relatively contestable term, signifying that it is an area, still under development (Ballard, 1999; Clough, 2000). Although it is a universal issue, most of the available literature comes from the English-speaking countries of North America and the United Kingdom. The concept of inclusion came to the forefront of educational dialogue during the 1980s (Livingston, 2005). The use of the term “inclusion” is growing in popularity in “official documents in England and the rest of the world”, but it is not clearly or consistently defined (Booth, 2003, p253). Booth *et al.* (1998) argue that the reality is each national system is determined by local history, culture, and politics. Their argument justifies the use of the social ecosystem framework in inclusive education, which encompasses enabling socio-cultural beliefs and stable political and economic climate. The concept continues to be divisive and to some, its meaning is not entirely understood. While others construe it to be synonymous with mainstreaming, that may not be entirely accurate (Engelbrecht, 1999). The philosophy of inclusion in education contrasts with traditional practices of integration in which disabled students were segregated and placed into special education settings. Inclusion is a term meant to describe the placement of students in mainstream settings. Although in some inclusion models, students are also mainstreamed only for the part of the day, students in full inclusion programmes remain in the general setting for the entire day. By contrast and implication, therefore, inclusion connotes such a re-engineering of ordinary schooling that every school can accommodate every child irrespective of impairment and ensures that all learners belong to a community (Kisanji, 1998; Ainscow, *et al*, 1999; Booth, 2000; 2001). It is a situation where the community school adapts to the needs of its learners. Booth (2003, p253) defines inclusion in education in terms of two linked processes:

“It is the process of increasing the participation of learners in and reducing their exclusion from the curricula, cultures and communities of neighbourhood mainstream centres of learning.”

Booth’s definition recognises the reality of exclusionary pressures in education and the need to identify and counter them, if the participation of learners is to be increased. Ainscow (1999) in concurrence with Booth (2003, p218) argues, “Inclusion has to do with overcoming limitations to participation” that may be encountered by the learners in their bid to learn.

During the 1960's, the concept of normalisation came to the fore in Western countries. In the 1970's, the traditional segregation of learners with special educational needs in separate schools was increasingly challenged. Educators began to question how services might be organised differently to include previously disadvantaged individuals in the mainstream of communities (Booth *et al.*, 1998). Their actions were also guided by the approach to disability that "focused on abilities rather than disabilities", and on "social justice and equity rather than isolation and neglect" (Engelbrecht, p8). The main argument was that inclusive education is a matter of human rights, equal opportunities and social justice (Kisanji, 1998; Ainscow, *et al.*, 1999; Nind, *et al.*, 2003, Armstrong, *et al.*, 2000). CSIE (2004) argues that,

"Familiarity and tolerance reduce fear and rejection. Inclusive education contributes to a greater equality of opportunities for all members of society. The benefits also include relationships and creativity that were not possible in the past."

(www.inclusion.uwe.ac.uk/csie/csiefaqs.htm, accessed on 08/07/06)

The aspect underlying mainstreaming and integration was the way in which difference was being accentuated, for example, separate instruction time in separate settings. The dilemma here lies on the assumption that difference is synonymous to abnormality. Thus to be equal, "one must be the same" and "to be different is to be unequal or even deviant", and this has formed part of many beliefs and assumptions about the world and how it works (Kisanji, 1998; Engelbrecht, 1999, p8).

While integration is based upon the "human values" of participation and underlying differences, inclusion sees it as a matter of human rights, transforming the human values of integration into the immediate rights of excluded learners (Clark, *et al.*, 1997). The movement towards inclusive education is conceptualised as a response against the background of the notion of "inclusivity" in society, as a question of how mainstream schools can be continually restructured in order to respond positively to all learners as individuals (Dyson, 1997; Sebba & Ainscow, 1996). Inclusive education should therefore meet the educational needs of all learners within common, yet fluid contexts and activities with dynamic processes (Booth, 2000). These dynamic processes should then be mirrored through the individual and complex needs of each learner.

The Salamanca Statement (UNESCO, 1994, p.ix) proclaims that schools with an inclusive or all-encompassing orientation are,

"...the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all, more over they provide an effective education to the majority of children and improve the efficiency and ultimately the cost effectiveness of the entire education system."

The Salamanca Statement, of which Zimbabwe is a signatory, is clear in asserting that inclusion is a universal right, seeing the creation of inclusive schools as part of the creation of an

inclusive society. Booth *et al.*, (2000), in the 'Index for Inclusion' define inclusion in education as enabling all students to participate fully in the life and work of ordinary settings, while at the same time encompassing their needs. This means the disestablishment and gradual closure of separate special schools, and the transfer of resources to the ordinary school. Stout (2001) views inclusion in education, as a term that emphasises commitment to educate each learner to the optimal extent appropriate, in the least restrictive setting one would otherwise attend, if one was not disabled (Thomas and Loxley, 2001). In a broader sense, this entails transferring the support services to the learner rather than taking the child to the support services.

The definition that seems to be functional is that proffered by Booth, *et al.* (2000, p12) in the 'Index for Inclusion'. To them, inclusion is a set of never ending processes involving the specification of the direction of change and is relevant to any institution regardless of how inclusionary or exclusionary its current cultures, policies and practices may be. These definitions reflect some of the controversies surrounding the issue of inclusive education. Both nationally and internationally, opposing advocates argue about the concept. Below are some elements emanating from the above discussion of inclusion that are of particular interest to me.

Inclusion,

- is a matter of human rights and social justice
- is the process of increasing the participation of learners
- promotes diversity
- reduces fear and rejection
- is the most effective means of combating discriminatory attitudes and exclusion
- contributes to a greater equality of opportunities for all members of society
- should be culture/country specific.
- has opposing advocates who argue about the concept, both nationally and internationally.

As illustrated in the social ecosystem framework, inclusion is not an end in itself. Rather it is an on-going process where no one can claim to have reached its climax. Even countries that have initiated inclusion, they cannot claim to have achieved maximum inclusion. Inclusion is still an on-going debate in various forums across the world.

Engelbrecht (1999, p10) raises three crucial issues about the changes necessary if schools/institutions are to become inclusive:

1. An inclusive school as a reflection of society is democracy where all members have rights and responsibilities

2. Membership of the school community should be open, positive, and a reflection of the diversity in the community
3. The promotion of accessibility to all members, physically (buildings), educationally (curriculum and support systems), and emotionally (physical acceptance and the celebration of diversity)

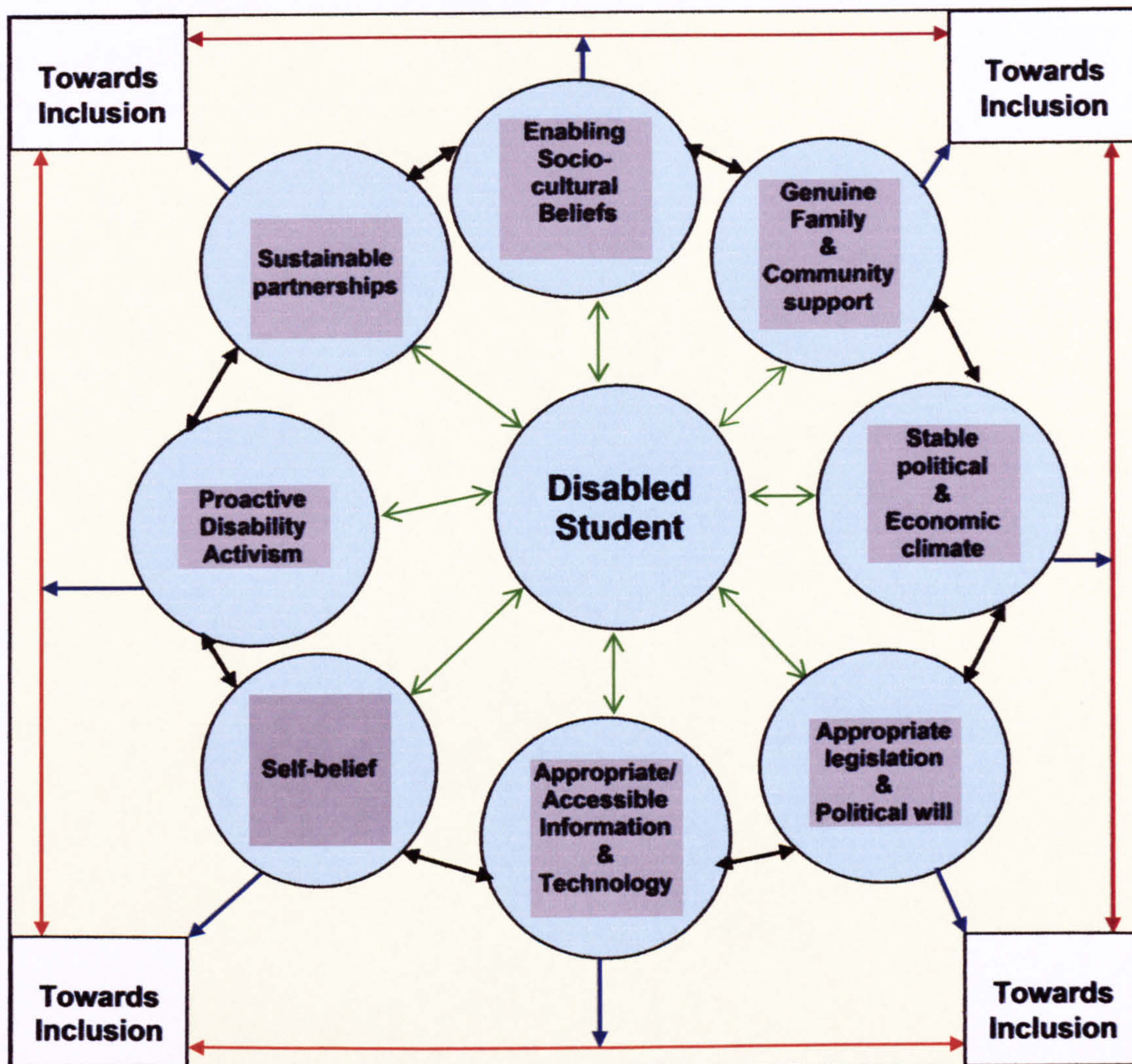
The above aspects would be paramount in building relationships and in the process, creates inclusive communities thereby minimising controversies surrounding the concept of inclusion.

The social ecosystem framework provides the perspective upon which this research has been conducted. It is clear from the framework that barriers in the learning of disabled people may be multifaceted. This re-conceptualisation suggests that significant progress towards schooling that accommodates learner diversity is dependent upon a realisation that the difficulties that learners experience, come about because of how we choose to organise the society in which we live. Muthukrishna (2000) suggests that a dynamic relationship should exist between the learner, the centre of learning, the broader education system, and the social, political, and economic context, which they are all part.

For a person to participate genuinely in any activity, he/she has to feel to be part of that group or community. However, if there are hindrances to participation, there is bound to be exclusion by commission or omission. Inclusion therefore means to belong to all community undertakings; thus, in the educational, economic, political, national, and international activities. Otherwise, the whole concept of inclusion may end up being just cosmetic. If the social ecosystem framework's aim is to promote the implementation of inclusive practices, then its use is unavoidable. However, there are a number of challenges impinging inclusionary practices in Zimbabwe that need highlighting.

Many developing countries, especially Zimbabwe are beset by natural and man - made disasters. Cultural beliefs on the causes of disability, colonialism, tribal wars, drought, poverty, bad governance, a declining economy, lack of supportive legislation, and most recently, HIV and AIDS, are some of the challenges faced by Zimbabwe (ZADHR, 2005; Mpofu, 2001; Chimedza, 2001). There is no doubt that the above factors militate against inclusive practices. It was therefore essential to focus on these concerns and design a framework that would turn the concerns into optimistic views that positively influence the experiences of disabled students in Zimbabwe as highlighted in the Figure 4.2:

Figure 4.2: The Social Ecosystem Framework: An Inclusive Agenda



The argument in this study is that the study’s research questions can better be addressed through the application of the social ecosystem framework and genuine engagement with postcolonialism, globalisation, disability studies, and inclusive education theoretical resources. The theoretical resources are meant to challenge the idea of undermining positive traditional values and local expertise and engaging in culturally sensitive research that applauds sustainable partnerships at both micro and macro levels. In this regard, it would be difficult to ignore the social ecosystem framework designed from a positive standpoint (instead of concentrating on the negatives) that touches virtually on every aspect of human life from individual, family, societal, national and global levels as indicated in the above shaded areas.

Conclusion

This chapter, together with chapters 1, 2, and 3, addressed the first two research questions. The social-ecosystem framework, postcolonialism, globalisation, and the social model of disability, undeniably, affect predicting the future of inclusion of disabled students in Zimbabwe. The

driving forces within and the expectations of inclusive education are complex and unique within individual countries. There is need to bear in mind that nations are heterogeneous. Inclusive practices need to develop differently in different educational, social, and economic contexts (Barton and Armstrong, 2001). Sharing of experiences with each other cannot be overlooked. However, there is need for extreme caution to ensure that,

“The sharing of experiences does not degenerate into a sort of educational imperialism whereby the versions of models or theories that suit a few dominant countries are adopted by education systems to which they are inappropriate.”

(Engelbrecht, *et al.*, 1999, p39)

Engelbrecht here is suggesting that if models of dominant countries are indiscriminately adopted without looking at each country's situation, mental or academic imperialism comes into play. This results in “westernity” syndrome as opposed to modernisation, thereby defeating the essence of inclusionary practices in developing countries like Zimbabwe that has its own unique needs.

The theoretical resources discussed in this chapter (postcolonial theory, globalisation, disability studies and inclusive education) need to be conceptualised from a social ecosystem perspective in order to make sense of the position of disabled students in higher education in Zimbabwe. In view of this, a narrative research methodology and ethnography presented in the next chapter were therefore employed to “mirror” the experiences of disabled students who informed this study.

Chapter 5

Methodological Considerations

Introduction

The purpose of this study was to investigate, examine, and critically analyse, through the disabled students' own experiences and some ethnographic snapshots, the level of their inclusion or lack of it, in higher education in Zimbabwe, as viewed from the social ecosystem perspective. Chapters 1 to 4 answered the first two research questions below:

1. What comparative lessons can be drawn from countries such as UK, USA, Australia, New Zealand, and South Africa in relation to inclusion of disabled students in higher education that are of relevance to the Zimbabwean context?
2. What literature surrounds the understanding of education, provision, and support of disabled students in Zimbabwe?

Chapters 5 to 9 specifically addressed the following three research questions:

3. What are the issues of central concern to disabled students in higher education in Zimbabwe, and what can be learnt from their personal experiences?
4. How can ethnography inform the study through reflecting on my positionality and participation, academic and professional experiences, research writing, data gathering and analysis, and the entire research process?
5. What are the emerging key policy issues from the research findings that can inform policy and practice in relation to the education of disabled students in Zimbabwe in light of disability studies, inclusive education, and postcolonial vis-à-vis literature embodied in a social ecosystem analysis?

Therefore, Chapter 5 covers the empirical section of the thesis; that is, methodologies, methods, and analysis used in this study to comprehend the personal experiences of disabled students in higher education. In order to appreciate and understand their situation in higher education in Zimbabwe, it was necessary to balance the foregoing literature review and research studies against the actual life experiences within the Zimbabwean higher educational context. What has been of concern throughout this study is the fact that there is hardly any empirical research on lived experiences of disabled students as it pertains to Zimbabwean higher educational institutions. Therefore, I decided to base my choice of methodologies and methods on the

notion that disabled students' own life experiences are better established from the students' own perspectives.

I carried out the fieldwork using qualitative research methodologies - narrative research and ethnography. The choice of the narrative and ethnography allowed me to bring together data or evidence that was needed to consider disabled students in relation to the social ecosystem framework that informs subsequent chapters. Narrative inquiry allowed me to consider informants' educational experiences leading up to, during and in some come cases, beyond university. Ethnography allowed me to make sense of the lived realities of being a disabled student in Zimbabwe.

Chapter 5 has four sections, with Section 1 focusing on the concept of qualitative research. Section 2 presents narrative research and the stages of collaborative narrative inquiry that created the life stories presented in Chapter 6. Section 3 introduces ethnography and explains how it informed this study. It also brings in ethical considerations that guided both, the narrative inquiry and ethnography. Section 4 explains how narratives and the ethnographic data were analysed. Narrative inquiry and ethnography therefore enabled me to gather qualitative data that allowed me to answer research questions 3, 4, and 5.

Section 1: Understanding Qualitative Research

"I would say metaphorically, qualitative research is an intricate fabric composed of minute threads, many colours, different textures, and various blends of materials."

(Creswell, 1998, p13)

Qualitative research describes research that focuses on how individuals and groups view and understand the world and construct meaning out of their experiences, and it is essentially narrative-oriented (Myers, 1997). In recent years, qualitative research has earned an increasingly legitimate place as a form of systemic inquiry in educational scholarship. Disability researchers who draw on qualitative methods have responded by using this research paradigm mainly to document stories of disabled people (Moore, 1998; Holloway, 2001; Goodley, *et al.* 2004). The researcher or observer seeks to understand the participant's experience and viewpoint. Qualitative research derives data from either in-depth interview with individuals, small group discussions, diary and journal exercises, collection of images, films, textual sources, projective techniques and in-context observation (Bryman, 2001; Willig, 2001; Holloway & Jefferson, 2000; Kvale, 1996). It focuses on the meanings and interpretations of the participants (Holloway and Wheeler, 1995). Sessions may be conducted in person, by telephone, via videoconferencing and/or via email.

Qualitative research embraces the views that as far as peoples' perceptions are concerned, "there is no one single truth" (Hartley & Muhit, 2003, p103). In other words, different people in different places at different times, interpret things differently. This philosophical viewpoint serves to challenge the validity of socially oriented data that is collected using quantitative methods. It demands an alternative set of methods and criteria for exploring peoples' perceptions, that are contextually and culturally related (Hartley & Muhit, 2003). It therefore seeks to find answers to questions about the meaning and individual interpretation of life.

Qualitative research also offers the opportunity of closing the gap between the science of discovery and the implementation of such discoveries. It studies people in their natural environments and, it provides a vehicle for collecting and analysing information based on the participants' views and the way in which they make sense of the world. This serves to reinstate people at the centre of the research agenda (Cresswell, 1998) and so fits well with the social ecosystem approach. Stone and Priestly (1996) argue that this is particularly important in disability issues where research has been conducted via oppressive theoretical paradigms. Decades of scientific research have perpetuated the marginalisation of disabled people and, research has become part of the problem. A more emancipatory approach is undoubtedly required to move forward in a positive way and qualitative methods can offer more potential and hope in disability research (Hartley & Muhit, 2003). This is not to say that quantitative methods have no place in disability research. Stone (1999) and Cresswell (1998) argue that qualitative approaches are better for investigating subjective meanings within a culture, multiple realities, understanding attitudes and beliefs, and unravelling the dynamic constructs of culture, social traditions and interpretations in order to achieve a holistic understanding of a topic. Quantitative methods on the other hand, have their strengths in identifying and making statistical generalisations (Cresswell, 1998; Stone, 1999).

Why Qualitative Methods in Disability Research

Published research in the area of disability in developing countries is generally scarce, and it is traditionally skewed towards quantitative approaches (WHO, 2001; Stone, 1999). Disability research documented in most African countries (including Zimbabwe), focuses on either the prevalence of impairments, biomedical issues or the efficacy of interventions in numerical terms (WHO, 2001; Stone, 1999). Hartley and Muhit (2003, p107) also argue that:

"...the predominantly quantitative approach to disability research has resulted in a dominance of impairment-related studies and the social aspects of disability have been ignored and under investigated. Over the past decade or so, the introduction of the social and rights model have provided a long overdue challenge to the individual/medical model of disability and has served to reflect the social construct of disability, which had been previously ignored."

Most Zimbabwean researchers are not involved in disability research, especially inclusion of disabled students in higher education (Chataika, 2003). Qualitative research methods are known to be appropriate and effective when little or nothing is known about the situation, as they do not require a predictive statement and therefore seek answers to open questions (Stone, 1999). In such a situation, predictive, or closed quantitative questions are inevitably based on culturally different norms, imported from other settings. This creates a situation, where, however rigorously the research is conducted; the outcome is likely to be inappropriate in that particular settings are irrelevant to the problems the local people are facing¹⁵. It is therefore essential to base service development on cultural realities and to develop new innovative services, training and policy based on the complex and dynamic actualities, disability policy, and legislation. Muecke (1997) argues that qualitative research has the capacity to do this and that it has a vital role to play, in putting people and culture back into development by documenting ignored social realities. This makes qualitative research methods a strong initial research option in looking at the issue of inclusion of disabled students in higher education in Zimbabwe.

Limitations and Positive Qualities of Qualitative Research

Like any research methodology, qualitative methods have their limitations. Whilst qualitative methods can examine social processes at work in particular contexts in considerable depth, the collection and especially the analysis of this material can be time-consuming and therefore expensive (Willig, 2001). Just like quantitative research methods, qualitative research requires training and experience. Qualitative methods of data collection and analysis incorporate a wide range of different techniques and epistemological assumptions, and careful selection of the appropriate qualitative methods is important (Willig, 2001). In any case, no research methodology is perfect; every methodology is bound to have limitations, and it is therefore imperative to acknowledge those limitations.

Using qualitative research was important and unavoidable in this thesis due to:

- The dynamic nature of the interview or group discussion process, which engages respondents more actively than is possible in more structured survey (Patton, 2002; Willig, 2001)
- The opportunity to probe (help me understand why you feel that way)and enabling to reach beyond initial responses and rationales (Bryman, 2001; Hollway & Jefferson, 2000)
- The opportunity to observe, record and interpret non-verbal communication (i.e., body language, voice intonation) as part of a respondent's feedback, which is valuable during

¹⁵ Refer to Postcolonial section in Chapter 4

interviews or discussions, and during analysis (Patton,2002; Hollway & Jefferson, 2000)

- The opportunity to use personal experience and the ability to be reflective of the whole process (Pellatt, 2003; Steier, 1991)

Therefore, as I have highlighted, qualitative research embraces a broad range of methodologies and is aimed at informing change that is based upon relevant policy and effective practice. However, in this study, I used a specific qualitative approach (narrative) discussed in detail in the next section below.

Section 2: Narrative Research – towards a more emancipatory approach

The term narrative¹⁶ comes from the Greek word “*narros*”, which means to know (Emihovich, 1995). Narrative inquiry is the process of gathering information for the purpose of research through storytelling and it is a “way of knowing” (Hatch & Wieniewski, 1995, p115), which moves researchers beyond traditional methods of inquiry and away from numbers, variables, tables, and questionnaires. The data in narrative research is in the form of stories. Stories, “uniquely describe human experience” (Polkinghorne, 1995, p6). Narrative stories are not linear, a polished sequence of events, but a reflection of multiple realities. They are also not just a transcription of the events and thoughts of the participant; but they are a “means of making sense and showing the significance of them in the context of the denouement” (Polkinghorne, 1995 p19). Connelly and Clandinin (1990) note that, humans are storytelling organisms who, individually and collectively, lead storied lives. Thus, the study of narrative is the study of the ways humans experience the world. Storytelling is such an important activity because “stories represent a journey into the realm of practical ethics” (Witherell & Noddings, 1991, p4). It is this understanding that was subsequently adopted by feminist researchers in their narrative inquiry (Sikes, 2000).

In principle, narrative inquiry is often committed to representing the actions of the relatively unknown, perhaps oppressed and ignored social groups whose agendas and meanings have been underrepresented in theoretical, practical and policy debates (Lincoln and Guba, 1985). In this case, it is evident that disabled students are such a group that suffers this kind of marginalisation. It is often by telling stories that disability researchers, as well as the public at large, have come to understand the needs of disabled people. Researchers are using narratives to enable people to give an authentic account of their own lives with the belief that telling a story may empower the teller (Goodley, 1998). In a narrative discourse, “events are always presented

¹⁶ Narrative in this research is used interchangeably with ‘story’ and ‘life story’

in their context” (Dhunpath, 2000, p546). Somers (1994, p606) reframes the narrative concept in such a way that its epistemological and ontological significance is highlighted below:

These [new approaches to narratives] posit that it is through narrativity that we come to know, understand and make sense of the world, and it is through narratives and narrativity that we constitute our social identities ----- . [All] of us came to be who we are {however ephemeral, multiple, and changing} by being located or locating ourselves [usually unconsciously] in social narratives rarely of our own making.

Crewswell (1998) outlines five philosophical assumptions of narrative research with implications for practice. These are ontological, epistemological, axiological, rhetorical, and methodological assumptions and these are briefly discussed later in this chapter. There are fundamental questions posed by Patton (2002, p115) concerning narrative research:

1. What does this narrative or story reveal about the person and world from which it came?
2. How can a narrative be interpreted so that it provides an understanding of and illuminates the life and culture that created it?

In simple terms, narrative research is used to answer the question, “what happened?” (Zeller, 1995), and the answer to that question would, in a way offer a unique way of initiating policy debates. According to Chaitain (2003), Jerome Bruner, one of the leading psychologists argued that one of the ways in which people understand their world is through the narrative mode of thought, which is concerned with human wants, needs, and goals. The narrative mode deals with the dynamics of human intentions; when in this mode, we seek to explain events by looking at how human actors (including ourselves) strive to do things over time. As we reflect on these actions, we would see what obstacles were encountered and which intentions were realised or frustrated us (Chaitain, 2003).

There is no claim to objectivity for stories within narrative inquiry, instead stories can be sensitive, illogical, funny, sad, and sometimes, make us step into the sphere of imagination (Emihovich, 1995). Readers are invited to understand the personal aspects of the story and to respond to it at an emotional level. Narrative research is at the same time, more than an expression of emotion as narrative is a “legitimate form of reasoned knowing” (Polkinghorne, 1995, p9). It is the response to the emotional and the personal, which offers a route to understanding human action.

Narratives vary in the way there are constructed. They differ in their use of tone, rhetorical devices, and discursive structures (e.g. thematic narratives). Narratives promote the notions of multiple realities and stories embrace the concepts of fidelity and authenticity to the teller (Blumenfeld-Jones, 1995). This distinguishes narrative inquiry from other modes of qualitative

research. A narrative story relies on the accounts of a primary narrator and can be written alone or told to others who collaborate in writing (Sparkes, 1994, Hatch and Wieniewski, 1995). In this thesis, the life stories were written collaboratively with narrators (disabled students).

Philosophical Assumptions of Narrative Research with Implications for Practice

Crewswell (1998) postulates the five aforementioned philosophical assumptions of narrative research whose implications on practice are detailed below. These assumptions largely influenced how this research was carried out and how the results were analysed. Individuals who participated in the research constructed the reality. According to Crewswell, multiple realities exist, such as the realities of the researcher, individuals investigated, and those of the reader or audience interpreting a study, and therefore multiple realities exist. The researcher therefore reports realities of participants through their voices and interpretations by using extensive quotes as illustrated in the analysis chapter of this study. Voices of disabled students were heard through direct quotations and interpretations of their situations and experiences. On the next page, Crewswell provides this self-explanatory model of the processes encompassing narrative research as well as its implications on practice.

Figure 5.1: Five Philosophical Assumptions and their Implications on Practice

Assumption	Question	Characteristics	Implication for Practice
Ontological	What is the nature of reality?	Reality is subjective and multiple, as seen by participants in the study.	Researcher uses quotes and themes in words of participants and provides evidence of different perspectives
Epistemological	What is the relationship between the researcher and that being researched?	Researcher attempts to lessen distance between him/her and that being researched.	Researcher collaborates, spends times in the field with participants, and becomes an 'insider' (close connectedness)
Axiological	What is the role of values?	Researcher acknowledges that research is value laden and that biases are present.	Researcher discusses values that shape the narrative and includes own interpretations in conjunction with interpretation of participants.
Rhetorical	What is the language of research?	Researcher writes in a literary, informal style using the personal voice and uses qualitative terms and limited definitions	Researcher uses an engaging style of narrative, may use first person pronoun and employs the language of qualitative research.
Methodological	What is the process of research?	Researcher used inductive logic, studies the topic within its context, and uses an emerging design.	Researcher works with particulars (details) before generalisations, describes in detail the context of the study, and continually revises questions from experiences in the field.

Crewswell (1998, p75, Table 5.1)

Conceptualising Narrative Research

Narrative research is often projected through a range of non-scientific metaphors. Hollway and Jefferson (2000) metaphorically liken narrative researchers to chefs who see cooking as an art form and who do not try to stay true to traditional recipes. They also liken them to artists who paint, sketch and draw their impressions; or craftspeople that sculpt, mosaic or build their works; sometimes with the scraps that other people have left behind. Therefore, every detail, no matter how minute it is, has meaning since “any slightest word” [or silence] “has an echo far beyond what you can hear” (Zipes, 1987 p2).

In a paper that I presented at the Nordic Network on Disability Research Conference in April 2005 entitled, “Narrative Research: What’s in a Story.” I argued that narrative researchers are like:

“Cake makers, mixing cake ingredients in order to come up with a mouth-watering cake. Thus, different ingredients that are brought together to form a cake are synonymous to mixing ideas together to bring up the actual meaning of real life. The process of cake making, I believe, is not as smooth and good looking as the product - the cake. It involves bringing together the ingredients, sifting and mixing them; taking note of the quantities. It does not end there; the cake maker must be aware of the amount of heat required when baking the cake, and in the process, making sure that it is not burnt, or else all the effort will come to naught. Every stage of cake making is equally important. Those who eat the cake might not even realise how involving, tiring and messy the process was.”

(Chataika, 2005, p6)

The whole process of cake making to me, is like the process of narrative inquiry; going into the field with the intention of coming up with a narrative story, which encompasses a whole host of procedures, especially bearing in mind ethical issues surrounding the entire process. It is not as easy as the final story might sound. Every stage in narrative inquiry is just as important, or else the effort put may not yield any results. That is why I regard narrative research as a “messy and at times emotional process” of research. If the ingredients were to be consumed independently, the “lovely” taste of the cake would never be realised. Here, I am thinking of raw eggs, vanilla essence, flour, salt, ginger and all the bits and pieces usually included when making a cake. Still, there is need to have all these individual ingredients in order to have the final product – the cake. Like cake makers, narrative researchers are anxious throughout the research process about the final product (story), that it should be acceptable to the participants (storytellers).

Strengths of Story Telling

The paradigm shift towards narrative and story telling methods in social sciences is yielding a rich harvest of research conclusions (Goodson and Sikes, 2001; Goodley *et al.*, 2004). Life stories give insights into the experiences and multiple realities of marginalised groups (Goodley, 1998). Bruner (1986) argues that narrative inquiry is concerned with the storied

nature of life from the insiders or “emic” of the movement. Concerning this thesis, the assumption is that disabled students have stories to tell. Disabled students have a history, and this history is manifested in and illuminated through their lived accounts. It is often through their stories that we get to understand their needs. In telling life stories previously unheard or silenced, ‘voices open up the possibility for new, even radically different narrations of life experiences’ (Thompson, 1988, p2). The focal point is that life stories as a research tool gives control to the informants.

Narrative researchers have sought to use narratives to enable people to give an authentic account of their own lives (Thompson, 1988), with the belief that the telling of the story may empower the tellers. Such stories of resistance and resilience have been used to counter normative assumptions and to make both the familiar strange and the strange familiar (Moore, in Goodley *et al.*, 2004). In this way, stories have bridged the gap between the private and the public, or the micro and the macro (Sikes cited in Hatch & Wisniewski, 1995). Narrative inquiry offers a unique way of informing policy debates. Voice is the key to the ‘truths of experience’, sometimes consciously forgotten but remembered when heard again, and understood fully for the first time, in the intuitive recounting of the life experience of others (Mariani, 1991). In every story told,

“we can build impressive arguments that something is wrong, or that something works, or that something comes in infinite varieties and in doing so, move people to action.”
(Noddings & Witherell, 1991, p280)

In fact, it is often the stories that stay with us which become the root of our commitment to action. It is not just a matter of acknowledging, “we do not discriminate against disabled students” (Chataika, 2003 p30), the slogan of most higher education institutions. What happens behind the curtains is what matters most. Practising what people preach is not easy, particularly when dealing with marginalised groups. Therefore, stories can be powerful tools of awareness and advocacy.

Stories are the central component of experience and reality, and therefore define who we are, where we are coming from, and where we are; ‘this in turn can be a precondition for knowing what to do next’ (Somers, 1994, p618). Stories open up the possibility of seeing a new way of representing complexity, uncertainty, contradictions, and silence. Thus, narratives give our lives meaning. People “dream, remember, anticipate, hope, gossip, doubt, plan, criticise, and love through narratives” (Walker, 2004, p3). Therefore, to deny someone the right to tell their story is to deny them their birthright and human dignity. It is only through narratives that oppressed people resist by identifying themselves as subjects, defining their reality, shaping their own identity, naming their history and telling their story. By telling their stories, disabled people will be in a position “to represent the fine-grained, messy and robust detail of lives actually lived”

(Walker, 2004, p3) and “explain to outsiders what practices, places or symbols mean to the people who hold them” (Young, 1997, p2) through their experiences, for instance - discrimination in higher education.

It is through accounts of individual lives that we might understand wider society, placing the story of an individual life alongside a broader contextual analysis. Reducing people’s experiences to mere statistics (quantitative research), is thus suffocating their emotions. Therefore, through disabled students’ stories, this thesis largely produces more accountable and responsible knowledge since these stories came from people with experience of being disabled students. By using narrative inquiry in this research project, it was the belief that disabled people must be accorded equal rights within society, and for this to happen, their voices heard through their own stories. Witherall and Noddings (1991, p280) sum it up when they imply that:

“... telling our stories can be cathartic and liberation. But it is more than that. Stories are powerful research tools. They provide us with a picture of real people in real situations, struggling with real problems. They banish the indifference often generated by samples, treatments and faceless subjects. They invite us to speculate on what might be changed and with what effect. And, of course, they remind us of our persistent fallibility. Most important, they invite us to remember that we are in the business of ... and researching to improve the human condition.”

As in any other research method, strengths co-exist with challenges. Below are some of the limitations associated with narrative research.

Limitations and Positive Qualities of Narrative Research

A commonly perceived limitation of narrative research is its confinement to small samples; for instance, this thesis mainly focused on five key informants. This can mean that it is less likely to be taken seriously by other academic researchers or by practitioners and policy makers (Cole, 2002). However, it is important to realise that narrative research is characterised by small samples or individual subjects because the approach involves rigorous observation or intensive interviewing, and (Dhunpath, 2000, p548) justifies the use of narratives:

... the approach involves protracted observation or extensive interviewing. The emergent narrative therefore achieves a richness of depth which empirical research involving larger samples is unlikely to yield.

Despite the type of narrative inquiry undertaken, the current critique calls attention to the researcher's presence, and why it must be taken into account from the start (Plummer, 1995). Such an accounting involves making decisions about whose stories to tell, thus, whose story is it and whose voice is dominant (Goodley, 2000; Plummer, 1995), which parts of a story to omit when publishing the research, how much of the narrator’s voice to include and when to interrupt

that voice with the researcher's commentary? This has been used as an excuse of not using narrative research by some critics.

Decisions about the interview process are also problematic, as Emihovich (1995) and Scheurich (1995) have noted. The privileged position of the researcher in relation to the interviewee complicates the process, and this raises many questions. What is the status of "outsiders" telling the story of groups of people to which they do not belong? How is a participatory, collaborative approach to research a solution to the problem of studying others (Fine, 1994; Fine *et al.*, 2000)? Arguing from the stance that both the interviewer and the interviewee have multiple intentions and desires (only some of which are consciously known), Scheurich (1995) suggests that qualitative researchers should highlight (and not hide) the baggage that is brought to the interview process.

In this study, I view myself as an "insider" who has worked with disabled students, and in many cases, empathise with them. My story in this study has shown my biases towards disabled students and I might have been blinkered from seeing any good intentions by the university administration. Dealing with people who are reactive and not proactive is frustrating, and that is exactly how in most cases I survived as the disability coordinator. In such a situation, you are obviously bound to be on the side of the marginalised – disabled students, whom I was representing. Crewswell (1998) earlier on argued that researchers need to acknowledge that research is value laden and that biases are present. If the researcher is open enough, and discusses values that shape the narrative and includes his/her own interpretation in conjunction with the interpretation of participants (Crewswell, 1998), it makes the reader understand where the researcher is coming from. Reading my story in the preface, undoubtedly signposts any reader to the side I am more inclined to – that of the research participants because of what I also went through as the disability coordinator.

Critics of narrative research have also focused on questions of "truth" and validity. Another criticism is that it is difficult for a single story "to capture the range and richness of people's experiences" (Bruner, 1986, p146). Usually, some researchers suppress the disclosure of certain stories in favour of those that further their own research agendas or pre-conceived ideas. They could also be misrepresentation of facts "through translating speech to prose, thus, the whole idea is contaminated" (Plummer, 1983, p113). Narrators may ascribe intentions to actions after the event, exaggerate, rehearse stories, or lie (Plummer, 1995).

In narrative, narrators usually face the dilemma of digressing outside the set research aims' parameters. For instance, students spent a lot of time requesting me to look for funding for their education.

A further criticism of narrative inquiry is that a text cannot authentically tell a spoken story, and that it is difficult to move from life to text (Goodley, 2000). Nesper and Barber (1995, 57) argue, "People do not speak on paper." However, narrative researchers accept that events are not only told, but also created (Goodley *et al.*, 2004), and so the limitations of "freezing" the story in text are acknowledged within narrative research (Nesper and Barber, 1995, p57). Narrative researchers accept that the data would be different if told to a different person, or at a different time. In any case, all research methods have limitations, and acknowledging those limitations is what is important.

Some challenges of narrative inquiry could be addressed in a number of ways. Crosschecking information with the narrator helps in clarifying some issues. For instance, in this research, key informants got back their narrative stories to verify if there was a fair representation of the stories. They had the chance to add or subtract any information from the stories, and this was possible through emails and telephone. From the five key informants, one felt that he should write his own story and two made additions. Only two stories remained unchanged. However, the problem is the appropriateness of asking participants if they are telling the truth or not (Walmsely, 1993) or the legality of them taking the lie detector test. Acknowledging the impracticality of naming all such baggage is therefore imperative.

Though narrative inquiry has criticisms, just like any other approach to research, qualitative researchers believe it is a very useful paradigm in social research. The argument is not whether stories from narratives are facts, opinions or lies, the issue is what a narrative story can tell us, as well as what it does not tell us, which can open up work for research (Krog, 1999). In any case, 'what one believes to be true depends on who you believe yourself to be' (Krog, 1999, p149). The point Krog is stressing here is that a fact is already an interpretation. Stories do not convince by their objective truth but by their emotional impact on the reader, achieved through such literary features as aesthetic appeal, metaphor, and moral order (Aristotle, 1996, p540; Bruner, 1986). All factual statements are contextually evaluated by the human agents implicated in the events, or by researchers trying to read meaning into what people do and say. The most important point is to let people tell their own stories from their own perspectives.

The goal of narrative research is to provoke debate on what researchers, readers, and activists might do next. In other words, narrative research can be justified if it involves using stories that are worth telling; that have moral and political purpose to effect positive change in policy and practice. The purpose of narrative inquiry cannot be to relate the truth in an objective way; rather, the aim is to come to a shared understanding of what is known (Emihovich, 1995). Therefore, narrative researchers should not undermine the strength of story telling since narrative research is,

“... dedicated to celebrating the voices of the silenced. But more than that, it celebrates biography as an authentic reflection of the human spirit, mirror to reflect our other selves.”

(Dhunpath, 2000, p550)

In this study, narrative research allowed me to;

- collect stories and reflect on the expertise and experiences of disabled students going/gone through higher education.
- explore life stories of disabled students in a family, education/school, and a wider society context;
- evaluate the impact of policy and practice on education experiences;
- gather invaluable insights into the inclusion of disabled students or lack of it, and attempt to influence change through recommendations;
- produce wealthy information that enabled me to develop and explore the social ecosystem framework.

Negotiating Access with Key Informants

Studying one's backyard provides easy access to informants and information at minimal cost (Crewswell, 1998). However, researchers bring their values, biases, and understandings highlighted earlier on. Intimate knowledge of a setting may be an asset, but the negatives may outweigh the positives. Studying such people or sites establishes expectations for data collection that may severely compromise the value of the data. Individuals might withhold information, slant information towards what they want the researcher to hear, or provide “dangerous knowledge” that is political and risky for an inside investigator (Glensne & Peshkin, 1992). Fortunately, the above did not happen in this study.

Informants were contacted through the Disability Resource Centre. I contacted The University of Zimbabwe Disability Resource Centre by letter (see Appendix I) informing them about my intended research, and requesting them if they were willing, to distribute an introductory letter (Appendix III) to all disabled students, of which they responded positively (see Appendix II). The letter introduced the researcher and the research; explained how informants were contributing to the writing of the thesis and what would happen to participants' disclosures (life stories in the thesis and published papers). The letter was explicitly clear that only five students would be the key informants, who in turn would be interviewed and interviews turned into narratives. The rest would be involved in ethnographic work. The letter also outlined what and how both parties would benefit from the research. This included submission of thesis for a PhD,

copies of life stories for informants, executive summary of the research results and finally possibilities of collaborative publications. The letter was in standard print, large print, and in braille. Also discussed in the letter was the issue of confidentiality. Apart from my PhD supervisor and probably my oral examiners, I was the only person going to have access to the interview transcript in order to preserve their anonymity and that of others mentioned in the participants' life stories since they had not been asked to give consent. My PhD supervisor and oral examiners were probably going to see the interview transcripts for academic purposes only, but all names in the transcripts would remain anonymous.

Fifteen students registered interest in sharing their life experiences. Since the research needed only five key informants, variables such as type of impairment, age, year of study and faculty were put into consideration in order to balance the representation. My main key informants who consisted of three males and two females were Edmore, Fortune, Peter, Rudo and Mufaro whose life stories are in Chapter 6. The remaining ten provisional participants (Misheck, Thomas, Mercy, Precious, Farai, Nigel, Worship, Edylene, Blessing and Tatenda) formed the focus group as part of ethnographic studies and they were happy to do that. A brief individual description of each focus group member is provided in Chapter 8.

Interviews

Five key informants were asked for their life stories and anecdotes were presented chronologically. There was no interview schedule, but informants talked through their life stories and the researcher probed for further information and clarifications. The interviews varied in length from about an hour and half (Rudo), through to two hours (Fortune, Mufaro), and three and half-hours (Edmore and Peter). At times interviews were in two sessions (Mufaro & Edmore) depending on informants' choice. I conducted the interviews at the University of Zimbabwe at different locations; that is the Disability Resource Centre offices and students' halls of residence, depending on the choice of the informants. I audio taped all interviews and transcribed them. I then turned the transcripts into narrative stories. Stories were written, and were later emailed back to narrators for verification, which they approved, some with minor alterations (Edmore, Fortune, and Rufaro) and eventually accepting the finished stories presented in Chapter 6.

How Stories were Written

In emancipatory disability research, accounts for the stages of collaborative inquiry that created life stories are important to spell out. Examination of how disabled students were interviewed and how the interview transcripts were turned into life stories is significant. Researchers have spent little time examining how they can move from what they collect (e.g. interview transcripts) to what

they tell (e.g. stories) (Plummer, 1983). Therefore, putting this into consideration constitutes a useful exercise in this thesis. The stories were written by cutting and pasting from the original interview transcripts, and I inserted joining words like 'and, although, however' for coherence purposes only. All effort was made not to change the meaning, and all the five participants were made aware of this. comfortable with the joining words used. At times, the order of the told story was changed, for instance, where a participant started talking about their education before their family background, I would cut, paste, and make the story developmental – from birth up to the present stage rather than writing the story as was presented in the interview.

The purpose of giving-back stories to participants was to make sure that they were in agreement with the final product. I changed the names and places in the stories to protect participants' identities. Any names used in these stories do not resemble any known persons. If descriptions in these stories suit names of persons, dead or alive, it is by mere coincidence, and is not by any means intentional.

For triangulation purposes, I also used ethnography as a methodological resource. A good research design often includes elements of triangulation. Triangulation means bringing together different types of data, or sometimes-different ways of looking at data, to answer the research questions (Denzin, 1989). The main purpose of triangulation was that of adding richness, depth, and breadth to this study (Denzin, 1989, 1997; Hammersley and Atkinson, 1995). Drawing together different perspectives and types of information provided a more rounded understanding. The next section therefore introduces ethnography and justifies its use in the study.

Section 3: Living with the Insiders: Ethnographic Snapshots

A methodology that looked at the qualitative richness of group dynamics, to address lived experiences of disabled students in action was useful in this study. Certainly, some ethnographic snapshots suited this situation. Ethnography was used to capture some snapshots, hence the terminology "ethnographic snapshots." I did not apply ethnography in its usual form, but rather, as ethnographic snapshots because of the distance between UK and Zimbabwe. My ethnographic snapshots included a trip back to Zimbabwe, which incorporated conducting a focus group discussion with disabled students. Conversations, emails, and interaction with disabled students, also formed part of my ethnography. Ethnography in this study also included the Pennsylvania State University visit (USA), which allowed me to immerse myself in postcolonial literature and revisit and analyse the ethnographic work in Zimbabwe. My previous experience as a special educational needs teacher and disability coordinator in Zimbabwe referred to throughout this thesis, also formed part of my ethnographic study.

At this stage, it is important to understand what ethnography is and how it may be used from a social ecosystem framework perspective. Below, ethnography is introduced as both a methodology and as a method, and its strengths, weaknesses, and ethical considerations that encompass both narrative inquiry and ethnography are highlighted.

Ethnography as a Methodology

Ethnography has its roots in social anthropology, which traditionally focuses on small-scale communities that are thought to share culturally specific beliefs and practices. According to Spradley (1979, p3), ethnography is

“the work of describing a culture and the goal of ethnographic research is to understand another way of life from the native point of view.”

Field and Morse (1985) describe ethnography as a generalised approach to developing concepts to understand behaviours from the insiders’ point of view. Put simply, it is an approach where the researcher attempts to investigate the way members of a given culture perceive their world. The insiders’ perception of reality is “instrumental to understanding and accurately describing situations and behaviours” (Fetterman, 1998, p20). Native perceptions may not conform to an “objective” reality, but undoubtedly, they help the researcher understand why members of the social group do what they do. An emic perspective compels the recognition of multiple realities and this is crucial in understanding why people think and act in the different ways they do.

Ethnography’s explicit goals include an exploration of questions such as, ‘how to conceive of an organisation’ and ‘how to get at and document the lived experience of organisational members’ (Fetterman, 1998, p21). Spradley (1979, *piv*) suggests that it is a useful tool for “understanding how other people see their experiences” and he emphasises, however that “rather than studying people, ethnography means learning from people” (p3).

It is therefore imperative to take note of how disabled students perceive their world in order to understand their culture. Illuminative accounts of their lived life stories, life histories, narratives, interviews, focus groups, documentary analysis, field note books or diaries, and (participant) observation, form extremely useful methodological resources for the ethnographer (Goodley, 2003, p12). Such methodological pluralism is believed to capture many different aspects of the culture under investigation and enable the voices of the marginalised to be heard.

Ethnography as a method

Ethnography is a method of studying and learning about a person or group of people. Typically, ethnography involves the study of a small group of subjects in their own environment. Rather than looking at a small set of variables and a large number of subjects (the big picture), the

ethnographer attempts to get a detailed understanding of the circumstances of the few subjects being studied. Ethnographic accounts are both, descriptive and interpretive; descriptive, because detail is so crucial, and interpretive, as the ethnographer must determine the significance of what she observes without gathering broad, statistical information (Hammersley, 2000). Ethnography as a research method is well suited to providing researchers with rich insights into the human life. It also improves the understanding of human thought and action through interpretation of human actions in context (Harvey and Myers, 1995). Hammersley and Atkinson (1995, p1) provide a definition of ethnography as a method:

“.... we shall interpret the term ‘ethnography’ in a liberal way, not worrying much about what does or does not count as examples of it. We see the term as referring primarily to a particular method or sets of methods. In its most characteristic form it involves the ethnographer participating, overtly or covertly, in people’s lives for an extended period of time, watching what happens, listening to what is said, asking questions – in fact, collecting whatever data are available to throw light on the issue that is the focus of the research.”

Hammersley (1998, p3) also expands on what ethnography is when used as a data collection method:

“The approach to data collection is ‘unstructured’, in the sense that it does not involve following through detailed plan set up at the beginning, nor are the categories used for interpreting what people say and do entirely pre-given or fixed. This does not mean that the research is unsystematic, it is simply that initially the data are collected in as raw a form, and on as wide a front, as is feasible”.

Exactly how the research proceeds is often relatively loose and undefined, relying upon ‘flexibility and reflexivity on the part of the researcher’, who must adapt to whatever situations the research, presents them with (Hammersley (2000, p15). Since ethnography can both be used as a methodology and method, in this study it was used as the former.

Debates on Ethnography

Debates on ethnography are broadly divided into two schools of thought - those for and those against. There is a general view that in as much as the researcher can be as close to the “natives” or the researched as possible, this would never put him/her in the same situation as these people. This argument has been levelled mainly against non-disabled researchers. A non-disabled researcher may never experience the same as disabled people by simply spending some time with them. Saying so might be overstating their case since their lack of personal experience of disabling barriers means that their contribution lacks authenticity. However, for others, disabled and non-disabled researchers live in a disabling society and can both contribute to disability theory and research (Oliver, 1998). Some have unreservedly accepted that non-disabled researchers are capable of producing emancipatory disability research through ethnographic

inquiry. Barnes (1992) believes that it is not necessary to have any impairment in order to produce good qualitative research within the emancipatory model. The main emphasis should be to capture hidden voices in order to further the interests of the researched (Barnes, 1992; Vlachou, 1997).

Another criticism levelled against ethnography is that it is subjective in the sense that it is not guided by a structured form of a questionnaire (interviewing) or observational schedule (observation) that would maximise the chances that another interviewer or observer would produce similar results (Hammersley, 1998). As a result, ethnographic data are subject to bias, whose extent cannot be estimated because they are not open to replication. It is true that researchers' personalities, cultural orientations, social statuses, political philosophies, and life experiences will colour and determine how they interpret other cultures. However, Hammersley (1998, p10) argue, "All knowledge is personal and cultural in some sense", and therefore, we cannot escape our social backgrounds and circumstances completely. In addition, ethnographers use other techniques designed to ensure that their findings are not idiosyncratic, for instance by comparing data from different sources, that is triangulation. In the case of this study, the use of ethnography was in a way, validating narratives. In any case, data collected using any method can be interpreted differently by different people. For instance, the same question asked by an interviewer at the same point in an interview may mean different things to different people if they have different perspectives.

The problems of ethnographic objectivity identified here have led some anthropologists to conclude that unbiased research is impossible and that all ethnography is subjective. Researchers might see what they want to see or participants may only portray what they want the researcher to see. Charmaz (1995, p32) argues that:

"The hallmark of ethnography and grounded theory consists of the researcher deriving his or her analytic categories directly from the culture under investigation, not from preconceived concepts or hypothesis."

Post-modern anthropologists take this position one-step further and argue that ethnography is fiction and is to be evaluated based on literary form (Bergman, 2003). Anyway, life is subjective depending on one's personal experiences and beliefs, and I doubt if it will ever be objective. In any case, perfect objectivity may not be attainable, but it can only be approximated. The most important thing is to acknowledge and clearly discuss our sources of bias when reporting research results.

Another argument levelled against ethnography is that by studying very small samples, ethnographers produce findings that are of little value because they are not generalisable (Hammersley, 1998, p11). On the contrary, the choice of small samples enables researchers, in-

depth study. Ethnographers are not concerned with empirical generalisation, but rather with making theoretical inferences, and this does not require cases studied to be representative (Hammersley, 1998).

Basing arguments on ethics, critics against ethnography argue that often ethnographers uncover information, which might be harmful to their study community or otherwise threaten its cultural integrity (Coffey, 1998; Hammersley, 1998). The researchers may limit discussion on some issues, in order to protect their sources of information. Ethnographic researchers also often use pseudo names to protect their informants (Coffey, 1998). Some even go to the extent of fictionalising the issues, though of course, others might argue that there is no place for fiction in academic research (Clough, 2002).

Why an Ethnographic Investigation?

Oliver (1996) observes that research about disabled people has failed to involve them or reflect their perspective; rather, it has alienated them from the research process. Hurst (1996) and Halloway (2001) agree that the lived experiences of disabled students have been missing from most previous studies and that what is needed is research, which treats seriously the perspectives of disabled students. Spradley (1979) earlier on argued that ethnography is about learning from people and not studying them. It is therefore important to establish the issues of central concern of disabled students from their own perspective.

There is a common “*Shona*” saying in Zimbabwe ‘*muzivi wenzira yeparuware ndiye mufambi wayo*’, which when literally translated into English goes: “you can only understand a phenomenon when you avail yourself to it”. This statement seems to suit very well the description of ethnographic research – “immersing oneself in the contexts of the subjects’ culture” (Perks, 2003, p1) and “drawing upon a variety of methods and analyses in order to tap into that culture” (Goodley, 2003, p9). This assumption is based on the belief that:

“By entering into a close and relatively prolonged interaction with people (one’s own or other) in their everyday lives, ethnographers can better understand the belief, motivations, behaviour of their subjects than they can by using any other approach.”

(Tedlock, 2001, p456)

Going back to the research questions, the experiences, and issues of central concern to disabled students in higher educational institutions in Zimbabwe can only be tapped from the students themselves. Ethnography as a methodology in this study served to validate the students’ narratives and to input my professional and academic experience. Since I have been part of their community for a reasonable period, I have no doubt that this study required an ethnographic flavour. It would be an over claim to say that I fit very well in the disabled people’s shoes

since I do not have first hand experience of being disabled. The fact that I am “pro-disabled” (if I can borrow the ‘pro feminist’ terminology), I am very much aware that I am living in a disabling environment, and I empathise with them. This clarifies my positionality in this study, and I regard myself as a researcher searching for social justice. Time spent working with disabled people (since 1993) and that I have been the disability coordinator (since 2001) at the very university I am researching, gives me an extra mileage and understanding as compared to a researcher without such type of experience.

According to Coffey (1999) entering an ethnographic study as a known researcher, one has several benefits, but could be tricky. If one holds the wrong attitude, the possibility of ever learning about the intended informants could be destroyed. In ethnographic research, one must enter appreciating the situations rather than intending to correct them. This sort of neutral posture allows researchers to understand what is going on around them rather than become either advocates or critics of the events they witness. I consider that appreciation does not require the researcher to agree with or even to accept the perceptions of the informants, but merely to offer empathy (Hammersley, 2000).

As far as this research is concerned, my involvement with disabled students gave me a greater advantage, and the trust that I had already built with them positively influenced the whole research process. Rather than having difficulties in entering the research field, it actually made the whole process a lot easier right from the reception I got as they related more positively to me.

The social ecosystem framework, to some extent, was informed by ethnography in that, relevant elements of the framework emanated from the ethnographic snapshots. Of particular essence were the “legislation and political will, appropriate/accessible information and technology, self-belief, and sustainable partnerships” that mainly came from focus group discussions.

Adopting ethnography allowed me to answer research question 4, and as previously highlighted, ethnography was essential in getting closer to the informants. How access to informants was gained becomes an important issue. It is therefore critical to explain how access to the disabled students in this thesis was obtained.

Gaining Access

The following guidelines generally used as a framework for gaining access to the ethnographic study especially if the researcher is a stranger:

- Understanding organisation policies and work culture
- Familiarising yourself with the system and its history

- Setting initial goals and preparing framework of questions
- Gaining access and permission to observe/interview

In the case of this study, the research environment was a familiar one. Since I was an employee of the University of Zimbabwe who understood the organisation's policies and work culture, I was already familiarised with the system and its history. The only issue was that of setting my research goals and preparing a framework of questions and seeking permission to work with the individual research participants. The narrative research section has already outlined how access was gained. As outlined before, from the fifteen students who registered interest in sharing their life experiences, the remaining ten informants formed the focus group. Since the ten students were already familiar with the introductory letter that outlined the research, at this stage, each person only had to read the consent form (see Appendix IV) and understand the terms and conditions of their participation. All the ten students signed the consent forms as a confirmation of their willingness to participate in the focus group discussions.

Other students, who had not registered interest to participate in either narratives or the focus group, were however willing to have informal discussions with regards to their day-to-day life experiences. I talked to ten disabled students (six males and four females) using the opportunistic approach, that is, those who were coming to the Disability Resource Centre for various reasons. I also informally talked with the Disability Resource Centre staff. They were all familiar with the research since they had previously received my introductory research letter.

The Focus Group

Focus groups usually consist of around four to ten people, who may be acquainted with each other or may be strangers, brought together to discuss a particular topic or set of topics (Stewart and Shamdanasani, 1990). Careful consideration needs to be paid to the composition of a focus group. This includes how many focus groups need to be convened to cover an issue adequately, and which combination of individuals in each focus group will work best (Krueger and Casey, 2000).

Focus group discussions typically last around one to two hours, although this is certainly not fixed. The group is usually moderated or facilitated by a researcher. Although focus groups have acquired a somewhat dubious image, they are a well-established and rigorous method of social research and evaluation (Morgan, 1997). In focus groups, data are shaped and refined through the group interaction. Hearing from other participants stimulates further thought, encouraging people to reflect on their own views or behaviour and triggering further discussion. Focus groups are synergistic (Stewart & Shamdanasani, 1990) in the sense that the group works together, and the group forum is used explicitly to generate data and insights (Morgan, 1997). They also provide a strong social context to the discussion. This may be a natural social context

if those in the group already know each other (for example, colleagues). Although group members are strangers brought together for the research, there will be more spontaneity than in an individual interview. People's social frames of reference will be more on display, there will be insights into how ideas and language are shaped by the social context, and social constructions – normative influences, collective as well as individual self-identities and shared meanings – will be illuminated (Krueger and Casey, 2000; Bloor *et al.*, 2001; Finch and Lewis, 2003).

Focus groups are applicable in any study where what is sought is refined and reflective discussion or the social context made visible. The data they generate are in depth, not at the individual level as with interviews, but because it is the result of listening, and thinking further (Krueger & Casey, 2000). They provide opportunities for creative thinking, for projective or enabling techniques, for group work and for giving information, for example, on technical subjects. They can work very well in tackling abstract or conceptual topics, whereas on a one-to-one basis a participant may “dry up” (Bloor *et al.*, 2001). They can also be used for sensitive subjects, provided there is enough similarity between participants in their social characteristics and their connection with the research subject to create an environment that feels safe. Focus groups work well in combination with interviews or other research methods. For example, in this study, the focus group was used to offer a deliberative forum for refining understanding of an underlying theme, exploring causes, or origins of problems, examining implications for service delivery or policy development, or generating/prioritising solutions (Morgan, 1997). Thus, the focus group enabled me to have a more general view and a widened scope of the themes that emerged from the narratives. However, some researchers may use focus groups at the beginning of their studies to map out the territory, to give early insight into how people approach, discuss, and construct a subject (Morgan, *op. cit.*).

My research focus group had ten members and we met on the 8th of May 2005. The aim of the focus group meeting was to investigate the experiences of disabled students in higher education and their views on the key strategies necessary for inclusive services in order to provide enabling support as they (disabled students) go through their education. The session lasted for two and a half hours, an hour and half longer than initially expected because of exciting and informative debate generated. The group agreed to meet, for the second time on the 29th of May 2005, after three weeks from the first meeting for feedback and discussion of any emerging issues.

In focus groups, many researchers regard audiotaping as an effective way of capturing on-going discussions. Likewise, in this study, with students' concurrence, all the deliberations were tape-recorded. I gave the focus group members the opportunity to choose the moderator of their choice and they all indicated that I had to take up this role. At first, I was sceptical to accept this

'new role' as I felt that the two roles (researcher and moderator) might conflict. However, their persistence and assurance made me take the responsibility.

Documentary Analysis

Documents may be analysed to bring context to the evaluation and to triangulate findings with other data sources. Most social researchers would agree that documentary data, like all other forms of data, are socially produced. This means that they are produced on "the basis of certain ideas, theories ... principles" and written for specific purposes and audiences, which in turn shaped their content and form (Macdonald and Tipton, 1993, p188). Documents and records are never simple facts, but are mediated by the social context in which they were produced. Any documentary analysis needs to take this onboard.

Documentary analysis was useful in achieving a contextual understanding of the policy and practice environment within which disabled students live. Relevant academic books and documents such as the Disability Policy, Disability Resource Centre reports, the Disabled Persons Act (1996), newspaper cuttings were used as part of literature review to understand the phenomenon under study.

Voice of the Researcher

Coffey (1999) argues that ethnography requires the presence of the researcher. In deed it would be clearly hypocritical to embark on a study like this without mentioning the existence of the researcher's voice. "Reflections, personal feelings, guesses and speculations as well as observation of actions and conversations" (Bannister *et al.* 1994, p24) were part of the resources that I brought along in this study. Such qualitative description and analysis could be an issue with readers of this thesis and could bring into play the issue of objectivity. It was not my intention to be objective anyway and I am not apologetic about it since life in itself is subjective. The reflectivity section explored this issue further (see Section 1 of Chapter 8). The voice of the researcher therefore formed part of the ethnographic snapshots.

Fieldwork has been taken as a setting and a context of personal growth. Fieldwork and self-development have been seen as related though separate. The experience of fieldwork was an opportunity to gain better understanding of the self. By simply adopting the stance of "stranger" or "unknower" in an familiar environment (University of Zimbabwe) would have denied or rather removed me from the situations and connectedness of the fieldworker self, along with others (disabled students). As a positioned and contexted individual, I was undeniably part of the complexities and relations in the field. That is why my voice was visible and audible

throughout the thesis. Documenting my work experience through my autobiography in the Preface was self-evaluating or a reflexive account. That was the most emancipatory thing I have ever done in my life and suffocating my voice could have undeniably disempowered me. The analysis of the stories and ethnographic snapshots were done with the presence of the researcher's voice – all embedded in the social ecosystem framework and narrative analysis. However, what was more important in this study was to be aware of some ethical considerations when doing research, particularly with marginalised groups.

Ethical Considerations in Narrative Research and Ethnography

Ethical considerations inform each step of a research process. If we develop our research questions without considering the ethics involved, we may find that we cannot practically conduct our research. Ethics in research relates to both informants and researchers. Qualitative research, particularly, narrative and ethnography, as indicated before, are commonly used on marginalised populations, mostly because not much is known about them by mainstream society and narrative inquiry can be more appropriate for describing their lives and experiences (Dhunpath, 2000). As social scientists, we have a responsibility not only to our profession in search for knowledge, but also to the participants, we depend on for our work. Therefore, we must take into account the effects of the research on participants, and act in such a way as to preserve their dignity as human beings. It is therefore important as narrative researchers, to consider ethical issues when doing this type of research since people will be entrusting us with their own personal lives, which at times might be very sensitive. According to Sieber (1993, p14), ethics involves:

“The application of moral principles to prevent harming or wronging others, to promote good, to be respected and to be fair.”

That is why ethical considerations are an aspect of concern to any type of research. Qualitative researchers' ethical concerns appear to centre around four major issues. These are informed consent, an assessment of benefit versus harm, confidentiality, and role conflict (Cowles, 1988; Bar-on, 1996; Josselson, 1996). Considering ethical issues is essential when undertaking narrative inquiry. Four major ethical concerns when doing qualitative research in general and narrative inquiry in particular are briefly outlined below.

The issue of informed consent is crucial in all aspects of social research, but particular attention is required in research involving disabled people to ensure that their rights are protected, and that compliance is always freely entered into. Information that could affect a respondent's willingness to participate should be available in appropriate and accessible formats and never deliberately withheld (Josselson, 1996). It is also inappropriate to overwhelm potential participants with unnecessary information. The letter of informed consent (see Appendix IV)

was produced in various formats that suited informants, including the focus group members. Out of the five key informants for interviews, two received the letter in braille format and three in standard print as per their requirements.

In this research, informants were informed that it was their right to ask any question about their participation. The participants again, knew that the research focused on highly emotionally charged issues and therefore were to refrain from answering any of the questions or to ask for time out if they felt uncomfortable. They also had the opportunity to refuse to take part in the research, and were aware that they were entitled to refuse to answer any question and to withdraw completely at any stage without being interrogated.

Researchers' primary responsibility is to do no harm, even if it means not doing our research as initially planned. Narrative researchers and ethnographers also have personal ethical responsibilities in terms of their decisions and actions regarding research. The final thesis can also reveal ethical issues unique to qualitative enquiry. Josselson (1996, p61) reflects on the process:

“We have paid less attention to how what we write down may affect those about whom we write...we often lose sight of the additional authority our words and ideas carry when transferred to the permanence of print.”

In line with the underlying assumptions of qualitative research, being self-reflexive about the power one holds as a researcher to name and define is reflected in this ethical concern. Otherwise, research can potentially harm already vulnerable research populations, and I considered this throughout the research process. Therefore, it was of great importance to maintain anonymity of key informants, places mentioned and other people they had met in their lives. Participants have the right to make an informed decision and to hear a full explanation of a study in order to assess its benefits to them. Josselson (1996, p 69), in her research argues that,

“Participants' experiences become just one more of the many life experiences in which a person learns about himself or herself.”

In this study, key informants were asked to indicate if they would like an executive summary of the research findings so that they do not become just mere participants. All the five key informants appreciated having the executive summary, and they were all assured that they would get it in appropriate formats, latest three months after submission of this thesis.

Due to the close engagement necessary between researcher and participants in narrative research, there is a greater possibility of researcher role conflict and blurring of boundaries than in other types of research (Bar-on, 1996; Josselson, 1996). This is more problematic when the

participants know the researcher in another context and obviously, the issue of role conflict comes to mind. Even after going through informed consent procedure, participants can still get into the research so much and befriend the researcher that they do not view themselves as research participants. Moreover, they may do or say things that otherwise they would not want included in the research. This aspect has been evident in this research where one of the key informants kept on making contacts for other personal issues that do not directly relate to the research. However, as in story telling, one does not know how and when that very important piece of information comes around, so usually it is always important to lend an ear to an informant. However, it is important to know when to terminate the researcher/participant relationship. The follow up emails and phone calls sometimes helped during the transcription of stories and, more importantly, at analysis stage as the researcher would be able clarify some unclear points in the interview schedules.

Section 4: Stories, Ethnographic Snapshots, and Analysis

Chapter 6 presents the narrative stories, and Chapter 7 explores what the life stories reveal about the lived experiences of disabled students. Dhunpath (2000, p550) asserts that narratives are dedicated to celebrating the voices of the silenced, but more than that, “they celebrate biography as an authentic reflection of the human spirit, a mirror to reflect visions of our other selves.” Plummer (1995, p62) argues, “There is much to be gained from the use of life stories.” However, the argument is whether the gains are because of stand-alone stories, or that researchers need to be involved by analysing these stories. This brings to the argument for or against analysing stories.

Why Analysing Stories

The common argument of proponents against analysing stories is that researchers are tempted to impose meaning to stories that do not belong to them (Sparkes, 1994; Plummer, 1995).

“The problem of analysis is hence the extent to which the researcher progressively imposes his or her ‘theory’ upon the understandings of the participants (Plummer, 1995, p.61). Life stories constitute an excellent disclosure of underlying socio-structural relations and clarify decontextualised abstractions of structuralist theories.”

(Sparkes, 1994, p178)

Some researchers argue why narratives should be written in the first place if they can not stand alone, especially taking into consideration the amount of time taken to write up a story. According to Goodley (1998, p71), proponents against analysis of stories argue that “it is an unnecessary preoccupation of researchers”. However, there are also strong arguments why stories need to be analysed.

The “meanings of narrative arise out of the interaction of story, storyteller, and the audience” (Reason and Hawkins, 1988, p86), and this raises the issue of interpretation. Goodley (2000, p57) argues, “What the audiences do with the stories is often unclear”. Therefore, it is important to give an analysis of stories. Analysis and interpretation of these life stories often “involve reducing long stretches of text to codes” and recombining the codes into themes that move across stories, across people and across contexts (McCormack, 2004, p219). The narrator and the researchers’ analytical skills are combined to draw broader socio-structural, cultural, political and theoretical points (Reason and Hawkins, 1988). Analysis in narrative studies opens up forms of telling about experience, not simply the content to which language refers. We ask why was the story told and why particularly in that way (Riessman, 1993). Analysis of personal narratives can illuminate “individual and collective action and meanings, as well as the social processes by which social life and human relationships are made and changed” (Laslett 1999, p392). Thus, analysis strengthens stories and therefore they cannot stand alone (Kidder and Fine, 1997).

How the Stories and Ethnographic Snapshots were analysed – Narrative Analysis

The arguments on analysing stories presented by both camps above are acceptable in this thesis. The life stories, which stand alone in Chapter 6, can be viewed without reference to Chapter 7, which constitutes the analysis of those life stories of disabled students. Goodley (1998) argues that analysis is story-driven and that themes that emerge in stories are used to make sense of the lived experiences of narrators. He goes further to point out that literature is used to highlight anecdotes in the life stories. Analysis of the stories was based on the argument put forward by Kidder and Fine (1997) that analysis strengthens stories and meaning.

Stories and ethnographic snapshots were analysed using narrative analysis (Bell, 1999; Muller, 1999; Ezzy, 2002) that was ‘theory-driven’ through (i) the use of the social ecosystem framework and, (ii) guided by theoretical resources of disability studies, inclusive education, and postcolonial literatures. Narrative analysis allows the researcher to be explicit about the political and cultural location of both the narratives of participants and the researcher (Bell, 1999). The methodology utilised is similar to, and expands on the analysis strategies of grounded theory (Strauss & Corbin, 1990, Glaser, 1978), and thematic analysis (Bell, 1999). Narrative analysis shifts the focus of the research from what participants and the researcher say to how they tell their stories (Bell, 1999; Ezzy, 2002). Narrative analysis does not attempt to identify the one true interpretation. Rather, according to Chase (1999, p. 55),

“Understanding the meaning and significance of a story requires understanding of how it is communicated within or against specific cultural discourses and through specific narrative strategies and linguistic practices”

Chase (1996) and Ezzy (2002)'s understanding is in line the social ecosystem framework's individual, social, cultural, political discourses. Therefore, narrative theory/analysis explicitly engages with the complexity of the world and the restricted nature of human understanding. As Josselson (1995, p33) puts it:

“Narratives are not records of facts, of how things actually were, but of a meaning-making system that makes sense out of the chaotic mass of perceptions and experiences of a life.”

Narrative analysis allowed me to connect the narrative of individual students to the more general political context. Students' narratives and ethnographic snapshots display how connected individual life experiences are to changing social and structural conditions in the context of being disabled in general, and higher education disabled student in particular (Muller, 1999; Bell, 1999; Ezzy, 2002). Obviously, the analysis was centred on the social ecosystem framework and the theoretical resources discussed in Chapter 4.

Both, the stories and ethnographic snapshots were analysed using Muller's five stages of narrative analysis. Of interest was how the ethnographic data was reported in story form, and subsequently, the relevance to use the narrative analysis in all the ethnographic snapshots. Muller (1999, p221-238) describes the following narrative analytical stages:

1. Entering the text - reading and preliminary coding to gain familiarity
2. Interpreting – finding connections in the data through successive readings and reflection
3. Verifying – searching the text and other sources for alternative explanations and confirmatory (and disconfirmatory) data
4. Representing – writing up an account of what has been learned
5. Illustrating – selecting representative codes

These analytical stages share what Muller (1999, p237) calls “the focus on the broad contours of the story” – that is, the context in which it is told, its structure, the dynamics of how the plot unfolds, and any patterns that emerge from multiple stories about the same event. This analytical framework fits very well with the stories of the five disabled students and the ethnographic data, and is compatible with the social ecosystem framework. The narrative analysis approach:

- remains close to the data like grounded theory¹⁷
- is interested in teasing out key analytical stories

¹⁷ Grounded theory is a research method in which the theory is developed from the data, rather than the other way around. That makes it an inductive approach, meaning that it moves from the specific to the more general (Glaser and Strauss, 1967)

- is guided through an analytical lens provided by the social ecosystem framework, and
- draws on my theoretical resources of postcolonial theory, globalisation, disability studies, and inclusive education.

A narrative analysis approach used in this study, builds new theory that is faithful to the area under study and that illuminates a particular phenomenon. The constructs are grounded in the particular set of data the researcher collects, and the usefulness of the constructs can be tested in subsequent research (Gall *et al.*, 1996). This qualitative method is effective because it helps develop the building blocks for generalisable, empirical research. Like the grounded theory, narrative analysis (Muller, 1999) requires that theory is emergent from the data, but does not see these as separate. Data collection, analysis and theory formulation are regarded as reciprocally related, and the approach incorporates explicit procedures to guide this (Strauss & Corbin, 1990; Muller, 1999). The procedures are based on the;

“systematic generating of theory from data, that is systematically obtained from social research, and offers a rigorous, orderly guide to theory development that at each stage is closely integrated with a methodology of social research”

(Glaser, 1978, p2).

Identifying the ‘story’ is a key aspect in formulating the narrative analysis and grounded theory. The story assists in locating the most salient aspects of the data and turning them into several general, descriptive sentences. The story must be told at a conceptual level, relating subsidiary categories to the core category. Patterns in the data are uncovered, which enables the categories to be sequenced. Once the categories are sequenced, a researcher can begin to cover the wide array of consequences of various conditions, giving the story specificity. At this point, the

“data are now related not only on a broad conceptual level, but also at the property and dimensional levels for each major category”

(Strauss & Corbin, 1990, p133)

The narrative analysis was engaged with the social ecosystem framework in the analysis, and was used to deduce meaning relevant to elements from the social ecosystem framework shown in Figure 4.1. Theoretical resources, which are postcolonialism, globalisation, disability studies and inclusive education impacted on the narrative analysis. These theoretical resources managed to put into context the situation disabled students are currently struggling in. Therefore, in drawing and making meaning of the lives of disabled students and my personal academic and professional experiences, the narrative analysis managed to unearth the intricacies that are entangled in the theoretical resources.

The stories and ethnographic data were also analysed through regular “research nodes”, which are some of the narrative analysis analytical resources. Nodes are “points of analysis or themes that are drawn together by the researcher/s as the data is collected” (Goodley, 2005, p50). I adopted the use of nodes from the Jobs Not Charity Project (www.shef.ac.uk/jobsnotcharity), which I was part.

Conclusion

The methodological resources presented in this chapter are the research tools used to investigate, examine, and critically analyse, through the disabled students’ own experiences and the outlined ethnographic snapshots, the level of their inclusion or lack of it, in higher education in Zimbabwe, as viewed from the social ecosystem perspective. The narrative stories of disabled students in Chapter 6 are the backbone of this study since it is where the voices of the students are audible, whose stories provide unique experiences.

Chapter 6

Into the Lives of Disabled Students

Introduction

This chapter presents personal experiences of disabled students in higher education in Zimbabwe. Significant efforts were made to make the names and places in these stories anonymous to protect their identities. However, participants were aware (see Appendix IV - informed consent form) that in some cases, although all effort can be made to disguise the identities of participants, it might be unattainable due to the unique nature of their stories. Identities of the University of Zimbabwe (UZ) and Jairos Jiri Association are real. UZ is named simply because that it is where most of the study was carried out, and by then, it was the only university with an established disability resource centre. Therefore, disguising it would have been impossible. Jairos Jiri Association or its schools are revealed to acknowledge the significant work of the late Jairos Jiri. These stories vividly describe the unique experiences of disabled students. The study gave them a platform to speak out and to pass on their message to a wider audience that might not have had an opportunity to listen to their stories. All narrators agreed that the stories genuinely captured an assortment of their life experiences crucial to themselves, and that, others should read and learn from them.

Edmore

Edmore is in his late twenties and he lost his hearing in 1994. Edmore does not use sign language, but speaks fluently and eloquently. He graduated from the University of Zimbabwe with an Accounting degree in 2003. He now has a very good job with one of the accounting firms in Gweru. I have known Edmore as one of our disabled students who was getting assistance from the Disability Resource Centre when I was the Disability Coordinator then. Edmore constantly contacted me via emails with necessary additions and corrections to his story. After an exchange of a couple of emails between us for clarification purposes, he accepted the final version of his story. This is Edmore's story:

I am the last born in a family of seven. I remember mama was strong when I got deaf. I don't think it worried her much, or at least she did not show it at all. Neither did dad. But auntie cried; there was no history of deafness in my family so I think she was scared of the experience of having a deaf child in the family. Mum and dad always loved me even when I suddenly got deaf. They encouraged me to study hard and at 'O' Level, they ran around trying to find me study materials. Their concern made things easier for me to cope and I am thankful for the assistance. My sisters sacrificed a lot for me so that I could get study materials.

I can tell the support of my family made a big difference in my life. Dad showed his support in a different way. Even up to this day, he likes to listen to me talking about complex finance issues; many of which he does not understand at all. He never tires in listening to me painting a grand picture of my future; the empire that I want to build and other fancy things. It pained him the day I received that letter from Dr Turo. He didn't say it but it showed in his eyes. Dad had high hopes for my life and so did all my family and it seems their hopes did not diminish even when I got deaf. They all told me that my failure to study medicine was not the end of the world and they encouraged me to try other avenues. They taught me to dream and I am glad member of my family are an enlightened a lot since they never took it as if I was a curse to the family, they showed their love.

However, I can say that my case is somewhat atypical. Society may view deafness as a form of a curse either to the person or to the family. The result may be that the deaf person is neglected and may end up begging in the streets. Fortunately, this did not happen to me; I was/am loved by my family. Now that I have finished my studies and now working, I have responsibilities towards the family just like the "normal" hearing people. The veracity of the adage 'Disability does not mean inability' has been proved and I hope society is watching and learning. The above is the snapshot of my story and below are my whole experiences I am about to unfold whose richness has given me the strength to conquer huddles of life of a deaf person living in a world designed for the hearing.

December 1993 Christmas day - I remember that was the day I got ill with typhoid. On New Year's Day in 1994, I went to the clinic, but my condition did not improve and on the 8th January, I was admitted into hospital, and within a week, I lost my hearing. I still remember how it felt to find myself suddenly locked in a world of total silence - at loss. I believe that is when my world changed but I did not realise it then. I had just finished form one. Due to my illness, I was only able to return to school for my form two towards end of February 1994.

It was refreshing to be back with my classmates and it was completely different from the five weeks plus, I spent with the nurses, doctors, drips and a daily dose of injections in hospital. However, I was totally lost as to how I was going to manage now that I had lost most of my hearing and coming into an education system geared for the hearing. To make matters worse, I was to sit for examinations at the end of the year, and I was so much behind. Luckily enough, my friends were very accommodating and they lent me their notes so that I could copy and catch up with them. My woodwork teacher put in a lot of effort so that I could catch up with the practical work. I could go to his workshop after school hours in order to catch up with the other students; and I rate the tea tray that I made as a masterpiece, all with his help. The students

never got tired writing down on paper as a way of communication with me, and I count myself very lucky.

Upon returning to school there was a time that I thought I was going to quit. It was in a Maths class and we were drawing triangles. The teacher was rather very strict, and if the side of a triangle was 7cm, and I drew a line longer than that, I got beaten for it. Remember I was deaf. I don't know why I still remember the incident so vividly; maybe it's because I was pained so much by it. None of my classmates could explain that I had hearing problems so I could not follow what was happening in class. If I had told mama, I am sure she would have been mad, came to school, and caused a scene, which I did not like. The whole of form two was quite difficult coping in class especially in the Shona subject where we were supposed to study set books. Unfortunately, they were not enough and the novels had to be read aloud in class. Sadly, I did not benefit at all and because of that, I experienced my first failure in that subject at the ZJC (Zimbabwe Junior Certificate) exams in 1994. However, I surprised myself by passing all the other subjects; four of these with distinctions.

It was in 1995 when I was in form three that I began to awaken. I started to read a lot on my own and in the process, I discovered my love for sciences. From third term of form three, I was consistently the school's top student in Physics, Chemistry and at times English Literature exams. My teachers were very supportive but I guess it was to do with the fact that I was an above average student. I don't know if a below average student who is deaf and learning with the hearing would have been afforded the same support as I did. By then, I had no knowledge of special schools for the deaf and I am glad that I was not enrolled in such schools. I was very ambitious and I believed that my hearing loss was not an issue. I still could compete with the hearing and beat them too, which I did. I won merit awards at form 3; I was in the top five for the whole 10 form three classes. At form four, I came second and I was awarded for obtaining top marks in Physical Science. All this I achieved in a system geared for the hearing and I am proud of it. If you ask me how I coped, I will be the first one to agree that it was not easy. I depended mainly on individualised reading and copying notes from the chalkboard and from my friends. My friends were very supportive as well in this regard. I did not benefit at all from the explanations that teachers would give during class, but reading on my own helped.

The pattern set in form three continued through 'A' Level where I took sciences, Mathematics, Physics, and Chemistry in addition to the mandatory General paper. I was consistently at the top throughout 'A' Level in Physics and Chemistry. I only managed to acquire hearing aids in 1997 when I started form 5 but I never used them in class because they were not very useful. The head teacher had arranged that I should get the aids. The head teacher also arranged that I should get a government A Level scholarship because my results at 'O' level were very good. If

it was not for him I could not have proceeded to 'A' Level. I only started 'A' Levels late but by the end of second term, I was top in Chemistry and General Paper. At the 1998 Advanced Level, I was the only one who got an 'A' grade in Chemistry, one of the only two who got an 'A' grade in Physics and among the twenty-one who got distinctions in Mathematics. Overall, I was one of the only four students who obtained maximum points at the final exams at my High School in 1998. I pay tribute to my teachers who supported me in my studies. They would lend me all the help they could, e.g. by being available for consultation outside class times, lending me study material, and encouraging me. What I especially like is that I was never treated special, but just like the rest of the class; I was punished just like the others if I messed up my work.

Why did I take Sciences at 'A' Level, you may ask? I had been given Arts subjects to do at 'A' Level but I talked to the Head, and he allowed me to change class. It's because I wanted to study Medicine at university. I had everything planned to the last detail, I wanted to major in Paediatrics after obtaining my GP degree. My dreams were shattered on 18 January 1999 when I received a letter from Dean of the University of Zimbabwe (UZ) Medical School informing me that being deaf was a problem during the years of training as a doctor and also during the years of practicing as a doctor. This was well before I had received my 'A' Level results. I went to the Medical School to talk to him about it but he told me that I could not use a stethoscope and as such I had to consider other programmes. I cried. That was the first time that my hearing loss was to be a stumbling block in my advancement. It was indeed a rude awakening and the end of a dream!

Looking back now, there are questions that I want answered. Being a public institution funded by taxpayers' money, isn't UZ obliged to provide facilities for the disabled so that they can access its programmes? For the record, I am not 100% deaf and surely medicine is not purely about using a stethoscope. I was so much pained by this incident because I was being denied a chance to further my education in a field that I wanted because of my disability. This is grossly unfair! I didn't know where to turn to after this incident. So I decided to turn to Accounting. I applied with Chartered Accountancy firms and managed to get an interview. Unfortunately, they said although they did not doubt my ability to cope, they were worried about my ability to communicate with the clients given my hearing status. This was bad news for me and I found this difficult to cope with, and at the end, I found myself at the UZ studying Accounting.

I enrolled at the UZ in September 1999 for my undergraduate studies. With the size of the classes at first year, it was going to be tough; especially if you consider that, I was no longer with my classmates from 'A' Level, especially my best friend who was now studying medicine. I had to make new friends at college - those who could help me because it was now not possible

to get personal attention from the lecturers. Of all my first year lecturers, Mr Makanaka was the only one knew about my hearing problems; he was a very good and supportive. The help that I got was mostly from my new friends. I was not registered as a disabled student at first with the university's Disability Resource Centre because I did not know about it then. I faced a number of difficulties at the university:

- Large classes, so no personal assistance from lecturers
- Unhelpful Tutorials since they involved discussions
- No use in attending lectures since most of them involved only discussions and notes, which were usually dictated, but I continued to attend lectures out of habit.
- Having to adapt to a new setting
- A system totally geared for the hearing

I therefore had to device new ways to deal with the new situation. Mostly, I read on my own and whereas the other students would use their grants to buy jeans, I would buy study material because I knew I had to depend on myself for studying. The new friends that I made were also very helpful; some would assist me with difficult sections of the syllabus. I did very well after the end of the first year by snatching five distinctions and two credits despite the challenges I had to face. I was very pleased with my performance at university since I was consistently in the top ten best students. I was the fourth best at second year and won two prizes; one at second year and the other at third year. The most difficult part of my university studies was 3rd year because most of the lecturers did not give notes but there would only be discussions in class, and therefore I did not benefit.

After UZ, I had to look for work and it took me so long to gain one because of discrimination in industry, but may be I should not dwell on that. I am still interested in furthering my education; I am currently awaiting my results for the banker's Diploma. I am a registered ACCA student and intend to begin Masters Studies in Finance next year, resources permitting¹⁸.

Although I lost my hearing in 1994, my first encounter with the deaf community was only on the 18th September 2003, after I had graduated from UZ. That is when I first made contact with other deaf people at Chigutiro School for the deaf. I wanted to learn speech reading and sign language there. It was through Mrs Moyo that I got to interact with other deaf people, especially the kids. I knew that there was also a deaf girl at the university but we never met at university. My interaction with the kids at the school and in particular with this girl who was teaching there really opened my eyes to the situation of the deaf people as regards to their education

¹⁸ Edmore has since passed his bankers diploma and is now in the second year of the Masters programme in Finance

You will remember that at the beginning I said that I am glad I did not enrol at a special school for deaf people and you may have wondered why. Right, I don't think that a special needs school is the right place to be for those who are very ambitious. With due respect for these schools, they:

- They tend to offer a limited curriculum,
- They are mostly geared towards practical subjects like woodwork, metalwork, sewing, etc.
- They tend to look at the student as somebody who relies on their help and not somebody who needs to be encouraged to reach higher goals. As a result of the above this may stifle initiative and creativity in the deaf student
- Other students tend to drag down the ambitious student because the teacher would paint the whole lot with the same brush. To illustrate this, I met a teacher for the deaf from Zhoue-zhoue School for the Deaf at the University of Zimbabwe. She was puzzled to learn that there were deaf graduates; she thought the deaf never go beyond form four! I told her that she should be surprised for some deaf people are looking beyond Bachelor's degrees.
- They limit one's perception of what the whole world looks like.

The idea of special schools for the deaf is not a bad one but there should be care taken on who is placed in there. This is not based on the idea of superiority on my part but a thought that such schools for the deaf may suppress the ambition of talented deaf students.

I cannot claim to know much about the Zimbabwean laws on disability. However, as far as I know, the only specific law that deals with disability is the Disabled Persons Act; a rather obscure piece of legislation. The question to be asked is whether the legislation is adequate or not. I am sure it is this same Act that provides for the establishment of the Disability Board. I haven't heard much about this board and its activities. I would rather say therefore the legislation is not enough to address the issue of education for the deaf or maybe I should say it's not effective. What I would suggest is we have an Act of parliament that deals with the education for the disabled population as a whole and provide for a fund for the education of the disabled people. This could help empower mainstream educational institutions that have to deal with special provisions, as well as the special needs schools. And legislation should also recognise sign language as an official language. It may be only a minority language, but for some it is their only means of communication.

There are experiences that I especially remember during my student days, both high school and university:

- In my second year at university, I was robbed of a distinction because the paper had gross errors, the invigilator instructed us to leave some of the questions while corrections were being made, then we could continue later. I did not hear it when it was announced over the PA system. When corrected questions were then brought in, it was too late. It affected my approach to all the remaining papers.
- The puzzled faces of people whom I told I was doing undergraduate studies at the university, they were surprised when they learnt I was deaf. Society does not expect much from the deaf, it seems.
- Sometimes I got to learn of class tests just before we wrote them since lecturers and my friends forgot to tell me about it in advance!
- The help that I received from some of my lecturers in first year (especially, Mr Makanaka).
- The assistance from the Disability Resource Centre and the dedicated staff in the department.
- Being among the top accounting students from UZ receiving prizes from the president of the Institute of Chartered Accountants in Zimbabwe for being the top student in Accounting Information Systems.
- Excelling in a system geared towards the hearing.
- I remember again in my first year, we were in a tutorial and I was asked the difference between the Paasche and Laspeyres index numbers. Being deaf, I had not heard how these are pronounced so I stood up and told the lecturer that I did not know how to pronounce the words but then said "That one starting with a P is..... and that one starting with an L is" I was so embarrassed that day but as usual, Mr. (Makanaka) was very supportive.

My experience with the education system in Zimbabwe has not been very rosy. But for me, maybe I should not complain. What drove me was my ambition to achieve something despite my hearing loss at the critical stage of transition from primary to secondary education. The other issue is that I did not lose all my hearing but have some residual hearing, which however did not help at all during classes. I was very lucky maybe because I had the support of especially my friend; I will not forget to mention Kundai, my best friend. He was very supportive. My immediate family was very supportive as well. My eldest brother paid for my fees and I stayed with him as well; he was supportive.

I believe that it was largely a contest between the system and me. I prevailed. Let us consider another situation - a profoundly deaf person having to wade through the same waters that I sailed. Would he/she prevail?

- It would depend on the person's conviction and perseverance; it's not for the weakling.
- An average deaf person would likely not make it in the system where the hearing is preferred.
- He/she would need a lot of support from both the family and the authorities, support which he/she may not get, especially from the authorities.
- It is possible and may be beneficial to the talented deaf student to learn with his/her hearing counterparts. In that way, he can be evidence to what the deaf can do and he/she gets more competition. I guess I have done my part in that regard.

Overall, moral support of the deaf student learning in a system for the hearing is very important especially from the family e.g. encouragement from the parents. My parents gave me a goat when I passed my 'O' Levels and I felt very proud and appreciated the gesture. The influence of my student friends cannot be ignored as well.

The ordinary average person is more understanding than those people in authority are. Quite a number of people in authority are not enlightened about the rights and abilities of deaf people. My search for work was very frustrating; I remember it took me more than a year to secure employment yet under normal circumstances it should have taken me shorter than that considering my qualifications and grades. I had 21 interviews in total before I finally secured employment. Some of the quasi-public institutions turned me away. Some of them said they had no experience with deaf people working for them and would need to consult first within their decision-making structures. That was the last I heard from them. It was frustrating. At least now, I am employed, and I am glad that most of my workmates are very understanding and assist me in every way they can.

One thing is that once a disabled person has a job after a long struggle, that's not the end of the battle. They also harbour ambitions of being promoted and one day; even head the very companies they are now working for. But do we get the chances? I have been through university and I am harbouring ambitions of moving into management positions at some point, but they do not always give me a chance to prove myself. I had to talk to the Managing Director and told him that I wanted to learn all that is in corporate finance and that I wanted to get more involved as well as going to meetings. Though I may not hear the deliberations, I would be able to pick a few things from there. It's not easy if you are ambitious and they may have their own perceptions of how much you can do, yet we can do much more than what they think is the limit for our capabilities.

I don't apologise for being deaf, and I have no excuses. I have done a lot that some of the hearing people have not achieved. We the deaf people are the same as hearing people except for

the fact that the hearing hear more than we do. Remember Helen Keller? She was voted as one of the most remarkable persons ever to grace this world. She was deaf and blind, and yet she achieved so much in her life; she is quoted extensively in motivational literature. She once said that she believed true hearing and sight lie within and not without. In other words the hearing and the deaf are the same and always remember that there is something that I can do, even as a deaf person, that the hearing can not do; we have different talents. My friend once told me that we should be happy; we have done better than some of the hearing people even though they may look down upon us. The thing is that we are the same - we need each other. As Luciano De Crescenzo says, "We are each an angel with one wing and we can only fly by embracing each other"

Fortune

Fortune is in his late twenties and he is blind. He studied law at the University of Zimbabwe and graduated in 2003. He is now a prosecutor, and is happily married. Fortune takes us through his gruelling journey of life, bringing out how the family's attitudes can affect a disabled person's life, and how unwavering family support and perseverance can ultimately contribute to achieving intended results. His story highlights how disempowering it is to only focus and emphasise on one's disabilities rather than abilities. After reading the transcript, Fortune felt that the narration below is a true reflection of his story.

I grew up in a family, but it was not a smooth sailing journey. I lost my sight because of measles, but unfortunately, I can't remember the actual year. After seeing that other children at home did not like my disability, my father came into my corner. Out of all the children from a polygamous marriage, I was the only one who went past grade seven, through to university. Family siblings always found themselves in a dilemma of being unable to distinguish between their fellow blind brother and a relative as a person, from my disability. While they did not want to be associated with my disability, they wanted a blood relative, who in their eyes was a "normal" person – separating the two became difficult. I got a lot of support from my father and I urge all parents especially those that have disabled children to follow my father's stance. My father said that I was supposed to surpass other children in education, so he devoted and invested all the resources on me to make up for my disability. My father was so adamant that I should not lead a life of dependency. My father would say, 'if I die today you are not going to get anything by way of inheritance as other children will scramble for ownership of my belongings, education will therefore be your share of inheritance that is indestructible.' However, my father could not live to see my academic acceleration. He died the year I enrolled at the University of Zimbabwe at the age of 88. It hurts me very much that while he invested so much in my education; he never got anything in return even though it had been my wish that I should do something for him.

Unfortunately, most people with visual impairment are driven into begging because of circumstances. Many parents find it difficult to come to terms with the reality that their children are disabled and as a result, the existence of such children to them is not of paramount importance. Such children begin staying with friends and end up on the street where begging begins. Not many fathers are like my late father who had vision of life.

I did grade one up to four at one of the Jairos Jiri Association's special Schools from 1984 to 1989 before proceeding to Parirenyatwa Primary School, where I completed my primary education. At Parirenyatwa, we were mixed with the sighted – in a class of about 40 pupils. In this class, two of us were visually impaired and this integration was of paramount importance in our lives as blind students. It was an important socialisation process as it helped us understand the real world as opposed to the confinement of our own world. I regard my days with the sighted at Parirenyatwa as a healthy and fruitful interactive forum, which was very important for acceptance purposes. As the visually impaired, we would learn to come to terms with the hard realities of the world and to realise our limitations. It was also good to those blessed with sight to understand the world of the visually impaired people and to consequently assist each other where necessary.

After successfully completing my primary education, I moved on to Ngwenya School for my secondary education. Ngwenya is one of the two special schools for the visually impaired in Zimbabwe. Life and education at Ngwenya School was far much better than in other schools I had experienced before. We had access to reading material in braille. Consequently, the way I coped with the process of learning improved. Out of the nine 'O' level subjects I wrote, I only missed one – Mathematics. Academically I shined and glittered like a diamond, powered on with my journey of hunting for wisdom through book reading.

I then went to a Mission School where the visually impaired and the sighted are integrated, for my Advanced level education. I snatched 13 points from Divinity, History, and English Literature and I was, of course the best student that year – the whole school was shocked! Failing would have defeated the whole purpose of going to school (laughing). I did not only shock the whole province (that is the equivalence of a county in UK), but it sent the right message to the populace in general by dispelling the misconception of looking down upon the blind and disabled people.

Passing A-Level saw me climbing up the academic ladder as I enrolled at the University of Zimbabwe (UZ) a year later. It was ironic at this institution of higher education that the ugly head of segregation began to pop up, leaving me feeling totally out of place. Life was different

– students had an indifferent attitude- that summed up to ‘your existence does not bother me’. Things were different. Little children at primary school would want to associate with you and would help you wherever necessary. My journey to success became thorny and hilly. The University had no reading materials for the blind and I had to depend on my friend who would read for me. He would sacrifice to read my courses that were different from his; I thank him as my success depended on his understanding of the world of disabled persons. The people at UZ had a tendency of looking down upon us such that even if you were studying for the same degree as theirs, they would assume and conclude that you reached that level of education through charity marks or favours.

While I got all the support from my late father, I feel that the government of Zimbabwe is doing nothing to improve the lives of disabled persons in this country. Our government does not have a policy on the education of disabled people and the visually impaired in particular. It does not invest in the production of reading materials such as braille. There is not even one government school for the visually impaired in this country, and in addition to that, this is prejudicial to the lives of ambitious disabled persons as they find themselves relegated to beggars – a condition that is a result of lack of access to education. Those schools that are looking at the education of disabled people are non-governmental in nature. The learning process is a painful one, a teacher writes notes on the board and you will have to ask someone to read for you. Given enough support and resources, disabled people could excel in various fields just like everyone else.

The year 2002 remains a painful memory in my mind for it was the time I came face to face with the harsh reality that is still alive in the country up to today. The same old song echoes and continues to remind me of my disability and the sad reality that there are no equal opportunities between the disabled and the able-bodied persons in Zimbabwe. It was the year I was reminded of my disability - my blindness. Soon after I had successfully completed my Law studies at the University of Zimbabwe, like any other ambitious University graduate, I applied for a job at a Law firm in Harare [name withheld]. The reply came like a cruel punch in the dark and nearly sent me insane. ‘We do not have a place for you here and do not expect to have one even in the near future’. I still vividly remember that and I am still having in my possession the letter whose contents hurt and scared me for life.

I felt useless and unemployable, depressed and doomed, for I had excelled in my studies just like anyone else. My life journey unfolds like a horror novel story with a sad beginning but is only ameliorated by a happy, interesting ending. Mine is a life history whose episodes sharply depict the crude realities of being visually impaired or disabled in this country.

Some months after I had received this disappointing response from the Law firm I had applied to, my next job application was honoured. I became a Prosecutor in 2003 and that saw me

working in the Magistrates Court. At first, some people were surprised at seeing me here and they had that “what is this beggar doing here” attitude. My cold reception at the court did not last long however. Soon, relations with my new colleagues began to improve as my work mates gradually began to cooperate with me. They are now very cooperative and we work together very well as they always read dockets for me when I have a case to prosecute in court. However, I feel that being a blind prosecutor has dangers too. A docket is a very sensitive material of which if a page goes missing you should be fully accountable for it.

I did not only accomplish academic work and breaking barriers in employment, but I also managed to get myself a very beautiful wife who also graduated with a Bachelor of Arts degree. Rutendo is also visually impaired and we now have a wonderful baby named Chipu. I adore Rutendo a lot. I would be the first one to admit that we are the most fortunate couple in the world whose road to where we are today has been bumpy but worth each step, we have taken.

Peter

At the age of three, Peter lost his sight from measles. He is doing a bachelor's degree in Law, and at the time of the interview, he had just completed the first 6 months of the four-year degree programme. Below, Peter takes us through his life journey.

I come from a family of six and I became blind at the age of three due to measles. My family was very supportive though I experienced some negativity within the community. At the age of six, I started school at a special school for the blind. As a school for the blind, the system at the time was quite good because the teachers taught us to read braille and some of the sighted teachers also were using their hands to read braille as well, which I thought was also a source of inspiration, and I think it helped me a lot.

From second grade, I began going to an integrated school and I must confess that it was a very difficult thing though I was also excited, and sometimes some of the seemingly insurmountable difficulties were overcome by the excitement. I still remember that in somewhat complex subjects like mathematics, it was a bit difficult because at times the teacher would simply say “one there” and the class will say “four there, five there”. So it would be difficult to know what the teacher would be talking about. However, the resource or specialist teacher who provided specialist instruction would come to our rescue. The resource teacher would explain concepts that would have eluded us in class, especially in mathematics. I must however commend my creative grade six teacher who tried to illustrate most concepts, particularly in mathematics. For instance, when talking about area or perimeter, he would take books to form a shape that is in the diagram and try to illustrate, or bring appropriate tactile shapes to explain concepts to me.

Therefore, the need of the specialist teacher was usually minimised. Sometimes it's a matter of conscientisation for the regular classroom teachers, which we in most cases had problems with.

When I went to an integrated school, especially during primary education, the main thing was that we grappled with was fighting against some inferiority complex that was unduly imposed on us. The terminology that would sometimes be used on us would be negative. It becomes worse in our language if you refer to somebody as blind. Fellow pupils and some teachers used to refer to us as "*mapofu*" or "*bofu*". Unfortunately, these terms fall within the class nouns of baboons and other animals like hyenas, if not mad men. At such a tender age, I believe I suffered from emotional crisis and I didn't spend time trying to explain and do anything about it. It's either I would beat up the person saying those words to vent my anger, or instead, they would unfortunately beat me up instead. However, with age, I adopted a stance whereby I would negotiate and tell my friends the disadvantages of using such terms. I would ask them how they would feel if they were the ones in such a situation. Fortunately, in my case I was bright enough to make an argument to say, "if you put me in the same class with baboons yet you know that academically I am far better than you – then you are worse off than baboons".

Whilst I was at this integrated setting, one of my friends gave me a blank exercise book and a pen. She thought she had done a very good job, but only to be told that I didn't use such things. Therefore, fellow classmates were sometimes receptive and interested in learning from us. It's not that we were always in trouble with acceptance. Actually mostly, there was more acceptance than the opposite.

At the special school, they would pick intelligent pupils for integration. I think that was an unfair representation of the visually impaired community in the sense that we are also entitled to have some less intelligent people in our community. It gives a wrong picture to the world in a sense. I remember there were some few guys who were intellectually challenged at school, but still, you could find that they had friends because friendship is normally based on different things. Sometimes one would not be very much academically talented, but would still be able to make friends and socialise. So, there were some quarters upon which we would be accepted.

We didn't have much of equipment problems at the integrated setting because the school for the blind was responsible for maintaining the resource centres. When I went to secondary school, we equally didn't have problems because the school head was from Scotland. Sometimes, she would source material from Scotland. But at high school [form 5 and 6], that's when I realised that there was an equipment problem. Firstly, the school authorities had little knowledge about the equipment or provision for the visually impaired. This situation, I understand is the same in many schools that are integrated, especially secondary and high schools. Secondly, most

equipment for the visually impaired people in Zimbabwe is not locally available. It is still sad to say that we have a situation whereby we cannot even get the simplest braille equipment, like a slate and a stylus on the local market. We depend on foreign aid. No one has taken it upon himself or herself to go and buy those things where they are manufactured.

When I did my 'A' levels from 2001 to 2002 that was unfortunately the time when ties between our country and the West (our main donor in terms of Braille equipment) were cut. The East unfortunately does not seem to have Braille equipment, or if it does, no one seems to approach them to the effect of providing equipment for the visually impaired. Sometimes you go for days without writing notes due to lack of equipment, and also not having a recorder to record lectures. That's when I learnt to depend on my head [memory]. The only thing that you could get was a typewriter, which we would use to write assignments. I don't even know how they thought we would research. Therefore, at high school, I had equipment problems.

My friends here laugh at me when I tell them that university education is slightly better than high school. The problem is that they fail to understand where I am coming from. Of course not to say that here we have all the equipment that is necessary, we are actually lacking; but what I have discovered is that with a functional Perkins brailier and a recorder, life becomes easier. If I constantly had those things at high school, I think I would have done better, or I would have had more time to socialise. You get used to a situation, but the situation made us work more than the rest of the students. If we had equipment, I have no doubt that I would have exceedingly excelled more than most sighted students.

Despite all the hurdles, I managed to get 13 good points at 'A' level, that is one 'A' and two 'B's. This also reminds me of the problem I faced when I was writing my 'A' levels. If I had better equipment to use in writing the examinations, and submit them in print, I could not have faced problems. For instance, if I had a laptop or eureka or any other modern gadget currently available, the situation would have been different. The typewriter's disadvantage is that it makes it difficult for the writer to revise if he/she is visually impaired. Therefore, that's why I declined to use it for examination purposes now, but unfortunately the situation in Zimbabwe is very difficult for people using Braille. ['A' level] Results were out in February, but for me, I had to go to the examination centre after I had realised that by June, mine had not yet come. I was told that my papers were missing. I even doubt the authenticity of my results but I did not have any time to challenge them, and besides I was racing against time. Others had already been admitted and registered at the University of Zimbabwe. I was admitted as a late applicant and I was given the Bachelor of Arts in English, French, and Religious studies, which I did faithfully for two to three weeks as I was battling my way into the Law faculty, which had been reported to be oversubscribed. I really had a very tricky time.

The problems with Braille exams range from transcription, marking, and attitudes. A Braille script is longer than a print script, and it gives a marker an attitude. For instance, if an essay is supposed to be four pages, a brailled essay might be six or seven pages for the same topic with the same content. I am reliably informed that most markers are not aware of braille being a voluminous mode of writing. Then with transcription, a transcriber might write what you are not saying. For instance, one special school for the Blind writes the Shona language in contracted form, which saves space and then a specialist teacher from a different school transcribing the paper may not be aware of this contracted version of Shona. Therefore, there are many problems in writing in Braille. If possible, there must be a way of trying to import equipment that makes it easy to write and then the student submits print scripts rather than Braille scripts.

When talking about university education, most of the disabled students do not get to university easily and they have to fight it out. Since I started university education, when writing my assignments and examinations, I have been using a braille output gadget called eureka A4, which is then connected onto an ordinary printer and this had made my life very easy. Unfortunately, the gadget has gone defunct and I am told that these models are out of production. Worse still, the park mad, which is its equivalence and is sold in South Africa cannot be acquired because we do not have any foreign currency in Zimbabwe. I am now bracing for the reality of writing my material in Braille. I haven't done that, I am yet to experience it, and find out what happens.

Negative attitudes is another issue that affect us, however other fellow students seem to have accepted us. I have not heard any problems with my lecturers as well in as far as my visual impairment is concerned. Most of them understand that for us, researching is a little bit difficult and different in that we depend on others to read for us and record the material and at times, Braille it. Therefore, they give me more time before I submit my assignments. The main problem that I had was that of being accepted into the Law faculty as I have said before. However, I argued that the faculty was not expected to provide facilities for me since I use Braille related equipment. They then tried to look for other reasons to brush me off until I was helped by one of the lecturers, who are also a practising lawyer, who had to appeal to the Admissions Office. I faced the same problem of being accepted even when I was admitted as Bachelor of Art in English student. So, there are still a few obstacles at the University of Zimbabwe, but generally most people seem to appreciate and are drifting away from the negative traditional beliefs on disability.

Concerning the Disability Resource Centre, there are both positive and challenging experiences. One of the most common challenges faced at high school is lack of braille paper. However,

since I came here at the UZ, we never run out of braille paper. The Disability Resource Centre also tries to provide equipment such as Perkins brailers, cassette recorders, and white canes. But we still have a problem that locally available radio cassette players are purely for domestic use. This implies that we do have recorders that are not suitable for recording lectures and usually of poor sound quality. I would have expected a situation where the university tries to acquire for instance, four-track recorders. We used to have such recorders at secondary school, and were of good quality. The Disability Resource Centre also has a computer lab and the computers can be used for research, although these require regular and consistent repair and maintenance. However, there is also need for modern technology.

The Disability Resource Centre also ought to move towards fostering independence. For instance, I have been talking about my Eureka A4 machine. It was a source of independence in that I was writing as if I was writing in braille; and then I would simply connect the machine to the printer and it would simply print my work in ordinary print. We have two guys who have been fortunate enough to get laptops. You will find that with such a device, the person will be independent. You may just come, get the material from the internet, save it onto your laptop and then read it whenever you want to, and you can write your assignment in the comfort of your room. That's why I feel that the Disability Resource Centre must now be looking at ways of providing equipment that fosters independence. Although we have a computer lab within the Disability Resource Centre, public computers are a bit tricky. I do not have personal command over a public computer. For instance, we use a voice programme called "Jaws". Some of our sighted colleagues just come and disturb "Jaws" and the next time you come to the computer, "Jaws" is quiet since it is a very sensitive programme if tempered with, and sometimes it can just vanish and it is very difficult to reinstall. Also, with public computers, you have limited time with it and your computer literacy skills will not improve much, and unfortunately in the world that we are going into, you can hardly exist without such skills.

I appreciate that the department now regularly provides white canes for mobility purposes and of course, this is a commendable development in promoting independence. For the visually impaired, the issue of access at the University of Zimbabwe is not much of a problem because we do not depend on wheel chairs and ramps. We can go wherever we want with our white canes. We have few problems these days of pits that are dug without warning. The risk these days has now been reduced and where there are dangers, they protect the area. Most places are accessible with a white cane, but for our colleagues who use wheel chairs, those are in trouble because sometimes they do not even access some lecture rooms. Sometimes they have to battle it. Some lecturers are so intransigent that they cannot even agree to change venues for them. But for us in terms of accessibility, I don't think there is much of a problem.

The Vice Chancellor on various occasions that I have seen him has always said that he doesn't have any problem with us coming to his office in the event of a problem. I am very sure that most of the things happen here as a matter of practice. I don't know of any existing written down disability policy. They are matters of mutual understanding and that is where our fear springs from that somebody may come in and decide to do otherwise and get away with it because there is no enforcement that compels him/her to do that. The danger that we seem to have is that the agreements in operation now are not part of the Ordinance 30, which is the document that governs the University of Zimbabwe. We just hope and pray that we will also push for a comprehensive policy that will be included as part of that Ordinance 30 in terms of disability issues. But obviously there are some things, which the administration has endorsed, for instance, a disabled person is entitled to a room of residence throughout his [/her] studies although there may be problems for others to get a room. On that issue, they are generally supportive.

I must state with very much sadness that looking at Zimbabwe as it currently stands, unless I have to be corrected, I know not of any secondary school that is owned by the government that has facilities for disabled students or for students with visual impairment in particular. However, the government brags about having introduced many schools in Zimbabwe. So, you find that if it comes to issues of disabled students at higher education level, we are still grappling with the same problem where the government does not have enough support that it renders to disabled students. Of course, since 1994, I understand there has been what was called "special grants" given to disabled students in addition to their loans in order to try and cater for their disability related needs. For instance if you want to go into town, you obviously have to pay for yourself and for your assistant who would be accompanying you into town. The people, who have been tasked to deal with the issue unfortunately, are not taking such a grant, good as it may be, seriously. For instance, there is no comprehensive policy upon which one can claim the special grant. Secondly, the special grant has been reduced to something that you might call a 'charity fund' or something worth giving a street vocalist. So, you really find that we seem to be having some people in positions of authority who are still driven by a mentality that they are dealing with charity seekers. They don't treat it as a social investment. The government does not seem to be making a policy to make university education accessible; there are only two universities with disability resource centres in the entire country. So, the pace with which they are moving is very slow. On the issue of equipment, the government is not making any effort to acquire equipment. I have been referring to the university attempting to get 'park meds' so that we use them for our exams. When the university applied for foreign currency through the Reserve Bank to buy specialised equipment, they were told the request had been filed late and secondly, they were other things that were prioritised for which foreign currency could be acquired. This means that issues on disability are not a threat to them. We do not have any

person in parliament who looks at issues pertaining to disability. It is not an issue that has ever been taken seriously.

To really talk of inclusion in Zimbabwe might be an overstatement and too strong for the Zimbabwean higher education system. Apart from the two universities, we only have the United College of Education, Hillside Teachers College for teachers' training and then Kushinga Pikhhelele [agricultural and technical college] who take disabled students, and may be one or two students each time, and this is less than one percent of tertiary education institutions that are there in the country. I am not aware of any disability policy that relates to education in Zimbabwe and in that case, it is hard to talk about inclusion. There is the Disabled Persons of Zimbabwe Act [1996], but it's also one of those almost meaningless pieces of legislation because it doesn't bind the government to do anything. It was just something made, I think when people had nothing to do, and just thought 'Aa aa, we have left disability unattended'. I don't think it was motioned by somebody who had the disabled at heart or if at least it was, then some people neglected their task of improving the vision that person had.

Policy makers have to enact legislation in relation to procurement of equipment for independence of disabled and in particular, the visually impaired if we are to talk of inclusion. The second thing would be inclusion of disabled people in strategic positions, and then the third would be to have a Disability Commission. All these can only be done if we have legislation that is well policed.

Finally, our government does not consult its citizens in making decisions on various issues. For instance, the government can pass media laws without consulting the journalists. I believe that strong and proactive disability activism is paramount in influencing policy.

Currently, I am part of founders of an organisation called "Zimbabwe National Visually Citizen Union" [ZNVCU], which is generally made up of many visually impaired professionals in Zimbabwe, but any visually impaired citizen of Zimbabwe is free to join. One of our visions is to do what the American Federation of the Blind (AFB) does in the USA. What they do is that before any Act is passed in parliament, they send a copy to the (AFB) and it looks at it to find out if it doesn't infringe the rights of the visually impaired and then make recommendations as may be necessary so that they are not excluded in the system. We hope that such a thing can happen and that we can be consulted, but so far the government generally does not have any tendency to consult anyone. It is not only the disabled; they can pass media laws without consulting the journalists. I think it would be far fetched if I say that we are nearly realising such a dream.

Most disability movements in Zimbabwe do not seem to have comprehensive policies or comprehensive constitutions that govern them. Therefore, it is very difficult to define the aims they have. If they have any documents, those documents are for sourcing funds from donors either outside or inside the country, which I think is a fundamental problem. The second problem that I have also noted is that the disabled people themselves do not effectively engage in activities that enrich their organisations. Therefore, the depending on other people to help disabled people financially or socially, will be the first problem that we have to tackle as disabled students and the ZNVCU, whose constitution making process I was part of. We made it clear that it is our hope that among other things, we will create strategic business units and we will work according to a well-defined constitution. We also researched on the operations of the Blind citizens of Australia Movement and the South African National Council for the Blind and other organisations from abroad have learnt from them.

Mufaro

At the time of the interview, Mufaro was in her final year studying for a bachelor's degree in Economics. She is a wheelchair user who is in her early twenties. Mufaro comes from a well to do family, and as a result, she never had to access special grants and university accommodation. Mufaro confirmed that the narration below is an accurate reflection of her story.

I was born with the disability and it tended to manifest itself in different ways as it progressed. From what I have heard, there was a problem and they thought, 'let's try and sort it out and if it can't be sorted, then we can just stay with it'. So, I went through long operations, which I think probably improved it, but there wasn't really negativity on the part of my family. I was treated just like any other child in the family. I was doing what everybody else was expected to do, unless I couldn't do it, but I had to prove that I could not do it. From what I have been told, the community was also supportive and I never really felt like an outsider. But in the community, I assume that probably my family screened whom I had to come in contact with.

I went to a primary school for disabled people at the age of five. My peculiar case (that of being from a very popular, affluent and well-known family) resulted in an unusual amount of interaction with people from other schools. My mother was proactive in going out and getting involved. I would think that the headmaster also cultivated a mind-set that, 'most disabled people have preconception of themselves that, I don't quite fit in' before anybody tells them that and the headmaster counteracted that, so everything just went along fine.

I feel that I missed out by going to a special school, but at the end of the day, I think it was probably the best for me. At that time I wanted to go to what people call 'usual school', but my parents said, 'no way'. Now I understand that not everybody is going to be nice to you and at a young age like that, it's how people treat you that will shape how you are going to think later on. So, I think the approach that they took in terms of the learning environment was that I shouldn't be exposed to any negative influences.

I went to Eastgate High School [one of the affluent schools in Zimbabwe], which is a regular high school. My main concern was of accessibility at the time and it was quite accessible. So, there was really nothing much to worry about. I didn't meet anything I didn't expect, including the good and the bad things. I didn't expect negativity and I didn't get any. I didn't expect any special treatment and I didn't get any as well. So, in a way the school was receptive. Many other disabled people ended up coming there.

The teachers just treated me like other students in the first place, and then eventually they started putting pressure on me to work hard because I was lagging behind a little bit. The pressure was that 'you can do better, and there is no reason why you shouldn't'. Since I came from a well-known family, I think there was an influence, but not in the obvious manner. It was more in the manner that 'we don't expect you to give us problems because of where you come from, so if you want to give us unnecessary problems, then you are going to end up in trouble'. One morning, the teacher was waiting for my mother and told her that I was not working hard and I was doing nothing. That made me work hard.

When it came to coming to the University of Zimbabwe, to be quite honest, I was told by my father to come here. It was not part of my plan. I wanted to do a degree by correspondence and get a stock booking license at the same time. I was told not to do that, and he told me, 'go, and get a degree first.' If it was my personal choice, honestly I was probably going to go to a foreign university, like Harvard University or any other prestigious foreign university. What I wanted to do required one to have enough money in the first place, not like money in Zimbabwe. I am talking of foreign currency. If you get a degree from a highly regarded institution, people can trust and believe in your capacity and they can put you in a position where you can start to build yourself up. That is why I was going to pick on one of those foreign universities. I didn't find scholarship requirements to be too much of a challenge to me.

In terms of admission to the University of Zimbabwe, the registration was too scattered around the campus and I think it will help everybody, both disabled and non-disabled students if they could do this in one room where you go through one door and come out through another, rather than where you criss-cross all over the place all day long. In this way it becomes more efficient

because there are some people who face more difficulties than me. I think I cope far much better with my disability than other people, and yet I find it cumbersome and difficult to do the registration process. So for somebody who is worse off, it must be quite difficult.

This university is not very accessible, even the places that they classify as accessible. If you were to be in our shoes one day, you will see that it's not all that accessible. Like the lecture theatres in particular; Llewellyn has two entrances, and one, fair enough is on the ground, but the ground that it's on, it is surrounded by stairs and the only way to get there is by crossing the 'Green' and coming from that venue is uphill. The other one at the back is at the top so you can go there but you can't all the time see what's going on in front. An alternative option to be considered is perhaps to put some type of public address system or projector so that you can see and hear what's going on at the front. The places are accessible at a glance, but if you look closer, they are not really accessible. I think the administrators should look seriously into the issue of accessibility. They could take a more in depth look on what they are calling accessible. Llewellyn should not be classified as accessible at all. There are extreme cases when venues for lectures are upstairs and then if you bring that up with the Disability Resource Centre, alterations are sometimes made. But if not, you may just leave it as it is and device a way of getting there. For instance with Llewellyn that I have just talked about, I had a lecture first thing in the morning there and so getting down the stairs and winding up inside the lecture theatre at the top and then to get out was a mammoth task.

There is need to put ramps in certain places and perhaps try to change where some faculty offices are, like for instance most faculty offices are upstairs. They [university] could look at putting at least office receptions on the ground floor and then may be the other offices can be up stairs to avoid inconveniences. One thing I can think is reasonable is probably preferential access to texts; that is textbooks. Textbooks are difficult to get hold of. Then, in terms of the other things, I think it would be unjustified, turning disability into a privilege, which I don't think is something that should be done.

At the university, I understand that disabled students can apply for disability grants. I have never applied for a special grant given to disabled students. The way I see it is that there are certain things that are done to disabled people that perpetuate a dependency on other people. I think as much as people might try to integrate you, and make you feel comfortable, at the end of the day they need to leave you in a position where you can leave your own life as much as you can. So, I haven't applied for it because I haven't seen the need. There are some people who need it but I stay at home and I think it is wrong for me to take that grant, but there are people who really do need it and they should probably take it. I don't think the special grant should be used for things like buying cassettes. Those should be given by the university because the way I

see it is the same as getting a text book. However, I feel that if people who are not disabled can survive on a student loan, a disabled person should also be able to survive on one because we all eat the same food and buy the same toiletries.

In terms of an existing disability policy at this university, I have never heard of one. No; I don't think the university is doing enough really. We also have no legislation on the education of disabled people in Zimbabwe. It is something that they have neglected because they seem to enact legislation for other things like duty free importations and tax breaks and so on. At the end of the day, those are down stream things because you can't afford to have them unless you get the education. The only thing I know is about accessibility where it is a requirement under the building code, but it is not something that is complied to.

I have no idea really on employment opportunities for disabled people in Zimbabwe. Most of the people I have interacted with seem to say that for one to get employment you have to go where you are known. If you go where you are not known, the chances are very slim for anybody. There is high unemployment rate and so, I think you have to go where you know you have friends. I am not sure of their attitudes towards disabled people.

Rather than taking somebody as being disabled and say that is the state of affairs, government should deal with it the way they deal with war veterans worldwide where they don't just say that you are a war veteran. They need to device ways on how these people are useful to themselves and the society. The issues tabled for disabled people perpetuate a state of dependency. They should emphasise on building someone's character and self-esteem so that as much as the person can, try to do things for themselves.

The issue of terminology is usually raised, and I believe that by the end of the day, it is subjective to whom you use the term because it also means the same at the end of the day. It's like there are polite and impolite ways of saying it, so as long as the terms used are polite, and it's not something like crippled or leper- it's an ok term. There are some disabled people like Stephen Hocking, they get far because they have no reason to believe that they can't. As soon as you materialise it in your mind that disability is not an issue, and that there are people who are not disabled but are unable to do some things, then you have no problem. It's like the mentality that is portrayed on television of African-Americans, that they feel marginalised because they believe that they are marginalised. They think that they are oppressed, if you think negatively, you will oppress yourself. It's like a disabled person who will tell you that I don't want to go to school, I want to do craftwork, and you can see that the person is capable but they somehow believe that school is not for disabled people; that top posts are not for disabled people. So, I think as soon as that is broken, you can go far.

It comes from how you are socialised when you are growing up; the fact that one is disabled is not important because all people have limitations. I am better off because my limitations are only physical and yet some people have got no physical limitations, no mental limitations except that they just think that, 'I can't do this'. Our culture tells us that you never make money through music, so nobody wants to do that, and as a result musicians tend to sing about problems in this country whether or not they have them. I think this is common to most groups like women, ethnic minorities and so on that somehow they can't do things. I tell some of my friends that if you want to get on with life, you need to look at the boundaries that are in front of you and you don't cross them, but just try and push them as far as you can and you will always find that you will always get what you want.

Rudo

Rudo graduated with a B.A. Honours in Shona. At the time of the interview, she was in her final year. Rudo became deaf at the age of four due to meningitis. She uses sign language when communicating. However, she learnt the Zimbabwean standard sign language at secondary school. When I sent Rudo the first draft of her story, she acknowledged that it accurately captured her narration. Below is her story:

I became deaf at the age of four due to meningitis. My grandmother believed that I was bewitched and I always said 'why me?' My parents did not have any problems when I became deaf but it was me who actually gave them some problems. I wanted them to open my ears again. The family tried to get a cure for the deafness. We went to some faith healers, doctors, and even n'angas [traditional doctors]. The medical doctors told me that I will never hear again and my parents eventually stopped trying to get the cure. My mother usually writes on papers to communicate with me due to her limited sign language.

I went to Kozo primary school in Mhondoro District and it was a regular school. Because I was the only deaf pupil, all the hearing children liked me and teachers were receptive.

In 2001, I went to a school for the deaf. I was given hearing aids but they did not serve any purpose at all. I just liked them, not that I benefited from them. Some people benefit from them but some do not. If you tell the audiologists that you hear some sounds with them, they have no way of knowing whether it is true or not. My friends had them, so I also wanted them. It was more of a sense of belonging. We were all deaf and the teachers could also use sign language. A special school has fewer students than a regular school. Also at a special school, one has rights for certain things, that is, you can be given more time during examinations. In a way, it is good to be at a special school, but sometimes it isn't always good, considering that special schools in Zimbabwe are usually far from our homes.

When I wanted to go to university, I applied to the university of my choice, however the Registrar there referred me here (University of Zimbabwe). It was easy to get a place. The Disability Resource Centre took me to countless offices to register and the registration process was very tiresome. A lot of time is wasted by moving from one office to the other.

Bearing in mind that I do not hear, I have faced some difficulties here at University. It is bad sometimes when attending lectures, especially when the lecturer doesn't care or is just rude. I don't hear what they say but I know how to lip read so I know when someone is saying something rude. During lectures, I rely on my friends from whom I copy lecture notes. My friends can write what they think is important and relevant and I will then copy the notes. I suppose I would prefer to have an interpreter during lessons, but I don't think it is practical in real life. Well, our government can't afford to pay for that considering that we even have problems in getting our disability grants. But if, say we have someone at the Disability Resource Centre who knows sign language, then you can tape record the lectures and s/he can interpret them. Unfortunately, there is no one who can use Sign language at the Disability Resource Centre. On the other hand, some lecturers do not like tape recorders. They are just unfeeling, that is all.

Disability Resource Centre gives us all the help, which they are capable to give, the problem is that the Disability Resource Centre is understaffed and that makes it difficult for them sometimes. The main problem is that we do not have a disability policy at the University. I don't really know if the university administration really supports disabled students. Most of the fellow students are accommodating, except a few who are just rude. If they don't feel sorry for you, then they think the worst of you. The fact that I am deaf does not mean that I am ill.

At national level, some of these people from the government are just liars that is, they just pretend to the outside world. They are always saying on paper disability doesn't mean inability but in practical terms, they don't want to employ us except as teachers, which means we have no choice for careers. In terms of financial assistance in form of a disability allowance, it is just in principle, but we were never given, we are still trying to negotiate for it. If we are given, you never know if they might not want it back.

I think the government should give us special grants, not as loans of course. Government should also help us secure vacation employment and permanent employment when we finish our degrees. For those who need special equipment, the government should also help. The Disability Resource Centre should have more staff to improve the services they offer. The government should accept disabled students, especially the deaf at teacher's colleges even without English language at 'O' level considering that deaf people have problems with language acquisition, but can still be good teachers because they would be teaching in their own language

– that is, sign language. Most of all, there should be a national policy on the education of disabled people since there is no such policy in Zimbabwe.

Conclusion

Story telling is an integral part of African culture and many lessons are passed from generation to generation through oral narrations. These narrations form the basis upon which people learn norms, values, and beliefs of the society. It is hoped that the above stories captured the disabled students' unique personal experiences, and will steer a lot of debate from which a lot can be learnt. The stand-alone stories illuminate the struggles of narrators throughout their life courses and a comprehensive analysis of these narratives is provided in the next chapter.

Chapter 7

Analysis: Learning from Life Stories

*“Finding meaning in stories ... We live in stories, not statistics”
(Gilbert, 2002, p223)*

Introduction

Edmore suggested the title of this chapter. His argument was that disabled students are the best ambassadors of their own personal experiences, and therefore, they have to be the mouthpiece of their own life stories. This is so because no one else other than the disabled students themselves can better understand the intricacies and amount of determination usually needed on issues that befall the education of disabled people. I did not hesitate to adopt this title, because, in some way, it allows the informants to have a sense of ownership of this research. It reflects a cooperative effort between the researcher and the narrators. The stories told illuminated the support, struggles, determination, and achievements of the narrators. The students highlighted what it means to be a disabled individual in a disabling society and the amount of self-determination needed to overcome some of the societal barriers in Zimbabwe, hence, the title – “Learning from life stories”. The stories that narrators told offer unique insights into what they experience from their perspective. It is difficult for five stories to capture the range and richness of people’s experiences, but stories can still say much about life:

“More than through any other social science approach, the life history enables us to know people intimately, to see the world through their eyes, and to enter into their experiences vicariously.”

(Bruner, cited in Taylor & Bogdan, 1984, p81)

“No one person’s life can be wholly representative of an entire group, for each individual is unique. Yet I feel that a detailed examination of one life may provide insight into larger questions.”

(Groce, 1992, p175)

The analysis chapter comprises of five sections, which in their sequential order are emerging themes and patterns of participation, early childhood and family ties, school experiences, university experiences, and beyond university education. This chapter does not only focus on narratives, but also engages on a broader perspective where my personal experiences, related literature, and any relevant ideas are brought together within the social ecosystem framework to make sense of the experiences of disabled students in higher education in Zimbabwe. Chapter 7 answers research question 3: “What are the issues of central concern to disabled students in higher education in Zimbabwe and what can be learnt from their personal experiences?”

Section 1: Emerging Themes and Patterns of Participation

This section illustrates how themes that emerged from narratives are linked to the social ecosystem framework and the theoretical resources. Some patterns of participation were apparent in the narratives, and therefore, an analysis of these patterns is provided as well.

Emerging Themes

A number of themes emerged from the narratives, but the following nine are obvious:

- Attitudes and disability awareness as catalysts or obstacles to inclusion
- Access – institutional barriers as obstacles to participation
- Absence of legislation and political will (lack of meaningful involvement in disability-related issues)
- Inadequate support services and resources
- Identity politics – a sense of belonging
- Significance of interdependence
- Self-determination as a vehicle to success
- Lack of coordinated disability activism among disabled people's organisations
- Becoming a self-advocate as a way of fighting exclusionary practices

Although the above themes are general, they should not however be interpreted as representing a homogeneous group as there is a risk of losing the individuality and uniqueness of each story. In analysing the themes, linkage with the social ecosystem framework and the thesis's theoretical resources is established. The research outcomes also encompass ideas from my personal experiences, and relevant literature. Figure 7.1 summarises the linkage.

Figure 7.1: Linking Narratives Themes to the Social Ecosystem Framework and Theoretical Resources

Developmental Stage	Theme	Framework Component	Theoretical Resources
Early years and family ties	<p>Attitudes and disability awareness</p> <p>Inadequate support services and resources</p> <p>Lack of appropriate legislation & political will</p>	<p>Enabling social and cultural beliefs</p> <p>Genuine family and community support</p> <p>Appropriate resources, information & technology</p>	<p>Disability Studies</p> <p>Postcolonial Theory</p> <p>Globalisation</p> <p>Inclusive Education</p>
School experiences	<p>Attitudes and disability awareness</p> <p>Inadequate support services & resources</p> <p>Access – institutional barriers</p> <p>Identity politics – a sense of belonging</p> <p>Significance of interdependence</p> <p>Absence of legislation & political will</p> <p>Self-determination as a vehicle of success</p>	<p>A stable political & economic climate</p> <p>Appropriate resources, information & technology</p> <p>Self-belief</p>	<p>Disability Studies</p> <p>Inclusive Education</p> <p>Postcolonial Theory</p> <p>Globalisation</p>
University Experiences	<p>Participation patterns</p> <p>Access barriers as obstacles to participation</p> <p>Attitudes and disability awareness</p> <p>Absence of legislation & political will</p> <p>Interdependence</p> <p>Inadequate support services & resources</p>	<p>Appropriate legislation & political will</p> <p>Appropriate, resources, information & technology</p> <p>Self-belief</p>	<p>Disability Studies</p> <p>Postcolonial Theory</p> <p>Globalisation</p> <p>Inclusive Education</p>
Beyond University Education	<p>Attitudes and disability awareness as obstacles to inclusion</p> <p>Absence of legislation & political will</p> <p>Access barriers as obstacles to participation</p> <p>Significance of Interdependence</p> <p>Inadequate support services and resources</p> <p>Becoming a self-advocate as a way of fighting exclusionary practices</p>	<p>Appropriate legislation and political will</p> <p>Sustainable partnerships</p> <p>Genuine community support</p> <p>Coordinated disability activism</p> <p>Self-belief</p>	<p>Disability Studies</p> <p>Postcolonial Theory</p> <p>Globalisation</p>

The developmental stages are used as section titles in relation to relevant themes, social ecosystem framework components and theoretical resources, giving relevant examples from the stories, with support from appropriate literature and my own professional and academic experiences.

Patterns of Participation

The participation patterns were key findings in this study. The salience of the nature of students' impairments emerged strongly from the narratives, and it formed part of those identity and experiential positions held by narrators that appeared to have informed their understanding of self and others. Certain types of impairments (visual, physical, and hearing impairments) are by far the most prominent. From the five narrators, two have visual impairment, two have hearing impairment, and one is a wheel-chair user. This confirms what Chapter 3 highlighted that the Zimbabwean education system mainly caters for these three generic impairments, a representative sample of the current enrolment patterns at UZ (<http://www.uz.ac.zw/units/drc>, accessed on 05/12/06; Runhare, 2004). In his study, Runhare (2004) reported that in 1999, there were 48 students with visual impairment, eight with hearing impairment, and forty-four with mobility difficulties. There was still a similar pattern in 2002 where forty-eight students with visual impairment, three students with hearing impairment, and forty-eight with mobility difficulties (Runhare, *op cit.*).

From my past experiences and the current disability co-ordinator's experiences (informal discussions), as well as from some disabled students' observations, students with visual impairment frequent the Disability Resource Centre the most due to the nature of their needs. As a result, from the fifteen undergraduate disabled students who initially volunteered to take part in this study, nine had visual impairment, and the only two students with hearing impairment in the 2004-2005 academic year (University of Zimbabwe, 2005), volunteered to participate in this study. The remaining four had physical impairment.

Impairment is strongly associated with the subjects studied by disabled students. Overall, disabled students are more likely to study Arts and social sciences (Riddell, *et al.*, 2005). Out of the five students, at the time of interviewing, all were studying Arts and Social Sciences subjects except one who was studying Accountancy. Despite the above patterns of participation, the analysis of narratives threw up some intriguing patterns and associations, which are discussed throughout this chapter. Section 2 below analyses the early years and family ties of the study participants.

Section 2: Early Childhood and Family Ties

“Attitudes disable people. If able-bodied people do not react with horror, fear, anxiety, distaste, hostility, or patronising behaviour towards disabled people, then there would not be a problem.”

(Coleridge, 1993, p36)

The early years of a child's life are crucial for cognitive, social, and emotional development. The people who take care of their needs – who feed, bathe, talk, sing, and play with them, create children's first worlds. Therefore, in the first year of life, secure, loving, and stimulating relationships between babies and their parents and caregivers lay the foundation for their future development (Keating, 1996). If a child's development is measured through social, physical, and cognitive developmental milestones, lack of a strong foundation results in the child not developing properly and unable to reach his/her full potential. If parents are overwhelmed by extreme stresses of poverty or having a disabled child, they may be unable to cope with the family and may find it difficult to provide the love, security and responsive stimulation essential to the well-being and development of children (Carpenter, 1997).

The life stories focus on disability, early childhood experiences, and family ties that appeared to be informative in developing a deeper understanding of their experiences. All the five narrators focused on their disability, age of onset and the cause of disability at the initial stage of their narratives as illustrated in the following three examples below:

“I became deaf at the age of four due to meningitis” (Rudo).

“I was born with the disability and it manifested in different ways as it progressed” (Mufaro).

“I come from a family of 6 and I became blind at the age of three due to measles” (Peter).

However, life stories demonstrated that narrators' identities were not framed solely in terms of disability in familial relationships. Mufaro argues that she was doing what everybody else in the family was expected to do. Edmore sums it up by using the commonly used adage, “disability does not mean inability” since he has responsibilities towards the family just like the “normal” hearing people.

The life stories draw attention to the influence of family beliefs and attitudes on the development of narrators' determination. The five narrators reported positive attitudes from their families that had influenced their lives. These included genuine family support and love:

“I remember “mama” was strong when I got deaf, I don't think it worried her much, or at least she did not show it all. Neither did dad. ... Mum and dad always loved me I am

glad members of my family are an enlightened lot and they never took it as if I was a curse to the family; they showed their love” (Edmore).

“....there wasn’t really negativity on the part of my family. It was just like other children, and I was doing what everybody else was expected to do, unless I couldn’t do it, but I had to prove that I couldn’t do it” (Mufaro).

“My family was very supportive” (Peter).

The above experiences reflect positive attitudes towards the narrators from their other family members. Genuine family support was therefore important in building individuals’ self-esteem, and enabled them to increase their participation in the day-to-day family activities as highlighted by Mufaro where he had to do “things”, just like anybody else in the family. Such a level of enlightenment indicates a shift from the individual or tragic model towards a social model understanding, which mainly focuses on the society’s shortcomings. From Edmore’s experience, it shows how some people have moved away from the belief that a disability is a curse to the family, the aspect discussed at length in Chapter 2 on perception of disability in Zimbabwe. In the Pulse of Africa survey report (2004), reported that the family is a very strong cultural institution in Africa with family members working together in various activities, and the family is usually the first point of reference when a “problem” arises (Nyamukapa and Gregson, 2005). NASCOH (2004) and Avoke (2002) reported that there is now a gradual change of attitudes towards disabled people within families and communities and this move might see a positive paradigm shift of society on disabled people. Avoke (2002) further argues that increased modernisation seems to be diluting strong cultural views about disability as being the punishment for sins, and this stance could be a strong base for an inclusive society.

The general trend among disabled people is that, those with genuine family support usually make it to university. All the five narrators highlight how positive family support can enhance one’s quality of life. A recurring theme in the narratives was the determination of parents. Edmore’s father was supportive in every aspect. When Edmore became disabled just after starting secondary education, the family’s support enabled him to pursue his educational dreams:

“Their concern made things easier to cope with and I am thankful for their assistance, my sisters sacrificed a lot for me so that I could get study material. I can tell you the support of my family made a big difference in my life. Dad showed his support in a different way. Even up to this day, he likes to listen to me talking about complex finance issues; many of which he does not understand at all. He never tires in listening to me painting a grand picture of my future; ... Dad had high hopes for my life and so did all my family, and it seems their hopes did not diminish even when I got deaf. They taught me to dream” (Edmore).

A different type of support that exhibits a protective parental figure also emerges in the narratives. Fortune’s narrative reflects fear for a child’s future when his father was protective of him over other siblings who were negative about his disability.

“After seeing that other children at home did not like my disability, my father came into my corner and out of the children from a polygamous marriage; I was the only one who went past grade seven and to university ... My father said that I was supposed to surpass other children in education, so he devoted and invested all the resources on me to make up for my disability. My father was so adamant that I should not lead a life of dependency. My father would say, “If I die today you are not going to get anything by way of inheritance as other children will scramble for ownership of my belongings. Education will therefore be your share of inheritance that is indestructible” (Fortune).

Negative cultural views of disability militate against inclusive practices. An effect of these negative cultural beliefs about disabilities is avoidance of having direct personal contact with disabled people (Mpofu, 2003). Further evidence for cultural barriers to disabled people is from an analysis of the indigenous language terms (e.g. “*chirema*”, which is lacking competence) for disabled people that suggest that they are sub human (Devlieger, 1998). The indigenous-traditionalist views about the origin of disability that equates it to a type of misfortune from the spiritual world, and the use of language terms that deny the essential “*ubuntu*” or beingness of disabled children would add to attitudinal barriers to their inclusion in family and community settings (Murphy, 1990; Kisanji, 1998; Devlieger, 1998; Mpofu *et al.*, 1998; Chimedza, 2001; UNICEF, 2001; Avoke, 2002, NASCOH, 2004).

Some family members can be challenged that they struggle to associate with a disabled sibling. Though they wanted a blood relative, Fortune’s siblings could not come to terms with his impairment:

“Family members always found themselves in a dilemma of being unable to distinguish between their fellow blind brother and a relative as a person, from my disability. While they did not want to be associated with my disability, they wanted a blood relative, who in their eyes was a “normal” person – separating the two became difficult” (Fortune).

Therefore, the presence of a disabled family member can present insurmountable challenges that may break the family’s social fabric. Disability within a family unit can jeopardise eligibility of a family member (Kisanji, 1998). Dyer further argues that most family members, particularly siblings believe that a disabled child is not a potential contributor but rather a consumer of the limited family resources. Abandonment for economic and attitudinal reasons is relatively common and has been found in projects in South East Asia, Latin America, and Africa (Elwan, 1999; Department for International Development, 2000). Given that an estimated 29% of families in developing countries live with a disability, this is significant and can prevent the rightful inclusion of disabled people in the family unit and the wider community (Elwan, 1999).

The birth of a disabled child usually leads to a marriage breakdown (Hensley and Schott, 1999; Charowa, 2005; UNICEF, 2006). Eventually, the mother, who, because of being marginalised

herself, inevitably resolves to put the child into an institution where he/she can be supported. Fortunately, the narrators in this study had positive family support, though Fortune encountered some negativity from his siblings.

Mufaro has congenital disability Rudo. Fortune and Peter acquired their disability in their early childhood, and Edmore acquired the disability later in the early stages of secondary education. Fortune, Mufaro and Peter indicated that they all acquired their disability due to measles, and Rudo from meningitis. In Chapter 2, Mpofu (2002) argues that conceptions of disability are influenced by the unique socio-political and cultural histories in particular societies. As Livingston (2005) suggests, how an individual or society defines disability impacts on the intervention strategies employed. Rudo's grandmother believed that her granddaughter had been bewitched, a cultural/traditional belief still held by some people in Zimbabwe that disability is a result of bewitchment. Because of this belief, the family sought a cure of the deafness from faith healers and traditional doctors, thus perpetuating the medical model that sees a defective body as needing corrective measures to bring it back to "normal." In this case, it is the belief that disables a person, and this may imply that to be disabled means to be imperfect. Upholding such a belief results in finding ways to reverse the "imperfection" as highlighted by Mufaro's experience:

"From what I have heard, there was a problem and they [parents] thought, 'let's try and sort it out and if it can't be sorted, then we can just stay with it.' So, I went through long operations..." (Mufaro)

The social ecosystem framework promotes enabling social and cultural beliefs, genuine family support and appropriate resources, information and technology, and as shown in the life stories, parents who channelled their energy to more enabling intervention strategies improved their children's potentials. Carpenter (1997) also stresses that children who grow up in environments where their developmental needs are unmet, are at an increased risk for compromised health and safety, and learning and developmental delays.

The dynamics of families are not always transparent and traditional stereotypic attitudes that regard disabled children as a misfortune may overshadow individual families. A UNICEF Report (2001) points out that some family members saw the birth of a disabled child as an act that brought bad omen to the family. As a result, they sought supernatural powers to evoke the bad spirits from the disabled child, for instance the cleansing ceremony reported in Chapter 2 (Chimedza & Peters, 1999 quoted in Peters, 2001; UNICEF, 2001). The urgency to "sort out the problem" as in the case of Mufaro and Edmore illustrates how disabled children are pushed into the deficit model where they have to be constantly reminded that they are not "normal." This in a way reflects a mix of colonial "medicalisation" with some cultural beliefs prominent in

Zimbabwe. Colonialism brings with it new values, beliefs, and foreign traditions, and most cases, lead to indoctrination (Chung & Ngara, 1985; Mandela, 1994; Ashcroft, *et al.*, 1995; Ahluwalia, 2001). On the same note, cultural beliefs can also isolate disabled people thereby leading to role marginalisation of disabled people within the families and communities (Devlieger, 1998; Murphy, 1998; Mpofu, 2000).

Ortberg (2003) argues that, people attempt to live under the illusion that somewhere out there people are not “normal.” As a result, they endlessly attempt to fix them, control them, or pretend that they are what they are not. Such beliefs usually emanate from stigma attached to disabled people and is carried from generation to generation, which is usually as a result of lack of disability awareness and appropriate early intervention strategies. Such limitations put on families when they most need the self-support of their own internal structures, may impair their ability to meet challenges they will face (Carpenter, 1997). Ortberg (2003)’s argument is synonymous with the social model perspective, which argues that disability is the outcome of society’s failure to accommodate disabled people’s needs, and that disability is created through a society that takes no account of the needs of disabled people (Oliver, 1996; Oliver & Barnes, 1999; Oliver, 2004; Schneider, 2006). Hence, Philpott and McLaren (1997) argue that the locus of the problem is the disabling world and refers to it as the “apartheid of disabled people” (p2). The social model of disability refrains from the “steel jacket” understanding, which I metaphorically presented in Chapter 4, but rather prefers Ortberg’s “as is tag” (p13), and concentrate on altering the environment rather than the person. Similarly, postcolonial and disability studies literature has to contextualise and consider local views when dealing with disability issues to prevent a “short circuit” taking place as illustrated in the social ecosystem framework in Chapter 4.

The challenge is in combating negative attitudes, and initiating and promoting disability awareness programmes that create enabling social and cultural beliefs and the promotion of genuine family support on disabled children. Children, regardless of their disability, need families and enduring relationships with adults in a nurturing home environment in order to develop to their fullest potential (Carpenter, 1997). Based on the current socio-economic situation in Zimbabwe where the inflation rate is the highest in the world (ICAZ, 2006), the challenge is on how families would have the necessary provisions at the earliest convenience in order to improve the quality of life of their disabled children – thus early identification and intervention.

Young children develop rapidly, frequently experiencing tremendous change and growth physically, cognitively, linguistically and socially. Nevertheless, the rate of growth and development among young children varies greatly due to a number of factors. Because of this high variability during early childhood evident in nearly any environment with children, studies

indicate that early intervention can make significant differences in a child's development (Schonkoff & Meisels, 2000; McLoughlin & Nagorcka, 2000). This is especially true for children with extra needs whose profiles frequently exhibit intra cognitive differences that can obscure overall abilities. Heinen's definition of early intervention consists of a broader network; that is the child, the family and the community:

“Early intervention can be defined in all forms of child-oriented training activities and parent-oriented guidance activities, which are implemented in direct and immediate consequences of the identification of the developmental condition. Early Intervention pertains to the child as well as to the parents, the family and the broader network.”
(Heinen, 1997, p.6)

The picture painted above is what Chapter 2 has presented concerning African cultural beliefs. The African community works together in shaping individual's and families' lives. This shows that we are what we are because of other people. The “I am, because we are; and since we are, therefore I am” concept in the African context, provides a strong basis of managing early intervention programmes (Mbiti, 1999, p109), and therefore professionals need to capitalise on this strong point.

Stern (2002) looked at early intervention approaches as those that prevent or arrest problems early in a child's life, or at early stages in the development of problem situations. Early intervention can be remedial or preventive in nature – remedying existing developmental problems or preventing their occurrence. Early intervention activities may focus on the individual, family and/or community levels, and be tailored to meet the needs of different cultural groups. The analysis here demonstrates the cultural complexities of the meanings of disability and family in Zimbabwe. Dale (1996) asserts that early intervention means professionals working with parents of disabled children need to help the children develop their knowledge and skills to reach their potential. It builds upon the strengths found in all children and families.

Carpenter (1997) reported changes in parental attitudes following involvement in early intervention programmes (Portage, Perry Preschool Project, the Carolina Abecedarian Project, and Headstart). Attitudes to their children's potential and to themselves as parents were considerably more positive in their expectations of their children and of themselves. There was greater understanding of their children's difficulties and their ability to help them. Thus, undeniably, early intervention has significant benefits if the above statement is considered. Fortune's and Edmore's families' responses to disability indicated some difficulty in coping with disability. More apparent were Fortune's comments about his siblings that showed that having a disabled brother in the family was a roller coaster, thus indicating inadequate preparation on acceptance on the part of the family can make the life the disabled family member very challenging:

“I grew up in a family but it was not a smooth sailing journey...” (Fortune)
Lack of appropriate support services, appropriate information, and disability awareness can therefore lead to disablement (Peresuh & Barcham, 1998; Ndebele, 2003; Dube, 2006). Thus, deficiency in such fundamentals, in most cases result in lack of genuine support of the disabled child within the family, which may end up in the development of negative attitudes towards him/her.

Coleridge (1996) argues that it is societal attitudes that disable people by negative reactions of horror, fear, distaste, and patronising attitudes. Such attitudes lead to discrimination and prejudices against people due to many associated myths and stigmas (Reeve, 2004). Narrators in this study concur with Coleridge and Reeve. Edmore’s narrative stresses how the community could be disempowering to disabled people:

“Society may view deafness as a form of a curse either to the person or to the family. The result may be that the deaf person is neglected and may end up begging in the streets” (Edmore)

Some families of disabled children may select people who would mix with their disabled children as indicated from Mufaro’s narrative:

“From what I have been told, the community was also supportive and never really felt like an outsider, but I assume that probably my family screened who I had to come into contact with” (Mufaro).

The social ecosystem framework implies that enabling social and cultural beliefs, genuine family support and appropriate information and technology in the early childhood years of a (disabled) child are pinnacles towards the journey of inclusion. Engelbrecht (1999) argues that there is need to take a broader dimension to inclusion. From a postcolonial perspective, it is important to take explore and develop culturally responsive inclusive early intervention programmes that meet the need of the indigenous people (Mpofu, 2001; Manji & O’Coill, 2002). These programmes could then be built on concepts of *“ubuntu”* (Mbiti, 1992), *“ukama”* (Gonese, 1999) and *“kubatsirana”* (Nyamukapa & Gregson, 2005) - critical elements that can promote inclusive education and the social model of disability. To achieve this level of consciousness, the role of engaging families in early intervention programmes is paramount. That way, families having disabled family members possibly will appreciate Ortberg’s *“as is”* tag guided by a contextualised social model of disability and inclusive practices. The *“as is”* tag helps to avoid *“fixing”* an individual into the *“normal definition”*, which in any case is questionable on who judges what is regarded as normal. The family therefore would avoid channelling their energy on *“fixing the problem”*, but rather, on early intervention strategies that eventually benefits the disabled children during schooling (Carpenter, 1997).

Section 3: School Experiences

“... teachers are the people who make learning possible, their own attitudes, beliefs and feelings with regard to what is happening in the school and in the classroom are of crucial importance.”

(Lomofysky et al., 1999, p69)

Starting school is an important time in a child’s life. The intellectual, social, and emotional skills children develop in their early years together with their physical health help them to adapt to their new environment (Keating, 1996). Transition from home to school brings about many changes in the child’s life course. This is usually intense with disabled people, who might already be struggling to cope with a negative home environment. Non-disabled people have researched on disability issues and given their perspectives without letting disabled people tell their own stories (Connelly & Clandinin, 1990; Hall & Tinklin, 1998; Halloway, 2001; Tregaskis, 2004). Histories of segregated schooling are for the most part, the official histories of non-disabled people and professionals, documenting such things as changing numbers, and type of schools and official rationales for changing policies. In this study, narrators had the opportunity to talk about their experiences from primary school through to university level. All the narrators had experiences of both special school and mainstream education. The dual-system experiences of narrators, largely, diversified, and enriched the study by providing valuable information that shaped the analysis of the educational provision of disabled people in Zimbabwe.

A number of themes emerged from their school experiences as illustrated in Figure 7.1. Four narrators had experiences of segregated education. The positive social effects of being with similarly disabled people (identity politics) emerged in the narratives. The concept of identity politics (Barnes, 1990; Oliver, 1996) is consistent with some researches that have emphasised the importance of the connectedness of individuals, and that relationships and friendships are vital for developing and sustaining the well-being, mental and physical health from individuals who share similar characteristics (Victorian Health Promotion Foundation [VicHealth], 1998). Having social networks enable people to “feel cared for, loved, esteemed, and valued” (VicHealth, 1998, p10), as well as being inspired by those doing well. For instance, Rudo describes sharing her experiences with disabled peers as a way of gaining access to practical information, motivation, and insight:

“It was more of a sense of belonging. We were all deaf and that the teachers knew sign language. I loved meeting other people like me who were aspiring to achieve in life. They were my source of inspiration” (Rudo).

Therefore, within the school community, Rudo felt that she had genuine support, one of the components within the social ecosystem framework. In addition, the idea of having people with

the same impairment around make other people be proud of whom they are, particularly if there are role models within the institution (Barnes, 1990; Oliver, 1996; Oliver & Barnes, 1998; Tregaskis, 2004).

Historically, educational standards experienced by disabled students in segregated schools have generally been regarded as substandard (Barnes, 1991; Peters, 2001). In this study, poor educational standards in special schools, though common, were, however not universal. The study shows that selective schools for the pupils with visual impairment, judged to be of academic significance, have existed for many years, preparing their pupils for university or entry to some professions. Disabled students who have attended such schools sometimes express satisfaction with the education they have received. Some disabled people find that they receive a better education and have a more favourable life style by virtue of “being excluded” (Peresuh & Barcham, 1998; Chimedza, 2001; Chataika, 2003). Fortune recounts changes in his studying arrangements and how provision improved by moving from mainstream schools to a special school:

“Life and education at Ngwenya School was far much better than in other schools I had experienced before. We had access to reading material in braille. Consequently, the way I coped with the process of learning improved.” (Fortune)

Peresuh and Barcham (1998, p78) argue that special schools, which are mostly donor-funded, are better resourced with specialised equipment and materials, and specialist teachers who support each other and encourage the kind of professional growth, often missed in integrated mainstream schools:

“Most special schools are run by private non-governmental organisations with financial support from various donor agencies, and the Government is unable to match this extra funding in its resource units and special classes.”

Narrators showed that mainstream schools are less resourced and therefore, learning can be challenging. Peter describes how things were difficult in high school due to inadequate resources:

“But at high school that’s when I realised that there was equipment problem. Firstly, the school authorities had little knowledge about the equipment or provision for the visually impaired. This situation, I understand is the same in many schools that are integrated, especially secondary and high schools.” (Peter)

The 1999 Commission of inquiry into education also reports issues highlighted from Fortune’s story, which points out that there is lack of adequate facilities in mainstream schools. Lack of specific budget on material/equipment and infrastructural resources for disabled children, particularly in mainstream schools undeniably challenges the process towards inclusion. The

social ecosystem framework stresses that appropriate resources, information, and technology are essentials that facilitate genuine inclusion of disabled students.

In some ways, inadequate support and services within the mainstream schools promote institutionalisation since most parents prefer their disabled children to be in special schools where there are better facilities than in the mainstream (Peresuh and Barcham, 1998). To most parents, boarding special schools in some way, act as respite centres (Chimedza and Peters, 2000). In light of some practical reasons highlighted above, special schools may continue to exist in Zimbabwe for a long time. Existence of special schools is a threat to inclusion, and ironically, most donors of these institutions are from the Western countries, who themselves are fighting against institutionalisation (exclusion) and advocating for inclusion (Clark, *et al.*; 1997; Booth *et al.*, 1998; Corbett and Slee, 2000; Moore, 2000; Booth, 2003). Since the bulk of these special schools are donor-funded, the danger here is that philosophies of donors (mostly Western countries donors) take precedence, and therefore these schools are hardly culturally responsive to the needs of Zimbabwe (Mpofu, 2001). The main challenge, from a postcolonial point of view is that the dominant discourse of development is not framed in the language of emancipation or justice, but in the vocabulary of charity and technical expertise (Manji and O’Coill, 2002). It then questions the existence of sustainable partnership if these countries are perpetuating the very concept they are fighting to eradicate in their own countries. Chapter 2 highlighted the concept of “*kubatana*,” and how Africans in general live as a community. In a way, the promotion of special schools militates against this concept of “*kubatana*” and inclusion, the ultimate goal of the social ecosystem framework. In addition, it seems that African intellectuals have been “guilt” of adopting in “new values ... new beliefs, alien traditions...” without question (Ashcroft, *et al.*, 1995, p2), disregarding important cultural values of “*kubatana*” that promote inclusive practices is, unfortunately, a form of colonisation.

Disabled children often experience exclusion from a very young age (Peresuh and Barcham, 1998; Chimedza and Peters, 2000; Peters, 2001). Separation from family, friends, and peers is therefore normalised and negative attitudes are in a way propagated through this division. Unquestionably, non-disabled children, in turn, learn from an early age that exclusion of disabled children is the norm and therefore socially acceptable (Hensley and Schott, 1999). These early experiences reinforce acceptance of segregation in later life. Exclusion badly affects the survival of a family as a unit and the meaningful development of the disabled child. Mostly, exclusion negatively affects participation in family and community activities, aspects valued more than individual differences or other human attributes in Zimbabwe (Gonese, 1999; Mbiti, 1992). Mufaro illustrates how important it was for her to be included and participate in family activities:

“I was treated just like any other child in the family. I was doing what everybody was expected to do, unless I couldn’t do it, but I had to prove that I could not do it” (Mufaro).

Professionals frequently widen the division in families by taking over the decision-making process from the parent(s), insisting that they know what is best for the (disabled) child. In the process, the concept of “*ukama*” that places inclusiveness at the core of humanness is compromised (Gonese, 1999). The family is a very strong cultural institution in Zimbabwe (Gonese, *op cit.*) and therefore any division within this institution may result in the occurrence of a short circuit from a social ecosystem perspective, and undoubtedly negatively impact on inclusive practices. As a result, parent(s) may lose self-confidence in their abilities not just as parents, but also as competent human beings since institutions would have taken over their roles.

Although narratives did not reflect that other pupils within the institutions take over the role of fellow disabled pupils’ siblings and, adults take over the role of parents, it was evident from my professional experience as a special educational needs teacher working in a special school. This arrangement has enabled disabled pupils to have surrogate parents and siblings and some pupils who got this type of support coped a lot better even without their biological family members whose responsibilities were taken over by institutions. However, there is a problem in this arrangement since these institutions change cultural beliefs of these pupils resulting in acculturation. A typical example is that of a boy aged seven, whom I taught in 1996 at a special school. His parents dumped him at this particular institution and they never came back to see him. Since he came from Matabeleland region, where Ndebele is the major language and the culture is different from that of the Shona speaking people, eventually this boy became acculturated into Shona culture since the institution was situated in Mashonaland region. By the end of the two years, he had lost his first language and cultural beliefs, and in a way, is a form of “institutional colonisation” (Mandela, 1994; Ahluwalia, 2001). This situation was familiar to many pupils who came from different tribal groups. Therefore, apart from learning an institutional “subculture”, disabled pupils in institutions, end up assimilating to a different culture, typically the dominant one, and in the case of this particular institution, the Shona culture was predominant.

The social model of disability argues that society has to be accommodative (Oliver, 1996; Barnes, 1998) and that the environment has to meet the needs of the disabled people instead of the other way round. Therefore, continuous isolation of disabled children suggests that these children are “abnormal” and different from the rest of the society, and this perpetuates negative attitudes towards disabled people, and could jeopardise the children’s self-determination as community members. One of the most important themes to emerge from the narratives was that

of self-determination, particularly during secondary education. Field *et al.* (1998, p2) define self-determination as:

“A combination of skills, knowledge, and beliefs that enable a person to engage in goal-directed, self-regulated, autonomous behavior. An understanding of one’s strengths and limitations, together with a belief of oneself as capable and effective are essential to self-determination. When acting on the basis of these skills and attitudes, individuals have greater ability to take control of their lives and assume the role of successful adults in our society.”

Field and Hoffman (1994, p159) define self-determination as “one’s ability to define and achieve goals based on a foundation of knowing and valuing oneself.” From Field *et al.* (1998) and Field and Hoffman (1994)’s perspectives, self-determination is strengthened through information and skills that foster a person’s capacities for decision-making, self-direction, self-management, access to opportunities to express self-determination, and facilitative support from family, friends, professionals, and mentors. Inherent in each of these definitions is a contextual perspective suggesting that self-determination is promoted through interaction between a person and environmental factors. The social ecosystem framework stresses on such positive environmental interactions that are most likely to promote inclusionary practices. Self-determination has also an important place in African communities. African’s feeling of belongingness to the larger community must not be misunderstood as implying that in Africa, there is absolute priority over the individual (Nyambedha *et al.*, 2003). The emphasis is rather placed on the idea that for the African self, the locus of value is both within and outside the self. This caveat implies that the African individual, despite his or her great sense of community, can set some legitimate personal goals unimpeded by the community; and, in that, way participate in the self-determination or definition of his or her own fate and identity (Nyambedha, *et al.*, 2003). Hence the Shona proverb, “*Chava chigondora chava chimombe kutadza kutunga hurema hwacho*” (this means that when someone has outgrown childhood, he/she should stand for himself or herself). Such resilience was evident in narrators throughout their lives.

Narrators showed how self-determination could break barriers caused by a hostile environment. For instance, Peter remembers how he struggled when negative terms were used on him in an integrated primary school with fellow students and teachers, and how with age he became assertive to act self-confidently and express his needs clearly and directly:

“But with age, I adopted a stance whereby I would negotiate and tell my friends the disadvantage of using such terms. I would ask them how they would feel if they were the ones in such a situation.” (Peter)

Peter was also proud to recognise his abilities and challenged his fellow sighted classmates when they tried to use derogatory terms on him:

“If you put me in the same class with baboons yet you know that academically I am far better than you – then you are worse off than baboons.” (Peter)

Self-determination is also strengthened through facilitative support from family, friends, professionals, and mentors (Powers *et al.*, 1996). Edmore’s narrative is a classical example of how family members can boost one’s self-determination:

“The support of my family made a big difference in my life. ... Dad had high hopes for my life and so did all my family and their hopes did not diminish even when I got deaf. ... They taught me to dream and I am glad my family is enlightened a lot since they never took it as if I was a curse to the family.”

(Edmore)

Fortune’s father also was a pinnacle in boosting his self-determination:

“My father was so adamant that I should not lead a life of dependency” (Fortune).

Mufaro’s family strengthened her self-determination since they did not stop her from participating in family activities from childhood:

I was treated like any other child in the family. I was doing what everybody else was expected to do, unless I couldn’t do it, but I had to prove that I could not do it (Mufaro).

Although self-determination is a relatively new concept in disability education, a considerable body of knowledge exists regarding its effects and outcomes (Powers *et al.*, 2006). Therefore, it is important for disabled students to develop the capacities necessary to promote positive outcomes in their lives (Wehmeyer & Ward, 1995) through genuine inclusive settings in order to minimise the occurrence of a short circuit as described in the social ecosystem. An inclusive education system has to be structured to support students in directing their lives, exercising responsibility over their actions, and accessing a wide range of experiences and opportunities (Ainscow, *et al.*, 1999; Wehmeyer & Ward, 1995; Engelbrecht, 1999; Corbett, and Slee, 2000; Nind *et al.*, 2003; Booth, 2003; Powers, *et al.*, 2006). Inclusive education, undoubtedly promote such political consciousness.

“....the headmaster also cultivated a mind-set that, ‘most disabled people have preconception of themselves that, I don’t quite fit in’ before anybody tells them that and the headmaster counteracted that, so everything just went along fine” (Mufaro).

Self-determination is important for all people, including disabled students. The skills leading to enhanced self-determination, like goal setting, problem solving, and decision-making, enable students to assume greater responsibility and control (Wehmeyer & Ward, 1995; Ward, 1996). Moreover, when disabled students show they can make things happen and take responsibility

for planning and decision-making, others change how they view them and what they expect from them. Usually this happens when a disabled person challenges the current status quo:

“Fellow pupils and some teachers used to refer to us as *“mapofu”* or *“bofu”*. I adopted a stance whereby I would negotiate and tell my friends the disadvantages of using such terms. I would ask them how they would feel if they were the ones in such a situation” (Mufaro).

Disabled people have emphasised that having control over their lives, instead of having someone else make decisions for and about them, is important to their self-esteem and self-worth (Ward, 1996).

A focus on self-determination is not a license to exclude parents and family from decision-making and educational planning. While much can be done at school to promote self-determination, unless parallel activities occur at home, these efforts will not be sufficient. Parents are a student's first and longest lasting teachers, and it is important that from elementary school on, teachers work to ensure the meaningful involvement of parents, family, and students in educational planning and decision-making.

“They [parents] encouraged me to study hard and at ‘O’ Level, they ran around trying to find me study materials. Their concern made things easier for me to cope and I am thankful for the assistance” (Edmore).

Therefore, it is important for disabled students to develop the capacities necessary to promote positive outcomes in their lives (Wehmeyer & Ward, 1995) through genuine family and community support, enabling cultural beliefs, inclusive education practices, and appropriate resources, information and technology, which are some of the components in the social ecosystem framework. Families typically require information and support to work optimally in partnership with school staff and other relevant professionals to strengthen self-determination in disabled children (Ainscow, *et al*, 1999; Wehmeyer & Schwartz, 1997).

Magnus (2006) reported that disabled students who left school more self-determined were more than twice as likely as their peers who were not as self-determined to be employed one year after graduation, and they earned significantly more. Three years after graduation, they were more likely to have obtained jobs that provided benefits like health coverage and vacation and were more likely to be living somewhere other than the family home (Wehmeyer & Schwartz, 1997).

“I remember it took me more than a year to secure employment ... I had 21 interviews in total before I finally secured employment” (Edmore).

Edmore's 21-marathon interviews is reflective of his determination to find employment. To show his level of determination, Edmore did not get employment and became contended. Rather, he decided to upgrade himself academically:

"I am still interested in furthering my education; I am currently awaiting my results for the banker's Diploma. I am a registered ACCA student and intend to begin Masters Studies in Finance next year, resources permitting" (Fortune).

From email correspondence, Edmore informed me that he had passed the banker's diploma course, and he is now in his second year doing a part-time Masters' programme in finance. Such determination is a result of self-belief and supportive family whom he says always encourages him to better himself.

Although it was also difficult for Fortune to initially break employment barriers, he eventually got a job through self-determination.

"Soon after I had successfully completed my Law studies at the University of Zimbabwe, like any other ambitious University graduate, I applied for a job at a Law firm in Harare [name withheld]... Some months after I had received this disappointing response from the Law firm I had applied to, my next job application was honoured. I became a Prosecutor in 2003 and that saw me working in the Magistrates Court" (Fortune).

Research suggests that educators with little experience of disabled pupils are likely to have negative attitudes to inclusion (Mittler, 2000). However, research has also shown that experience tends to change attitudes (Davies & Green, 1998). In this respect, since many teachers in Zimbabwe teach disabled learners in unplanned inclusion (Mnkandla & Mataruse, 2002; Mpofu, 2001), to some extent, this can contribute to change of attitudes (Mpofu, 2001). After losing his hearing, Edmore found himself in an unplanned inclusive setting, but his classmates and teachers were supportive though they had no experience in dealing with individuals with hearing-impairment:

"My friends were very supportive as well in this regard.... I pay tribute to my teachers who supported me in my studies" (Edmore).

Although Rudo was the only deaf pupil within an unplanned inclusive setting, both the teachers and fellow pupils' attitudes were positive:

"...I was the only deaf pupil, all the hearing children liked me and teachers were receptive" (Rudo).

Davies and Green (1998) found that a number of South African teachers in mainstream classrooms were positively disposed towards inclusion, and this, basically, can be said of the Zimbabwean situation. Mainstream teachers will be, and in many cases already are, accommodating learners with diverse range of needs. They work with learners of different ages

who are at different stages of development, cultural and linguistic diversity and a wide range of ability/disability, and special educational needs (Lomofysky *et al.*, 1999). What is important is the clarity about their own strengths, vulnerabilities, and needs and necessary steps in preparing them for inclusion. If this is achieved, then they might be in a position to work as change agents in positively influencing the school community (e.g. other staff, learners, and parents).

Aspects that promote self-determination discussed above are important in any child's education, particularly disabled children and therefore are better effected when children are very young to reverse the cycle of dependency, learned helplessness, control by others, and feelings of inability that too often characterise attitudes of disabled individuals (Field and Hoffman; 1994; Wehmeyer & Ward, 1995; Ward, 1996; Field *et al.*, 1998; Wehmeyer & Schwartz, 1997; Powers *et al.*, 2006). The challenge is to shift the thinking among educators and others from an attitude of undermining disabled students' potentials to an attitude of empowerment and trust, and that both disabled and non-disabled students can depend upon each other in many ways (Conrad & Whitaker, 1997).

Human beings are intricately woven into a web of mutual dependence on other living things and their non-living surroundings, creating a system of interdependence. Interdependence, is a dynamic of being mutually responsible to and sharing a common set of principles with others. It recognises the truth in each position and weaves them together. Pfeiffer and Salancik (1975, 40) provides a clear understanding of interdependence below:

“Any event that depends on more than a single causal agent is an outcome based on interdependent agents.... interdependence exists whenever one actor does not entirely control all of the conditions necessary for the achievement of an action or for obtaining the outcome desired from the action.”

Based on the above explanation, it is almost impossible for human beings to live independently of each other or to be individualistic, consequently the current thinking of the social model of disability that stresses interdependence to independence (Goodley, *et al.* 2004). The concepts of *ukama* (being related each other) and *kubatsirana* (mutual assistance and sharing of burdens) discussed in Chapter 2 highlight the importance of interdependence in Zimbabwe. Interdependence suggests that we all need each other in life, and therefore cannot afford to be independent variables.

“We are each an angel with one wing and we can only fly by embracing each other”
(Edmore)

It is only in inclusive education that interdependence can be promoted since the benefits of inclusion are two-way (Booth & Ainscow, 2003). Segregation restricts our understanding of each other. Familiarity and tolerance reduce fear and rejection. Inclusive education contributes

to a greater equality of opportunities for all members of society. The benefits also include relationships and creativity that were not possible in the past, the core of interdependence (Goodley, *et al.* 2004).

Teachers bring in different ways to teach lessons to disabled and non-disabled pupils who all benefit from this arrangement (Booth & Ainscow, 2003). The students can learn from the classroom experiences how to help each other, thus promoting interdependence:

“So, fellow classmates were sometimes receptive and interested in learning from us” (Peter).

“It was also good to those blessed with sight to understand the world of the visually impaired people and to consequently assist each other where necessary” (Fortune).

Socialisation in the school also allows the students to learn communication skills and interaction skills from each other, and they can build friendships from these interactions (Conrad & Whitaker, 1997). Fortune indicates how his move from an institution to an integrated setting was important to him and to other pupils with visual impairment:

“It was an important socialisation process as it helped us understand the real world as opposed to the confinement of our own world. I regard my days with the sighted at Parirenyatwa as a healthy and fruitful interactive forum, which was very important for acceptance purposes. ... and to realise our limitations” (Fortune).

A non-segregatory environment contributes to a greater equality of opportunities for all members of society. The benefits also include relationships and creativity that were not possible in the past as Fortune highlights how inclusion enabled interaction and increased acceptance. Therefore, students’ ability to relate to each other gives them a better learning environment. Involving non-disabled peers with disabled peers gives both students a positive attitude towards each other, which is one of the many benefits of inclusive education (CSIE, 2004). Positive modelling takes place when the teacher positively interacts with both disabled and non-disabled students and this can help the students to get along more (Booth & Ainscow, 2003).

Most of the challenges faced by Zimbabwean school-going disabled children are mainly due to lack of political will by the government. In Zimbabwe, a survey of two poor communities showed that health and education services for the general population are inadequate (Nyamukapa & Gregson, 2005). Although there are immunisation programmes in place in Zimbabwe, still a substantial number of people are disabled due to preventable conditions, indicating that health services are not readily accessible to the breadth and depth of the entire nation. For instance, out of the five narrators, three’s impairments were acquired through preventable illnesses:

I lost my sight because of measles (Fortune)

I became blind at the age of three due to measles (Peter).

I became deaf at the age of four due to meningitis (Rudo).

This could be attributed to weak Government policies on immunisation programmes. Disability is a result of the limitations imposed on individuals by attitudinal, social, cultural, economic, and environmental barriers (Oliver, 2004). The social model of disability illuminates the fact that the roots of poverty and powerlessness do not reside in biology but in society (Oliver, 1996; Oliver and Barnes, 1998). The former is, for most disabled people, immutable; the latter, through collective action, can be transformed.

The majority of mainstream teachers in Zimbabwe do not have the necessary skills to teach disabled students. These children are denied not only an education, but also the opportunity for meaningful inclusion into society due to inadequate resources (Chimedza, 2001). The lack of appropriate and adequate provision for disabled learners at school level can profoundly minimise their chances to access higher education (Howell, 2006) as illustrated in the narrators' stories:

“Unfortunately, they were not enough [set book novels] and the novels to be read aloud in class. Sadly, I did not benefit at all because of that, I experienced my first failure in that subject” (Edmore).

The learning process is a painful one... Given enough support and resources, disabled people could excel in various fields just like everyone else (Fortune).

If we had equipment, I have no doubt that I would have exceedingly excelled more than most sighted students (Peter).

Narrators' stories reflect the difficulties faced by disabled students in Zimbabwe due to lack of appropriate and adequate resources to support their schooling. Unquestionably, lack of suitable resources allocation negatively impact on any efforts made to promote inclusive practices (Abosi, 1999; Engelbrecht, 1999; Booth, 2003). An inclusive practice contributes to a greater equality of opportunities for all learners and reduces their exclusion from the curricula (Booth, 2003).

Section 4: University Experiences

Disabled learners' barriers to access higher education throughout the world that arise from schooling are in most cases, due to inequalities inherent in the educational systems (Leicester and Lovell, 1994; Hall and Tinklin, 1998; Borland and James, 1999). These barriers arise from

the ways in which higher education institutions are structured and function, the dominant attitudes that inform and shape the practices of institutions, as well as the role that higher education plays within society as a whole (Howell, 2006). Institutional barriers identified in this study, which have also been identified in other studies include lack of access (Low, 1996; Collins, 2000; Riddell *et al.*, 2005), lack of disability awareness (Wolfendale, 1996; Borland and James, 1999), undermining the potential of disabled students (Hall and Tinklin, 1998; Riddell *et al.*, 2005) and failure of the institution to publicise services and facilities available for disabled students (Borland and James, 1999; Wray, 2003). In addition, students lack support and guidance when applying to higher education institutions. Above all, problems experienced by disabled students were often purely attributed to inadequate support services and resources in the form of assistive devices or technical equipment. Three students who shared their stories in this study were still in higher education (Rudo, Mufaro, and Peter), while the other two (Edmore and Fortune) had already graduated. What is important to note at this stage is that, although students are now accessing higher education, there are some, however, for whom higher education is still inaccessible.

For those who were fortunate enough to go to higher education, it was clear that access issues affected them at every stage in their university life. For example, Rudo narrates how she could not go to the University of her own choice due to her impairment:

“When I wanted to go to university, I applied to the university of my choice, however, the Registrar there referred me here [UZ]” (Rudo).

The other four students did not talk about the above issue, probably because UZ was their first choice, or some knew that it was the only university by then that catered for disabled students. If the latter is true, it therefore means that disabled students have to assess very carefully the built-in environment and the availability of support such as assistive provision prior to making applications (Leicester and Lovell, 1994; Hall and Tinklin, 1998; Borland and James, 1999; Riddell, *et al.*, 2005; Howell, 2006).

Disability related issues could thwart the ambition of a young disabled person. In his narrative, Edmore seemed to lack support and guidance on what course he could enrol at UZ, especially with lack of provision in Zimbabwe, it is almost impossible for a deaf person to become a medical doctor, though some cases of deaf medical doctors have been reported in the USA on some American websites (e.g. <http://www.deaftoday.com/v3/archives/2004/12;> <http://pr.gallaudet.edu/dpn/activities/10thAnniversary/clippings/roch-mar7.html>, accessed on 12/09/06). Edmore had not considered limitations imposed by his impairments:

“I wanted to major in Paediatrics after obtaining my GP degree. My dreams were shattered on 18th January 1999 when I received a letter from Dean informing me that being deaf was a problem during the years of training as a doctor and also during the

years of practicing as a doctor..... That was the first time that my hearing loss was to be a stumbling block in my advancement. It was indeed a rude awakening and the end of a dream.” (Edmore)

Although the Medical School’s refusal to admit Edmore might have been a result of negative attitudes, the fact that Edmore had limitations in practising, as a GP due to his impairment have to be considered. This is even worse particularly in Zimbabwe, where there are no inadequate support services for career guidance on disabled students. Therefore, this shows that Edmore lacked support and guidance on applying for the appropriate course. In fact, Edmore did not know the existence of the Disability Resource Centre until he started attending lectures. This raises serious questions about the way the various services and facilities at UZ are publicised. Improving the availability of pre-entry guidance may well encourage more disabled students to enter higher education (Hall & Tinklin, 1998, Riddell, *et al.*, 2005).

There was considerable disagreement between students and academic staff about the extent to which disability issues affected the student’s choice of course:

“The main problem that I had was that of being accepted into the Law faculty.... They tried to brush me off until I was helped by one lecturer, who is also a practising lawyer, who had to appeal to the Admissions Office” (Peter).

Having worked as a disability co-ordinator at UZ for some time, the challenges related to admission are not strange to me. I remember writing numerous memos and making emotional telephone calls to the Admissions Office and various academic departments so that disabled students could be admitted into various programmes. This process was tiresome and in most cases, due to continuous persistence, disabled students were eventually accepted. This was caused mainly by lack of a disability policy to guide admission of disabled students. This supposed ineligibility can be directly linked to the dominant discourse of disability and special needs, which provided the basis for a segregated and inadequate schooling system (Howell, 2006). So, while higher education institutions have not been separated into “special” and “ordinary” institutions, the dominant medical discourse around disability (Oliver, 1996) has placed the emphasis on the nature of the learner’s impairment and the extent to which this impairment is perceived to limit particular capabilities, including academic pursuits (Howell, 2006).

“The people at UZ had a tendency of looking down upon us such that even if you studying for the same degree as theirs, they would assume and conclude that you reached that level of education through charity marks or favours” (Fortune).

The participants also felt that the registration process was cumbersome and time consuming, and therefore needed reviewing:

“The registration was too scattered around the campus, and I think it will help everybody, both disabled and non-disabled students if they could do this in one room where you go through one door and come out through another, rather than where you criss-cross all over the place all day long. .. I find it cumbersome and difficult to do the registration process.” (Mufaro)

“The Disability Resource Centre staff took me to countless offices to register and the registration process was very tiring. A lot of time is wasted by moving from one office to the other” (Rudo).

The registration barriers described above have been exacerbated by higher education registration arrangements that are very inaccessible to many disabled students (Howell, 2006). Obviously, these arrangements leave disabled students physically and emotionally drained by the time they finish the registration process.

Depending on their particular impairment, students experienced barriers because of inaccessible physical environment or teaching and learning methods (or both) at some point during their studies. Once they “got in”, participants wanted to “get on” – to pursue their studies, but access and mobility difficulties were seen as obstacles to overcome in pursuit of normal involvement in university life. Access to physical space and events was fraught with limitations for Mufaro and became an obstacle to her full involvement in the university programme. Physical access was more prominent to Mufaro since she is a wheel chair user and thus, she spent enormous amounts of time and energy in negotiating many seemingly accessible buildings:

“This university is not very accessible, even places that they classify as accessible. If you were to be in our shoes one day, you will see that it’s not all that accessible” (Mufaro).

Attending lectures to Mufaro was difficult since most lecture rooms and theatres were inaccessible:

“Like the lecture theatres, Llewellyn in particular has got two entrances, and one, fair enough is on the ground, but is surrounded by stairs and the only way to get there is by crossing the “green” and coming from that venue is uphill. The other one at the back is at the top so that you can go there but you can’t all the time see what’s going on in front” (Mufaro).

Therefore, students with mobility difficulties face substantial challenges, and in some cases, have to make long journeys to try to get one “accessible” entry into a building (Hall and Tinklin, 1998; Riddell, *et al.*, Borland and James, 1999; Howell and Lazarus, 2003; 2005; Howell, 2006).

The Disability Resource Centre, in most cases, liaises with various departments to make sure that when a student requires an accessible lecture venue, a lecture is relocated to a more accessible venue. Mufaro confirms this when she says that:

“There are extreme cases where venues for lectures are upstairs and then if you bring that up with the Disability Resource Centre, alterations are sometimes made. But if not, you may just leave it as it is and devise a way of getting there” (Mufaro).

Apart from lecture theatres, most faculty offices are inaccessible and therefore it becomes difficult for students to access them if need arises:

They [university] could look at putting at least office receptions on the ground floor and then maybe the other offices can be upstairs, avoiding inconveniences...” (Mufaro).

Participants with visual and hearing impairments did not specifically mention physical access as a major barrier apart from Peter who highlights that it is indeed a predicament faced by wheel chair users:

“For the visually impaired, the issue of access at the University of Zimbabwe is not much of a problem because we do not depend on wheel chairs and ramps ... but for our colleagues who use wheel chairs, those are in trouble because sometimes they do not access some lecture rooms. Sometimes, they have to battle it out. Some lecturers are so intransigent that they cannot even agree to change venues for them” (Peter).

Peter also alludes to the problem they used to have where trenches were dug without warning, and he acknowledged that the risk had since been reduced, and where there were imminent dangers, the places would be protected.

Access goes beyond physical access to support services, resources, teaching and learning methods (Borland and James, 1999; DDA [UK], 1995; Collins, 2000). Once physical access was relatively taken care of, students seemed to have difficulties in the learning because of inaccessible teaching and learning methods (Hall and Tinklin, 2002; Howell, 2006). Therefore, apart from physical access, inadequate support services and resources contributed to further inaccessibility (Hall and Tinklin, 2002).

Lack of, and/or inadequate equipment and resources put disabled students into a greater disadvantage caused by the inaccessible information (Fuller *et al.*, 2004). Students, particularly with visual impairment appreciated the provision within the Disability Resource Centre. One of the narrators indicated a clear decrease in the challenges with the help of assistive devices:

“Since I started university education, when writing my assignments and examinations, I have been using a braille output gadget called a Eureka A4, which is then connected onto an ordinary printer and this has made my life very easy” (Peter).

This confirms the facilitating role of assistive devices resulting in having a positive impact on an individual’s functioning (Schneider, 2006). Peter, who faced an acute equipment shortage at high school, appreciated the service at the university although he acknowledges its inadequacy:

“The Disability Resource Centre also tries to provide equipment such as Perkins braille, cassette recorders, and white canes.... The Disability Resource Centre also has a computer lab and the computers can be used for research, although they require regular and consistent repair and maintenance. However, there is need for modern technology” (Peter).

However, Peter felt that public computers in the Disability Resource Centre Computer Laboratory were not convenient, particularly to students with visual impairment:

“For instance, we use a voice programme called “Jaws”. Some of our sighted disabled colleagues just come and disturb “Jaws” and the next time you come to the computer, “Jaws” is quiet since it is a very sensitive programme if tampered with”(Peter).

Appropriate technology makes studying a lot easier (Wolfendale, 1996; Biggs, 1999; Halloway, 2001; Knox, 2002) as highlighted by Peter:

“We have two guys who have been fortunate enough to get laptops. You will find that with such a device, the person will be independent. You may just come, get the material from the internet, save it onto your laptop, and then read it whenever you want to, and you can write your assignment in the comfort of your room” (Peter).

Although other students did not dwell on the lack of, or inadequate equipment, as the former coordinator, the reality is that I had to regularly grapple with this challenge. Disabled students had to share tape recorders, Perkins braille, and typewriters. Obviously, this was difficult for them to study at their own convenience. The arrangement at the University of Zimbabwe is that the Disability Resource Centre, in principle, should supply necessary and appropriate equipment and resources to disabled students. However, in practice, the budgetary constraints do not allow that to happen as expected and such a barrier according to Low (1996) adversely affects students’ academic performance. Appropriate and adequate provision should not be additional, but a core element of the overall service which an institution should make available (Wray, 2003). Considering the small budget allocation for the Disability Resource Centre, it is very difficult to have adequate equipment, especially bearing in mind that most of this equipment is not locally available. It becomes more complicated especially with Zimbabwe experiencing its worst economic downturn as reflected in Chapter 2. Unless the university administration prioritise genuine inclusion, and that the government commits itself financially, the few disabled students who make it to higher education, may continue to study under very challenging circumstances.

The problems experienced by disabled students in the classroom are often purely attributed to lack of necessary assistive devices. While such facilities may form an important part of the enabling conditions necessary to support the student in their studies, limited attention is paid to the actual teaching and learning process, and the extent to which it may marginalise or exclude

some learners (Howell, 2006). As a result, pedagogical issues are resonated here. Pedagogy encompasses all instructional ideas, the range of approaches, strategies, competencies, skills, tactics or organising ideas that a teacher can do to improve student outcomes (Corbett, 2001; Bennett and Rolheiser, 2001). Research has shown that the effect of the teacher is the largest single factor affecting student achievement and that some inclusive pedagogical practices are more powerful or effective than exclusive ones since one size hardly fits all learners (Mittler, 2000; Moore, 2000; Corbett and Slee 2000; Corbett, 2001; Beattie *et al.*, 2006). In the narratives, much of the variability in the academic experiences of disabled students was determined by the pedagogies used by individual lecturers. According to the narrators, some lecturers were positive and understanding and others much less so.

Some academic staff members who were aware of students' impairments were empathetic and supportive as cited by Edmore:

“Of all my first year lecturers, Mr Makanaka was the only one who knew about my hearing problems; he was very good and supportive” (Edmore)

Peter was very enthusiastic about the support he got from his academic department:

“Most of them understand us, researching is a little bit difficult and different in that we depend on others to read for us and record the material and at times, braille it. Therefore, they give me more time before I submit my assignments” (Peter).

However, where lecturers lacked awareness or specific knowledge of disability and appropriate support, students reported adverse experiences. A classical example is where a blind learner is part of a class where the lecturer makes use of overhead projector slides without reading out or describing what is contained in the slides, on the assumption that all the students have access to the visual material. For students with visual impairment and particularly, those with hearing impairment, reflecting on access to their learning experiences and in what ways they considered them to be related to their impairment was significant (Chimedza, 2001). The narrators with visual and hearing impairments identified a number of common issues in relation to teaching and assessment (Corbett, 2001; Fuller, *et al.*, 2004; Beattie, *et al.*, 2006). Some students experienced problems where lecturers were not engaging in inclusive pedagogies. Students with hearing impairment pointed out the absence of sign language interpreters at the university. Rudo and Edmore narrate how some lecturers did not consider their hearing impairment during the teaching and learning:

“Bearing in mind that I do not hear ... It is bad sometimes when attending lectures. I don't hear what they say ... During lectures, I rely on my friends from whom I copy lecture notes. ... I suppose I would prefer to have an interpreter during lessons.” (Rudo)

“The most difficult part of my university studies was 3rd year because most of the lecturers did not give notes but there would only be discussions in class, and therefore I did not benefit.” (Edmore)

Public and professional awareness of and attitudes towards disability formed the generative core of participants’ difficulties in accessing knowledge and information:

“The learning process is a painful one; a lecturer writes notes on the board and you will have to ask someone to read for you” (Fortune).

Such treatment indicated a huge lack of awareness as Edmore commented:

“I was robbed of a distinction because the paper had gross errors, the instructed us to leave some of the questions while corrections were being made, then we could continue later. I did not hear it when it was announced over the PA system. When corrected questions were then brought in, it was too late. It affected my approach to all the remaining papers” (Edmore).

In the Disability Resource Centre, no staff members can communicate using sign language and the university do not have the services of sign language interpretation to assist deaf students. As a result, Rudo and Edmore had to put up with the frustration this brings along during lectures, seminars, group work, oral presentations, or any other practical sessions. On the same note, Edmore identifies a number of difficulties that he faced at the university that included large classes, unhelpful tutorials since they involved discussions and notes, which were usually dictated. Dictation is unquestionably, geared towards the hearing students. Therefore, opportunities for such students to contribute to discussions or in question and answer sessions are severely restricted. For example, students with hearing and visual impairments usually become frustrated at the pace of discussion that leaves them struggling to understand the taught material (Fuller, *et al.*, 2004).

The above research findings imply that lecturers should be aware that inappropriate teaching methods are bound to erect unnecessary learning barriers that grossly interfere with one’s intellectual capabilities (Hall and Tinklin, 2002). An understanding of the power of questioning one’s practices is also central to teachers’ practice (Mittler, 2000). Finally, increasing instructional repertoires contributes to inclusive practice that takes into account the abilities and learning styles of all learners (Bennett and Rolheiser, 2001), which is the cornerstone of the social ecosystem framework.

In terms of accessible reading materials, Fortune remembers how his journey to success became “thorny and hilly” at UZ:

“The university had no reading materials for the blind and I had to depend on my friend who would read for me” (Fortune).

Narrators incurred extra financial costs as a direct result of disabling educational environments (Hall and Tinklin, 1999, Riddell *et al.*, 2005). It was essential for them to be able to meet these costs in order to access their course information. Although at some point, university students were getting government grants and loans for their day-to-day up keep, for Edmore, it was not adequate for his needs and he was left to find additional funding from other sources or to do without:

“Whereas the other students would use their grants to buy jeans, I would buy study material because I knew I had to depend on myself for studying.” (Edmore)

The British HEFCE introduced disabled students allowances in 2000/01 for supporting disabled students because the argument was that they might have disability-related costs in the course of their studies that warrant spending more than mainstream students do. These may include extra travel costs, a need for specialist equipment such as voice recognition software, or personal assistance such as a note-taker or interpreter (DfES, 2002 and Skill, 2003). The rationale behind these allowances is that if the disability related needs are met, disabled students can perform, at least, at the same wavelength with the rest of the students.

In Zimbabwe, Government involvement in supporting disabled students in higher education is minimal, leaving them to struggle with disability related expenses. Although Disability Policy (2005) now exists at the University of Zimbabwe, lack of legislation supporting the education of disabled people in Zimbabwe makes it unlikely for the needs of disabled students to be adequately addressed. Peter highlights how the government lacks commitment in the education of disabled people:

“We are still grappling with the same problem where the government does not have enough support that it renders disabled student... The government does not seem to be making a policy to make university education accessible When the University applied for foreign currency through the [Zimbabwe] Reserve Bank to buy specialised equipment, they were told thatthey were other things that were prioritised for which foreign currency could be acquired. This means that the disability issues are not a threat to them” (Peter).

While some disabled students will always require additional, and often more cost-intensive support to access the curriculum, such support has to be seen as part of academic development services and integrated into the general academic planning process (Riddell *et al.*, 2005, Howell, 2006). Disabled students substantially incur greater costs when participating in higher education. Largely, the disabled students allowances allocated for example to British higher education students (DfES, 2002; Skill, 2003; DRC, 2003; is illustrative of the above point.

Mufaro believes that the government is neglecting disabled people, particularly in the area of education:

“We also have no legislation on the education of disabled people in Zimbabwe. it is something that they have neglected because it seems better to enact legislation for other things like duty free importations and tax breaks and so on. At the end of the day, those are down stream things because you cannot afford to have them unless you get the education” (Mufaro).

Resource mobilisation and allocation in most cases is made possible through mandatory legislation like the SENDA (2001), the ADA (1990) and the Australian DDA (2005). Lack of such obligatory pieces of legislation does not oblige governments to fund the education of disabled students unless a mandate is in place as viewed by Edmore:

“What I would suggest is we have an Act of Parliament that deals with the education for the disabled population as a whole and provide for a funding for the education of the disabled people” (Edmore).

The social ecosystem framework argues that appropriate legislation, political will, appropriate resources, information and technology promote inclusive practices. These framework elements shift the “personal” [medical model of disability] (Oliver, 1996; Oliver and Barnes, 1998) to the “political” [social model of disability] (Barnes and Mercer, 2004; Oliver, 2004) so that the problem lies from outside and not solely within the disabled person (Oliver, 1996; 2004).

In the absence of a mandatory legislation protecting the educational rights of disabled students, the duty is “placed on the individual students to fit into the university regime with little reciprocal adjustments” (Riddell, 1998, p213). Therefore, barriers that disabled students experience in higher education institutions can contribute directly to negative attitudes among staff and students towards their participation in the institution. Lack of participation by the disabled in decision-making processes and structures within university settings effectively removes these issues from debate and discussion in institutional planning and resource allocation (Howell & Lazarus, 2003). Telling their stories in this study, at least enabled them to make their voices heard by a wider audience.

Lack of disability awareness and negative attitudes undoubtedly compound most of the barriers identified above. The attitudes of significant others can act as a barrier to inclusive practices and some narrators reported experiencing prejudice, and hostility. This can be manifested through patronising, stereotyping neglecting, stigmatising tendencies. For disabled students, going to university does not only involve a shift in their physical and social location, but also has implications on their personal and social identities:

“It was ironical at this institution of higher education that the ugly head of segregation began to pop up, leaving me feeling totally out of place. Life was different – students had an indifferent attitude – that summed up to ‘your existence does not bother me’” (Fortune).

“If they don’t feel sorry for you, then they think the worst for you. The fact that I am deaf does not mean that I am ill” (Rudo).

Some non-disabled students were negatively opinionated towards disabled students:

“The people at UZ had a tendency of looking down upon us such that even if you were studying for the same degree as theirs, they would assume and conclude that you reached that level of education through charity marks or favours” (Fortune).

The above barriers have a profound and sustained effect on the psychosocial well-being and functioning of students (Reeve, 2004, 2005; Thomas, 1999). Thomas (1999) further argues that:

“Disability is a form of social oppression involving the social imposition of restrictions of activity on people with impairments and the socially engendered undermining of their psycho-emotional well-being” (p60).

Although the University of Zimbabwe is seemingly inclusive by accepting disabled students on some of its programmes, students experienced marginalisation and disempowerment (Oliver, 2004). In Fortune’s case, his experience of psycho-emotional disablism within the university can actually have a disproportionate effect on his emotional well-being, leaving him feeling devalued (Reeve, 2005). The findings above suggest the need to engage with the social ecosystem framework by ensuring provision for appropriate legislation, resources, information and technology. Above all, a political will to make inclusive education a reality. Otherwise, without a change of attitudes, disabled students are justified to say that:

“To really talk of inclusion in Zimbabwe might be an overstatement and too strong for the Zimbabwean higher education system” (Peter).

Therefore, the challenge for disabled students is the ability to continue to capitalise on their self-belief that has seen them making it into higher education despite operating under challenging circumstances, and to continue to overcome the social injustices that they may face. This type of self-belief has seen disabled students managing to go through systems that are not inclusive as Edmore puts it:

"I don’t apologise for being deaf, and I have no excuses. I have done a lot that some of the hearing people have not achieved... Excelling in a system geared towards the hearing” (Edmore).

Self-belief and the ‘super Cripps’ attitude (Barnes, 1993) made some disabled students work harder and overcompensate (Barnes, *op cit.*) to prove a point:

“I shined and glittered like a diamond, powered on my journey of hunting for wisdom through book reading... but it sent the right message to the populace in general by dispelling the misconception of looking down upon the blind and disabled people” (Fortune).

From the above analysis, what is clear is that disabled people who have managed to access higher education institutions argue that the energy, emotional resources and levels of stress involved in dealing with the overwhelming range of barriers that confront them are extremely undermining. In turn, this places them at an ongoing disadvantage to other students and forces them to perform at a level not expected from other students. If they are unable to do this, the prevailing attitudes and prejudices towards their abilities are reinforced (Howell, 2006). Even beyond university, disabled people have to keep on fighting the system for them to achieve what they want in life, causing them in most cases to work extra hard in order to meet societal demands.

Section 5: Beyond University Education

There is well-documented and established literature about the individual and socio-economic advantages of employment (Burchardt, 2000; Breakthrough UK, 2003; Roulstone and Barnes, 2005; Goodley, 2005). People are categorised through work in terms of class, status and influence (Barnes, 1991). Apart from income, work provides a sense of identity and self-esteem, opportunities for social contacts outside the family home, skill development and creativity, as well as a sense of time, obligation and control (Fagin and Little, 1984). The industrialisation era saw disabled people systematically removed from the community and put into workhouses or other “residential” settings (Barnes, 1991). While the wholesale incarceration of disabled people has largely disappeared, the attitudes that stimulated it persist, particularly in relation to work (Barnes, 1991; Goodley, 2005; Breakthrough UK, 2003; Roulstone and Barnes, 2005). Disabled people are still denied access to meaningful employment because of their supposed inabilities (Barnes, 1991; Burchardt, 2000; Goodley, 2005).

Much has been documented about the obstacles faced by disabled people in their attempt to access the labour market (Breakthrough UK, 2003; Roulstone and Barnes, 2005; Goodley, 2005). When disabled people do find work the majority find themselves in poorly paid, low skilled, low-status jobs which are both unrewarding and undemanding - the type of work commonly known as ‘underemployment’ (Barnes, 1991).

Every year, university graduates join the labour market in various sectors, and among them are disabled graduates. This research established that disabled students are largely inclined towards fields based on social sciences and humanities. History holds it that most, if not all of these graduates are absorbed by the public sector as teachers, prosecutors, and social workers, and

this finding is reflective of disabled people's employment destination in other countries (Roulstone and Barnes, 2005). The government has been doing its fair share in employing disabled graduates, and therefore, it should be acknowledged. However, one might argue that the government is doing so simply because of the invested time and money in training these students, and is therefore almost obliged to employ them.

Before his death, the late Advocate Pearson Nherere shared with me his experience in the early eighties, which was seen as a test case for the government. The government was challenged for its reluctance to employ disabled people. Advocate Pearson Nherere completed his first degree with a first-class at the University of Zimbabwe. He went further to study for a Master of Laws degree at the University of Cambridge (UK) where he also excelled by getting a first class pass. After completion, he returned to Zimbabwe only to be one of the statistics of the unemployed disabled people. When Cambridge University learnt that Pearson unemployed, the university challenged the Zimbabwean Government by indicating that they would offer him a job since they appreciated his expertise. Feeling challenged, the government had no choice but to employ him, rather than face the embarrassment of failing to acknowledge the intelligence of their own citizen. The government then instructed the University of Zimbabwe to employ him as a law lecturer. By the time of his death in 2004, he had become a renowned Advocate in Zimbabwe and beyond (University of Zimbabwe, 2002). Therefore, the above test case was a challenge to the public service, and to date, it is the biggest employer for disabled people. Two participants (Edmore and Fortune) who were already employed at the time of the research interviews shared their job hunting experiences with me. Fortune is now working for the government as a prosecutor:

“I became a Prosecutor in 2003 and that saw me working at the Magistrates’ court” (Fortune).

However, the same cannot be said of the private sector, which still has reservations about employing disabled people (Barnes, 1991). In isolated cases where disabled people are employed in this sector, in most cases, they are offered menial jobs that do not command any respect (Thornton, 2005). If they have to be employed in better paying jobs, they have to prove beyond any doubt that they are worth employing, even without assistive technology or personal assistants (Barnes, 1991; Thornton, 2005). For disabled people, the experience of job hunting is an emotional journey. Fortune relates his job search nightmares after graduation:

“The year 2002 remains a painful memory in my mind for it was the time I came face to face with the harsh reality that is still alive in the country up to today... It was the year I was reminded of my disability, my blindness” (Fortune).

This is often the experience disabled graduates go through year in and year out as they seek employment in the ever-shrinking job market. The former Vice-Chancellor (UZ), Prof Graham Hill, in an interview with a Herald Reporter (The [Zimbabwe]Herald, 27 January, 2001), echoed

the same sentiments and appealed to the government and the commercial sector to consider disabled students for employment at the end of their studies, as they are also among some outstanding graduates. However, in most cases, the above words of wisdom fall on deaf ears since disabled graduates are always met with negative attitudes as experienced by Fortune:

“Soon after I had successfully completed my Law studies like any other ambitious university student, I applied for a job with a Law firm in Harare [name withheld]. The reply came like a cruel punch in the dark and nearly sent me insane. “We do not have a place for you here and do not expect to have one even in the near future.” I still vividly remember that and I am still having in my possession the letter whose contents hurt and scared me for life” (Fortune).

This clearly indicates how at present, disabled people do not have the same employment opportunities or choices as non-disabled people (Thornton, 2005), nor do they enjoy equal respect or full inclusion in society on an equal basis. Although the Disabled Persons Act (1992, revised in 1996), is in place, it does not have mechanisms in place like the American ADA (1990) or the British DDA (1995, 2005), that are quite explicit against any form of discrimination based on disability. In order to include disabled employees, there is need for changes in the cultures of workplaces.

Edmore’s experiences were similar to those of Fortune when he started job hunting:

“My search for work was frustrating; I remember it took me more than a year to secure employment yet under normal circumstances it should have taken me shorter than that considering my qualifications and grades. I had 21 interviews in total before I finally secured employment” (Edmore).

Edmore did not only have difficulties in the private sector; even the public service sector turned him down because of his deafness:

“Some of the quasi-public institutions turned me away. Some of them said they had no experience with deaf people working for them and would need to consult first within their decision-making structures. That was the last I heard from them. It was frustrating” (Edmore).

Based on the above quotation, disadvantage and social exclusion experienced by many disabled people therefore, are not because of their impairments or medical conditions, but rather stem from attitudinal and environmental barriers (Code of Practice [UK], 2005). The social model of disability, discussed in Chapter 4, is based on this understanding. Unfortunately, negative attitudes and lack of understanding of disability issues emotionally drain disabled people and can result in low self-esteem:

“I felt useless and unemployable, depressed and doomed, for I had excelled in studies just like anyone else. My life journey unfolds like a horror novel story.... Mine is a life history whose episodes sharply depict the crude realities of being visually impaired or disabled in this country” (Fortune).

Thomas (1999) extends her understanding of social relational definition of disability to psycho-emotional level, and this enlightens us on where Fortune's emotions and those of other disabled people are emanating from. Thomas (1999) and Reeves (2004; 2005) believe that disability is a form of social oppression that undermines one's psycho-emotional well-being. When interacting with the social world outside the home, for some disabled people, it is the experience of psycho-emotional disablism, which is more draining than dealing with environmental obstacles (Thomas, 1999; Reeves, 2002).

When Fortune eventually got a job, some work colleagues could not believe that he was going to be part of their workforce:

“At first, some people were surprised at seeing me here and they had that “what is this beggar doing here” attitude” (Fortune).

One of the most damaging but widely held misconceptions about disabled persons is that as a group they are either unfit, or unwilling to find and keep employment (Camilleri, 1999, Thornton, 2005). Although the reality is very different, damaging stereotypes and negative attitudes still prevail, and they are very difficult to shake off. Lack of employment opportunities and prejudices on the workplace which these attitudes too often engender effectively demoralise disabled persons and lead them to give up the struggle towards financial independence and full participation in mainstream society. However, an important point that is clear from the narratives is that if both disabled and non-disabled people work together, they get to know each other better, acceptance and tolerance levels increase, limitations are acknowledged, and attitudes become more and more positive as they begin to appreciate each other's contribution to the common cause. This is what Oliver (1996) refers to as the individual and collective responsibility of disabled and non-disabled people.

Fortune, though he initially faced some resentment, he realised that attitudes changed with time:

“My cold reception at the Court did not last long however. Soon, relations with my new colleagues began to improve as my work colleagues gradually began to cooperate with me. They are now very cooperative and we work together very well as they always read dockets for me when I have a case to prosecute in court” (Fortune).

Edmore also had similar experience:

“At least now I am employed and I am glad that most of my workmates are understanding and assist me in every way they can” (Edmore).

The above quotations imply that inclusion is capable of changing negative attitudes into positive ones, which, in most cases, are a result of misconceptions. Ultimately, the pivotal issue is whether society is prepared to face up to its traditional misconceptions and see disabled persons

as they really are. That is, people who have abilities and limitations like everyone else - no more no less (Camilleri, 1999).

Having found gainful employment, what happens next? Is the disabled employee likely to find opportunities for career development and promotion? Is the disabled individual considered lucky to have found a job in the first place, and is therefore left at the same position for the rest of their working lives? Edmore, who highlights the struggles of disabled people in getting job promotions, further probes this point:

“One thing is that once a disabled person has a job after a long struggle, that’s not the end of the battle. They also harbour ambitions of being promoted and one day; even head the very companies they are working for. But do we get the chances?” (Edmore)

Once a disabled person is established in a job, it is important for them to benefit from the self-esteem and increase in income that career development brings with it. Career development is vital if disabled people are to secure an increasing and reasonable income. The career development process is vital if disabled people are to feel valued as citizens (Camilleri, 1999; Thornton, 2005).

In Chapter 1, the benefits of higher education have been well documented, and these include an increase in job opportunities resulting in economic empowerment. If that is the case, the importance of employment to disabled people cannot be undermined. Without employment, all the time, effort, and money invested in educating disabled students, particularly in higher education, come to naught.

Challenges raised in this section, in most cases, warrant the involvement of Disabled People’s Organisations (DPOs) in initiating programmes on advocacy and economic empowerment. In Zimbabwe, the National Association of Societies for the care of the Handicapped (NASCOH) is the umbrella body for organisations of and for disabled people, and has over fifty affiliated member organisations throughout the country. The composition of the board consists of the following impairment specific organisations:

- 27 people with mobility difficulties
- 5 for people with hearing impairment
- 8 for people with visual impairment
- 6 for learning disabilities (known in Zimbabwe as mental retardation [sic])

- the rest of the organisations work in the various areas that affect the normal functioning of an individual, which include epilepsy, terminal illness, destitution, drug abuse and down syndrome

Organisations affiliated to the umbrella body include the National Council for Disabled Persons in Zimbabwe, Zimbabwe National League for the Blind, Zimcare Trust, and Association of the Deaf and National Down Syndrome Association of Zimbabwe ([NASCOH], www.nascoh.org.zw, accessed on 12/05/05). These members have diverse capacities, origins and expectations. Peter was the only narrators actively engaged in disability activism:

“Currently, I am part of founders of an organisation called “Zimbabwe National Visually Citizen Union” [ZNVCU], which is generally made up of many visually impaired disabled professionals in Zimbabwe, but any visually impaired citizen of Zimbabwe is free to join” (Peter).

ZNVCU is among some of the mushrooming disability organisations in Zimbabwe. Its composition already raises eyebrows since disabled professionals are engineering the organisation, and non-professionals disabled people may feel intimidated and left out in the bandwagon of this “elite” organisation. Despite the enactment of the Disabled Persons’ Act, (1992, revised in 1996), the struggle for the promotion and protection of the rights of disabled people in Zimbabwe is still far from over (NASCOH, 2004). This results from the absence of an inclusive vibrant disability movement, which has led to the formation of many splinter groups among disabled people such as ZNVCU. This has resulted in lack of mechanisms for implementing and enforcing disability policies, lack of dedicated funding and lingering negative beliefs about disability.

“Most disability movements in Zimbabwe do not seem to have comprehensive policies or comprehensive constitutions that govern them. Therefore, it is very difficult to define the aims they have. If they have any documents, those documents are for sourcing funds from donors either outside or inside the country, which I think is a fundamental problem.... Therefore, the depending on other people to help disabled people financially or socially will be the first problem that we have to tackle as disabled students and the ZNVCU” (Peter).

Apart from Peter, narrators in this study did not indicate their involvement in DPOs. In light of the above, Peter firmly believes that:

“....strong and proactive disability activism is paramount in influencing policy” (Peter)

Lack of coordination and mandatory legislation have led to diminished contribution by disabled people to the political, economic and social life of the country, thus weakening disability activism. It is certainly in the best interest of disabled people for NASCOH to vigorously aim to reverse this current uncoordinated situation within DPOs. This situation, in turn renders it

almost impossible for these organisations to articulate issues with one voice, hence making it difficult to lobby government.

With such loopholes within the disability movement, those disabled people with a reasonable amount of education are left with no option, but to speak out for themselves - self-advocacy. Simons (1992, p.5), defines self-advocacy as:

“A process of individual development through which a person comes to have the confidence and ability to express his or her own feelings and wishes.”

Self-advocacy is expressed by other terms such as “speaking out”, “talking up”, “shouting up for your rights” and “self help” (Goodley, 2003; Simons, 1992; Williams & Shoultz, 1982, p3). In other words, self-advocacy is about speaking out one’s rights and responsibilities, and giving individuals “how-to” tools that will support them. Mufaro and Edmore’s quotations sum of up self-advocacy role as they articulate issues central to their lives, and what a better way to conclude this section:

“I tell some of my friends that if you want to get on with life, you need to look at the boundaries that are in front of you and you don’t cross them, but just try to push them as far as you can and you always find that you will always get what you want.” (Mufaro)

“I had to talk to the Managing Director and told him that I wanted to learn all that is in corporate finance and that I wanted to get more involved as well as going to meetings.” (Edmore)

From the narratives, particularly that of Peter, it is evident that disabled people’s organisations still have a lot to do to bring disability issues to the forefront. Therefore, in this study, self-advocacy is understood to empower disabled students who, in most cases have to fight exclusive systems:

“..... I faced a number of difficulties at the university ... a system totally geared for the hearing. I therefore had to devise a new ways to deal with the new system” (Edmore).

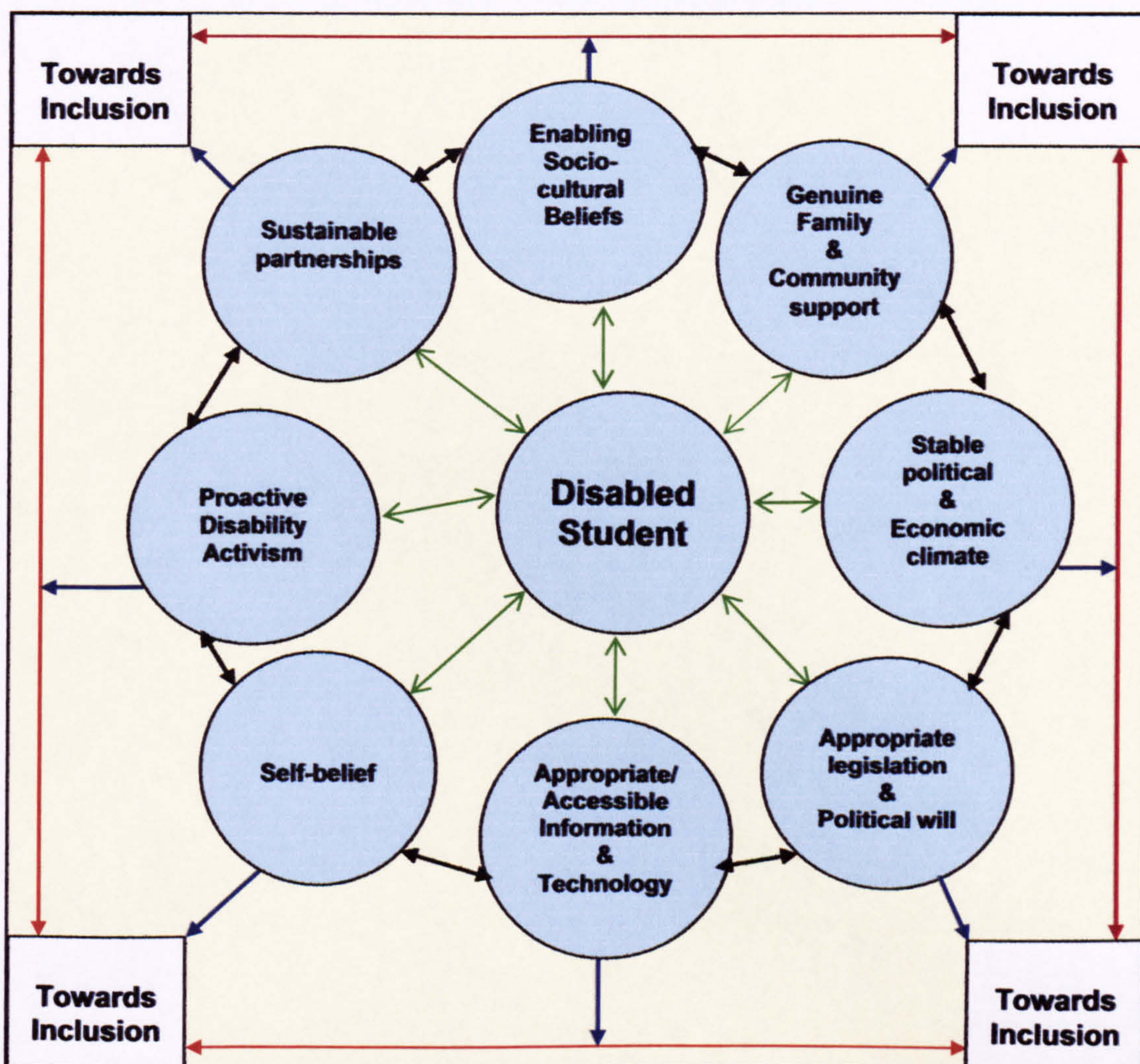
Although self-advocacy is useful where disability activism is disjointed, the ideal situation would be for disabled people rallying together and effect policy change since there is more power in mass action than in an individual battle (Curran *et al.*, 1994). Ideal political mobilisation should begin at the local level, with small groups articulating a collective critique of the socio-spatial status quo (Curran *et al.*, 1994; Oliver, 1996). Over time, and through the coordinated efforts of activists, larger groups begin to emerge, capable of lobbying the state at scales beyond the local level, using existing legal provisions where possible and coordinating mass demonstrations similar to those of other oppositional social movements (Curran *et al.*, 1994). In Cox’s (1998) terms, disabled people sought to reconcile local spaces of dependence

through expanding their spaces of engagement. For instance, the Disabled People's Action Network took centre stage in changing the way disabled people in UK were perceived by demanding civil rights, not charity or pity (Curran *et al.*, 1994). The Disability and Development Group, Disability Information Communication Group, and Breakthrough UK are some of the groups still fighting for equal opportunities amongst disabled people in UK (Curran, *et al.*, 1994; Goodley, 2005). It becomes evident that mass disability activism plays a critical role in pressuring for policy change.

Conclusion

Chapter 7 addressed research questions 3 and 4. In this chapter, a critical analysis of the life experiences of disabled students is made in the light of the study's theoretical resources (postcolonial theory, globalisation, disability studies and inclusive education) and the social ecosystem framework revisited below:

Figure 7.2: The Social Ecosystem Framework Revisited



In addition, relevant literature and my academic and professional experiences were instrumental in the interpretation and subsequent comprehension of the themes that emerged as pivotal to the attainment of inclusive practices in higher education in Zimbabwe. The themes discussed largely reflect the development of a disabled individual, from early childhood to adulthood as portrayed through family and community attitudes, school and higher education experiences, as well as his/her experiences in the world of work. This study highlighted challenges faced by disabled people within the family, community, school, and work environment. It was therefore important to engineer a theoretical framework assist in redressing these challenges – hence the birth of the social ecosystem framework. The understanding here is that the positive elements that constitute the social ecosystem framework can be the facilitative vehicle towards inclusion of disabled people in all facets of life. Therefore, narratives extensively contributed to this analysis chapter. The next chapter illustrates how ethnography informed this study.

Chapter 8

Ethnographic Snapshots: Living with the Insiders

Introduction

It is general knowledge to know that “first hand information” is not gained through documentary analysis; instead, it is by being where things are unfolding. This chapter moves away from narratives to reflexive ethnographic snapshots. It describes my personal journey in doing research with disabled students. It also revisits my story and draws some lessons from the UK and Zimbabwe. The chapter identifies some key issues that emanated from the focus group and informal discussions that informed this study, and in the process provides some significant associations with narratives. This chapter is comprised of the empirical work carried out in UK and Zimbabwe, as well as my visit to Pennsylvania State University (USA), an academic research visit funded by the University of Sheffield to develop a postcolonial analysis. The chapter therefore illustrates how ethnography informed the study through reflecting on my positionality and participation, academic and professional experiences, research writing, data analysing, and the entire research process. Four sections partition this chapter, with Section 1 focusing on my journey back to my homeland, Zimbabwe and meeting with family, friends, and disabled students. Section 2 presents my engagement with the focus group members. Section 3 narrates my journey back to UK after the fieldwork. Finally, Section 4 outlines my academic visit to Pennsylvania State University in USA.

Section 1: An introspective Account of My Journey Back to Zimbabwe

There is nothing as good as going back home, especially after a long absence without seeing people who have constantly been part of your life: family, friends, neighbours, work mates and most of all - disabled students, who have always been my acquaintances. It was like the parable of the “prodigal son” - going back home and to be received with embracing arms. The feeling of being around the familiar was overwhelming. Seeing all those I love in tears of happiness was enough evidence of how much I mean to them, and this kind of feeling reduced me into tears. The old adage – “East – West, home is best” came to my mind at that moment. If it was not for the research fieldwork, I doubt that being a self-funded student, this ten-hour journey to Zimbabwe would have been attainable. There was no choice, but to take the little savings in my account and head home to do the fieldwork. It was a blessing in disguise though, and I have no regrets since it was money well spent. Thanks to the methodologies that I chose which necessitated me to be physically in my motherland, Zimbabwe.

My story in the preface highlights how long I have been involved in the education of disabled

students in Zimbabwe. Although I have spent more than a decade working with disabled students, and more than a year as the disability co-ordinator at the University of Zimbabwe, going back after spending more than a year in the UK, made me undertake a self-critique and self appraisal. Researching in one's own location causes tension between strangeness and over-identification and a number of ethnography researchers acknowledge this (Hammersley, 1998; Coffey, 1999). Coffey (1999) argues that researchers who cannot stand back from the obscure knowledge that they have obtained, and whose perspectives are identical to those of the host culture, are likely to face analytic problems (Coffey, 1999). However, fieldwork involves the performance of social roles and relationships, which puts the self at the centre of the activity.

I came to this study from an assumed position of "knowing" - a position where the researcher possesses some knowledge, and an empathetic self. As a practitioner who has been working with disabled students since 1994; had taught some of the students at primary school level, and was involved in the sports for the disabled at national level, disabled students appeared to have developed confidence in me. These biographic characteristics, to some extent, facilitated my acceptance in the field; both by disabled students and Disability Resource Centre staff members. Having considerable experience of working as the disability co-ordinator inevitably influenced my interpretation of the information I got from the incumbent co-ordinator.

The feelings and frustrations articulated by some students have left me with mixed emotions. As Coffey (1999) points out, ethnographic research is about emotions; we have feelings about our research setting, people, and experience. Coffey further argues that researchers can be emotionally charged with, for example, joy, pain, hurt, excitement, anger, love, confusion, satisfaction, loss, happiness, and sadness, and this has certainly been experienced. Undoubtedly, during my ethnographic journey, all these feelings and emotions have been part of my every day internal baggage throughout the study. Perhaps, as a researcher, this is the first time that I have had the opportunity to confront what disabled students "feel and experience". Some of those feelings made me engage in self-interrogation, asking myself, "What have I been doing all these years of working with disabled people?" "Was I really listening to them?"

Fetterman (1998) points out that an ethnographer begins with biases and preconceived notions about how people behave and what they think. Controlled biases can focus and limit the research effort, whereas uncontrolled biases undermine the quality of the research. To mitigate the effects of bias, the ethnographer must make specific biases explicit and must have an open mind. As the former disability co-ordinator, I have to recognise my own preconceptions; however, some findings have amazed me and made me quiz the entire process of inclusion of disabled students in higher education in Zimbabwe.

Ballie (1995) notes that some of the difficulties of using ethnography include affecting the social setting and that work colleagues may feel that their practice is under scrutiny. Instead, I identified myself with the Disability Resource Centre staff members and at the same time, questioned whether my practice was similar to that of the current disability co-ordinator. For example, I felt considerable empathy for the incumbent disability co-ordinator when he indicated how he was operating with a very small budget that could not even purchase basic equipment for the department. I remember being in a similar situation in the past, having heated arguments with the university administrators on the need for reasonable provision for disabled students. It evoked past memories when I used to write memo after memo, trying to justify why there was need for the department to get foreign currency allocation in order to buy equipment for disabled students either in South Africa or in the UK. Most, if not all equipment and resources used especially by students with visual impairment are not available locally. To me, it was “common sense” for disabled students to have appropriate equipment and materials to use for their studies in order to promote inclusive practices. However, what I could not comprehend was the fact that I was supposed to spend lengthy periods explaining what I viewed as an “inclusive perspective”, although I appreciated the shortage of foreign currency in the country. To me, this was a more valid reason to release foreign currency if at all disabled students had to be included in higher education. Therefore, what the disability co-ordinator was talking about had a lot of relevance with my own professional experiences. Steier (1991) highlights that one’s own experience of similar situations can inform or provide further questions for ethnography.

At times as practitioners, we do not realise how much power we have over our clients. It took me to be a researcher to listen empathetically to disabled students. Researchers on disability issues have to re-examine their understanding of disability lest they are perceived as part of a system that oppresses disabled people. Moore (1998) argues that, as far as many disabled people are concerned, most disability research is a waste of time, and that good research requires critical reflection and commitment to making human rights explicit. The emancipatory paradigm rejects the idea of researcher-experts, moving between projects like academic tourists, and using disability as a product to exchange for advancing their own prominence and interests (Barnes and Mercer, 2004). The role of non-disabled researchers has raised some questions. For some, their lack of personal experience of disabling barriers means that their contribution lacks authenticity. For others, disabled and non-disabled researchers live in a disabling society. Therefore, they can both contribute to disability theory and research (Barnes and Mercer, 2004). The significance of disability theory and practice lies in its radical challenge to the medical or individual model of disability. The latter is based on the assumption that the individual is “disabled” by their impairment, whereas the social model of disability reverses this causal chain to explore how socially constructed barriers for example, in the design of buildings, modes of transport and communication, and discriminatory practices have on disabled people (Barnes, 1998; Barnes and Mercer, 2004).

Although Barnes and Mercer (2004) argue that it is not necessary to have an impairment to produce a good quality research within an emancipatory model, I have to face the fact that I am a non-disabled education practitioner carrying out research on my own, and as such could be criticised. However, I found that I established reasonably good rapport with participants. The detailed narratives are a testimony of how disabled students were open and willing to engage me in their personal lives by telling me their life stories.

A transition to a more subjective, reflective approach to disability research may be painful (Schutz 1994). However, it brought benefits in that as a “pro-disability studies” researcher (as the term is used in pro-feminist research), I became in partnership with the informants and was able to use my own experiences and reflections to uncover valuable meaning. Examining the issues that arose from this research in relation to my own experiences as the disability coordinator was at times uncomfortable. However, the boundaries between self-indulgence and reflexivity are fragile (Coffey 1999), and as a researcher, one has to balance self-absorption with recognition of the intensely personal nature of research, and the potential benefits of utilising subjectivity. The openness of the disabled students was also exhibited by how freely they engaged themselves in the focus group discussions.

Section 2: Engaging with the Insiders: Focus Group

The focus group provided some information that complemented the narratives from the five participants. The ethnographer, instead of asking, “what do I see these people doing?” must ask, “what do these people see themselves doing?” (Spradley, 1972, p72), and understanding the meanings people attach to the things that they do. Meeting disabled students and informally talking with them was breathtaking.

Composition of the Focus Group Participants

The main aim of the focus group meeting was to discuss individual experiences of disabled students in higher education and their views on the key strategies necessary for inclusive services that provide enabling support as they (disabled students) go through university education. The focus group consisted of 10 disabled students from the University of Zimbabwe. The composition of the group represented the range of impairments, sex, programmes studied and year of study. Those with hearing impairment were not represented simply because the only two students with this nature of impairment in the 2003/2004 academic year had already volunteered to tell their stories (see Edmore and Rudo’s stories in Chapter 7). Figure 8.1 provides a brief description of the 10 focus group participants.

Figure 8.1: Focus Group Participants

Name	Sex	Degree Programme	Nature of Impairment	Year of Study
Misheck	Male	MSc Social Work	Mobility Impairment	Final year
Precious	Female	Bachelor of Education	Visual Impairment	Final year
Mercy	Female	Politics & Admin.	Mobility Impairment	2 nd year
Farai	Male	B. A. Honours	Visual Impairment	2 nd year
Nigel	Male	B.A. Honours	Speech Impairment	3 rd year
Worship	Male	Law	Visual Impairment	Final Year
Edylene	Female	Social Work	Mobility Impairment	2 nd year
Tatenda	Female	Sociology	Albinism	2 nd year
Blessing	Male	B. A. Honours	Visual Impairment	1 st year
Thomas	Male	PGCE	Visual Impairment	First & final

Although disabled students have common issues, they have their unique impairment specific requirements and some students felt that their needs were more important than others were. Initially, some students dominated the discussion. As the group moderator, I had the task of keeping the discussion around common challenges facing all disabled students in higher education.

The role of the facilitator is vital in making focus groups effective (Finch and Lewis, 2003). As the discussion got underway, I kept on assisting the group to focus on the discussion by bringing the discussion back or moving it on, widening the discussion to include everyone, and ensure a balance between participants. I probed individuals and the group as a whole to encourage in-depth exploration of issues under discussion (Bloor et al., 2001). There was also need to be alert to non-verbal behaviour and to the dynamics of the discussion.

The focus group meeting was very informal, with students freely contributing. I was recording the deliberations and I later transcribed them. Most of the emerging issues were similar to those in the narratives. The focus group discussion mainly concentrated on four major issues that directly affected their studies at the university, summed up as; the current economic crisis and lack of funding, lack of disability awareness, lack of legislation, and inadequate provision.

The Current Economic crisis and lack of funding

Students noted the effects of current soaring economic recession highlighted in Chapter 2. Some indicated to me that they could hardly afford a decent meal because food had gone up beyond their means, and the loans they were getting were too little to cover all their requirements. During an informal conversation, Misheck had this to say:

**“These days I am surviving on 0 – 0 – 1 and that’s what I can only afford really”
(Misheck)**

When I asked him to clarify what 0 - 0 -1 code meant, Misheck explained that he was having nothing for breakfast, nothing for lunch, and then a meal during supper. Later, I found out that a number of students were using this “food code”. They all agreed that having three meals a day was luxury beyond their means. Another student, Tatenda, coded her day’s meals “1 - 0 -1”, meaning that she could afford breakfast and supper but not lunch. She counted herself lucky because she had a sister in the UK who was sending her money. In the preface, I highlighted that most people in Zimbabwe believe that having a relative in Diaspora, is a financial blessing, hence Tatenda counted herself lucky. Otherwise, Tatenda agreed with most of the students that life on campus was very difficult and some students were actually engaging in prostitution to get money for food – thus putting themselves in danger bearing in mind that Zimbabwe is hard hit by the HIV and AIDS pandemic (UNAIDS, 2005). Currently, Zimbabwe is faced with serious economic climb-down (World Fact Book, 2004; ICAZ, 2006) and the previously closely knit family support networks are fast shrinking due to perennial poverty and Western influences (UNAIDS, 2005; UNICEF, 2005). Therefore, university students are now prone to prostitution as a way of fending for themselves in the event of the absence of any form of safety nets (Munro, 2005). Unfortunately, these students are risking their lives by engaging in sexual activities that can result in them contracting HIV, which further worsens their already dreadful situation.

Due to the current declining economic situation in Zimbabwe, disabled students perceived me as better placed financially. To them, the fact that I had come from the UK, meant that either, I had the financial resources, or that I knew some “funders” that could provide them with scholarships to study either locally or abroad. The belief by most local Zimbabweans that any Zimbabwean studying or working in the UK is financially stable put me in a very difficult situation during my fieldwork visit. For instance, during focus group meetings and interviews, disabled students digressed and started talking about how things had become difficult in the country and asking me how I could be of help. In as much as I empathised with them, I felt helpless to the situation. What they did not realise was that I was also struggling to raise money for my own tuition fees and bills back in the UK. Even if I tried to explain my situation to them, the fact that I was coming from the UK, to them, my explanation was of less substance. I do not blame these students because before I came to UK, just like any other Zimbabwean who had never travelled to Europe, I believed that all Western countries’ streets were paved with gold. However, I got the shock of my life when I saw beggars in the streets of UK. Therefore, I had to be tactful in dealing with this delicate issue before refocusing the participants’ attention to the actual day’s deliberations.

All the focus group members concurred that financial support systems for disabled students were lacking both at university and government level. In some countries, for instance UK and New Zealand, the welfare system compensates for extra costs or lacking resources to enable people to participate and take care of themselves on equal terms. For disabled students, this can be economic support for extra costs in travel, living, housing, students' assistance for taking notes and other academic related needs. However, in Zimbabwe, students indicated that the government withdrew disability related special grants in 2003 due to lack funds. Now, things have since changed and students are getting 25% of the students' loans as special disability grants. With the current hard economic situation, the grants can hardly cover some basic needs such as tapes for recording for students with visual impairment. This is how one student expressed his feelings of being a disabled student:

“It really upsets me. It irritates me that disabled students have to go out of their way more than anyone else just to get the same standards of education. It is as if we are paying the price for being disabled” (Farai).

Financial issues are not unique to these participants, although countries like UK have disabled students allowances; UK disabled students face similar financial challenges (Riddell *et al.*, 2005). In their study, Riddell *et al.* (2005) found out that funding or support for disabled students was seen as of critical importance in higher education institutions, with constraints on funding seen as a major barrier to implementing the DDA Part 4. Challenges faced by UK disabled students are however marginal as compared to disabled students in developing countries, particularly Zimbabwe, which is currently leading the world's high inflation league table (ICAZ, 2006). However, international [disabled] students who are not eligible for publicly funded support financially struggle resulting in serious emotional stress related illnesses (Yanhong Li & Kaye, 1998).

Lack of Disability Awareness

In general, focus group members cited lack of disability awareness among the university community, although there were mixed feelings towards different academic departments. Some students reported some positive experiences within their departments while other cited negative experiences. Students alluded to some recurring challenges that they face every semester, for example, arrangement of students' accommodation and inability of academic departments to avail on time, reading materials to the Disability Resource Centre for their appropriate production in accessible formats, which in most cases is a result of lack of awareness on disability issues. In particular, students with visual impairment referred to ongoing difficulties in accessing general information from their respective academic departments:

“For example, they put notices up in print and we do not even know there are notices since we can’t read the print. You have to bump into a Good Samaritan to notify you of any notices; otherwise, important dates can just lapse without us knowing” (Thomas).

“At times, the departmental personnel seem very busy and it’s like, ‘don’t disturb me’ kind of attitude” (Edylene).

“They have a responsibility but there is no action round it. It just seems to be ‘if you want something well you come and see me.’ I feel like they are not bothered really. It has to be better than that surely. There is no person responsible in the ... department for disabled students” (Nigel).

“The departments can get disparate and my department may not know what other departments have been doing when they have had a visually impaired student” (Worship).

Thus, students’ responses showed that the quality of their academic output was inevitably affected by inadequate support services and negative attitudes by the various departmental staff, and therefore supports previous findings (Hall and Tinklin, 1998; Peresuh and Barcham, 1998; Chimedza, 2001; Mnkandla and Mataruse, 2002; Mutepfa *et al.*, in press).

Students commented on the informal system of support provided by administrative staff who knew how to help disabled students:

“The secretary ...has been very helpful, she is really good, unfortunately, she is on leave now, so everything has fallen apart in her office at the moment. There is no much communication between my department and the Disability Resource Centre. Therefore, I am missing out on stuff, especially if there are course outlines, or other handouts that need to be forwarded to the disability office for brailing” (Precious).

Although formal support systems have positive results, sometimes they may contribute to the feeling that disabled students have special needs that can only be met by professionals with special knowledge (Hamlin, 2004). This is a very disempowering situation as people that view themselves primarily as clients, will see themselves as fundamentally deficient, dependent, needy and not capable of changing or shaping their lives or environment for themselves (Orford, 1992, Hamlin, 2004). This has added to the difficulties of promoting inclusion, resulting from lack of reciprocal relationships (Hamlin, 2004). Non-disabled people have assumed there is something essentially different about disabled people, as they require different services (Orford, 1992).

In most cases, disabled people, just like everybody else, rely on informal support systems. Informal support systems might be made up of immediate family, extended family, friends, school peers, work colleagues, neighbours, church groups, club members, the or any of the people they come into contact with on a day-to-day basis (Leicester and Lovell, 1994; Gonese, 1999; Nyambedha, *et al.*, 2003; Nyamukapa and Gregson, 2005). The following statements accentuate the importance of informal support systems and their ability to add value to disabled people’s lives:

My family and friends provided me with most of the assistance I needed, and they have been brilliant (Misheck).

The support I get from my fellow students is great, particularly when they read for me (Worship).

My church mates always come over to assistance me with household chores, and therefore I will be able to spend more time concentrating on my studies (Blessing)

The above comments reflect the African concepts of togetherness of “*munhu wese ihama yako*” [everyone is your relative], “*ubuntu/unhu/beingness*” (Mbiti, 1992), “*ukama*” (Gonese, 1999), and “*dare*” [family/community consultative meeting] that bring people together despite their differences. This go beyond ordinary friendship, instead, valuing human dignity is core (Mbiti, 1992). The above African values are summed as being accommodative, sharing, and respecting young and old, which are all positive reinforcements of inclusion.

Inadequate Provision

Although a number of students cited lack of inadequate provision, all of them were happy about the examination arrangements. Most of the students were entitled to extra time and a separate examination room whereby they would sit for their examination in the Disability Resource Centre under the supervision of the centre’s staff. Students, particularly those who require extra time were happy about this arrangement:

“I am allowed a quarter of an hour extra time for reading and so on. It’s adequate for most exams, the only exams where I could probably do with more is wherethere’s a lot of reading” (Worship).

Some experiences made demands on the students in terms of time and stress. Efficient learning support systems were vital to enable them to get through course work at the same pace as their non-disabled peers (Hall and Tinklin, 1998; Halloway, 2001; Wray, 2001). For example, students with visual impairment were dependent on readers for accessing information and had to coordinate book loaning with the availability of readers. The students’ reliance on helpers being available and co-ordinating this with for example, book loans generated additional stress:

“The fact that we rely on other people, for instance for reading, makes it difficult because we have to work around their timetable and not ours, especially when these are volunteers and they are not paid, it makes everything more complicated” (Precious).
On balance, academic staff was sympathetic and supportive, although students reported a wide range of responses, from supportive and aware, to cynical, unhelpful and non-consultative in decision making, which directly affected them. Where staff was conversant with disability

issues, or supported, students reported positively. However, where staff lacked awareness or specific knowledge of disability and support available

students reported adverse experiences. Here are students' opinions of staff support:

"... on the whole, they are supportive, may be because I don't need adaptation other than physical access" (Mercy).

"They [lecturers] need to remember to say things that they're writing down and spell out The classic example of where they have to adapt is in giving back our essays, and they have to mark our essays as normal and then read everything they've written onto cassette" (Precious).

"My department has been really friendly and co-operative, and that's made all the difference" (Blessing).

"They use overheads and they do not even bother about me, so I feel like I am a second-class student really" (Tatenda).

Within the university, disability is perceived as the problem of individual students, who, as a result, are often unable to access course information via the available systems. The perception reflects the medical model of disability (Oliver, 1998), which constructs disability in individual terms influenced by concepts of normality as defined by current medical thinking despite the fact that in recent years, the growing political consciousness of disabled people has:

"...redefined the problem of disability as the product of a disabling society rather than individual limitations or loss" (Campbell & Oliver, 1996, p106)

Lack of Legislation and Political Will

Students highlighted the absence of legislation that governs the education of disabled students. This might suggest the reluctance of the government in implementing inclusive practices (Mpfungu, 2001; Mnkandla and Mataruse, 2002; Mutepfa *et al.*, in press). Since most focus group participants were about to complete their studies, they pointed out that employers were also generally unwilling to employ disabled people, and that such attitudes have left disabled people below the poverty datum line (Oliver, 1996; Maunganidze, 2001; Dube, 2006). Poverty is both a cause and consequence of disability. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion (Barnes, 1991; Coleridge, 1993, 1996; Elwan, 1999; Munro, 2005).

Disabled students feared that even if they complete their studies, they might not find jobs. However, those in the Faculty of Arts indicated that the obvious jobs they would get after completion would be that of teaching since the Ministry of Education, Sports and Culture is the

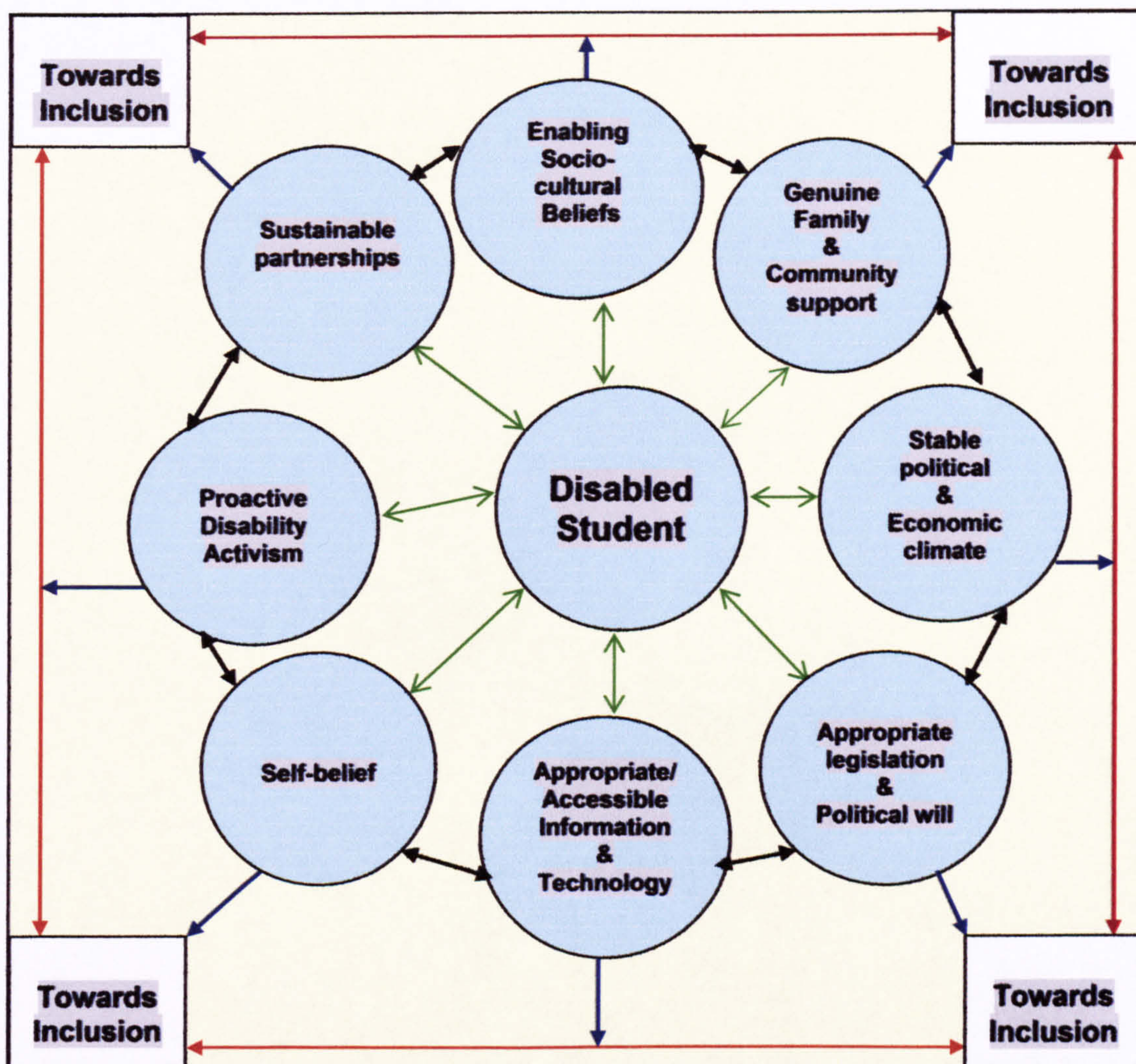
main employer of disabled people (NASCOH, 2004; University of Zimbabwe, 2005). Students indicated that it was difficult to break through in the private sector due to employers' negative attitudes.

“The trouble is that we all end up either teaching or in social work because the private sector is difficult to break through because of negative attitudes they hold against us” (Mercy).

What is coming out from the focus group discussion is that good practices create positive experiences, and bad practices result in negative experiences. Positive experiences identified can be summarised as those occurring when students had access to appropriate equipment, received appropriate assistance and support, and established learning support systems, especially from the Disability Resource Centre. They also occurred when academic staff: were aware of, and had adapted to, learning need arising from a student's disability. For instance, some students indicated that some lecturers provided handouts online, gave them extra time for assignment submission, and allowed them to tape record some lectures. In line with the social ecosystem framework, these inclusionary practices reiterate Booth (2003)'s assertion that educators need to adapt to the needs of its learners. For an individual to participate in any activity, disabled students felt that they had to feel to be part of the whole arrangement (Engelbrecht, 1999; Nind, *et al.*, 2003). However, the students' experiences were not consistent and when they were negative, it resulted in students incurring extra time on tasks, uncertainty, worry, financial burden and frustration. While there is commitment to disabled students as reflected in the draft disability policy (which is now operational since 2006), and the existence of the Disability Resource Centre, the students lived experiences reflects a different reality. There are reasons why there are some discrepancies between principles and practices.

The findings from the focus group discussion illustrate that practices arising from the medical view determine the students' experiences. My understanding here is that this approach distorts the responsibilities within educational practice, and therefore resulting in having a short circuit that hinders inclusive practices explained in the Social Ecosystem Framework. Figure 8.2 below highlights the aspects of the social ecosystem that the focus group analysis builds on.

Figure 8.2: A Social Ecosystem Perspective: Focus Group Analysis



In general, findings show that many of the negative experiences shared by students, irrespective of their disability, of lack of the highlighted aspects of the social ecosystem framework, resulted in ineffective systems. Indisputably, the ineffective systems disrupt the process towards inclusion, resulting in the occurrence of a short circuit that works to the detriment of disabled students. Disability studies literature asserts that for inclusion to work, all stakeholders have to work together towards a common goal (Booth *et al.*, 2000; Thomas and Loxley, 2001). To achieve such political consciousness, enabling social-cultural beliefs, genuine family and community support, self-belief, stable political and economic climate, appropriate legislation and political will, appropriate information and technology, proactive disability activism, and micro and micro sustainable partnerships are essential to realise genuine inclusion. The social ecosystem framework was designed on the understanding that humans are social species that interact with the environment and therefore denying anyone that fundamental human right, is to deny them their birthright (United Nations, 1994). Chapter 9 consider some issues rose in the focus group discussions, and highlighted in Figure 8.2, all the framework components are

pertinent in disabled students' lives. Therefore, key issues emerged similar to those from the documentary analysis presented as part of Chapter 3 (Zimbabwe Education system). These include lack of disability awareness among stakeholders, lack of legislation on the education of disabled people, and inadequate provision (Peresuh and Barcham, 1998; Chimedza, 2001). In light of the above, the fieldwork provided me with a great opportunity of meeting disabled students who shared their experiences that preoccupied me on my journey back to UK.

Section 3: My Journey back to the United Kingdom: Reflections on Postcolonialism

A day prior to my departure to the UK, my family had a huge surprise for me, and they made sure I was ignorant of the surprise. My sister Tendayi requested me to accompany her to our other sister's house, which is a walking distance from hers. I remember turning down the request since I was too tired. However, we ended up going due to her continuous persistence. When we got to sister Rudo's house, I was stunned to see my family members and friends singing and chanting, eagerly waiting for my arrival. I ran out of words, but only managed to say, "*Ah, aa! aa! aa!, zvakaoma!*"; a common phrase used in Zimbabwe, which means that one has seen or heard the unexpected. I laughed and cried simultaneously. My family had caught me unaware, and more so, I was dressed like someone ready for gardening – it was embarrassing. In any case, no one could have told me to change into appropriate party clothes since I would have become suspicious. Even my usually talkative nephews and nieces, as per instruction of course, remained silent of this surprise party.

Despite my weird dressing, we really enjoyed the surprise party. African food, African music and dancing spiced up the party. We ate and danced until the early hours of my departure date. No one wanted to go to bed since time was ticking away for me to leave my beloved family and friend for yet another unspecified period. Unfortunately, since it was a surprise party, my research participants were not around as I would have been more than happy to have them around and thank them for all the contributions they had made to this study.

At around 06.00, we headed off to the airport for the 08.45 plane to UK. Everybody at the party wanted to accompany me to the airport, but it was not possible as the vehicle we had could only accommodate eight people. I was like a very important dignitary, and everyone wanted to have that last kiss, hug and chat before I disappeared into the "unknown". Armed with my field notes, recorded audio-tapes, interview transcripts, some documents from the Disability Resource Centre, and obviously all the foodstuffs I thought I would miss, my family bade me an emotional farewell.

During my ten-hour flight, I was pondering where the data collection period had left me, and contemplating on how I would make sense of all the raw data. A number of questions kept me anxious:

- Will I make sense of the voluminous information that has filled my hand luggage?
- Has my positionality changed after mixing and mingling with disabled students?
- Have I really managed to capture all the necessary information that will provide some readable narratives?
- Will the participants reject or accept my feedback?
- Have I evoked some emotions within participants?
- Will I be able to use all the information that I have collected from my fieldwork, if not, how will I determine what to include and exclude?
- Is this research going to make a difference to the lives of disabled students in higher education?
- What are the actual expectations of my study participants?

These and many other questions occupied my thoughts such that I did not realise that we were nearing Heathrow Airport when I heard the announcement that we would be landing in thirty minutes time. During my flight, I had done some rough data analysis, trying to comprehend the themes that emerged from the data. I scribbled a number of analytic nodes that helped me shape the analysis chapter. Going back home made me think anew of the way I had conducted research at certificate, diploma, first-degree levels, and perhaps, at Masters' level. Never before had I felt so empathetic to the participants. The interviews and focus group discussions really evoked some emotions and challenged me on how I have been doing research prior to this particular study. Listening to them openly telling me their personal experiences made me realise how privileged as researchers we are that some people can unreservedly allow us to enter into their own lives. The whole experience made me feel indebted in honestly representing the participants' lived experiences.

In countries like UK, USA, Australia, New Zealand, and South Africa, disabled students have mandatory policies that govern provision in higher education that are backed by considerable financial resources (e.g. DfES, 2002, Carrim, 2002; Mott, 2004). I started appreciating the effort put by disabled students in Zimbabwe by trying to compensate for inadequate resources, and how, against all odds, they still perform very well, and at times, better than their non-disabled peers. This has made me value the effort they put in their academic work in order to break some attitudinal, physical, economic, and emotional barriers that they encounter within a non-inclusive higher education system. I have questioned the rationale of making straight

comparisons particularly with developed nations like UK, where students are privileged to have many resources at their disposal that enhance learning (McCarthy, 2001; Riddell *et al.*, 2005).

To some extent, most developed countries have managed to be what they are due to the colonial legacy and globalisation, and hence the recent outcry for fair-trade among nations (Nsibambi, 2001; Mengisteab, 2006). This has brought up the argument “globalisation is not a value-free, innocent, self-determining process” (Nsibambi, 2001, p1). As a result, some critics believe that IMF policies towards Zimbabwe to some extent, contributed to the current socio-economic climb-down and brain drain that saw Zimbabwe cutting down on its health and education expenditure to meet the demands of IMF (Mhone, 1995; Chimedza, 2000). Unfortunately, such decisions affect the ordinary citizen, and specifically disabled people who are among the poorest, particularly on the two critical areas - health and education (Mhone, 1995).

The postcolonial and globalisation literature therefore enlightened me to engage myself with a culturally responsive research that is Zimbabwe specific. This is not to undermine what I have learnt from the UK system, but what is unfair is to try to make comparisons on provisions of the two countries, and doing that would be irrational. Fortunately, my visit to Pennsylvania State University came at no better time than after my fieldwork encounter.

Section 4: The Pennsylvania State University Visit

I am indebted to The University of Sheffield’s Graduate’s “Excellence Exchange Scheme” introduced in 2006. As one of the first beneficiaries of this scheme, I was awarded £2 900.00 that afforded me a lifetime opportunity for an academic visit to Pennsylvania State University (PSU) in the USA from 3rd August to 31st August 2006.

The reason I was keen to go to PSU was to develop my understanding on culturally responsive research, particularly about literature on postcolonialism and globalisation for better analytical links. After reading some publications by Prof Elias Mpfu (who later became my PSU contact person) and exploring his research interests, I became aware that one of his areas of expertise was “culturally responsive research” (Mpfu, 2001). Informal discussions I held with Prof Mpfu challenged my understanding of inclusive education to a more “Africanised inclusive education perspective” based on cultural values that enhance inclusive practices. These aspects include the philosophies of *unhu* [beingness] (Mbiti, 1992), *ukama* [wholeness human situatedness with the human world, thus, being related] (Gonese, 1999, Mbiti, 1992), *kubatsirana* (Koentjaraningrat, 1985; Mararike, 1999; Nyamukapa and Gregson, 2005; Mutepfa *et al.*, in press). From the above analysis, it is worth revisiting Mbiti (1992)’s powerful quotation in used in Chapter 2. Mbiti’s conceptualisation of *kubatsirana* challenges various

international agencies, academics, researchers, and NGOs that discard local views and bring in alien values and beliefs to the natives they are claiming to empower:

“Whatever happens to the individual happens to the whole group, and what happens to the whole group happens to the individual. The individual can only say: ‘I am, because we are; and since we are, therefore, I am.’ This is a cardinal point in the understanding of the African view of man.” (sic)

(Mbiti, 1992, p109)

Mbiti’s point is crucial to the understanding of humanity and brings to the fore, the relevance of inclusion and its importance in furthering the cause of inclusive education within a social ecosystem perspective. In that way, marginalised groups in general, and disabled people in particular are part of the “we” - thus promoting inclusionary practices in areas that include family, society, education, health, transport, information and technology, housing and employment (Oliver, 1996, Oliver and Barnes, 1998). This level of understanding inclusivity would not have been possible without understanding the PSU visit where my discussion with Prof Elias Mpofo was of much relevance bearing in mind that he comes from Zimbabwe this study is mainly based. Certainly, this visit was crucial in that it allowed me to consider my analysis from a culturally responsive perspective. This was important since my studies took place in a different environment (UK), although the main fieldwork was carried out in Zimbabwe. The UK influence could not have been underestimated, and therefore the necessity for cultural alertness to the needs of disabled students’ experiences, otherwise I could have fallen into a “mental colonisation trap”.

During my visit, I was also able to discuss my study with fellow researchers and some academic staff members at Pennsylvania State University. Of great assistance was the Centre for African Studies, Disability Unit, and the School of Education. I managed to get literature on inclusive education, postcolonialism, and culturally responsive research. These aspects assisted me to provide an in depth analysis of my fieldwork. The visit also gave me a great opportunity of co-authoring a journal article with my contact person entitled, “Inclusive Education Practices in Zimbabwe: Curriculum, Family and Policy Issues”, which we sent to the Journal of the Association for Childhood Education International and has now been published. The writing of the article, in a way provided some insight into the education of disabled children in Zimbabwe, and kept me up to date with the current issues, as I had been away from home for a while.

My PSU visit enabled me to engage more with postcolonial literature and globalisation with Prof Mengisteab based in the African and African American Studies Department. I also had the opportunity to have a formal discussion with him. The main concern from our discussion was detangling the effects of globalisation from the influences of other factors, which has proven difficult (Mengisteab, 2006). The effects of colonialism can obviously undermine the

effectiveness of the globalisation mechanisms in attaining their stated goals. Factors, such as deteriorating terms of trade and excess powers in the hands of superpowers and their international agencies also undermine the effectiveness of globalisation (Manji and O’Coill, 2002; Mengisteab, 2006). Factors external to the globalisation mechanism but internal to the individual countries such as natural disasters (e.g. droughts, floods, etc) and man-made disasters (e.g. Operation *Murambatsvina* [Operation restore order executed by the Zimbabwean government in May, 2005], HIV and AIDS, terrorism, brain drain, withdrawal of NGOs, etc) largely, challenge globalisation (Kaseke, 1997; Tibaijuka, 2005; Mengisteab, 2006).

Notwithstanding the contradicting views on the concept of globalisation, it is clear that after two decades, globalisation has not reversed Africa’s dismal economic performance, which is viewed as the worst economic tragedy of the 20th century (World Economic Forum, 2004). The above issues raised from my discussion with Prof Mengisteab undoubtedly have a causal effect on inclusive education. The degree of controversy surrounding globalisation has negative effects on disabled people in Zimbabwe. Higher education, in most countries is market-driven, and in the light of the above, there is a strong argument to engage with the social ecosystem framework along with postcolonialism, globalisation, disability studies and inclusive education. However, the challenge lies on most postcolonial and globalisation scholars (this challenge emanated from informal discussions with postcolonial and globalisation researchers at PSU) who fail to realise the relationship between postcolonialism, globalisation and disability studies. Without finger pointing, my PSU visit raised awareness on some postcolonial scholars/academics who questioned the relevance of postcolonial and globalisation literature in inclusive education/disability studies. Bronfenbrenner (2004) challenges the popular view of psychologists, sociologists, anthropologists and other professionals studying human beings independent of each other. This challenge could also be proffered to the situation under scrutiny and challenge some postcolonial and globalisation researchers who believe that disability studies or inclusive education is an independent entity, divorced from such important global issues. This understanding could be reason why disability issues in Zimbabwe (and many other countries) are left to the Social Welfare Ministry and not making them human rights issues that need to be debated in all government ministries (Chimedza, 2000).

Relegating disability issues to a social welfare understanding perpetuate the charity model, that disabled people need handouts and cannot look after themselves (Oliver, 2004). This revelation has further necessitated the need to explore ways of bringing together postcolonial literature, globalisation, disability studies, and inclusive education together – all the theoretical resources that are crucial in the social ecosystem framework. In this way, the short circuit occurrence can be avoidable by blending the social ecosystem elements with the theoretical resources.

My PSU visit brought about a number of reflections based upon postcolonial literature in terms of (i) understanding disability studies and inclusive education; (ii) analysing stories; (iii) analysing the Zimbabwean context and, (iv) making recommendations. These reflections included:

- Ways of engaging disability studies and inclusive from an African perspective based on cultural values that enhance inclusive practices
- Ways of coming up with an “African model of disability”.
- Engagement with various international agencies, academics, researchers, and NGOs using local views that do not bring in alien values and beliefs
- Ways of re-engineering Mbiti’s “we” as opposed to the “I” concept (Mbiti, 1992).
- Inclusive ways that would further the cause of the social ecosystem framework
- Considering my analysis from a culturally responsive perspective to avoid mental colonisation
- Co-authorship between local and foreign researchers and academics to promote better understanding from both sides that do not undermine African traditional values
- Detangling the effects of globalisation from the influences of other factors that do not undermine the intended effectiveness of the globalisation by eradicating or minimising unfair trade, excess powers in the hands of superpowers and their international agencies that undermine the effectiveness of globalisation (Mengisteab, 2006)
- Justifying the relevance of postcolonial and globalisation literature in inclusive education/disability studies, and ways of challenging some postcolonial and globalisation researchers who believe that disability studies or inclusive education is an independent entity, divorced from such important global issues.

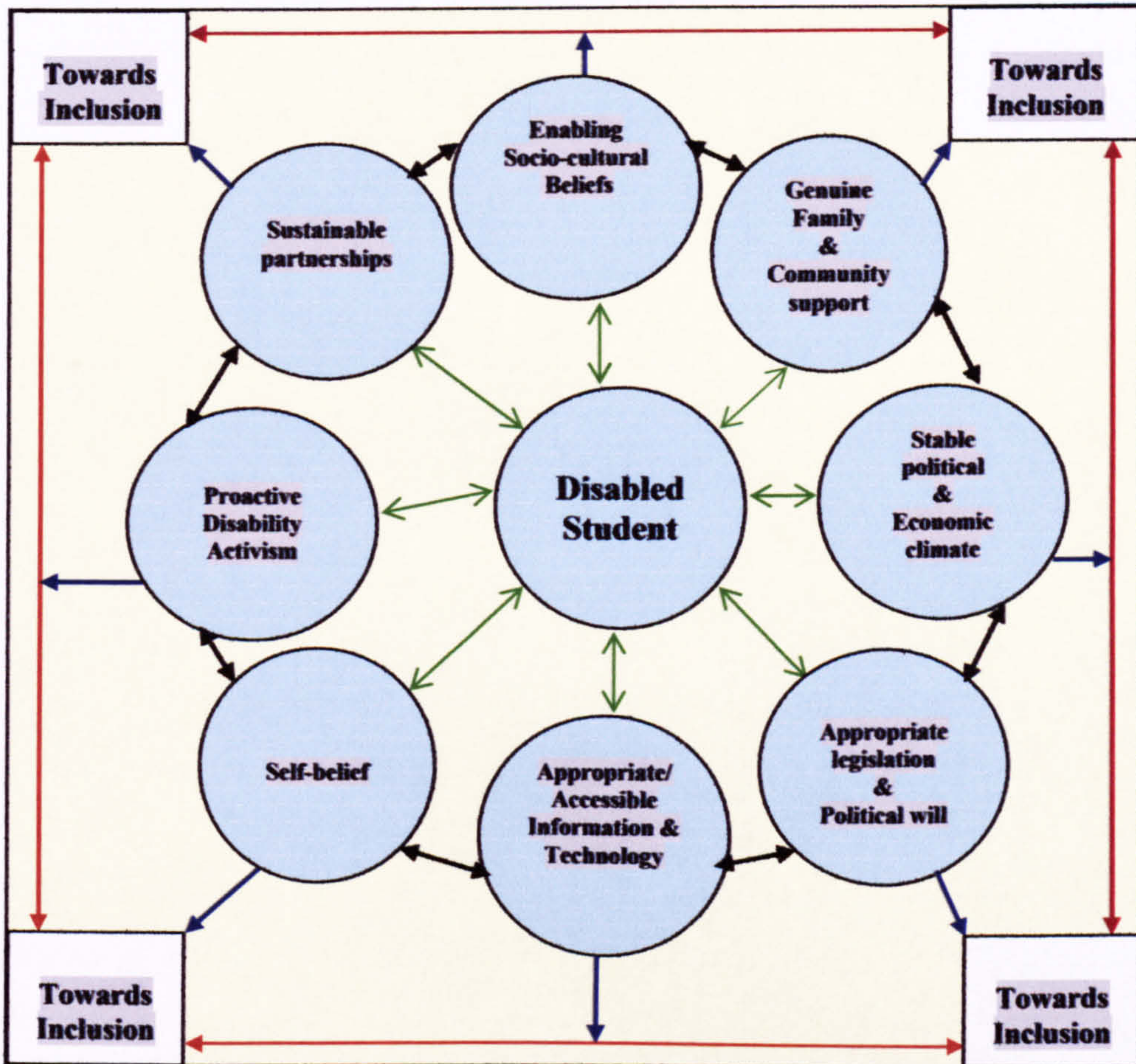
The above reflections that emanated from my PSU visit contributed significantly to Chapter 9.

Conclusion

One of the main ways in which a researcher can understand an activity, group or a process, is to get as close as possible to them without disturbing its “natural” operations (Hammersley and Atkinson, 1995). This is can be achievable at one extreme, by being a wholly detached observer of a social situation, working as unobtrusively as possible, making observations, listening, and remembering details. At the other extreme, one can join the group or activity in question and participate in it as a member in order to learn about it from the inside out. This may or may not involve “going native,” which is, becoming so closely involved in the group activities or processes that one loses one’s detachment outsider status. Ethnography in this study has been used based on the latter. Although in this study, ethnography was in snapshot form, it enabled me to understand the phenomenon under study. Going back to Zimbabwe made me revisit my positionality and my professional practice. Ethnography was significant in understanding the

study from the social ecosystem perspective since it virtually touched on all the framework aspects. Issues raised by students in the focus group and my PSU visit, engaged with the framework components. It is important to revisit the social ecosystem as a reminder of the components that form the basis of the discussion in Chapter 8, and these are highlighted in Figure 8.3 below:

Figure 8.3: The Social Ecosystem Framework vis-à-vis Ethnographic Snapshots



The above positive elements in the social ecosystem framework are crucial to provision of disabled students. Lack of inclusive support systems identified by focus group members suggest the need to re-look at the current provision and find inclusive ways of countering these challenges. In this regard, the focus group discussions enriched this study. The mere mixing and mingling with disabled students made me re-think more about the researcher-researched relationship. At the end of my fieldwork, I came out with more questions than answers, as highlighted in Section 3. Some of these questions necessitated my visit to Pennsylvania State University with the view of evaluating my position and engaging in postcolonial literature in a bid to be more culturally responsive. These questions and many others, form a strong base for

the next concluding chapter through the engagement of the study's theoretical resources presented in Chapter 5, all appraised within the social ecosystem framework.

Chapter 8 aimed at answering research question 4. Chapter 9 discusses the thesis outcomes, implications, and recommendations, and brings the thesis to its logical conclusion. The hope here is to move towards the journey of inclusion, aiming at minimising or avoiding the occurrence of a short circuit from a social ecosystem perspective.

Chapter 9

Analytical Connections, Implications and Conclusion

Introduction

Chapter 9 concludes the thesis by reflecting upon what the study sought out to uncover. Key issues are comprehensively discussed and a number of analytical links from the study are pulled together in order to come up with logical conclusions and appropriate recommendations. The chapter also captures the applications and implications of this thesis in relation to inclusion of disabled students in higher education by outlining the emerging key policy issues from the research findings that can inform policy and practice regarding their education in Zimbabwe. The discussion is in light of disability studies, inclusive education, globalisation and postcolonial literature encapsulated in a social ecosystem analysis. Thus, some lessons for policy makers, service providers, disabled students and their families, professionals, and the society in general, are provided together with some theoretical conclusions. Therefore, the chapter considers recommendations and implications of practice relevant to the research questions. This chapter also signpost areas that require further research.

Analytical Connections and Implications to Research

The study sought to reveal the lived experiences of five higher education disabled students and examine the rhetoric underlying their experiences. This qualitative study critically examined and considered, through these disabled students' own experiences and the outlined ethnographic snapshots (that also involved ten disabled students in focus group discussions), the level of their inclusion or lack of it, in higher education in Zimbabwe from a social ecosystem perspective. The University of Zimbabwe - the country's oldest institution of higher learning was the case study from which findings emerged. While acknowledging limitations that can warrant further research as in any type of research study, the findings revealed that students experienced a model of provision that individualised disability and failed to recognise the social factors that determine disabled students' practicalities of living with impairments. In spite of the appearance of inclusiveness, disabled students experienced marginalisation, disempowerment, and many other challenges surrounding their inclusion in higher education in Zimbabwe. The following are the research findings that resonated in this study:

- Attitudes and disability awareness as catalysts or obstacles to inclusion (Engelbrecht, 1999; Clark *et al.*, 1997; Corbett and Slee, 2000;)
- Access barriers as obstacles to participation (Low, 1996; Borland and James, 1999; Collins, 2000; Riddell *et al.*, 2005)

- Absence of legislation and political will (lack of meaningful involvement in disability-related issues) (Mpofu, 2001; Mnkandla and Mataruse, 2002; Mutepfa *et al.*, in press)
- Inadequate support services and resources (Peresuh and Barcham, 1998, Chimedza, 2001; Hall and Tinklin, 2002; Howell, 2006; Schneider, 2006)
- Identity politics – a sense of belonging – that is, the need to belong to a group or community (Barnes, 1990; Oliver, 1996)
- Significance of interdependence (Pfeiffer and Salancik, 1975; Conrad & Whitaker, 1997; Gonese, 1999)
- Self-determination as a vehicle to success (Mbiti, 1992; Field and Hoffman, 1994; Powers *et al.*, 1996; Field *et al.*, 1998)
- Lack of coordinated disability activism among disabled people’s organisations (Curran *et al.*, 1994; Oliver, 1996)
- Becoming a self-advocate as a way of fighting exclusionary practices (Oliver, 1996)

The nature and scope of family and community attitudes towards disabled people determine how disabled children are accepted in the community (Mpofu, 2000; Avoke, 2002). Negative attitudes to disability are unarguably the single biggest barrier to disabled children accessing and benefiting from mainstream education. Society’s lack of knowledge, misinformation and negative attitudes can be present at all levels: family, community, school, and at national policy-making levels in terms of planning, budgeting, and programming (Livingston, 2005). Fear, taboo, shame, lack of knowledge, and misinformation, all encourage negative attitudes towards disability (Coleridge, 1993). At the household level, disabled children and their families often develop low self-esteem, hiding away and shunning social interaction, which can potentially lead to their exclusion from community activities (Hensley and Schott, 1999).

The impact of negative attitudes is also evident at policy level, in legislation, and in school practice. For instance in Zimbabwe, the introduction of institutions by missionaries led to the segregation of disabled people from their families and communities (Chimedza and Peters, 2001). Such imported models emphasised on medical and charitable models of development and service delivery that still characterises the current service delivery in Zimbabwe, which is a form of colonisation (Chimedza and Kabzems, 2002; Miles, 2003). It is therefore important for Education officials, teachers and NGOs to develop a sound understanding of disability as a social challenge. For disabled children, it is about lack of opportunities to develop to their full potential and participate in society rather than children who “lack” some skills or abilities. Only when this concept is grasped will individuals and organisations involved in education recognise their responsibility for helping to break the vicious cycle of negative attitudes and segregation. This form of colonisation has made us gradually lose our cultural heritage of *kubatsirana* and *ukama*, which are strong basis for inclusive practices. Since “teachers are the people who make learning possible, their own attitudes, beliefs and feelings” concerning any activity around the

“school and in the classroom is of crucial importance” in redirecting and channelling their energy to inclusive practices (Lomofysky, *et al.* 1999, p69). The challenge however now lies on ways and means of retaining these teachers in Zimbabwe, of which the bulk of them are now migrating abroad in search for greener pastures resulting from the current socio-economic recession (ICAZ, 2006, Munro, 2005).

The Department of SPS & SNE needs to work vigorously to promote inclusive education. There is need to involve and acknowledge parents’ strengths, efforts, and accomplishments so that they can work as agents of change in the education of their children (Carpenter, 1997). There is need for the SPS & SNE to have special educational needs coordinators (SENCOs) at every school as in the case with the UK system. SENCOs would work as agents of change and promote inclusive practices, as opposed to the current situation where a single remedial tutor covers the whole district, and the result is that he/she is bound to function below the expected level. According to the UK Special Educational Needs Code of Practice (2002),

“the SENCo... working closely with the headteacher, senior management and fellow teachers, should be closely involved in the strategic development of the SEN policy and provision. The SENCo has responsibility for day-to-day operation of the school’s SEN policy and for co-ordinating provision for children with SEN, particularly through School Action and School Action Plus.” (Paragraph 1:39)

Such a programme needs financial support from the government, which would clearly demonstrate its commitment to the inclusion of disabled students in the education system. As a result, the Government of Zimbabwe Education Act (1996) [revised]’s ultimate goal of making sure that no child is refused admission to any school on any ground can be achieved. In addition, any policy introduction must be cultural sensitive.

It is widely recognised that the greatest impact in improving a disabled child’s life is achieved in early childhood, which is from zero to six years (Smith, 1999; Schonkoff and Meisels, 2000; Stern, 2002). Appropriate early intervention will have a much greater impact and more cost-effective than prolonged interventions later in life (Carpenter, 1997). It is usually argued that the earlier the intervention, the greater the potential for the child’s future development (Schonkoff and Meisels, 2000). Therefore, for early intervention to work, it is important to have appropriate programmes, resources, information and technology (Schweinhart and Weikart, 1997). Based on the assumptions of the benefits of early intervention, UK launched a multi-million pound national programme - SURE START in 1998 (Stern, 2002). The reason behind this assumption is that if parents are targeted, they can optimise their young children’s developmental learning and social potential and improve upon their parenting and child rearing skills (Stern, 2002). Such an expensive investment undoubtedly is based on substantive research evidence that has

yielded positive results elsewhere. This type of programme can be adopted, modified, and contextualised in order to meet local needs.

From an African perspective, the concepts of *kubatana*, *ukama* and extended family support, which are strong elements of inclusive practices could be utilised. USA also initiated some early intervention programmes that could be of relevance to the Zimbabwean situation like the Portage, Perry Preschool Project, the Carolina Abecedarian Project, and Headstart that all yield positive results on the child, family and society (Barnett, 1995; Karoly (1998) in Reynolds *et al.*, 2001). The above projects should not be prescriptive. Encouraging results from these programmes signify their importance and therefore, it is worth for Zimbabwe to draw some lessons from them. However, there is need for further research to find culturally sensitive alternative ways of attaining similar positive results.

In these programmes, particularly from USA (e.g. Head Start, PPP, and ETP) benefits were realised from individual, family and community levels. These benefits included long-term benefits for children on intelligence quotient and sizeable long-term effects on school achievement, grade retention and placement in special education (Barnett, 1995). At family level, Carpenter (1997) reported changes in parental attitude following involvement in early intervention programmes (Portage, PPP, CAP and Headstart). Attitudes to their children's potential and to themselves as parents were considerably more positive in their expectations of their children and of themselves as parents. There was greater understanding of their children's difficulties and their ability to help their children. At community level, Schweinhart and Weikart (1997) reported evidence that early intervention programmes such as Portage, PPP and Headstart had positive effects on adult crime, earnings, wealth, welfare dependence, and commitment to marriage. If the above benefits are considered, unquestionably, early intervention programmes are significant and cannot be ignored.

Parents need to have appropriate information in order for them to engage in inclusive practices that do not discriminate against their own children, and to challenge professionals whenever necessary since, as parents, they usually have the best interest of their children (Carpenter, 1993). As the social ecosystem framework suggests, appropriate information and technology, particularly at the early stages of child development are crucial in promoting inclusive practices. Such empowering framework determinants allow individuals to make informed decisions in bringing up their own children in inclusive ways and accepting their children with "as is tag" (Ortberg, 2003), which is the ultimate goal of this study.

New media technologies are part of the necessities for development, but the main ingredients of development are the people themselves who should state their development goals for their own communities, and how these development goals will be achieved (Sherry, 1997). The

technologies can be part of these strategic tools to be used towards the achievement of the development goals, together with other types of media, for example, community leaders, community clubs, churches, oral (e.g. local music, folk stories, radio, television), printed media (e.g. local newspapers, pamphlets, posters), international and local soap operas, and so on. Music plays a significant role in Africa, and most songs focus on the social and economic issues that govern people's daily lives. Music is part of an African culture, and it is used to defuse tension. Music is used at various occasions such as funerals and weddings. It is usually performed together with dance, play, oral literature, story telling and other arts (Mans, 1998). Music is practised as an integral part of social life by which the individual is integrated into his/her society. Such a powerful tool can be crucial in changing people's attitudes towards disability.

Soap operas, for example, have been successfully used in various countries for development goals and they have been successful in countries such as Zimbabwe, Tanzania, and Zambia. For example, the "Zimbabwe Male Motivation Project" was aimed at teaching men to participate more in family planning and be active family planners (Sherry, 1997, p75-101). The Zimbabwe's popular soap, Studio 263 currently screened on national television, is challenging people to shun away from stigmatising people living with HIV and AIDS. The feeling in Zimbabwe is that Studio 263 has significantly contributed to the change of attitudes of society toward people living with HIV and AIDS. The famous Tanzanian soap opera *Twende Wakati*, was an entertainment-education soap opera on Tanzanian radio, aimed at teaching Tanzanians about family planning and HIV prevention. If soap operas are yielding positive results in the above issues, there is no doubt that they can do the same on disability issues.

Valbuena (1986) argues that including the traditional and modern systems of communications, labour-intensive and appropriate technology, self-reliance, user-oriented strategies, and popular participation in development planning and implementation are still important requirements for successful development in Third World countries. Many African countries can use these different media to disseminate information because they are more cost effective to use than computer technology.

In light of all the issues discussed in this chapter, it is recommended that the government, disabled individuals, disabled people's organisations, various health and education professionals, and all other stakeholders need to work together to come up with a deliberate comprehensive national disability policy and a tangible commitment to such a policy in addition to relevant pieces of legislation. Early identification and intervention strategies have to be in place, including strategies on how families and communities can cope with disabled children in order to maximise their potentials. Time and resources should also be invested in such

programmes during the children's early years of development in order to eliminate or reduce the long-term effects on health and education. Such programmes may include disability awareness programmes, parents support groups (of disabled children) and the engagement with DPOs. These programmes have to involve families of disabled children since the study revealed that positive family (and community) support promote one's self esteem and self-determination as narrators in this study made it to university because of determination. Locally brewed information dissemination strategies discussed above can be utilised in these programmes.

The general trend in many countries is that the training of special needs education teachers is organised separately, though not in parallel with general teacher training. If all teachers are to be expected to teach children with a range of abilities and impairments, their training should reflect this diversity. All teachers need training on inclusive principles and the basics of disability, to ensure that their attitudes and approaches do not prevent disabled children from gaining equal access to the curriculum (Engelbrecht, 1999; Eleweke and Rodda, 2002; Peters, 2001). Training should be ongoing, provided in short courses (or modules) and should take place within a local school environment, preferably their own school (Eleweke and Rodda, 2002). Training should take place at both pre-service and in-service stages. Problem-based, on-the-job training is more effective than theoretical pre-service training. Encouraging teachers to meet on a regular basis to discuss their problems, and develop confidence in their own abilities, is arguably the most effective form of staff development. The support of SENCOs and Learning Resource Units, and early intervention programmes discussed earlier would all be useful resources of inclusive education.

The two education ministries (The Ministry of Education, Sport and Culture, and the Ministry of Higher Education) need to make disability awareness modules on the promotion of inclusive practices mandatory in all teacher-training programmes in order to equip trainees with the relevant skills of dealing with students who have diverse and unique needs. This study also challenges researchers to explore the possibilities of engineering an African social model of disability based on the African cultural values of *ubuntu*, *ukama*, *kubatsirana*, and extended family support – aspects that promote inclusive practices. Such a model of disability would draw upon the social ecosystem framework and the theoretical resources namely; disability studies, inclusive education, and postcolonial theory. Therefore, the African social model of disability could challenge foreign models and consider a home-grown version of the social model of disability that is culturally responsive. In this way, graduate teachers who would have been equipped with a culturally responsive (Mpofu, 2001) African social model of disability could assist in promoting localised inclusive practices – the core of the social ecosystem framework. The challenge lays on African researchers and academics to further explore and

develop educational alternatives for emancipation and achievement of an authentic African national identity (Rwomile, 1998), based on the “African social model of disability”.

Parents of disabled children are often the strongest advocates for the rights of disabled children to access education, and they deserve the support to accomplish this role. However, many parents are unaware that their disabled children have a right to attend schools in their neighbourhood (Chimedza and Peters, 2000). Indeed, the interests or objectives of parents may not always correspond with the needs and interests of their children. Parents need to organise themselves and challenge exclusionary practice in the current education system. This study also challenges DPOs to be coordinated and work towards a common goal – that of speaking with one voice so that they are able to challenge discriminatory policies and practices. Therefore, disabled people should engage with DPOs so that they can effect change as what is happening in the UK and elsewhere, where such efforts of organisations are yielding positive results (Oliver, 1996; Oliver and Barnes, 1998).

DPOs also need to engage more in disability awareness programmes and empowering grassroots disabled people. If DPOs are organised, they can work with parents of disabled children in advocating for their children’s rights, and lobby for appropriate legislation. The single most important ingredient in promoting disability equality in Zimbabwe is creating a culture based on accurate knowledge and positive attitudes on disability and one in which disabled people and their families are involved from the start in all strategic places. It is therefore important for the government, NGOs, and disabled people’s organisations to channel their energy and resources to disability related programmes that help change attitudes to avoid the exclusion of disabled people and their families (and communities) in programme planning that relate to them. Such programmes have to be guided by the social ecosystem framework and the “African” social model of disability.

To promote positive attitudes towards disabled people from a social ecosystem perspective, enabling social and cultural beliefs are crucial. There is a need to raise awareness that each child is unique and different, and that disabled children have the same rights, needs and aspirations as all other children (Chimedza, 2001). This would be a way of embracing diversity. Raising awareness, particularly by DPOs, and government agencies is important at all levels in society – family, community, and educational settings – to counteract fear, misunderstanding and negative attitudes. Therefore, when growing up, disabled children need genuine family and community support for them not to internalise that they are worthless from an early age, resulting in low self-esteem. With the right support, disabled children will grow up to adults that have self-belief, which is a useful characteristic in achieving one’s goals in life, and the social ecosystem framework advocates for this important trait.

To develop and boost their self-determination and self-worth, disabled children and students need positive role models (Wagner, *et al.*, 1993). Many disabled children grow up never having met a disabled adult and so do not understand what growing up with a disability mean to them. As in the case of Peter and Edmore's narratives, role models can positively cultivate self-determination and the career aspirations of young people. Yet, young disabled people often have little opportunity to learn from others with similar impairments who have moved successfully into their chosen livelihoods. Consequently, they lack information about how to cope effectively with life challenges and barriers, which calls for strong disability activists to be role models for these young disabled people.

The socio-cultural beliefs and attitudes of families and communities in which disabled people live may inevitably contribute to converting impairments into disabilities. The family and community are very strong cultural institutions in Zimbabwe and are guided by the "*kubatsirana*" and "*ukama*" concepts discussed in Chapter 2. These two concepts are more or less representative of the cultural version of inclusion. If these two concepts are generalised to the general welfare of disabled people, there is no doubt that their educational, emotional and social being could be improved. *Kubatsirana* and *ukama* are based on the notion that human species rely on each other and cannot operate in isolation, and therefore call for interdependence (Gonese, 1999; Nyamukapa and Gregson, 2005). Disabled students highlighted the importance of interdependence at family level, school level, university level, and beyond (e.g. Fortune and Edmore's narrative). Therefore, different environments need to foster interdependence at every stage of human development that is from early childhood through to adulthood in order to promote understanding and tolerance, and *kubatsirana* (sharing of burdens) amongst disabled and non-disabled people. Edmore's quotation from Luciano De Crescenzo that he used in his narrative sums up the concept of interdependence and its benefits:

"We are each an angel with one wing and we can only fly by embracing each other."

The use of the social ecosystem framework in the creation of an inclusive environment is crucial in fostering positive attitudes. Enabling socio-cultural beliefs, genuine family and community support, and appropriate/accessible information and technology are the facilitative agents of the social ecosystem framework that bring up a disabled child into positive adulthood. Such support systems warrant early identification and intervention so that the disabled child gets maximum support as early as possible in order to minimise disablement (Peresuh and Barcham, 1998). What is significant is the need for further research to establish useful strategies that can promote enabling attributes of the social ecosystem framework. If society is positive to disabled people at such an early stage, their chances of being included at university level and beyond are greater.

The study also established the presence of inadequate support services and resources from early childhood up to university level. Narratives and focus group discussions, as well as my personal and professional experiences highlighted such discrepancies in service provision for disabled people at all levels. Evidence suggests that the lack of relevant facilities, equipment, and materials is a major obstacle to the implementation of effective inclusion from primary up to university level (Low, 1996; Peresuh and Barcham, 1998, Chimedza, 2001). If such provision is inadequate or missing, narrators agreed that it affected their academic performance. Peter also indicated lack of assistive technology in higher education, for instance, tape recorders and personal laptops. My experience at UZ was that students were sharing equipment, for instance Perkins brailers. Common educational provisions for disabled students in higher education can include but not limited to:

- ***Priority registration:*** students with disabilities may be allowed to register at an earlier time to general registration each academic year.
- ***Specialist equipment allowance*** – to be allocated to a student per course for all full-time and part-time students
- ***Disability related costs*** – for example, for buying mobility appliances.
- ***Recording of lectures on audiotape:*** lectures are recorded on audiotape and later used by the students to take notes or transcribe.
- ***Transcription of recorded audiotape of lecture:*** arrangements are made to transcribe the lecture into text.
- ***Copies of lecture's notes and/or overheads:*** students may ask lecturers for their notes and overheads. Some students ask for these before the lecture is delivered so that they can follow the lecture more easily.
- ***Note taker:*** a classmate may be employed to take notes for a student who has a difficulty in writing, or a classmate may offer to make carbon copies of her or his notes for the student.
- ***Time extension on out-of-lecture assignments:*** on essays, fieldwork, projects etc. In obtaining time extensions, disabled students should avoid the accumulation of assignments.
- ***Disabled Students Allowances:*** For purchasing equipment and other academic related needs. The equipment includes printers, tape recorders and personal Braille computers.
- ***Loaning of equipment:*** The university can decide to loan equipment to disabled students who are not eligible for Disability Students' Allowances, mainly international disabled students. The equipment includes printers, tape recorders and personal Braille computers.
- ***CD ROM:*** many universities provide access to printed material through electronic format such as the CD ROM.
- ***Soft wares:*** assistance in purchasing various soft wares, e.g. voice activated soft wares and speech synthesisers.

- ***Word-processing facilities:*** Students may receive priority in queuing for use of a word processor. University can provide word-processing tuition on a one-to-one basis.
- ***Photocopying facilities:*** 4 universities provide photocopying facilities free of charge 2 of them at a reduced rate to students with disabilities.
- ***Special Library Arrangements:*** For instance, priority borrowing extended periods with library books, etc.
- ***Counselling and Medical Service:*** This is provided for all the students in universities.

Examination provisions can include the following aspects:

- ***Extra time to complete each examination:*** the amount of extra time candidates may be allowed will depend on the individual disability needs, usually its 15 minutes per hour.
- ***Dictation to an amanuensis:*** (someone to whom a student dictates the examination answers). An amanuensis should have a good working knowledge of the subject matter being examined.
- ***Reader:*** will read and re-read the entire or any part of the examination paper as well as any part of the candidate's text as requested.
- ***Dictation to audiotape and later transcribed:*** the examination answers are recorded for transcription to text.
- ***Adaptable formats:*** examination papers can be brailed for those who are blind or enlarged for the partially sighted students.
- ***Word processing:*** candidates may request the use of a computer. This must be cleared by the Disability Coordinator or the examination office. Dyslexic students may be allowed to use the spell check device.
- ***Separate examination rooms and invigilators:*** this facility may be useful if the student is using assistive technology, or requires extra time, special furniture or aids.
- ***Availability of a nurse/medical aid:*** generally available at examination centres for all students.
- ***Rest periods:*** some candidates may require a break(s) during the examination.

The above and many more adjustments could be made available for disabled students to promote inclusive practices.

This study also brought to the fore that access is a complex aspect that encompasses admission, physical access, information access and teaching and learning accessibility. Disabled students experience a number of challenges resulting from access issues, particularly on the above-mentioned areas. Peter and Edmore had problems in accessing higher education due to some undue red tape put by various academic departments. Some departments found it hard to admit disabled students onto their courses, and therefore found ways of trying to exclude them

completely. Mufaro, a wheelchair user reported how most physical facilities at the university were inaccessible, and this made his university life very difficult. Peter and Fortune had problems in accessing reading materials because of lack of braille material. Edmore and Rudo could hardly participate in class and group discussions because of absence of sign language interpreters at the university. All narrators indicated that some lecturers were using inaccessible teaching and learning methods. Clearly, inaccessibility remain one of the major obstacles to the implementation of meaningful inclusion in higher education in Zimbabwe, and obviously, this is either due to lack of disability awareness, negative attitudes and/or lack of mandatory legislation.

From the study, it was evident that there is absence of legislation and political will in the education of disabled people in Zimbabwe. The Disabled Persons Act (1992), amended in 1996, is silent about the education of disabled people (Dube, 2006). Furthermore, although the Act stipulates that a Director for disability affairs has to be appointed, this has not yet been effected since the enactment of this piece of legislation. This illustrates how the government does not seriously consider disability issues. Research indicates that mandatory policies and laws support the effective implementation of inclusive programmes in many Western countries (Engelbrecht, 1999). Prior to the enactment of SENDA (2001), provision in the UK, was more of reactive than proactive (Wolfendale, 1996). This shows that lack of policy militates against coordinated provision, and that provision might not always be anticipated. The passage of SENDA (2001) saw a dramatic change on provision for disabled students in UK higher education. Mandatory policies and laws support the effective implementation of any programme. They possess protective safeguards that guarantee the rights of beneficiaries to receive specific services, consequential effects for non-compliance, room for litigation, accountability, evaluation and monitoring procedures and financial backing and structures (SENDA, 2001).

Chapter 1 presented a review of literature on inclusion of disabled students from a British perspective. Inclusive practices in higher education in the USA, New Zealand, Australia and South Africa discussed in that chapter, clearly highlight the importance of appropriate legislation. The British SENDA (2001), The American Disability Act (1990), Australian DDA (2005), The New Zealand Code of Practice for an Inclusive Tertiary Education Environment for Students with Impairments (Achieve, 2004) and the South African Higher Education Act 101 (1997), together with its National constitution, make it mandatory for disabled students to access higher education. Zimbabwe needs to enact such mandatory policies if inclusive education is to be taken seriously. A code of practice needs to be developed that details a range of issues, including details of the funding process in higher education. Legislation without financial backing may only act as a window dresser. Until such a vigorous action takes place, higher education will remain bottlenecked to a few disabled people.

Once a national policy that is mandatory is in place, higher education becomes more accessible to disabled students. Figure 9.1 provides policy areas and recommendations for considerations specifically for higher education institutions that promote inclusive practices in line with the social ecosystem framework.

Figure 9.1: Policy Considerations for Inclusive Practices in Higher Education

Policy Area	Considerations
Entry & Admission	<ul style="list-style-type: none"> • identify the barriers to access • identify the needs of individuals • inform applicants about facilities and support
Physical Access	<ul style="list-style-type: none"> • identify the limitations of existing buildings and find out what can be done through simple measures • dismantle existing barriers rather than finding ways around them if possible • provide for ramps, rails, hearing loops, lifts, other physical access related devices • make sure any construction within the campus and devised alternative routes to be used by students are communicated. • potholes and ditches are covered to avoid unnecessary accidents to disabled student
Teaching & Learning	<ul style="list-style-type: none"> • promote inclusive practice in teaching all students • make provision for sign language interpreters for deaf and hard of hearing of hearing students. • raise awareness of barriers created by inappropriate teaching and learning methods • promote staff development in disability issues
Technology	<ul style="list-style-type: none"> • identify appropriate technology to support disabled students
Assessment	<ul style="list-style-type: none"> • clarify ideas of fairness in assessment • promote equal opportunities for disabled students to demonstrate ability • provide special examination conditions to promote equal opportunities and demonstrate ability
Support	<ul style="list-style-type: none"> • support the key role of the disability coordinator • promote awareness of disability issues amongst staff and the entire student population • promote good communication amongst relevant agencies
Funding	<ul style="list-style-type: none"> • regular review the annual budget for the disability resource centre in order to cater for the diverse needs of disabled students
Monitoring	<ul style="list-style-type: none"> • evaluate all aspects of provision • allow disabled students' input

On the other hand, disabled people's organisations have to be proactive and challenge discriminatory attitudes that currently prevail and put pressure on government for a national policy formulation that compliments efforts of higher education initiatives. Below are a summary of recommendations that resulted from informal consultations with disabled students in higher education in Zimbabwe and my experiences in the UK.

Figure 9.2: Recommendations for Inclusive Practices in Higher Education

1. Need for a comprehensive disability statement that sets out the institution's policies, support services and implementation strategy. In addition, programme specification should not include unnecessary barriers to access by disabled students.
2. To make disability studies a compulsory module for all students as an awareness strategy.
3. To formulate and support an admission policy and procedures specifically addressing the needs of disabled students. Students should have opportunities to discuss their needs when they apply. If they make known a need for support, they have to be invited to meet a designated officer on enrolment. Higher education institutions should maintain and monitor statistics about applications and enrolment rates for disabled students.
4. Well-publicised arrangements for the assessment of individual needs, with target time-frames for their completion. Higher education institutions should prepare a code of practice governing the circulation of personal information, to preserve appropriate levels of confidentiality.
5. Academic support services and guidance should be accessible and appropriate to the needs of disabled students and the delivery of programmes should take into account their needs, or where appropriate, be adapted to accommodate their individual requirements.
6. Clear internal communication and referral policies
7. Arrangements to monitor the provision of support services that have been agreed as necessary following professional assessment (e.g. mode of writing, special equipment)
8. An institution-wide policy procedure to cover special arrangements for examinations
9. Staff development programmes to cover information about disabled students and the support available. These should be part of induction sessions and training programmes for staff new to the institution or sector. There should also be optional training sessions for more experienced staff, specific briefings for any staff members who request them, and professional development opportunities for staff working directly with disabled students.
10. To have dedicated staff including a permanently employed disability coordinator, with other full technical members who have knowledge of impairment specific provision, particularly hearing impairment, speech, and visual impairment. In addition, there should be adequate administrative staff to support the Coordinator. A member of the senior management team, particularly in the academic registry should be made responsible for disability issues
11. Estates strategies to cover physical access issues and to ensure that the needs of all disabled people are considered in the design or refurbishment of buildings. The issues to be covered should include wheel-chair access, signage, aids that can be incorporated into buildings (such as hearing loops), and amenities to help cope with emergencies.
12. Promote the establishment of a professional group for people working with disabled students
13. Procedures to ensure that policy, programmes, and their impact and effectiveness are subject to regular monitoring and evaluation

Mandatory legislation on its own, may not be the cure for the development and implementation of inclusive programmes and the provision of other services to disabled people, when

considering the case of South Africa highlighted in Chapter 1. However, such laws will spell out clearly the kinds of services to be provided in inclusive settings, “who is to provide them, when, where and how they should be provided” to facilitate achieving the goal for education for all (Peresuh and Barcham, 1998; Peters and Chimedza, 2000, SENDA, 2001, Eleweke & Rodda, 2002, p113). The social ecosystem suggests that if there is appropriate legislation and political will, inclusive practices in higher education may be guaranteed and promoted. Such appropriate and mandatory policies will address many loopholes hindering provision of appropriate services and inclusive practices. For instance, specifying the amount of money the government would provide for the establishment of necessary facilities, materials, and recruitment of the needed personnel. In addition, a mandatory legislation would create room for monitoring and evaluation of service delivery so that changes could be made when and where necessary.

Legislation supporting the implementation of inclusion is vital in that it upholds the principle of equality of opportunities for children, youth and disabled adults in primary, secondary, and tertiary education. This will mean that in so far as possible, education should be provided to them in inclusive settings. To ensure that society is inclusive, there is need for parallel and complementary legislative measures in the field of health, social welfare, vocational training, and employment that support and give full effect to educational legislation (UNESCO, 1994). Therefore, the most important aspect to be considered by The Government of Zimbabwe is that of mainstreaming disability in development, as is the case with gender issues.

As in gender, mainstreaming disability requires the assessment of implications of disability including legislation, policies and programmes, in all areas and at all levels. This has to be a strategy for making disabled people’s concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that disabled people benefit equally and, inequality is not perpetuated (Eleweke & Rodda, 2002). It is important to note that inclusion is not an end in itself, but an ongoing process that requires constant nurturing.

Leaving disability issues to be the sole responsibility of one particular department as is the case in Zimbabwe, makes it difficult to streamline disability activities. That is why most ministries in Zimbabwe refer disability related issues to the department of Social Welfare since they feel that they are not competent enough to deal with such issues. Therefore, for the social ecosystem framework to be applicable and effective there is need to mainstream disability issues at all levels guided by the elements of the framework, and putting into consideration the theoretical resources of this study. This helps to avoid disability issues to be an “after thought”, but a human rights issues that deserves enough funding.

The study identified funding as one of the biggest challenges in the promotion of inclusive practices in Zimbabwe. At some point, university-disabled students' special grants were stopped for some time due to financial crisis in the country. Although, the funding has now been reinstated, it is so minimal that it does not go beyond £50 per academic year (University of Zimbabwe, 2007), and therefore does not cover their disability related needs. With the slim annual budget for the Disability Resource Centre, it becomes difficult for disabled students to meet their educational requirements. It cannot be overemphasised how difficult it is for disabled students to obtain part-time or vacation jobs. Therefore, students are left with no option, but to share the limited resources in the department, thereby compromising their academic performance and time to socialise. This made some disabled students in this study feel that they were paying for being disabled. Many disabled students incur substantially greater costs when participating in higher education. This is evident in the disability allowances allocated to British higher education disabled students (see Chapter 1). Though this study is not advocating for the transplantation of the British disability allowances system, the Zimbabwean government needs to show the political will power and provide allowances to cover for personal equipment for disabled students so that the disability centre budget is not strained. The personal equipment could include tape cassettes for recording, recorders, white canes, Perkins brailers, and typewriters. In this way, provision for disabled students would have been streamlined.

Chapter 2 was clear on the inadequacies of the social safety nets in Zimbabwe that are meant to cater for vulnerable groups, particularly disabled people. The role of the extended family as a form of social security in Zimbabwe (Nyamukapa and Gregson, 2005) is steadily losing grip due to the prevailing economic situation in the country. Zimbabwe is a low-income country, but at the same time, it is not whether the country is low-income or not; but rather, it is the political will that matters. The phrase "funds permitting" (Ministry of Education and Culture [Special Education Policy Statement], 1989) is suggestive of how this provision is not mandatory in Zimbabwe. The prevailing economic and political instability outlined in Chapter 2 makes it rather difficult for the government to even consider funding for educational services of disabled people, particularly where most of the educational equipment has to be imported. The Operation Restore Order that took place in 2005 had serious implications on the economic base of many people in Zimbabwe. Therefore, programmes to rebuild some of the houses became priorities over others, including the education of disabled people. The Salamanca Statement and Framework for Action on Special Needs Education, to which Zimbabwe is a signatory, reaffirmed the commitment of the world community to,

"give the highest policy and budgetary priority to improve their educational systems to enable them to include all children regardless of individual differences and difficulties"

(UNESCO, 1994, p.ix)

However, this study established that it remains the case that special needs provision appears not to be a priority of government policy and expenditure. The study revealed how most NGOs focusing on community development have pulled out of Zimbabwe due to the souring relationship of Zimbabwe and the rest of the world. Usually NGOs that focus on developmental work target vulnerable groups, including disabled people. In a way, this is illustrative of how developed countries' aid is linked to developmental work is hardly separated from politics, thus making such type of aid come with strings attached. Unfortunately, most of the financial provision for education and other needs of disabled individuals is undertaken largely by NGOs. McConachie and Zinkin (1995) argue that these sources of funding could bring with them, their own problems through imposition of conditions, models, and beliefs that smack of imperialism. Under the social ecosystem framework, there is need to have sustainable partnerships. Now, it is difficult for Zimbabwe to create sustainable partnerships with the ongoing political climate, and the most vulnerable people are the ones that are most affected due to sanctions imposed on the country. If there were genuine sustainable partnerships, assistance on disability issues would go beyond political inclination and development agencies would still genuinely support such endeavours. However, in the midst of this turmoil, there are some NGOs that have managed to remain vigilant in supporting disability issues, and these include USAID, SIDA, and CBM.

From the study, it is reported that some foreign researchers come and do research with little or no involvement of local disability researchers, thereby bringing models that are not culture specific. There is need for co-authorship to address disability issues from an African perspective to avoid European and North American information dependency (Chimedza, 2001). There is no doubt that collaborative research promotes genuine partnership, which in turn promote globalisation that benefits both parties. Similarly, local disability researchers need to research in partnership with disabled individuals and disabled people's organisations in order to include the voices of disabled people. That is the only way sustainable partnerships can be realised, and working together brings along common understanding, which in turn promotes inclusive practices that prevent occurrence of short circuits as illustrated by the social ecosystem framework.

Disabled people's organisations are known to promote a sense of identity (Barnes, 1990; Oliver, 1996). If these young disabled people participate in disability activism, they would have a sense of belonging; they can be heard and understood by people sharing similar experiences (Goodley, 2005). Lessons can also be drawn from disabled students at VUW in New Zealand, where disabled students set up CAN-DO, a strong organisation run by students (Neale, 2005). This group managed to carry out and research study that was entitled "We can do it" whose recommendations included funding for a full-time coordinator and the active involvement in decision-making processes by disabled students were taken on board by the New Zealand

Government in 1993 (Neale, 2005). The social ecosystem framework advocates for such proactive disability activism.

In joining DPOs, it makes disabled students be exposed to various working role models and this has several benefits for them. The idea of having fellow disabled people around can make them be proud of whom they are (Barnes, 1990; Oliver, 1996; Oliver & Barnes, 1998; Tregaskis, 2004). Seeing others with similar characteristics effectively performing their work can help students raise their expectations for their own future (Tregaskis, 2004). By observing disabled adults doing various jobs, students are encouraged to explore a broader range of potential careers. Seeing disabled adults interacting effectively with their co-workers and supervisors illustrates the types of social skills needed to function well in the workplace (Barnes, 1990). At the same time, role models who have encountered barriers in the transition process can help young people develop realistic expectations about challenges they may face upon their own entry into the world of work.

Adults who have successfully used self-advocacy skills to cope with such challenges can impart these strategies to students who are part of disabled people's organisations. One of the findings in this research is that becoming a self-advocate is a way of fighting exclusionary practices (Oliver, 1996). Therefore, the need for disabled students to be equipped with such a skill as early as possible is paramount as they are bound to face challenges and barriers in society, and at various educational settings, that in most cases, warrant self advocacy (Chimedza and Peter, 2001).

However, lack of coordinated disability activism among disabled people's organisations in Zimbabwe has been reported in this study. Peter, in his narrative firmly believes that:

“....strong and proactive disability activism is paramount in influencing policy.” (Peter)

As a result, lack of coordination has led to a weakened contribution by disabled people to the political, economic and social welfare of disabled people. With weakened disability activism among disabled people's organisations, the study revealed that disabled individuals become self-advocates. In particular, Edmore and Peter highlighted how they independently challenged the status quo so that their views could be heard and considered. Proactive disabled people's organisations, as the social ecosystem framework suggests, are better placed to come out with ways that promote self-advocacy among young disabled people – role models being one of them. Therefore, the challenge within disabled people's organisations is to form formidable groups that can challenge the status quo for disabled people in Zimbabwe, and push for disability mainstreaming and mandatory legislation that promote inclusive practices. In this regard, further research might be useful to find ways of mainstreaming disability. Lessons on

how to coordinate strong disability movements can be drawn from countries like South Africa, Kenya, UK, and USA, and Australia that have shown the benefits of a coordinated movement by challenging their respective governments and effecting policy change (Oliver, 1996, SAFOD, 2004). Also many lessons can be learnt by forming sustainable partnerships with DPOs that have shown progress in furthering the agenda of disabled people in Southern Africa and beyond, in collaboration with the umbrella board (NASCOH) and also the Southern Federation of the Disabled (SAFOD) that provides direct link with Southern African countries (SAFOD, 2004).

Mainstreaming Disability in Development Work: Way Forward

Instead of proving that we are 10% of any given population (WHO) and 20% of the world's poorest (World Bank), we must convince society that we are an irreplaceable part of 100%

(Phiri, 2003, p5)

According to the United Nations, three quarters of the world's disabled people live in developing countries (Helander, 1993). Impairment and, in turn, disability are both causes and consequence of poverty; disabled people in developing countries are often among the poorest of the poor and measures to tackle poverty are unlikely to be successful unless the rights and needs of disabled people are taken into account (Department for International Development, 2000). The relative neglect of disability within studies of development is surprising given its prevalence in developing countries and its mutually constitutive relationship with poverty (Butler and McEwan, 2007). Mainstreaming steps are required to ensure that disabled people are able to participate fully in the development process and claim their rights as full and equal members of society (Butler and McEwan, 2007).

Mainstreaming is a process of "reconstruction" of the physical spaces and services so that they meet the needs of all people (Phiri, 2003). In this process, there is need to conceptualise a new society that is inclusive and planned for all the people; and the guidelines for this process should be the principles of Universal Design (Phiri, 2003; Butler and McEwan, 2007). By definition, Universal Design means that the design of products and environments has to be usable by all people and to the greatest extent possible without the need to adaptation or specialised design (Holm, 2006). The purpose of Universal Design is to simplify life for everyone by making products, communications, and the built environment more usable by as many people as possible at no extra cost. Such arrangements benefit all people of all ages, abilities or circumstances (Phiri, 2003; Holm, 2006).

A number of challenges remain in developing countries concerning the social and economic inclusion of disabled people due to exclusionary practises highlighted in this study. How

disability activists, governments, aid agencies and society at large respond to these will continue to be instructive. The challenge is ensuring that debates within poorer countries can inform development strategies, but first there needs to be an understanding of what these debates are and an assessment of their potential to inform broader policy and practice. The concept of “inclusive and universal design” should guide all new projects that require international financial support; and this must be adopted by the international, governmental, and non-governmental funding agencies as a safeguard for all money spent on developmental work (Phiri, 2003).

Therefore, there is need to establish internal guidelines for inclusive programmes and these guidelines have to be incorporated in bi-lateral agreements; and capacity support for the development of public policy and cooperation among countries, the regions, and the international community (Phiri, 2003; Holm, 2006). Unless disabled people are brought into the development mainstream, it will be impossible to half poverty by 2015, or to ensure that every child has a chance to achieve a primary education by the same date agreed to by more than 180 world leaders [including Zimbabwe] at the United Nations Millennium Summit in September 2000 (Butler and McEwan, 2007).

Undoubtedly, the social ecosystem framework provides a strong platform for mainstreaming disability through sustainable partnerships that benefits all parties by respecting the national heritage. That way, disabled people would be included in development activities and would increasingly attain higher education qualifications. Since a higher education qualification is a gateway to better future and also yields indirect benefits to the economy as discussed in Chapter 1 (DfES, 2003; HEFCE, 2001; Magnus, 2006), widening participation, including disabled students can not be an option, but an obligation to both national and international development. Therefore, this study argues for the need for more development oriented disability studies work in the majority world.

Conclusion

This study explored the extent to which disabled students are included in higher education in Zimbabwe. From this study, it is evident that disabled students needed to tell their stories since no known research has meaningfully engaged them.

Literature highlighted a significant shift towards social inclusion as tertiary education providers recognise that diversity is fundamental to successful functioning of disabled students as they seek to reflect and shape community aspirations by ensuring social justice and equity for all members of society. It is evident that countries that have had

comprehensive anti-discrimination legislation in place for long periods of time (e.g. UK, USA, Australia, and New Zealand) have made significant progress in the provision for disabled students. However, what is clear is that although inclusive education has attracted so much attention internationally, no country has reached the climax of inclusion yet (Engelbrecht, 1999).

This study indicated that there are multiple factors that determine either the success or failure of the inclusion of disabled students in higher education. What is more pronounced is that lack of legislation and political will result in inadequate support services that hinder inclusive practices. This study saw the birth of the social ecosystem framework, which was in turn used make analytical links with the theoretical resources (postcolonial theory, globalisation, and disability studies, inclusive education). The researcher's experiences were influential in the interpretation and understanding of the themes that emerged as pivotal to the attainment of inclusive practices in higher education in Zimbabwe. Recommendations that can signpost to genuine inclusion of disabled students in higher education in Zimbabwe in view of the social ecosystem framework have been made, and areas that need further research have been signposted in this study.

I can only hope that this thesis has authentically captured the lived experiences of disabled students in Zimbabwe. These experiences are generally applicable in any further and higher education context. If appropriately adapted and applied, this study could contribute to the understanding of the importance of making higher education accessible to all people in general, and disabled people in particular. It is hoped that if the social ecosystem framework is effectively used, it would create more opportunities for disabled students at family, community, school, tertiary, and employment levels, and promote sustainable international links through the removal of existing barriers that lie within the environment, and not within the individual. This study also resonates that mainstreaming disability issues at all levels, creates inclusive families and communities resulting in sustainable partnerships at both national and international levels through a common understanding. Disability and development should be brought to the fore rather than as an alternative. Therefore, the ultimate goal of this study is to see the use of the social ecosystem framework directing the inclusion of disabled students from idealism to reality using the presented theoretical resources.

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Appendices

Appendix I

Formal Request to UZ

5 March 2005
The University of Sheffield
School of Education
388 Glossop Road
Sheffield, S10 2JA
United Kingdom

The Disability Coordinator
The University of Zimbabwe
P.O. Box MP167
Mount Pleasant
Harare, Zimbabwe

Dear Mr. Chiparaushe,

Re: Request for Assistance to do my PhD Fieldwork

My name is Tsitsi Chataika, and as you are aware already, I am currently undergoing my doctoral degree with The University of Sheffield in the School of Education. From 1st May to 15th July, I am intending to conduct my research in your department.

My intention is to interview five disabled students at your university, and to do some focus group discussions with about 6 to 10 disabled students. I would also like to take this opportunity to have informal discussions with some of the students who use the Disability Resource Centre facilities. The major object of this research study is to investigate the support and provision for disabled students in higher education in Zimbabwe, particularly from the students' perspective

I am therefore requesting for your assistance in order for me to carry out this study. My humble request is for your office to distribute the enclosed copies of this introductory letter to disabled students so that those who are interested could take part between 5th May and 15th July 2005. The letter explains in details what the research is all about and how participants can take part in this study. I also kindly request you to put some of the copies of this letter in accessible formats. I will pay for the costs as soon as I get the invoice.

My research also involves documentary analysis. Therefore, with your permission, is it possible for me to access some of the department's documents that have to do with disabled students in higher education in Zimbabwe. If your time allows, I would also kindly request to have some informal discussion with you pertaining to provision of disabled students in your department. I am hopeful that this study will contribute to the inclusion of disabled students in higher education in Zimbabwe.

Thank you for your time and I looking forward to hear from you, and see you when I come in May.

Yours Sincerely,
Tsitsi Chataika (PhD Candidate)

Appendix III

Introductory Letter to Disabled Students

Date: 5 March 2005

Dear Provisional Research Participant

My name is Tsitsi Chataika, and if you have been at UZ in 2002, I believe you might have known me as your disability coordinator. Now, I am a PhD candidate at The Sheffield of University in the United Kingdom. As part of my research, I am undertaking a qualitative study on 'Inclusion of Disabled Students in Higher Education in Zimbabwe.' I have chosen to study the personal life experiences of disabled students in higher education, in order to review the current position of the education of disabled students in Zimbabwe concerning policy and provision and then to develop key recommendations based on the research findings

The following questions are meant to address bring out your personal experiences as a disabled higher education student:

1. What are the issues of central concern to disabled students in higher education in Zimbabwe?
2. What can be learnt from the personal experiences of disabled students?

As part of this study, I plan to interview five disabled students. The interview would last for approximately 90 minutes, but may be divided into two sessions, if this suits participants. The interview would then be tape recorded and later transcribed by me into a written format. The interviews will be conducted at the University of Zimbabwe, a location suitable for the activity (quiet and private) and convenient for both of us. The interview would take place on any day from 7th May up to 15th July 2005.

A maximum of fifteen students can only participate in this study. As indicated before, five disabled students will be interviewed and the rest will form the focus group that will discuss issues pertaining to inclusion of disabled students in higher education in Zimbabwe.

If this type of research appeals to you, please indicate your interest as soon as possible by signing one copy of this letter and putting it in the provided envelope, and seal it. Please forward the sealed enveloped to the University of Zimbabwe Disability Resource Centre's secretary, where I will collect them. A consent form with more detailed information will be available to only those who will be participating in this research.

Thank you for your time and looking forward to work together in this study.

Thank you

Tsitsi Chataika

Please read and sign this if you are willing to be part of this study.

I am willing to take part in this study. However, I have no obligation be part of the actual study if I do not agree with the terms and conditions in the consent form. If by any chance I do not take part in the intervjews, I am willing to participate in the focus group discussions.

Thank you

NAME:-----

SIGNATURE:-----

DATE:-----

Appendix IV

Informed Consent Form for Interviewees

Title of Thesis: Inclusion of Disabled Students in Higher Education in Zimbabwe: From Idealism to Realism – A Social Ecosystem Perspective

Principal Investigator: Tsitsi Chataika
The University of Sheffield
The Education Building
388 Glossop Road
Sheffield, S10 2JA
United Kingdom

Email: t.chataika@sheffield.ac.uk or t.chataika@yahoo.co.uk

Supervisor: Prof Dan Goodley

- 1. The Purpose of the Study:** The purpose of this study is to explore and understand the disabled students' experiences of inclusion in higher education in Zimbabwe.
- 2. Procedures:** You will be interviewed without any interview schedule since you will be telling your own life story as a disabled person from early childhood up to the present day. I will however, probe you for further information and clarification during the interview. If one session is not convenient to you, we can split them into two different sessions to suit you. All interviews will be carried out at the University of Zimbabwe at a convenient location. The interviews will be audio taped and transcribed later. The transcripts will be turned into narrative stories and then emailed to you for your input. If you agree with the story, I will then use it as it is in the thesis.
- 3. Discomforts and Risks:** I am aware that responding to questions regarding your experiences as a disabled person may cause you discomfort. However, other than that, no other risks are anticipated.
- 4. Benefits:** Benefits of acquiring a higher education qualification are too many to itemise. The interviews will help to develop a theoretical framework that would promote inclusive practices in higher education in Zimbabwe. Above all, this is an opportunity for you to tell your own story so that society can learn from you what it means to be a disabled student. The outcomes of this interview, will undoubtedly inform policy and practice in higher education.
- 5. Duration:** Interviews will be at least an hour long.

6. **Statement of Confidentiality:** All of your data will remain confidential. For purposes of confidentiality, your preferred pseudonym will be used. However, it should be drawn to your attention that no matter how much effort is put in disguising participants, it can be difficult maintain the required level of confidentiality due the uniqueness of individual stories. No one else will have access to your recorded narratives except. However, my supervisor, examiners and The Graduate Research Office may also request me to provide these as evidence for fieldwork. Tapes will be stored under lock and key in the Principal Investigator's home and will be destroyed two years after the completion of the course.
7. **Right to Ask Questions:** You have the right to ask questions and have those questions answered. You can direct your questions to the investigator during or after the research to Tsitsi Chataika at t.chataika@sheffield.ac.uk or t.chataika@yahoo.co.uk
8. **Compensation:** Participants will not be compensated in any form for participating in this research. However, if you want, you can get the summary of the results of this study upon request. The expected day of completion of this study is July 2007.
9. **Voluntary Participation:** Your participation is voluntary. You can withdraw from the study any time, and you have the right to decline to answer any specific questions.
10. **You must be:** 18 years or older to consent to participate in this research. You will be given a copy of this document for your records.

Participant Signature

Date

Researcher's Signature

Date