Challenges with the Disability Policy Framework on sexuality amongst the youth in Zimbabwe.

Tapson Mashanyare[1], Tendayi C. Garutsa[2] and Kiran Odhav[3]

[1,2,3] Sociology Department, North-West University, Mafikeng Campus. Mmabatho.

Corresponding Author: Tendayi C. Garutsa. Tendayi.garutsa@nwu.ac.za

Abstract

Although Zimbabwe has achieved notable advancements in establishing a policy framework to address the needs of individuals with disabilities, the effective implementation of these policies remains incomplete. This paper explores the perceptions of youth with disabilities regarding disability policies in Zimbabwe and the shortcomings of such policies in addressing disability rights. A qualitative study conducted with 20 youth aged between 18 to 35 with disabilities and 5 key informants in Gweru, to analyse their perceptions regarding disability policy framework in Zimbabwe. The study that most of the youth with disabilities lacked knowledge on the various policies on disability. This was attributed to poor implementation of such policies and a general negative attitude of society towards disability rights. This study therefore recommends full implementation, domestication and harmonisation of all domestic and international policies on disability with the constitution.

Keywords: Challenges, disability, policy framework, Zimbabwe, qualitative analysis, youth with disabilities

Introduction

About 9.2 percent of the population in Zimbabwe has some form of impairment in various degrees (ZIMSTAT 2022). The national census revealed that 0.03% of the population had zero functionality. The 2022 Housing and Population Census used questions focused on functionality that had a cut off 'some difficulty', 'a lot of difficulty or 'cannot do at all' in all the six areas of functioning, according to the Washington group of questions related to hearing, seeing, walking or climbing stairs, concentrating or remembering, communication and self-care. The six areas of functioning of the Washington group of questions align with how disability is conceptualised in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines persons with disabilities as including persons who have some physical, intellectual, mental, and sensory impairment. When these interact with several barriers, they may limit their participation in society at par with others. By using the Washington group of questions that address physical, intellectual, mental, as well as sensory impairments, Zimbabwe is on track to implement Section 3.29 of the National Disability Policy of 2021, which calls for research, data collection and statistics on disability. This aligns with Article 31 of the UNCRPD, which deals with data collection and statistics. This section directs states to involve persons with disabilities in the processes of data collection to have a better understanding of the experiences as well as the barriers that persons with disabilities encounter (UNCRPD, 2006). In alignment with article 31 of the UNCRPD, persons with disabilities were actively involved in all the processes of the 2022 National Housing and Population Census (ZIMSTAT, 2022).

Problem Statement

The study sought to address some gaps in policies and interventions on disability that hinder people with disabilities from deriving meaningful benefits from such policies. Though Zimbabwe has made some remarkable progress in coming up with disability policies but there have been some gaps in the implementation of such policies and their domestication so that people with disabilities can benefit from them. Policies such as the DPA were never fully implemented and the provisions of the CRPD were not fully implemented (ZIMCODD 2014, Manatsa 2015). Most youth with disabilities are not aware of the available policies due to stigma and discrimination and lack of knowledge among families, some policy actors, and service providers about such policies.

Background

The Disabled Persons' Act (DPA)

Zimbabwe has made remarkable progress in terms of disability policies, becoming one of the first African countries to adopt disability related legislation that was passed in 1992, viz. the Disabled Persons Act (DPA) (Manatsa 2015). The adoption of the DPA demonstrated the government's commitment to recognising the rights of persons with disabilities and improve their welfare and rehabilitation (Tom and Munemo 2019; Chikate 2020). The Act provided for the establishment of the National Disability Board, the appointment of a Minister for Disability Affairs and a Director for the Affairs of Persons with Disabilities (Chapter 17.1, June 1992). The Act also provides protection for persons with disabilities from discrimination in employment and access to premises for service provision (Mandipa and Manyatera, 2014). Though the DPA is a good policy, it is now redundant. The language used in the policy, as with the terms 'disabled persons' is not disability sensitive and needs to be replaced.

The 2013 Constitution

In 2013, Zimbabwe adopted a new constitution that proclaims disability issues as part of the objectives of the nation. Section 22 of the Constitution outlines the rights of people with disabilities in Zimbabwe. Under Section 83 of the Constitution, persons with disabilities are given the power to seek redress when they feel that their rights have been violated, as stated in Section 85. The Constitution also provides for the appointment of two senators who are elected under Section 120, and these are to be selected by persons with disabilities, to uphold their rights (Constitution of Zimbabwe, Amendment (no.20) Act, 2013). The Constitution, under Article 56, also pronounces the right of every person to fair and non-discriminatory treatment on the grounds of gender, race, disability, economic status, language, or social status. Sign language is also recognised in the Constitution as one of the languages in Zimbabwe. Zimbabwe is also one of the 18% of countries in the world that have constitutionalized disability rights (Chikate, 2020).

The Convention on the Rights of Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities (CRPD) is the UN convention with the highest number of signatories and is a guide for member nations to constitutionalise the rights of persons with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol were ratified by the Zimbabwean government in 2013, representing another major milestone in the protection of disability rights (Chikate, 2020; Manatsa, 2015; Mandipa and Manyatera, 2014). Although it took the Zimbabwean government more than five years to ratify the CRPD after it had been developed by the United Nations, the ratification is confirmation of the commitment of the nation to advance disability rights (Dziva et al. 2018). As a state party to the CRPD, Zimbabwe has the obligation to domesticate the provisions of the CRPD as well as enforce and protect the rights of persons with disabilities.

The National Disability Policy (NDP)

The Zimbabwean government, through the Ministry of Labour, Public Service, and Community Development, launched the National Disability Policy (NDP) in 2021. The NDP is in line with the positive gains the country has already achieved to guarantee rights to persons with disabilities, and these include promulgation of the DPA in 1992, the adoption of a disability sensitive constitution in 2013, and ratifying the UNCRPD and its optional protocol in 2013. The policy builds on and pronounces several rights for persons with disabilities and warns against the discrimination and abuse of persons with disabilities, as it can lead to prosecution (The National Disability Policy, June 2021). Section 3 of the policy also declares that persons with disabilities are sexual beings just like their non-disabled counterparts, and at the right age they should be allowed to marry.

The Social Welfare Act

This Act makes provision for social welfare assistance for people and families in need. Persons with disabilities in Zimbabwe are severely affected by poverty and benefit from this Act (Mandipa and Manyatera, 2014). People who have mental or physical impairments, the homeless, and those who are not able to look after themselves qualify to receive social welfare assistance (Section 6, of the Social Welfare Act).

Theoretical Framework

The study utilised the social model of disability. The social model of disability was developed to counter the individualizing bias of the medical model. It was named the social model as it moved the causality of disability from the individual to society. Disability is defined by social model theorists as the loss of or limitation of opportunities that hinders people with impairments from participating in normal community activities on an equal basis with others due to some social barriers (Watermayer, 2022). This definition implied that focus had shifted from the body as the cause of marginalization; proponents of the social model proposed that society be examined, the way it is structured, and its systematic discrimination against people with impairments. In this way, society became the patient who had many ailments (the unjust and unnecessary barriers to social participation) that needed to be established and cured.

The history of disability is characterized by rampant social exclusion and disadvantage for people with disabilities. Societies were created and are continuing to develop in ways that do not consider the needs of people with disabilities. Environments, social services, technologies, and all kinds of social accommodation are designed for use by people who do not have disabilities (Watermayer, 2019). Youth with disabilities are excluded from accessing knowledge about the various policies that protect their rights. Ironically, they are assumed to have no rights due to their disabilities. Buildings where youth with disabilities are supposed to go to seek various services are not disability friendly and do not have ramps for easy access by wheelchair users. This clearly shows that most buildings were designed to be used by people who do not have disabilities. People with disabilities are an afterthought in terms of accessing services. It is the society which causes disability through lack of disability friendly policies on services and infrastructure. People with disabilities are forced to quietly accept social exclusion. This model can be used as an appropriate tool to understand the experiences of youth with disabilities in displaying their sexuality amid of the numerous challenges they encounter. Furthermore, the model can also be utilized to suggest appropriate interventions for youth with disabilities in Gweru, Zimbabwe.

Methodology

A qualitative methodology was chosen for this study, it enabled the researchers to capture meanings attached to disability related policies by youth with disabilities in Gweru. Qualitative research is most preferred when researchers want to understand subjective perspectives regarding the phenomena under study (McGrath et al. 2019). Qualitative research enabled researchers to develop rapport with the youth and key informants, this helped them to open up on their experiences.

Study settings

The research was conducted in ward 6, 7 and 8 in Gweru. According to the 2022 Population and Housing Census, the Midlands Province has a prevalence of functional difficulty of 10.3 percent. This is higher than the national prevalence of 9.2% (ZIMSTAT, 2022). Gweru was chosen because it has the highest population in the Midlands province, and hence the likelihood of housing more people with disabilities compared to other districts in the province that are also less populated. Gweru has a population of 300 000, and the majority are poor and vulnerable (Matsa et al. 2021).

Sampling

Purposive sampling was used to sample participants, key informants, and research sites. The study wards were selected using purposive sampling. The selected locations are old and poor locations. These are preferred locations for most poor people and those who are informally employed, as they are close to the Mtapa Industrial area and the City Centre. The informal sector employs most people in Zimbabwe including young people with disabilities.

20 youth with physical disabilities aged between 18 to 35 were selected, 10 females and 10 males. 5 key informants were selected to participate in this study, these key informants had practical experience working with youth with disabilities. Youth with physical disabilities such as amputations, stroke, club foot, cleft foot, albinism, epilepsy, cerebral palsy and other physical impairments were considered.

Table 1 Showing socio-demographic characteristics of participants.

Name	Age	Gender	Disability type
Taona	22	Male	Club foot
Primrose	32	Female	Short right limb and albinism
Nashy	24	Female	Short lower left limb
Trickstar	30	Female	Stroke
Chichie	35	Female	Short right limb
Thomas	18	Male	Epilepsy
Tintin	27	Female	Foot cleft
Teekay	18	Male	Mobility impairment
Shamiso	25	Female	Short left arm and albinism
Tinaye	24	Female	Epilepsy and albinism
Jones	35	Male	Right arm amputee and albinism

Memory	34	Female	Epilepsy
Susan	35	Female	Club foot
Phineas	24	Male	Albinism
Peter	25	Male	Epilepsy and cerebral palsy
Junior	26	Male	Epilepsy
Blessing	34	Female	Right leg amputee
Simplex	33	Male	Left arm amputee
Ben	19	Male	Short left arm
Lucas	21	Male	Short right arm

Data collection methods

This research used semi-structured interviews to gather data from youth and key stakeholders. This method enabled the researchers to explore the experiences of youth with disabilities with sexuality and accessing SRH services in depth. This method gives the participants a chance to share their experiences, their individual understanding and their perceptions. Das et al. (2020) postulates that, semi-structured interviewing allows the researchers to obtain data in the form of conversation, using both open ended and closed questions.

The research utilized focus group discussions. Two focus group discussions were conducted: one group comprised of male youth with disabilities, and the other group consisted of female youth with disabilities. The focus groups comprised of 10 youth with disabilities, a moderator and a note taker. This method takes advantage of the communication among research participants for the generation of data (Gazit et al. 2018).

Ethical approval

Ethical approval for this study was provided by North-West University Human Social Sciences Research Ethics Committee, the ethics number is NWU-01155-22-A7. Gatekeeper approval was sought from the District Development Coordinator, City of Gweru, Zimbabwe Republic Police and ward councilors. According to Andoh-Arthur (2020), gatekeepers are intermediaries for accessing research sites and participants.

Data analysis

Thematic analysis was used to analyze data from the semi-structured interviews and focus group discussions. This method involves identifying themes, recording themes and patterns that emerge from the data (Javadi and Zarea, 2016). The management and analysis for this study began during the data collection and continued during transcription and translation from local languages to English. The first author and two research assistants translated the data from Shona to English. A professional translator was sought, and he went through the translations. The first author and research assistants had discussions with the professional translator for clarity on the translations. The first author and research assistants read the data set several times to familiarize with it. Open coding was used; the codes were developed during the coding process. The first author and research assistants coded the same transcript separately, coding every relevant part of the transcript that addressed the research questions. After we finished coding, we discussed, compared the codes and modified some; this was done to all the other transcripts. The coding was done manually. The codes were closely examined to see how they fitted into themes. Other codes were combined to make a theme. The identified themes were modified and all data related to each theme combined. The themes were defined; the relationship of the subthemes to the theme was also examined.

Confidentiality and anonymity

Principles of confidentiality and anonymity were adhered to in this study. Interviews were conducted in places chosen by the participants; privacy and safety were considered. In order to protect the identity of the participants, pseudonyms were used. All personal data and other study materials such as field notes and transcriptions were kept on a password protected computer and hard copies were stored in a lockable cabinet which could only be accessed by the researchers.

Findings and Discussion

The need to domesticate policies.

Zimbabwe is one of the countries in the African continent that has some progressive disability policies. In 1992, Zimbabwe crafted the Disabled Persons Act (DPA). The DPA also provided for the formation of the National Disability Board and provided for the appointment of an advisor to the office of the president on disability affairs. In 2013, Zimbabwe adopted a new Constitution which had provisions that protect disability rights, especially section 22 and section 83. Zimbabwe also ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In 2021, the National Disability Policy was launched by the president, and it has provisions that protect sexual rights of persons with disabilities. However, the youth with disabilities who are meant to benefit from these policies may fail to derive benefits from these policies. This is due to a lack of knowledge about the policies, as was revealed in some of the participants' narratives.

Most participants did not know about disability policies. And some participants expressed a lack of trust in the disability policy framework, as it gives no meaningful benefits to the youth with disabilities who continue to be segregated. This is illustrated in narratives below.

> *We need the disability policies to adapt to our lives as youth with disabilities and to address our specific needs. We have heard about the Convention on the Rights of Persons with Disabilities (CRPD) but it should be adapted to our local needs and standards (Nashy, August 2022)*
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> *There is no law guiding issues to do with people with disabilities. Even if we say disability prevalence is at 15%, it doesn't help the people with disabilities if there is no law to support the various disability policies* (27 year old, female focus group discussant, August 2022).
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> *We have the right to know about the policies that are related to disability as persons with disabilities, there is nothing for us without us. People with disabilities should participate in the formulation of these policies they must consult us. However, no one cares about us* (Interview with Shamiso, August 2022).

> *In most cases, these policy documents are written in English, that excludes some people who cannot read English. There is need to translate such laws into local languages and in disability friendly formats such as braille for the benefit of youth with disabilities and the general populace* (Simplex, August 2022).

Participants noted the need to domesticate disability policies including translating such policies into local languages understood by most youth with disabilities and adapting the policies to the needs of youth with disabilities. Although there may be policies relating to disability, there is a need to have binding laws on disability. The policies are not binding, and therefore people with disabilities do not benefit much from them. Nashy's narrative above implies the need of realign the constitution with some disability policies. The other narratives demonstrate the frustrations of the participants who feel left out as there are no efforts to educate them on the available policies.

Constitutional clauses that exonerate the government from full responsibility

The study participants also noted some of the deficiencies in the Constitutional provisions on disability as illustrated in the following excerpts:

> *We just know that we have the Constitution. Our Constitution protects us in that our rights as people with disabilities are the same with others who do not have disabilities. Though we can say the Constitution protects us, it lacks in certain respects. Our Constitution has a clause that says 'if resources permit'. So the implementation of some important constitutional provisions that gives rights to persons with disabilities is hindered by lack of resources. Zimbabwe ratified the CRPD in 2013 but we are still to benefit from its provisions practically. These ratifications are just on paper and there is nothing practically. We have the National Disability Policy 2021; however, it is still to be implemented. It is just on paper, it is never implemented* (24-year-old female focus group discussant, September 2022).

> *The government does not meet our needs due to lack of resources. Although the Department of Social Welfare is mandated to provide services to people with disabilities, they lack resources. I think there is a constitutional clause that says, "subject to availability of resources" or "within the limit of available resources". They will tell you that resources do not allow us to provide the service now.* (Simplex, August 2022).

The above narratives expose government's lack of commitment to fulfil its obligation in ensuring that people with disabilities access their rights. The government blames lack of implementation of its constitutional obligations on the lack of resources. Though Zimbabwe is currently struggling economically, with hyper-inflation, and deindustrialization blamed on Western imposed economic sanctions, there is lack of political will in fulfilling constitutional obligations on disability.

Gaps in knowledge on policies

In the above excerpts, the participants revealed that most youth with disabilities do not know about the policies and laws that protect their rights. There is need to educate the youth with disabilities about the various policies and laws so that they can also benefit from them. The narratives below reveal such knowledge gaps.

> *There is a gap in information, youth with disabilities do not even know about these policies. There is a need for awareness campaigns to educate youth with disabilities about these policies* (50-year-old male key informant, September 2022).
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> *Most youth with disabilities do not know about disability policies. A majority of people with disabilities are confined at home, they do not go to public places and some never attended school. The government should come up with measures to reach all the youth with disabilities and conscientize them about their rights and the disability policy framework* (Trickstar, August 2022).
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> *If they have those disability policies on paper and us youth with disabilities are not aware of them, they do not teach us about them then it's just as good as there are no policies and rights for persons with disabilities. Just because we have no knowledge about the policies and laws, we cannot be protected by the laws and policies* (32-year-old female focus group discussant, September 2022).

> *We do not know about policies and laws on disability and it is a disadvantage to us because we are not able to benefit from such laws as we are not aware of them, it is just like there are no laws on disability (Thomas, September 2022).*
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> *Due to stigma and discrimination youth with disabilities are not aware of their rights. Those supposed to superintend over their rights are not doing their job. Society needs to accept youth with disabilities and teach them about their sexual rights. We cannot expect the youth with disabilities to know their rights when no one has taught them. Education begins in the family to support such youth and ensure safeguarding their rights* (36-year-old female key informant, September 2022).

The above narratives acknowledge the information gap that youth with disabilities have on policies related to disability in Zimbabwe. There is need to bridge the gap in information through awareness campaigns to inform youth about their rights, policies, and laws. A key informant argued that stigma and discrimination is responsible for this information gap on policies and for such youth. Participants view the education of youth with disabilities about their rights and policies that guarantee their rights, as a shared responsibility. The leaders in community and, organisations for people with disabilities, and the families of youth with disabilities have a role to play in educating youth with disabilities about their rights. The above extracts emphasise the need to empower youth with disabilities by giving them information about policies on disability.

Policies not properly implemented.

Although participants appreciated government effort in coming up with very good policies on the rights of people with disabilities, they were however concurred that these policies are not properly implemented.

> *Zimbabwe is not short of policies but fidelity in the implementation of these policies is what is lacking. There is lack of accountability on the part of the government* (39-year-old male key informant, September 2022).

Lack of policy implementation is also reported by another key informant, as follows:

> *In terms of coming up with disability policies, we are one of the best countries, but the implementation is a challenge. These policies are not fully implemented. The youth with disabilities cannot enjoy their rights out of ignorance. There is a gap in implementation, the policies are there on paper but, they do not exist. Even when you look at the laws that safeguard SRH rights like the age of consent is at 16. However, customary law says if they agree it does not matter. There are gaps between the customary law and the constitution, and it is taking long to harmonize customary law with the constitution* (Interview with a 41-year-old male key informant, September 2022).
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> *There is need to educate the youth with disabilities so that they know their rights that are in the Convention on the Rights of Persons with Disabilities (CRPD) and the National Disability Policy (NDP). However, the National Disability Policy cannot be implemented fully. It is not yet law; there is need for the bill to sail through parliament. Duty bearers should know about the rights of youth with disabilities, because if they do not know they become barriers themselves* (Interview with a 53-year-old male key informant).

The above narratives from key informants reveal the poor implementation of disability legislation which hinder people with disabilities from fully benefitting from such policies. Furthermore, one key informant noted some contradictions between the customary law and the Constitution. These contradictions are a are a barrier to the full implementation of disability related policies. Although the age of consent for Sexual and Reproductive Health (SRH) services is at 16 years, persons younger than 16 years can be sexually active, and this is not a problem under customary law. Furthermore, the importance of educating youth with disabilities about their rights and the policies that safeguard these rights was also emphasised by another key informant. The leaders of organisations for people with disabilities and other leaders in the community should also know about the rights of youth with disabilities.

Discussion

This paper examined some challenges in the disability policy framework in Zimbabwe and the perceptions of youth with disabilities regarding such policies. The findings reveal four themes which are discussed as follows:

First, the findings of the study revealed a need to domesticate policies on disability in-order for the policies to a positive impact on the lives of youth with disabilities. These policies need to be adapted to suit the needs of people with disabilities. Although Zimbabwe has ratified The Convention on the rights of Persons with Disabilities (CRPD), the CRPD cannot be enforced if it is not aligned with the constitution or supported by any law. Therefore, people with disabilities are yet to benefit from the provisions of the CRPD more than a decade after its ratification. As

Meekosha and Soldatic (2011) have noted, though the CRPD sets an important standard to uphold disability rights, its signing or ratification by states and nations is not enough to bring about real change. The usefulness of international treaties that nations ratify lies in their domestication and in coming up with better ways of implementing them locally. However, despite the ratification of the CRPD and its optional protocol, people with disabilities in Zimbabwe still struggle to access various services. There is a disparity between having good policies and their domestication to guarantee rights to persons with disabilities (Lordenius, 2020; Manatsa, 2015). Nigeria managed to domesticate the CRPD. In Nigeria, the CRPD was adopted as the Discrimination against people with disabilities prohibition Act 2018 and it was signed into law in 2019. This was done in-order to support and protect human rights and fundamental freedoms of people with disabilities without discrimination (Ogundibe, 2019)

The need to realign the constitution concur with the findings of Chiweshe et al. (2021) who found that the process of realigning the constitution in Zimbabwe is moving at a very lackadaisical pace, leading to some challenges in the implementation of some laws that relate to Sexual and Gender Based Violence (SGBV), Harmful Practices (HP) and Sexual Reproductive Health (SRH). There is need to fast track the legal framework reform process in alignment with the Constitution. The social model of disability is useful in explaining lack of domestication of disability policies in Zimbabwe. According to this social model, disability is created by society through failure to put in place facilities, policies and infrastructure that enable people with impairments to participate in society at par with people without disabilities. The term refers to socially created marginalization and disadvantage experienced by people with impairments. It distinguishes socially created disadvantage and exclusion from the traits of the body and mind of individuals (Lawson and Beckett, 2021).

Second, the study found some constitutional clauses that exonerate government from taking full responsibility on disability issues. Although section 83 of the constitution compels the state to ensure that resources are made available to ensure that persons with disabilities realise their full physical and mental potential, the clause that emphasise that this would be subject to the availability of resources available to the state seems to be exonerating the state from this important obligation (Dziva et al. 2018; Mtetwa, 2013). In the face of the economic challenges that Zimbabwe is currently experiencing, this is likely to be a convenient excuse for the failure to implement this constitutional provision by the government and its agencies, which can easily cite a lack of resources and financial challenges (Dziva et al. 2018). Juxtaposing Section 83 of the constitution with Section 23 (2) on the measures for the welfare of the veterans of the liberation war, Mtetwa (2013) argues that unlike people with disabilities, liberation veterans must be given state assistance, and the clause on ‘subject to availability of resources’ is absent in this case. The state is bound to make resources available for the welfare of the veterans as well as for their economic empowerment. The state thus marginalises people with disabilities as compared to other social groups, such as war veterans. Similarly, MacSeing et al. (2022) have found lack of budgeting and prioritisation as hindering effective response to disability issues in Uganda. In line with the social model of disability, lack of support for disability issues in Zimbabwe shows that the society is made for and by people without disabilities. People with disabilities are not given priority, they are an afterthought.

Third, the study has found some gaps in knowledge on disability policies among youth with disabilities. This resonates with Munemo and Tom's findings (in Sande, 2019), who state the need to empower people with disabilities through the constitution as stated in the Disabled Act and the Education Act. Surprisingly, these pieces of legislation are not effective as far as empowerment of people with disabilities is concerned. The 36-year-old male key informant noted the lack of support structures such as the family in educating and safeguarding the sexual rights of the youth with disabilities. Chiweshe et al. (2021) noted some socio-cultural and attitudinal barriers that consider domestic violence as a private issue that should not go to the law enforcement authorities and the belief that the legal and justice system is against marriage. These negative attitudes towards the legislation and policies that safeguard against domestic violence abuse hinder communities and families from educating youth with disabilities on their rights. Youth with disabilities do not benefit from the available policies due to lack of knowledge on the policies. Mapuranga and Musingafi (2019), also noted that women with disabilities had limited access to sexual and reproductive health and rights due to the ignorance of their parents and communities, on how best to assist them to enjoy their rights. Similarly, a study by MacSeing et al. (2021), in Uganda, has found that most people with disabilities did not have any knowledge about the policies. The study found that lack of knowledge about policies by some duty bearers was a challenge. This corresponds with the findings of a study by MacSeing et al. (2022) which found lack of enforcement of disability policies to be a result of lack of training and awareness among the policy actors. There is need to capacitate the policy actors on disability issues.

Fourth, disability policies are not properly implemented to benefit people with disabilities. In resonance with the findings of this study, Mapuranga and Musingafi's (2019) found a worrying lack of implementation of disability policies in Zimbabwe. There is a huge gap between policy and practice as far as disability policies are concerned. People with disabilities are still to benefit from the Disabled Persons Act (DPA), Convention on the Rights of Persons with Disabilities (CRPD), National Disability Policy (NDP) and the constitutional provisions that support disability rights. Laws in Zimbabwe do not allow for the full implementation of policies. The 2013 constitution addresses disability rights better than the old Lancaster House constitution that it replaced. Although the Lancaster House constitution condemned discrimination against persons with disabilities, it recognised only physical disability, and excluded other types of disabilities (Dziva et al. 2018; ZIMCODD, 2014). Various organisations that represent people with disabilities were able to make contributions during the constitution making process (Mugumbate and Nyoni 2014). Section 22 of the constitution provides for the inclusion of persons with disabilities in all aspects of society and makes disability a priority in plans for development (Government of Zimbabwe, 2013).

However, adopting human rights focused constitution is not enough. There are challenges in ensuring the implementation of the constitutional provisions to ensure that persons with disabilities access these rights (Chikate 2020). Mtetwa (2013) argued that one of the major limitations of the constitutional provisions on disability is the entrenchment of charity. The provisions are more focused on providing for the welfare of people with disabilities, but such charitable models may not be sustainable in the long run. Persons with disabilities should be empowered economically rather than overly focusing on charity. Along the same vein, Liebenberg cited in Mtetwa (2013), is doubtful of the realisation of these rights, which are difficult to enforce judicially and resembles directives of the state's policies. Correspondingly, Coleridge et al. (2010) proffered that the charitable model of disability may turn people with disabilities into recipients who have no part in the development processes that shape their lives. The constitution also fails to define disability comprehensively, with Section 22 referring only to physical and mental disabilities. This highly circumscribed definition leaves out many other forms of disability, including sensory and intellectual disabilities. The failure of the constitution to properly define disability shows that there will be challenges in interpreting disability (Mtetwa, 2013). Zimbabwe have sound disability related policies, but they are not properly implemented to benefit people with disabilities.

Conclusion and Recommendations

The study makes the following recommendations based on the findings:

- Zimbabwe should work towards domestication of disability policies, such as the CRPD so that the policy can be enforced to ensure that disability rights observed.
- Government should take full responsibility for guaranteeing disability rights. This includes committing budgets towards meeting the needs of people with disability. The Department of Social services should be adequately funded to meet the needs of people with disabilities.
- There is need for educational programs on the rights of persons with disabilities that target people with disabilities, their families, and communities. Policy actors should be trained and offered regular refresher programs on disability related policies.
- There is need for continuous monitoring mechanisms on disability policy implementation. Implementors should have targets and defined timelines for meeting such targets.

Conclusion

People with disabilities in Zimbabwe are still struggling to access their rights as enshrined in various policy documents. Despite having policies such as Disabled Peoples Act, ratifying the CRPD and its optional protocol, a disability focused constitution, and launching the National Disability Policy, Zimbabwe is still lagging in terms of implementation of disability policies. Most youth with disabilities were not aware of the policies due to lack of programs to educate such youth on these policies and can benefit from translating policy documents into local languages and braille. There is need for educational programs and community level outreach programs to reach all youth with disabilities. Awareness of disability policies is key to implementation of such policies; the policy actors need to be trained on policies.

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