CHALLENGES ASSOCIATED WITH ACCESS TO EDUCATION FOR CHILDREN WITH DISABILITIES: A CASE STUDY OF ISHEANESU CHILDREN’S CENTRE, GLEN VIEW 3, HARARE.

BY

WAYNE MURAMBIDZI
B1128149
SUPERVISOR
MR T. MASUKA

A RESEARCH PROJECT SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS OF THE BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK.

OCTOBER 2014.
Approval Form

Supervisor

I certify that I have supervised Wayne Murambidzi (B1128149) for the research entitled, “Challenges associated with access to education for children with disabilities. A case study of Isheanesu Children’s Centre, Glen View 3, Harare.” in partial fulfillment of the requirements of the Bachelor of Science Honours Degree in Social Work (HBScSW) and recommended that it proceeds for examination.

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Chairperson of Department Board of Examiners

The Department Board of Examiners is satisfied that this dissertation report meets the examination requirement and I therefore recommend to the Bindura University to accept a research project by Wayne Murambidzi (B1128149) titled, “Challenges associated with access to education for children with disabilities: A case study of Isheanesu Children’s Centre, Glen View 3, Harare.” in partial fulfillment of the requirements of the Bachelor of Science Honours Degree in Social Work.

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Student Name  Wayne Murambidzi  Signature……………………Date……………………

Permanent Home Address:  5217 53 Crescent

Glen View 3

Harare
Abstract

Education is a fundamental right, and every child must be given the chance to achieve and maintain an acceptable level of learning. However, children with disabilities are remaining invisible to the mainstream society as they are facing difficulties in attaining education. This study explored the social, cultural and economic challenges associated with access to education among children with disabilities at Isheanesu Children’s Centre of Glen View 3, Harare. The study also sought to identify the beliefs and attitudes of parents and guardians towards the disability of their children. It also examined the coping strategies used by parents and guardians to address the challenges associated with access to education of their disabled children. The study used a qualitative research design which targeted a population of 75 parents and guardians of disabled children at the Children’s Centre and a sample of 17 parents and guardians were selected using convenience sampling and 3 teachers were purposively selected as the key informants. Interviews were conducted using an interview guide and an interview schedule to gather data and information from the respondents and key informants respectively. Data collected from the respondents and the key informants was analyzed and presented in the form of tables and thematic content analysis as themes emerged from the study findings. The study findings concluded that parents and guardians generally have positive attitudes towards their disabled children. The study also reviewed that poverty is the major challenge that deprive children with disabilities from accessing education. Despite some challenges they encounter in raising their disabled children, parents seek spiritual support, support groups and counselling to help them cope with some of the challenges mentioned above. The key recommendations are misunderstandings and misconceptions of disability need to be replaced by new social constructions to equalize opportunities and accessibility to educational services among disabled children. Also there is need to review government policies on disability and education to provide financial assistance with the aim to support families with disabled children and reduce poverty as well as creating awareness on disability to adequately sensitize the community to eliminate stigma and discrimination of the disabled.
Dedication

To my parents, Mr and Mrs Murambidzi to whom the education of their children is their pride. Mum and Dad, you have always been my pillar and source of strength. Thank you for the financial support, love and guidance you have shown in my life since childhood and which has brought me this far and I promise you the best forever.
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Firstly I would like to express my gratitude to Mr Masuka, my supervisor and mentor for your guidance and academic supervision. My appreciation goes to him for his indispensable efforts in making this study a success. Special thanks to the Director Mrs Makwara of Isheanesu Children’s Centre for according me the opportunity to carry out a research for my study at their Centre. I would also want to thank all the respondents who participated in the research, for this study would not have materialised without their input. This study would not have been possible however without the love, support and continuous encouragement from my special friend Paul Dakarai. Therefore, my appreciation also goes to my family and friends for their assistance and support throughout.

Finally, I thank the almighty God for preserving and giving me the strength to complete this study.
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<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>CWDs</td>
<td>Children With Disabilities</td>
</tr>
<tr>
<td>EFA</td>
<td>Education For All</td>
</tr>
<tr>
<td>EFAP</td>
<td>Education For All Programme</td>
</tr>
<tr>
<td>ESAP</td>
<td>Economic Structural Adjustment Programme</td>
</tr>
<tr>
<td>FODPZ</td>
<td>Federation Of Disabled Persons Of Zimbabwe</td>
</tr>
<tr>
<td>MDGs</td>
<td>Millenium Developmental Goals</td>
</tr>
<tr>
<td>NASCOH</td>
<td>National Association Of Societies For The Care Of The Handicapped</td>
</tr>
<tr>
<td>NDB</td>
<td>National Disability Board</td>
</tr>
<tr>
<td>SNE</td>
<td>Special Needs Education</td>
</tr>
<tr>
<td>UNESCO</td>
<td>United Nations Educational Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<tr>
<td>UN CRPD</td>
<td>United Nations Convention on the Rights of Persons with Disabilities</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Definition of key terms

Access - It is the right and opportunity of reaching, obtaining and being able to use a service. For the purpose of this study, access refers to attain education or simply the chance to go to school.

Disability - Any restriction or lack of ability to perform in a manner or within a range considered normal for a human being (WHO, 1996).

It is also defined as the physical or mental condition which makes it difficult or impossible for a person to adequately fulfill his or her role in society (National Disability Survey of Zimbabwe, 1982).

Education - It is a form of learning through which knowledge, skills and habits are acquired. It is fundamental to development and growth.
CHAPTER ONE
INTRODUCTION TO THE STUDY

1.0 Introduction

This chapter introduces the key concepts to the research by defining the problem and placing it in proper context for better appreciation of the study. These include the background to the study, statement of the problem, aim and objectives, and research questions. The significance of the study and assumptions to the study are also included so as to give a purpose to the whole exercise and to spell out the potential weaknesses and scope of the study.

1.1 Background to the study

Education is a form of learning through which knowledge skills and habits are acquired, therefore it is considered an instrument to socio-economic development. Children with disabilities are facing difficulties in enrolling, attending and completing school due to societal factors such as stigma, discrimination, household poverty, institutional barriers, attitudinal barriers, cultural and traditional beliefs and higher costs and lack of instructional materials o carter for their special needs. As a result, these challenges are depriving them limiting their opportunities and marginalizing them further (UNESCO, 2012). Various educational systems such as special education, integrated and inclusive education amongst other key legislations have been implemented at international, national, and local level by many states of government in order to achieve universal primary education but unfortunately, children with disabilities still lack access to fundamental freedoms and rights accessed by other able bodied children especially education.
Key international legislatives and policies have been signed over some years ago which have provided an impetus to the promotion of universal education internationally. It came to realization that hundreds and millions of disabled persons are not having the opportunities and access to resources to fulfil their basic human needs. The World Report on Disability (2010) noted that one in three of the children around the world who do not have access to education have a disability. UNICEF (2012) in addition states that equivalent to twenty three million disabled persons are excluded solely on the grounds of their conditions without due regard to their abilities and psychosocial needs. Therefore, the legislatives were established to universalise education, achieve full participation and opportunities to promoting equity.

The importance of education to society was supported more by the United Nations Declaration which proclaimed the right to education for all in 1948. Education ministers of the African region met in Addis Ababa in 1961 and resolved that there should be Universal Primary Education (UPE) and to eradicate illiteracy in Africa within twenty years (UNESCO, 1994). However, serious political and economic setbacks in Africa of that time deterred the implementation of the Addis Ababa proclamation in the 1970s and 1980s which led to the deterioration of education in many African countries. For instance, in Zimbabwe the Economic Structural Adjustment Programme (ESAP) reintroduced user fees for education and health facilities. This is reaffirmed further by the principle that education for all is a societal objective which cannot be allowed to shape its course according to market mechanisms and that it is a target which can be achieved only through the united efforts of partners in all schools (UNESCO, 1990). The ratification of the Education For All (EFA) by Zimbabwe and backed up by the proceeding United Nations Education Scientific Cultural Fund (UNESCO) report in 1998, stated that the best way to deal with CWDs was to
The right to education for all groups of children became a more prominent international issue after discovering that the disabled were being marginalized further from the society and sadly remained invisible to the mainstream population and educational officials. According to Boot (2005), together they formed a substantial proportion of the world’s poor. This enhanced the establishment of the Jomtien World Declaration for Education for All (UN, 1990), Salamanca Statement and Framework for Action (UNECSO, 1994), Millenium Developmental Goals (UN, 2000) and UN Convention on the Rights of Persons with Disabilities (UN, 2006). Mpofu (2000) acknowledged that these international plans expressed the international community’s collective commitment to pursue a broad strategy to ensure that the basic learning needs of every child are met within a generation and sustained there-after. To a certain extent, the above laws were an eye opener to many countries and were successful, for instance, United Kingdom and New Zealand has a lesser population of 1-3 percent of disabled children who do not attend school. However, in all societies of the world there are still social, cultural and economic obstacles preventing children with disabilities from accessing equal opportunities to education.

Another factor that is affecting children from accessing equal educational opportunities is that some parents and guardians harbour traditional and cultural beliefs and choose not to send their children to school. This has become a challenge for the disabled children as they are discriminated because of their conditions without due regard to their abilities. According to Mafa (2003), the first phase in the development of special education was known as the “era of extermination” and this was characterised by isolation, segregation and extermination of disabled persons. Due to such fatalistic tendencies among early societies, people with disabilities were misunderstood and
typically shunned (Bunch, 1982). For example, in Sparta, disabled children were thrown off cliffs, mountain sides and drowned in crocodile infested rivers. Rosthein (1971:21), “there was a general belief that disabled people were monsters and stupes incapable of self protection.” Similarly in Zimbabwe, superstition was also rife and characterised by the extermination of disabled children as illustrated by the story of the 1915 Chibi woman (Chibi is a district in Zimbabwe) who was ordered by her husband to drown their blind child in a crocodile infested river because he was considered a burden to the family (Addison, 1980). Unfortunately, up to present times, these cultural practices of shame fear and embarrassment seem to affect the welfare and support of disabled children in attaining education as they are regarded as misfits in the society.

Poverty is the major economic challenge associated with disability and this also deprives disabled children from attaining education. The majority of children with in the Southern African region are facing enormous economic and social barriers that have an adverse impact on their physical, social, intellectual development and well being, which in turn affects their performance in school. According to the United Nations (2013) statistics, there are currently over six hundred million persons with disabilities throughout the world of whom four hundred million live in developing countries and eighty million live in Africa. In support the World Health Organization (2010) maintains that about 40 percent of Africa’s population consist of people with disabilities including 10-15 percent of school aged children and this percentage would translate into three hundred million disabled people in Africa. Henceforth, disability can be attributed to poverty. The prevalence of disabilities in impoverished populations has been predicted to follow a cyclical pattern by which those who live in poverty are more likely to acquire a disability and those who have a disability are more likely to be impoverished (Ferguson, 2013).
Institutional and attitudinal barriers presented to the disabled people can lead individuals to be deprived from accessing services and opportunities like education, health, employment and housing which eventually can lead them to fall into poverty. Nyathi (2009) agreed that poverty on the other hand places individuals at a much greater risk of acquiring a disability as a result of general lack of healthcare, nutrition, sanitation and safe conditions that the poor are subjected to. For instance, ranging from Ethiopia 15 percent to Indonesia 59 percent of disabled children have no access to education due to poverty (World Bank, 2012). According to the African Child Forum Policy (AFCP) (2010), there is need to draw reality and attention to children with disabilities as the first step to lay the foundation for the establishment of effective sound policies, strategic plans and services to promote the education of children with disabilities in Africa.

Zimbabwe has ratified and is a signatory to quite a number of international and national policies that promotes and advocates for the education of disabled children. Since 1980, education in Zimbabwe was declared as a basic human right and non-racial system but unfortunately today inequalities are still found to be the major barrier to universal primary education (Mafa, 2004). Also he adds on that due to social, economic and political instability there have been inadequate resources to cater for the special needs as well as failure to implement the existing policies and laws. There is shortage of instructional materials and relevant equipments used in schools by the disabled due to the higher costs, a few properly trained teachers in Special Needs Education (SNE) and most schools are not accessible and user-friendly for the physically and visually impaired individuals. Moreover, statistics from the Education Management Information Systems of the District of Education (2010) estimated that there are close to 600 000 school aged children who have a disability in Zimbabwe. On that note, children at Isheanesu Children Centre in Glen –view 3 Community are also facing social, cultural and economic challenges in accessing education.
1.2 Statement of the problem

Children with disabilities still remain invisible to the mainstream society as they face social, cultural and economic challenges, as well as other school related factors which deprive them from accessing education due to their conditions. It has been observed that about 52 percent of children with disabilities do not attend school in Zimbabwe (National Associations of Societies for the Care Of the Handicapped (NASCOH, 2013). According to Chakuchindi, Chimedza and Kaputa (2003), many disabled children in Zimbabwe are among the most neglected groups in the policy domain as well as in the private sphere. The level of illiteracy and poverty is increasing amongst people with disabilities as a result of challenges they encounter in accessing education from primary level as children growing into adults. Factors such as attitudinal barriers, negative traditional and cultural beliefs and practices, household poverty, lack of instructional materials, untrained teachers as well as inadequately addressed policies in terms of formulation and implementation limit children with disabilities equal opportunities to educational services. In view of the above, there is need to identify the problems and also come up with strategies if children with disabilities are to meaningfully benefit from all inclusive education services at Isheanesu Childrens’ Centre.

1.3 Aim of the study

The aim of the study was to investigate on the challenges associated with access to education for children with disabilities, their effects and to identify possible intervention strategies to promote access to education for children with disabilities in Glen View, Harare.

1.4 Objectives of the study
1. To identify the beliefs and attitudes of parents and guardians towards their children who have disabilities at Isheanesu Children’s Centre in Glen View 3.

2. To explore challenges associated with access to education among children with disabilities at Isheanesu Children Centre in Glen View 3.

3. To examine the coping mechanisms being used by parents and guardians of children with disabilities to address challenges of access to education at Isheanesu Children’s Centre in Glen View 3.

1.5 Research questions

1. What are the beliefs and attitudes of parents and guardian towards their children with disabilities?

2. What are the challenges being experienced by the disabled children in accessing education?

3. What are the effects of the attitudinal and societal barriers towards the children with disabilities in accessing education?

4. What are the coping mechanisms used by the parents and guardians to promote the rights and support the wellbeing their disabled children to access education.

5. What literature surrounds the understanding and provision of all-inclusive education services for children with disabilities?

1.6 Assumptions of the study

1.6.1 Beliefs and attitudes by parents and guardians towards their disabled children influence the way they treat them as they raise and look after them.

1.6.2 Social, cultural, economic and other school related factors can be challenges associated with access to education amongst children with disabilities.
1.6.3 Coping mechanisms such as seeking social and spiritual support and available family resources can help parents and guardians to cope with challenges faced by their disabled children in accessing education.

1.7 Significance of the study

Over the past decades children with disabilities in Zimbabwe have been facing difficulties in attaining equal opportunities to education. Therefore, this study is aimed at highlighting the obstacles and barriers encountered by the disabled children and how this deprives them from accessing education as compared to the able-bodied children. Many reports have been issued on the societal, institutional and attitudinal barriers towards disabled children but however, some gaps are still found, hence the research seeks to unveil such circumstances. Also it is the belief of the researcher that this piece of work will contribute to the academic literature and hence be useful to academic references. In addition, it will also be of great assistance to the Ministry of Education specifically on the management and development of policies and laws protecting the rights of children with disabilities in Zimbabwe pertaining to universal primary education. Above all from a social work perspective, it will be an enlightenment to the disabled children as they are inspired and empowered to realise their full potential as much as promoting justice and equal rights with regards to education services.

1.8 Delimitations of the study

The findings in this study are confined to the information gathered from the teachers, parents and guardians of children with learning disabilities at Isheanesu Children’s Centre. This was easier for the researcher to conduct the respondents since they were all at the same area which also saved time and energy.
1.9 Chapter summary

This chapter gave a background of the study. The purpose of the study was also highlighted and the objectives which the researcher focuses on in carrying out the research. It also provides the statement of the problem, assumptions of the study as well as it gave a detailed significance on why it is necessary to carry out the study. Having introduced the subject of the research the next chapter will focus on literature review with the aim to bring out the strengths and weaknesses of the study.
2.0 Introduction

This chapter reviews international, regional and local literature on the challenges associated with accessing education by children with disabilities. The first section of the chapter focuses on the theoretical framework. The second section will look at the beliefs of parents and guardians towards their disabled children, social, cultural and economic challenges faced by disabled children, the coping mechanisms used by parents to address these challenge, case studies from Malawi, Lesotho and India, and finally the policies and programmes to promote inclusive education. Therefore this chapter will explore the previous work done to develop an insight that may enhance the understanding of promoting equal educational rights and opportunities for children with disabilities.

2.1 Theoretical framework

2.1.1 Models of Disability

Reeve (2004) defines a model as a dimensional representation of something. There are two common models of disability known as the social model and the medical model. The social model is focuses on the barriers which persons with disabilities face in their day to day lives, both individually and collectively by the society whilst the medical model is focuses on the individual and his or her impairment.

2.1.2 Social model of disability
The society’s duty is to promote, protect, respect and fulfill with utmost sincerity the rights and obligations of people with disabilities. The fundamental aspects the social model concerns equality through empowerment, accessibility, positive attitudes, full participation and inclusion as well as social support with the aim to ensure that the disabled also realize their full potential in the society. This involves how these social services and support are best delivered through mobilizing a wide range of stakeholders including the persons with disabilities, their families and the community at large.

In 1983, the disabled academic Mike Oliver coined the phrase “social model of disability” Oliver (1983) defines the social model as an objective of ensuring that disabled persons enjoy the status of full citizenship within contemporary society. In this view, Oliver did not only establish the social model to be an all-encompassing theory on disability, but rather a starting point in reframing on how the society views disability. According to Caswell (2010), equal rights are said to give empowerment and the ability to live life to the fullest. The main concept is upholding the rights of the disabled persons by equalizing their opportunities at all levels in the same manner the able-bodied are recognized within a society. Therefore, children with disabilities should also be given equal opportunities to access education similarly to the able-bodied children.

The social model focuses on changes required in a society which can be attitudes or social support. According to Barton (2007), the society is sometimes the contributing factor in disabling people through social attitudes such as stigma and discrimination. The disabled persons are excluded solely on the grounds of their conditions without due regard to their abilities and social needs which marginalize them further as they remain invisible to the mainstream. For instance, the disabled are labeled as slow learners at all circumstances and they tend to be ignored and left behind. In many schools it is common that the children with conditions are always behind as compared to the able-
bodied and sometimes it lowers their self-esteem since they are always looked down upon. The social model clarifies that it is the society that disables an individual, hence there is need for the people in the society to accommodate the disabled children in order for them to be part of the society and access education equally.

Norwich (2006) denotes that equal rights are said to give empowerment and the ability to make decisions and opportunity to live life to the fullest. In contemporary Zimbabwe, the Disabled Persons Act Chapter 17:01 of 1992 “prohibits” discrimination against the disabled in relation to opportunities. Children with disabilities can therefore equally contribute towards the attainment of the country’s vision and goals. Also the United Nations Convention on the Rights of People with Disabilities (CRPD) was adopted in Zimbabwe to promote and protect the rights and dignity of the disabled which is guided by the principles of non-discrimination, accessibility, full effective participation and inclusion in society. Therefore, effective implementation and intervention is needed to ensure that the disabled children are able to access education.

2.1.3 Medical model of disability

The medical model refers to how an individual with an impairment is seen as having a problem. Disability is considered to limit quality of life for this individual or present them with clear disadvantages. According to Parker (1993), the medical model for disabilities views these conditions as a problem for the affected person that is caused by trauma, disease or other health conditions which result in the need for sustained medical care or treatment from professionals. Also in the medical model for disabilities, the management of the condition comes in the form of a “cure” that allows the individual to adjust or alter their behaviour. This actually leads to an “almost” or effective cure that makes it easier for these individuals to function, for instance, it will
be much easier for a child with a visual impairment to see and write properly in class after consulting an optician. This model focuses on medical care, which has resulted in a political stance that pushes for a reform of healthcare policy to respond to these needs.

However, advocates of disability rights often criticize the medical model for inadvertently causing social degradation of those that are disabled (Oliver, 1983). The efforts of this model are seen as an excessive focus on medical care when resources could be put toward other goals like societal or design inclusionary practices with universal outreach. This could include both societal and monetary benefits and costs of various forms of intervention. On the other hand the costs of the medical treatment can also be a disadvantage for parents to meet up with the living standards and as a result some may fail to send the same child to school as well due to insufficient funds.

Unlike the medical model which notes that disability resides within the individual, the social model of disability considers the social structures and environments that inhibit the potential of the disabled person to be effective and contribute to the society. According to Oliver, the importance of the social thrust is moving away from stereotyping the disabled to creating an enabling environment around the individual so that he or she can effectively contribute to the society. In this saying, the Convention on the Rights of people with Disabilities (CRPD) 2008 has assisted in bringing to light the issue concerning this not-talked about section of our community and as a result it has promoted the promulgation of legislative instruments that cater for disabled persons (Mpofu, 2000).

2.2 LITERATURE REVIEW
The challenges facing the world in creating environments in which the education rights of children with disabilities are respected are considerable. Despite significant efforts to address their exclusion from mainstream schooling, many countries are still struggling to address the issue of equitable and inclusive access to education for children with disabilities mostly the developing countries (Casewell, 2010). Recent reviews of the education of children with disabilities by UNICEF (2011) have found a wide gap between official recognition of education for all in the form of international treaties and legislative frameworks, and the actual situation on the ground. According to Anderson (2003), the causes include lack of co-ordination and collaboration between ministries providing services, limited availability of social service providers, lack of reliable and detailed data and indicators on disability, inadequate financial and human resources, and hostile public attitudes and poverty at large. Therefore, there is need to take certain measures into consideration. This can be to build the capacity of the system as a whole in order to challenge inequity, and meet the obligations to promote and protect the rights of children with disabilities in attaining education.

On the prevalence of children with disabilities, statistics from the World Report on Disability (2013) has it that the total number of children across the globe who are now officially recognized as disabled has tripled from about 500,000 at the onset of transition to 1.5 million. This surge is largely due to greater recognition of disability rather than to actual increases in impairments. The total child population is estimated at just over 100 million. Therefore given that the international benchmark for the prevalence of disability among children is assumed to be a rate of 2.5 per cent, the statistics suggests that over a million children with disabilities are not included in the data. In support UNICEF (2012) estimates that 2.4 million of all children of primary-school age are missing from school in the whole of the South Eastern Europe (SEE), Central Europe (CE) and
Common wealth of Independent States (CIS) region. In the World Bank brief (2010) on the Sub-Saharan Africa it stated that close to 85 per-cent of children with disabilities do not attend school in developing countries as a result of social , political and economic factors that drive them to the peripheries and they forever remain invisible. The statistics above clearly shows how the issue of equal opportunities in the education sector is still lagging behind.

Many African countries ratified the Jomtien World Declaration for Education for All of (1999), the Millenium Development Goals (MDGs) and the Education for All Program (EFAP) as the major legislatives with the guidelines and principles and to promote inclusive education. The national education laws in the majority of countries in the do now state that all children have the right to receive an education in mainstream schools along with individualized instruction appropriate to their abilities. Also some of the laws or regulations are specifically designed to ensure equal opportunity for children with disabilities to receive full benefits of education at all levels. However, the progress remains patchy in many parts especially in Africa. Watson (2007) agrees that children with disabilities remain “solely excluded on the grounds of their conditions” at a tender age which deprives them further in the future. Today disabled children still encounter social, political and economic challenges in accessing education unlike their able-bodied counterparts. Furthermore, there is a gulf between policy and practice on the ground. Current provision ranges from special schools, institutions and ‘correctional education centers’ to special classrooms, supported home schooling, day-care centres, inclusive classrooms, and individualized curricula in special classes in general education schools, but however disabled children still remain invisible in the education sector.
There is a pressing need for more data on the education of children with disabilities in the third world countries. Overall, the available data across the region on the learning achievement or school success of children with disabilities either in inclusive classrooms or in special schools is extremely limited with very few systems set up for collection. According to Booth (2002, where it does exist, it indicates that children with disabilities generally receive a very restricted education. This can be a result of inadequate resources to cater for the special educational needs as well in some places the environment is found not to be user-friendly, for instance making it difficult for the physically challenged to access the classroom or toilet. In many countries, national-level education data often fails to include information on numbers and placements of children with disabilities. In Nigeria, for example, there is a lack of national indicators and agencies that do collect data are not coordinated. Overall, the problem of acquiring accurate information on educational outcomes for children with disabilities is compounded by the fact that children from many socially vulnerable families are placed in special schools (UNESCO, 2009).

Unfortunately, children with disabilities often live outside of mainstream society – in residential institutions or at home with family members, with little contact with society or the outside world. Stewart, Brown and Hartwell (2006) discussed that discrimination and negative attitudes toward disability continue to permeate the region, which in part can be traced to the “Communist past” where individuals were valued according to their productivity and contributions to the advancement of the state. These attitudes impede progress towards inclusion. The language widely used to describe disability serves to perpetuate negative stereotypes and prevent full inclusion. Professionals, as well as the wider society commonly use derogatory terms such as ‘defective’ and ‘imbecile’ when referring to disability, while the belief is that these ‘defects’ must be corrected prevails in the region.
Estimates on disability depend again on what is considered as disability, on how severe an impairment must be before it is considered disabling, and on how categories are identified and selected in the actual gathering of data (Ingstad and White 2009). According to the World Health Organisation (WHO) (2000), 10 per cent of the world’s population are people living with disabilities. As such, Zimbabwe, with a population of 12 million people, should have 1.2 million people living with disabilities. However, surveys have recorded a much lower figure. The Zimbabwe Inter-Censal Demographic Survey of 1997 recorded a total of 218,421 people with disabilities in the country – about two per cent of the total population. Of these, 56 percent were male and 44 per cent were female. Seventy-five percent of the people with disabilities lived in rural areas while 25 per cent lived in urban areas. Five years later, Zimbabwe’s 2002 Housing and Population Census presented a national prevalence of 2.9 per cent, of whom 45 per cent were men and 55 per cent women. The Inter-Censal Demographic Survey identified 57,232 children with disabilities (0-19 years), but another study in 2000 by UNICEF found an estimated 150,000 children with disabilities in the country. This disparity demonstrates the lack of reliable, comprehensive data on people with disabilities in Zimbabwe. Furthermore, National Association of Societies for the Care Of the Handicapped (NASCOH) (2013), estimated that about 52% of disabled children have no access to education, adding ablution for facilities in rural areas are not accessible to the handicapped. This shows how the inclusion of children with disabilities in education is still lagging behind.

The need to address these and other imbalances in the education system formed the basis for the post-independence policies. At independence in 1980, education policies in Zimbabwe were a result of a deliberate effort by the Government which came into power, to address the gross
inequalities and imbalances which existed. The Government acknowledged that education was the key to socio-economic and political transformation. It also acknowledged that education was a basic human right, which played a pivotal role in combating ignorance, disease and poverty. Hence, the Education Act Chapter 25:04 of 1987 was established and enacted by the government as a strategy in promoting equal access opportunities to all. However, despite the efforts made amongst other policies and programmes as well as through governmental and non-governmental efforts, there is still a lot to address concerning equalizing educational opportunities for children with disabilities.

2.3 Beliefs and attitudes of parents and guardians towards their children who have disabilities.

These are the perceptions by parents and guardians towards their children with disabilities and research has shown that it influences the way they treat their children.

2.3.1 Disability as a curse

The perception of parents and caregivers towards disability at large has an adverse effect for the proper development and function of children with disabilities. For many centuries, superstitions and myths have surrounded the disabled persons. Culture and religion also influences the attitude of persons towards disabilities in general, which in turn affects their way of treatment. The way people treat disabled persons differs from family to family, community to community and country to country (Mafa, 2004). Some parents and guardians harbour traditional and cultural beliefs and choose not send their disabled children to school. For instance, most African societies hold negative beliefs that disability is associated with witchcraft, promiscuity and a form of punishment by the ancestors. Also in some communities children born with disabilities are killed right from
birth. Many parents show a wide range of feelings and practices when they realize that their child has any disability, for example some parents are afraid of being laughed at and isolated by the society hence, they keep them shut behind closed doors and make no efforts to develop them for their future as they are regarded as misfits and shame to the society.

Some religious beliefs uphold that a disabled child is a sign of a curse from God and as a result parents or guardians do not see and value that child as compared to the normal children. Therefore it can be noted that different factors affect the attitude of parents towards their disabled children which include the attitude of the society towards disability in general and in particular, religion, culture superstitious beliefs. According to Goreczny (2011) the beliefs held by different cultural groups determine the degree of acceptance or rejection of persons with disabilities in that society. Henceforth, children with disabilities are far more limited by the society’s cultural values and beliefs.

2.3.2 Disability comes from God and it is natural

In consideration of the Millennium Development Goal number 4 of basic education for all by 2015, the attitudes and beliefs of parents and guardians towards their children with disabilities is of paramount importance concerning education for all. A belief can be defined as an acceptance that something exists or is true especially one without proof. Fritzon (2001) defines attitude as a learned predisposition to respond either positively or negatively to persons or things. Some individuals uphold that disability comes from God and that it is natural and they love and support their disabled children despite their conditions. It is often believed that before a child enters into formal or non-formal systems of education, he or she acquires values, attitudes and norms of his/her culture and society, especially within the family. According Hall (2003), the family and community can be
identified as the chief agents of informal education. For instance, during the early years parents have been the only educational force in their child’s life until adulthood. Therefore, in this regard, parents and guardians are the only expert in the education of their children towards their disabilities and conditions as determined by their attitudes and beliefs that disability comes from God and it is natural.

2.3.3 Positive and Negative Attitudes by parents and guardians

When parents realize that their children have disabilities, they show different reactions such as shock, denial, anger, bitterness and shame, loss of self-esteem, guilt, disappointment, sadness or grief. According to Hillary and Cole (2006) all these reactions have their own impact on the overall development of that child thus the type of treatment and way of handling their child with disability. For example, Chissel (1994) distinguished four types of parental attitudes towards blindness which include viewing the child's blindness as a form of punishment, fearing that others would think that the child's blindness was a result of parents having a social disease, feeling guilty because negligence or because having violated some moral or social code, and feeling personally disgraced. The relationship between the blind child and the family is reciprocal because the child affects the family climate while the family in turn affects the child's development.

An individual can develop a certain kind of attitude in favour of or against a particular idea, person or an object. According to Mafa (2004) an attitude is not innate but it is learned at it persists relatively for a long period of time. It also motivates the individual to act and to shape or direct his behaviour. In addition to that, Wortman, Malin and Birch (1998) has it that attitudes can be categorized into three basic components which include cognitions or belief of a particular person, an emotional reaction towards that stimulus, and lastly a tendency to behave in a certain way. In
this view, a parent can be in shock and denial towards a certain disability of his/her child and which can result in stress and depression. According to Waltz (2000), chronic conditions of disability both medical and emotional make extra demands on parents resulting in stress. Also parenting stress has clinical and social implications such as marital discord and child neglect and abuse. Stress can reduce family flexibility and efficiency, increase family conflicts and decrease coping ability, all of which can in turn hamper children’s cognitive development and social competencies. For example, the birth of a child with an impairment can be emotionally draining for the parents who may feel confused, afraid, and angry, or may blame each other. These feeling and reactions may lead to increasingly stressful family relationships which influence parents to lose hope to send that disabled child to school thinking that its of no use, yet on the other hand the child is being deprived the right to education.

One of the major forces that influence a child with disability is the family. According to Freud (1989), “child development takes place through complex systems on the child’s immediate environment.” The degree to which a child with disability can learn and participate in normal activity depends on the family's acceptance and willingness to focus on the child's positive potential. Therefore positive attitudes by parents or guardians perhaps are the most important element in the child’s environment. Studies have shown that parents who have at least acquired secondary educational level have more positive attitude than parents with no education towards disabled children. For example, some parents take part in the curriculum activities by their children at school to support them. This makes it easier for the children as they trust and understand their caregivers more which helps to encourage and build their self-esteem more. Others also believe that parents who have disabled child have more positive attitude than parents who do not have. According to Mafa (2004), in order to be effective in special education, it is essential to work with
the family system in which the child lives, not just only with the child. Hence, parents are the child's first and most important teachers. In addition, parents and guardians must be strongly involved in the academic and non-academic development of their disabled children since it is acknowledged that the family is the main building block of any development process. According to Chissel (1994) cited in Waltz (2000) it is the centre of a child’s experience and the structure through which most learning takes place.

2.4 Challenges associated with access to education for children with disabilities.

Children with disabilities face difficulties (barriers) which range from social, cultural, economic and school related factors. These barriers deprive them equal opportunities of accessing education as compared to the able-bodied children.

Social factors

These include the societal perceptions about persons with disabilities which can be negative attitudes and exclusion by the society such as stigmatization and discrimination.

2.4.1 Stigmatization

Stigma can be defined as a mark of disgrace associated with a particular circumstance, quality or person. Agbenyega (2003) refers stigmatization to the negative and prejudicial ways in which people living with disabilities are labelled. Discrimination refers to the way persons with disabilities are treated, intentionally or unintentionally, due to stigma (Goreczny, 2011). These two social factors can be attributed to the social model view by Mike Oliver (1983) which posits that disability can be socially constructed through the actions of society in erecting barriers and structures that limits the ability of a certain person to function “normally”.

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Public attitudes and beliefs on disabilities are often based on fear and misunderstandings, the stereotype of individuals which exposes them to prejudice, discrimination and ultimately to the denial of rights and resources that are afforded to all citizens. According to Katz (2005), the disabled children are unable to access meaningful education because the society is organized to meet the needs of non-disabled people as manifested by the negative attitude that hampers their efforts to lead ordinary lives. For instance, the stereotyping of mental health patient as “mad men” not only affects their emotional and self-esteem but keeps them away from mainstream society.

According to Avoke (2002), stigma is the single most difficult barrier to living “normal” and productive lives by persons with disabilities. Stigma arises from a number of factors such as fear, embarrassment, anger, lack of knowledge and empathy, as well as avoidant behaviour with a tendency to fear and exclude people who are perceived as different among others. For instance, as a result of ignorance, some parents choose to hide their disabled children behind closed doors as they view them as helpless and of no use to send them to school. In addition, self stigma can also occur when persons with disabilities and their families internalize society’s negative attitudes towards them, leading to self-blame and low self-esteem (Dhare, 2009). Hence, such barriers deprive and limit the ability of such persons to access the opportunities, privileges and resources within a society.

2.4.2 Discrimination

Persons with disabilities are often treated with disrespect and this show of disrespect may lead to societal exclusion. Discrimination involves stereotyping, labelling, bullying, aggression, ridicule and devaluation of the self-worth of the person. For example, in the Zimbabwean society, the Shona refers to a disabled persons as “chirema”, alluding that the person is incapable of doing
certain tasks as it dehumanizes and reduces them to objectives. (Chimedza and Peters, 2001). According to Fefoame (2009), such discrimination meted against persons with disabilities results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access education, engage in meaningful relationships and enjoy quality of life afforded to all citizens.

Goreczny (2011) noted that negative attitudes towards individuals with disabilities can be ‘invisible barriers’ as persons with disabilities pursue community involvement and community resources geared towards achieving good quality of life. Aside from being personally painful, discrimination is dangerous in a number of ways as it can prevent people from seeking help, can lead to feelings of hopelessness when in fact, persons with disabilities can function “normally” when societal barriers are removed. For example, usually in school some able bodied children take advantage of their physical fitness and tend to bully those with disabilities and conditions as well as calling them names. However, this can affect them psychologically and emotionally and as a result it lowers their self-esteem which can lead to poor performance in class and eventually drop out of school. Therefore there is need to recognize and remove the societal barriers as they prevent children with disabilities from accessing education as well as to function as normal members of society with the same rights as other citizens.

2.4.3 Culture

Culture can be defined as the customs, institutions, values and ethics and beliefs of a particular nation, group or community (Schearfore 2004). Traditionally and culturally, African society hold negative attitudes and beliefs towards disability and the CWDs. Often disability is associated with witchcraft and promiscuity during pregnancy and punishment by ancestral spirits (Addison,
1986). For instance, in other communities disabled children are killed right from birth as they are regarded as misfits while others are kept shut behind the doors by their parents and guardians as they see them as” shame” and of no use within the society. It is however sorrowful and disheartening that some cultural practices still regard disability as a curse, therefore they are not given the chance to be part of the society.

According to Groce (1999) people with disabilities are far more limited by society’s view of disability than by their actual disability. Cultures view disability in three ways : by cause, by its effect on valued attributes, and by the status of the disabled person as an adult. For instance, disability can be explained by witchcraft, reincarnation, or genetics. Also in other communities they believe that the willingness of a society to give resources to disabled persons depends on whether that individual will have an adult role in the community. Some parents or guardians chose not to send children to school as they think that it is of no use since they cannot do anything productive.

Economic factors

There are several economic factors that can affect and deprive children with disabilities and conditions from enrolling and attending school which include external debts, lack of adequate resources and accessibility, poverty and high cost instructional materials amongst others. Todaro (2008) defines an economy as the state of a country or region in terms of production and consumption of goods and services and the supply of money. Therefore the economy of a country has to be stable which makes it possible for people to meet up with the living standards.

2.4.4 Inadequate resources
The availability of adequate resources by the government also determines the accessibility of social services provided to the public such as education, health, housing and employment. According to Livingstone (1969) cited in Kaseke (1998), the level of economic resources in a given country constitutes a significant determinant of social policy. UNESCO (2001) postulated that for inclusive education to take root, governments must provide schools with additional resources to enable them accept disabled children. In Zimbabwe, at independence, primary education was declared tuition free, but however, the deterioration of the economy in the late 1980s forced the government to review its policies on social service provision. According to Kaseke (1998), the decline in the performance of the economy meant a dwindling of resources available to support free primary education and free health services for people earning less than Z$150 per month. For example, user fees were reintroduced for primary education as a result of the Economic Structural Adjustment Programme (ESAP) of 1999 as the government had collapsed with no sufficient resources. Up to date resource constrains by the government still affects the disabled children to equally access education since it cannot provide the special needs for all schools within the country to accommodate the disabled children.

2.4.5 Poverty

World Bank (2012) defines poverty as the state where an individual’s income and resources (material, cultural and social) are so in adequate as to preclude him/her from having a standard of living which is regarded as acceptable by society generally. As a result of inadequate income and other resources people may be excluded and marginalized from participating in activities which are considered the norm for other people in society. For example, general access to education in can be affected by high educational costs and household poverty. Many people with disabilities acknowledge that their situation plays a role in their social and economic development. For
instance, the literacy levels of people with disabilities are generally lower than the rest of the population since disability affects the chances of attending school, finding employment, and participating as equals in society.

Disability adds to the risk of poverty, and conditions of poverty increase the risk of disability. According to the World Health Education (WHO) 2013, also in turn, poverty can lead to secondary disabilities for those individuals who are already disabled, as a result of poor living conditions, health-endangering employment, and malnutrition, poor access to health care and education opportunities. There are a number of factors that can make people with disabilities or families with people with disabilities worse off economically. These include loss of income, additional costs resulting from the disability and marginalization or exclusion from services and/or social and community activities. For instance, household poverty competes directly with disability and the educational needs of CWDs as parents finds it hard with low household incomes to buy books and other scholastic materials for their children.

Poverty is both a cause and consequence of disability. According to Ferguson (2013), ‘disability is inseparable from poverty.’ Poverty and disability are linked in a vicious circle, as people with disabilities 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 people with disabilities. However, economic initiatives such as the Poverty Reduction Strategy Papers (PRSPs), Millennium Development Goals (MDGs), NEPAD the New Partnership for Africa’s Development (NEPAD), and the Economic Commission for Africa, African Charter and UN conventions are silent on people with disabilities. Disabled persons and their organizations are rarely referred to as stakeholders or beneficiaries. Instead they are mentioned as ‘vulnerable
groups’ in these global economic initiatives. People with disabilities need special support such as skills, appropriate technology and access to information to sustain their livelihoods (Avoke, 2002).

2.4.6 High cost and lack of instructional materials or equipment’s

This high cost of instructional materials of CWDs further makes the access to all-inclusive education services a challenge as they compete unfavorably with those of normal children (Kimbugwe, 2002). For example on average educational and instructional materials for a child with visual impairment for primary school could include perkins braille, cubes for arithmetic cubartithm board games, thermo form machine, binding and spiral machine, and mobility cane. Farrant and Eenet (2010 ) advise that teaching or learning materials should be selected according to the specific needs of the learners. Failure to get such materials, teachers resort to using only blackboards which are not effective for all pupils in inclusive classes for example learners with Autism. According to the World Health Organization (2011), education is not only about good quality teachers and materials, but rather it is also about quality learners as children need to be health and nourished. Henceforth, the high cost of instructional materials can affect the children with disabilities to access education.

Other factors that can deprive children with disabilities from accessing education can be classified as school related and also the policy environment. Challenges might range from the examination systems that does not carter for SNE as the assessment of CWDSs is rarely standardized. Also issues such as the low number of specialized teachers, lack of disability transport services as well as inaccessible buildings, for example the use of ramps makes it easier for using the wheelchair. According to Kimbugwe (2002), there is a general lack of knowledge on existing policies that could enforce CWDs inclusiveness in education as shown by their limited involvement in policy
formulation. In addition to that, due to political factors and instability, some of the policies are not being fully implemented.

2.5 Coping mechanisms being used by parents and guardians of children with disabilities to address challenges of access to education.

Families can be a source of great happiness, as well as stress. Parenting a child with a disability is one of the most stressful life events that can occur and this depends on a variety of individual, family, and environmental factors. Caring for a disabled child may require additional equipment, home modifications, time, and patience, love, support, discipline, and direction unlike to normal children (Folkman 2004). Also having a child with a disability creates a crisis event, for which parents have little to no preparation. According to Pane (2000), coping involves strategies that help to eliminate, modify, or manage a stressful event or crisis situation. Since each family system is unique, therefore each family may have different coping mechanisms in addressing the challenges faced by their disabled children. These include, mobilizing available family resources, acquiring social support and seeking spiritual support. On that note, depending upon which type of strategy is being implemented, one form of coping can be more effective than another.

2.5.1 Family resources

A family’s response to stress involves the various coping mechanisms by individuals, the family as a whole and collective strengths or assets the family has available to it. The family’s resources are the sociological, economical, psychological, emotional, and physical assets that family
members can draw upon in response to a stressful event (McCubbin and Patterson, 2006). Research has shown that resources influence a person’s ability to cope effectively in stressful situations hence, sufficient amount of personal resources available lessens the stress.

Personal resources include financial, educational, health, and psychological resources as strategies to cope with disability in a family. Educational resources help facilitate a person’s ability to problem solve, psychological resources include personality characteristics and self-esteem, financial resources refers to how well-off the family is financially, and family members’ physical health all have an effect on coping. For example, parents may have financial problems due to hospital bills, and adaptive equipment to cater for the treatment and medication of a disabled child. On the other hand, a family’s resources may place an individual at a greater advantage for coping with having a child with special needs. For example, those who have more education are better equipped to use problem-solving skills (Fidgley, 2010). Therefore it can be noted that specific situations require different types of resources or coping strategies.

A family’s structure influences the family’s ability to cope. This includes the number of parents in a household, thus the marital status and the importance of having a strong parental coalition. According to Bailey and Beckman (2002), marital satisfaction is the single best predictor of parental adjustment and reduced amount of stress associated with caring for a child with a disability. For instance, single parents who have children with disabilities are likely to have increased stress due to having added role demands of a two-parent household, that is the everyday tasks of feeding, toileting, traveling, and communicating can be much more physically and emotionally demanding for a single parent. In addition, maintaining family cohesion is also one of the most frequently used and helpful strategies of families experiencing stress. According to Hill (2003), a family should maintain a sense of unity to overcome stress at all levels. The ability to
communicate and express their thoughts and feelings is an important component in healthy families. Also open and honest communication involves listening to one another is vital for instance parents can agree and share responsibilities in the home. In essence, how well parents and guardians cope with the disability depends on multiple factors, including their support, evaluation of the situation, their ability to function, and any additional stress they are experiencing.

2.5.2 Social support

Having a child with a disability automatically means the parents’ dreams and expectations suddenly change. Therefore, seeking social support can be perceived as a coping strategy for parents and guardians of disabled children to address challenges of access to education. According to Folkman (2004), social support involves individuals, groups, community or institutions that provide assistance to help others overcome stressful situations of life. There are basically two forms of social support which can be categorized as formal support and informal support. Formal supports include both professional helpers like physicians, social workers, counsellors and agencies such as hospitals, early intervention programs and day care centres. Informal sources of support include individuals such as family, friends, neighbours, relatives, co-workers, church organizations and parent-groups.

Seeking informal social support helps parents and guardians to prevent emotional and physical effects of stress. According to Appleton (2000), informal support has more positive effects than formal support because fills the basic human need for relatedness and connection. For example, support groups offer parents the platform to meet other parents and establish potential childcare for one another. Such groups also give parents the opportunity to share their feelings, discuss their concerns or problems, exchange information about disabilities or community services, offer advice
to one another, and focus on positive ways of helping their children (Pane, 2000). This gives the parents a sense of belonging and comfort which in turn gives them the courage to support their disabled children to acquire education for a better tomorrow. In addition, seeking social support is positively associated with family strength and greater family confidence in families who have children with disabilities. According to Cohen (1987), families are the foundation for a child’s development, socialization, and formation of his/her values and beliefs. For instance, the parents as well as extended family members’ feelings toward their child will influence their ability to cope and also have an effect on how the child grows into an adult.

On the other hand, seeking formal social support is also helpful in addressing the challenges to access education for children with disabilities. This includes professional helpers such as physicians, social workers and counsellors as well as institutions like hospitals. However, these forms of support are not very effective due to several factors such as lack of resources in hospitals and institutions. Also consulting professionals like counsellors, social workers and physicians can be costing such that some parents or guardians cannot afford. Research has shown that these forms of support are more common in developed countries such as Europe where resources are available as compared to the developing countries. From the above it can be noted that social support increases positive parental attitudes toward their child with a disability.

2.5.3 Spiritual support

Spiritual support is believed to be one of the best predictors of emotional adjustment. Spirituality is difficult to define because it differs from culture and societies. It can be referred to as a system of belief or religious practice based on supposed communication with spirits, faith in humanity, ethical behaviour, concern for others, or interaction in relation to a greater Being (Cohen, 1987).
Individuals involve themselves with religion to a greater extent in more stressful situations than in less stressful moments of their life (Cohen, 1987). Therefore, parents seem to find solace in religion because it can give them strength and comfort to move on with their lives despite the challenges they face with the extra burden of taking care of their disabled child. According to Mc Cubbin (2006), spiritual support can be obtained in the form of prayer, literature, participation in religious activities, joining organizations, or attending religious service with the belief that it helps to resolve what people cannot control. Religious reframing can be used by parents as a way to put things in a new perspective and make the situation more manageable through faith, as well as it offers a sense of stability. For example, some Christians believe that through miracles and support from church members, a paralysed child can be able to walk again. Also other parents can view the disability of their child as a gift from God and this enables them to accept their child with his/her conditions and treat that child equally. In this view, it shows that spiritual support can be an effective mechanism used by parents to assist their disabled children to be treated equally. Parent should provide support and assistance to their disabled children because they are also human beings with equal rights to education just like any normal person (UN Convention on the Rights of Disabled Persons, 1992).

However, Even though some strategies have been found to be more effective than others, it is difficult to assess the outcomes of coping because some people strive for different means, and some approaches may be helpful in the short-term, but problematic in the long run (Folkman, 2004).

2.6 CASE STUDIES
This section provides a brief description on the background of each country with regards to the issues of equalizing opportunities and promoting access to education for children with disabilities.

2.6.1 Malawi

Malawi is a landlocked country sharing its borders with Tanzania in the north. According to Lipsky (2003), with a population of close to 15 million people against a land holding size of 120,000 km², Malawi’s population density is considered high. In 1998 the population census reported an adult literacy rate of 58%. In 2009 the World Bank indicated that the adult literacy rate had increased to 74%. On the issue of disability the 2008 National Population and Housing Census of Malawi indicated that there were 498,122 people with disabilities in Malawi making up 4% of the population, with most having a visual disability. (Government of Malawi, 2008).

Research has shown that most parents with disabled children in Malawi are in support of the inclusion of their children in the educational sectors. Due to lack of adequate resources, parents resort to the informal forms of social support which involves the family, friends and relatives in raising their children (Lawson, 2010).

In 2001 the government of Malawi developed its Education Policy Investment Framework which took forward its commitment to the creation of quality education for all children, including children with disabilities. The policy commits the government to reducing inequalities in the schooling system by providing bursary schemes, increasing school enrolment of female learners, increasing community participation in the management of local schools and the creation of enabling learning environments for all learners (Government of Malawi, 2001).

In August 2009 Malawi ratified the United Nation’s Convention on the Rights of Persons with Disabilities (UNCRPD) In 2006 the Malawian government developed a National Policy on the
Equalisation of Opportunities for Persons with Disabilities (NPEOPWD) which recognizes the socially constructed nature of disability and aims to equalize opportunities for people with disabilities and facilitate their full integration into all aspects of Malawian society. Also in 2006 the National Policy on Special Needs Education was developed by the Ministry of Education, Sport and Culture which provides an important mechanism for ensuring that disability issues are fully integrated into national education programmes and initiatives.

The Ministry of Education introduced the Learning Difficulties Programme. The programme aimed to equip specialist teachers with skills on how best to handle children with specific learning difficulties in both special and mainstream schools. It was a success as in 2007 a total of 159 teachers with specialist skills to respond to the needs of children with learning difficulties graduated from the Montfort College of Special Needs Education. Other important initiatives that have contributed to improvements for children with disabilities have included a large Community Based Rehabilitation (CBR) programme, which included a focus on education that was aimed at reducing the number of children with special needs in the Resource Centre Units in mainstream schools as well as those in special schools. These initiatives aimed at establishing a more inclusive education system, but however, many challenges remain and Malawi still has a long way to go if its ‘Education for All’ commitments are to have meaning for all children with disabilities.

2.6.2 Lesotho

Lesotho has one of the least developed economies in the SADC region. The World Bank indicates that in 2009 Lesotho had a literacy rate of 89.7%. Adult literacy has been rising steadily since 2000 when the Prime Minister of Lesotho called for the implementation of free primary education in response to the United Nation’s Millennium Development Goals (World Bank, 2012). The 2006
Population and Housing Census indicated that only 3.7% of the population had some form of disability, with slightly more men than women having a disability (Bureau of Statistics, 2009).

Many parents in Lesotho are reported receiving little support from their extended families in taking care of their disabled children as a result of different cultural beliefs and values, therefore they make use of formal social support such as counselors. Higher stress is common among parents who are engaged in a prestigious occupation than those who work as laborers. This may be due to the thwarting of their generally higher expectations of their children, higher perception of shame, frustration at not being able to restore the condition of the child and more restrictions on their social and professional activities (Hopers, 1999).

Lesotho has at present no disability-specific legislation. However, In Section 28 of the Constitution attention is given to education. It states that Lesotho shall endeavour to make education available to all and indicates that policies will be adopted that will endeavour to ensure that primary education is compulsory and available to all. (Mosito and Moeletsi, 2011)

In Lesotho education is viewed as the right of every child. In 2000, in line with the United Nation’s Millennium Development Goals (MDGs) and the associated Education For All (EFA) initiative, the government of Lesotho introduced free primary education across the country. This initiative built on the provisions of the Education Act of 1995, which aimed at promoting education for all children in Lesotho. Furthermore, the Ministry of Education and Training’s (MoET) Strategic Plan for 2005 -2015 was established with the aim to take forward the MDGs and EFA by indicating that the aim of the Ministry is to provide free and compulsory primary education of good quality to all children in Lesotho. The Strategic Plan also provides a strong enabling framework for the

Furthermore, in pursuit of its commitment to the MDGs and the EFA initiative, by 2010 Lesotho had managed to achieve the 7% allocation target set by the Dakar Education for All Declaration despite the challenging economic climate. According to the World Bank (2012), Lesotho leads all other African countries regarding spending on education as a percentage of its Gross Domestic Product (GDP), which presently sits at 13%. However, from the SINTEF (2011) study conducted in collaboration with the Lesotho National Federation of the Disabled reported a lower percentage of school attendance among children with disabilities aged 5 years old and above, compared to their peers without disabilities. Also it was noted that while important progress has been made many children with disabilities either remain out of the system or are not benefiting sufficiently from these initiatives.

2.6.3 INDIA

India is a vast middle income country with a small population estimated to be around 2.1 million. The country is classified as semi-arid and is among the least populated countries in the world. In 2009 India had a literacy rate of 89%. According to Lupane (2010), access to basic education has become more equitable and primary health care services are now widely available. In December 2001 Namibia ratified the United Nation’s Convention on the Rights of Persons with Disabilities (UNCRPD) and the Optional Protocol attached to the UNCRPD.

In inner city slums of India, community-based nurseries were set up for 6,000 families living in extreme poverty. Majority of the children in India have developmental disabilities. Developmental disabilities are a diverse group of severe chronic conditions that are due to mental and/or physical
impairments. In the city of Delhi a female child is traditionally considered more of a burden than a male child. A female child with disability is likely to be considered even more burdensome, raising the spectre of neglect and abuse (Perry, 2000). More stress is said to be among parents of girls with intellectual disability. Parents of children with attention deficits and hyperactivity disorders seem to be more depressed, socially and isolated, and restricted in their parental roles than mothers of children with normal behaviour. Indians, in general, do not use formal resources even if they are available because of the stigma attached to disability instead they turn to God, mosques and temples for coping through their religions which are Hindu, Muslim and Sikh (Ritman, 2007).

Currently education provision in India is driven by the Ministry of Education’s Education and Training Sector Improvement Programme (ETSIP) which is aimed at aligning the entire education system towards the needs of the 21st century and India’s national development planning framework and vision for 2030. For children with disabilities these intentions are given meaning through the government’s Sector Policy on Inclusive Education: Implementation and Supporting Guidelines which were developed in 2004. The aim of the policy is to ensure that all learners are educated in the least restrictive educational setting and in schools in their neighbourhood to the fullest extent possible.

2.7 Policies and programmes to promote access to education among children in Zimbabwe.

Zimbabwe has ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) and as a nation it has made efforts to a greater extent to fulfill its obligations and the basic principles to enable an inclusive society. This has been done through the establishment and enactment of policies, programmes and projects that lobby and advocate for equal education rights. Also
governmental and non-governmental organizations play a critical role as they complement the government’s efforts to promote the rights of the disabled children at every level. However, some of the policies and programmes are not being fully addressed and implemented, while all of them do not give clarity the disabled people which still make them remain invisible in societies at large.

2.7.1 National Action Plan of Zimbabwe

The National Action Plan towards Education For All was established in 2005. The targets of this National Action Plan (NAP) indicates that it is possible to achieve Education For All (EFA) by 2015 in Zimbabwe. For instance, the current Net Enrolment Ratio (NER) for primary education stands at 94 percent and it is envisaged that by 2015, a 100 percent NER is achievable (Ministry of Education, 2011). The NAP has detailed the activities, resources and the budget required to achieve the targets as it focuses on the six EFA goals as given in the Dakar Framework for Action which include, early Childhood Education and Care, primary education, life-skills, adult literacy, basic and continuing education, gender equity in education and, quality of education.

Through the NAP, it is the Government’s wish and hope that the achievement of Education For All goals will enable Zimbabweans to contribute more meaningfully to the nation’s socio-economic and political development. According to Mpofu (2010), the Education For All (EFA) goals can only be achieved when all Zimbabweans join hands and pull together as well as to make the National Action Plan a reality.

The achievement of EFA by 2015 will require total commitment on the part of government, mobilization of all available resources and sensitization of the total population about the Programme (UNICEF, 2012). While the Government will play a major role in providing the funds for the implementation of the plan, it is envisaged that other key stakeholders including
international development partners will also play a critical role in supporting the Programme technically and financially. Also the Ministry of Education and Training’s (MoET) Strategic Plan for 2005 -2015 was established with the aim to take forward the MDGs and EFA by the Ministry of Education Sports and Culture.

It can be noted that the level and rate of development is also dependent on the level of education of the people. Therefore it is essential to promote and provide access to education among children with disabilities.

2.7.2 Basic Education Assistance Module (BEAM)

Through the Zimbabwe National Orphan Care Policy, the Basic Education Assistance Module (BEAM) of 2001 was also established as the percentage of families living below the poverty datum line continued to rise due to the country’s economic downturn. The Government introduced the BEAM Programme as a social safety net in as pays levies, school and examination fees for children from disadvantaged families. According to Chakuchindi (2003), it is a successor to and an improvement on the Social Dimensions Fund(SDF), which was also used for the same purpose. This initiative upholds the policy of access to eleven years of school education for all children and it has greatly increased access to education for many learners who would otherwise have dropped out of school due to destitution. However, the problem with the BEAM is that beneficiaries in one year are not necessarily going to benefit in the following year. Also it still falls far short of meeting the needs of the many families that are living below the poverty datum line.

2.7.3 Government and Non-governmental organizations
There are organizations which combine in-house rehabilitation services, education, vocational and training with outreach and community-based rehabilitation programs throughout Zimbabwe. Non-governmental organizations (NGOs) on another angle are playing a pivotal role in by complementing the government’s work through programmes and policies that protect the disabled children. For example, Zimbabwe has established rehabilitation centres which offer education and vocational training for people with disabilities such as Leonard Cheshire, Jairos Jiri and National Rehabilitation Center of Zimbabwe. This shows that Zimbabwe has managed to promote the social well-being of children with disabilities. There is one national umbrella of disabled people’s organizations known as the Federation of Disabled Persons of Zimbabwe (FODPZ), represented in the National Disability Board (NDB). The role of FODPZ is to advocate rights and improved services, mobilize persons with disabilities, provide services and promote and organize income generating activities. Another national umbrella is the National Association of Societies for the Care of the Handicapped (NASCOH) which also provides for the disabled.

However, disability issues still have a low priority with the government of Zimbabwe and this continues to affect children with disabilities in accessing education. According to Mpofu (2000), due to the political and economic situation, the situation of promoting the social wellbeing of the disabled has deteriorated. For instance, early 2012 some disability organizations were even banned by the government. Government humanitarian relief programs sometimes deliberately exclude persons with disabilities, claiming that they “belong to social welfare”. Also, there are no legal provisions mandating persons with disabilities to participate in policy making or to work with governmental institutions, but disabled people’s organizations (DPOs) have sometimes been consulted, when laws and regulations with a disability aspect are being prepared (Mafà, 2010). The Ministry of Labour and Social Welfare is responsible for the rights and needs of people with
disabilities, but has no budget at all for addressing the needs of the group. Together with the Ministry of Health and Child Welfare, the ministries are responsible for the provision of assistive devices to citizens with disabilities, but both Ministries fail to deliver according to their responsibilities. Furthermore, the Ministry of Youth Development, Gender, and Employment has not yet included women and girls with disabilities in its programs. This shows Zimbabwe is still lagging behind in fully promoting the well being of disabled children for them to access equal educational opportunities.

2.8 CHAPTER SUMMARY

This chapter has provided literature on the theoretical framework, challenges faced by disabled children in accessing education and case studies from Malawi, Lesotho and India. The chapter also looked at the strategies to promote inclusive education for all as well as the policies and legislations that have been established and enacted, but however, it can be noted that despite the interventions made so far, children with disabilities still face social, economic and cultural problems in accessing education. The next chapter focuses on the methods used to gather data and information.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This study was carried out to investigate on the challenges associated with children with disabilities in accessing education, therefore the main focus of this chapter is to present how the research was carried out. The chapter describes the research design and the methodology that
was employed, data collection methods, data presentation and analysis, and also discusses the sampling techniques adopted which led to the findings reported in the next chapter.

3.1 Research design

A research design is a plan of how the researcher will go about answering the set of research questions therefore, Qualitative research design was used for this study. According to Acker (2003), a research design is a detailed blueprint that is followed in completing a study, therefore a research must be designed in such a way that the requisite data can be gathered and analysed to arrive at a solution.

3.1.1 Qualitative research design

Qualitative research is associated with collecting information in many forms, chiefly non-numeric. The qualitative design was considered appropriate for this study. Shank (2002), defines qualitative research design as a form of systematic empirical inquiry into the meaning. One of its major advantages and one of the reasons why the researcher chose it is that the design that allows the researcher to study things in their natural settings, attempting to make sense of or to try and interpret a phenomena. According to McNabb (2010), descriptive research design is a scientific method which involves observing and describing the behaviour as well as attitudes of a subject without influencing it in anyway. The main goal of this type of research is to describe and interpret the data and characteristics about what is being studied. Qualitative research design aims at exploring unknown sectors, identifying the main dimensions of the problem, drawn assumptions, and understanding motivations (Marks and Yardley, 2004). Therefore, a qualitative design was appropriate to assess the societal challenges faced by children with disabilities in
attending school since the research in question is a social phenomena hence it is subjective since it is socially constructed.

3.2 **Location of the study**

The study was conducted in Glen View 3 community. The community was chosen because it has so far attracted limited research on the disabled education. Glen View 3 community is one of the remote communities of Harare in terms of social service development, as evidence by lack of any hospital, teacher training facility as well as any school facility specifically for children with disabilities. Isheanesu Children’s Centre is situated in the high density location of Glen View 3 community which is found in the western part of the city of Harare and lies between 00 31 South and 320 East with a total surface area of 3,319.2km2 and it has a total population of 186,144 (Population and Housing Census, 2012). The Glen View constituency is made up of 3 wards namely 28 ,30 and 31 of the Harare Municipality of which Isheanesu Children’s Centre belongs to ward 31 which only has 3 Primary government schools and the schools only have a total enrollment of 5613 in 2004/2005 of whom only 502 pupils are CWDs . The study focused on this institution where education for all services are being offered though the children with conditions are still facing challenges on enrolling , attending and completing school.

3.3 **Target population**

A population as a group of people (or items) from which information can be obtained. According to Bell (2003), the population of an enquiry is the totality of all elements under investigation. For this study, the researcher targeted all the parents and guardians of disabled children at Isheanesu Children’s Centre (75) as the key respondents. Information was also sought from key informants
which included (3) teachers at Isheanesu Children’s Centre. This category of people was assumed to have the ability to answer questions and discuss related issues with ease.

3.4 Sample and sampling procedures

Sampling refers to the process used to select a portion of the population for a study that generalise the whole population. Tuckman (1979) saw a sample as part of the population concerned. The researcher had targeted a sample size of (30) parents and guardians from the targeted population of (75), but unfortunately she only managed to get (17) parents and guardians on the actual ground simply because the other parents had not brought their children to school on the day the interviews were conducted.

There are two common types of sampling techniques, which are probability and non-probability sampling (Borg and Gall, 2005). Non-probability sampling procedures were used through purposive and convenience sampling techniques in order to capture information from a knowledgeable group of respondents. The purposive sampling allowed people assumed to be aware of the CWD situation to be interviewed and these included (3) teachers and the as the key informants. The convenience sampling technique allowed the (17) parents and caregivers (respondents) to be interviewed as they came across the researcher. The researcher considered the convenient samples since it represents all the elements or subjects of the study or the convenient sample can be taken to be individuals who are most readily available to participate in the study (Bailey, 2002). In total 75 respondents targeted, 17 were parents and caregivers and 3 teachers were the key informants.
Sampling was necessary because in a study of this nature, it was neither desirable nor possible to cover all the entire population. The sample size hence took into desirability and feasibility consideration; issues of time, manpower, transport and financial resources.

3.5 Data collection methods and tools

Qualitative data collection methods such as interviews were used to collect data and information on challenges associated with children with disabilities in accessing education. The above technique was found appropriate since there is need to match research objective with appropriate data collection methods. According to (Chris, 2005) qualitative data collection methods play an important role in impact evaluation by providing information useful to understand the process behind observed results and access changes in people’s perceptions of their well being. In addition to that they rely more on interactive interviews were respondents could be consulted several times making it easier for the researcher to follow up on a particular issue, clarify concepts or check the reliability of the data.

3.5.1 Interviews

Parents and guardians were interviewed through the use of an in-depth interview guide and teachers were also interviewed through the use of an interview schedule. According to Rubin and Babbie (2002), an interview guide or schedule ensures that the interviewer covers the same material and keep focused on the same predetermined topics and issues while at the same time remaining conversational and free to probe into unanticipated circumstances and responses. For instance, vague responses were probed further using non-directive questioning. Interviews are the oral equivalent of questionnaires. Hogle and Sweat (2006) argue that, capturing what people say in their own words is the most important contribution of qualitative research to understanding...
human behaviour. Therefore, the interviews helped to capture some of the information that had not been captured by the questionnaire. However, like any other method of collecting data, the interview method has its own advantages and disadvantages.

The advantages of using interviews is that the researcher (interviewer) can adapt the questions as necessary, clarify doubt and ensure that the responses are properly understood by repeating or rephrasing the questions (Chris, 2005). Another advantage of using face-to-face interviews lies in the quality of the data obtained. Bell (2003) articulates that interviews can yield rich material and can often put flesh on the bones of questionnaire responses. This implies that when conducting interviews, one can seek further clarification. In this particular study the researcher was able to develop the interview responses and got some clarifications through probing. Each interviewee’s tone voice and facial expression helped to provide information that could not be revealed by the questionnaire. The face-to-face interviews, allowed the researcher to establish rapport with the respondents. Another advantage of using face-to-face interview as propounded by Gilbert (1993) is that they can be conducted in the respondent’s home or workplace or in locations such as shopping malls or even simply on the streets. For this research, the respondents were within the Centre as they were easily accessible and readily available to quickly come up with the results. However, the face–to-face interviews were time-consuming.

3.6 Data presentation and analysis

According to Rubbin and Babbie (2002), data is processed so as to condense it in a convenient form to facilitate analysis. The researcher is going to analyze the data manually as well as
electronically, which will be presented in form of frequency tables and thematic content analysis as themes emerge from the study findings.

3.7 Feasibility of the study

Feasibility simply refers to the possibility of achieving something easily and or conveniently. The respondents were easily accessible and readily available as the teachers were at the Children’s Centre during the day and also the parents brought their children at the Centre. This also saved transport costs, time and energy since it was easier to locate the participants. Hence it was easy for the researcher to gather data and information.

3.8 Ethical considerations

Ethics are considered moral principles that govern and suggest expectations about the most correct conduct towards experimental subjects (Vadum and Rankin, 2011). On that note, the researcher adhered to certain ethical standards which are informed consent, confidentiality and the American Psychological Association Research Ethics (APA Ethics Code) to ensure that she was operating within expected research ethical limits. The researcher obtained informed consent from parents and school teachers and authorities. Bistek’s major principle of confidentiality was upheld by the researcher as she assured that information provided and personal names would not appear on research documents and that information about the subjects was to be kept confidential.

3.8.1 The American Psychological Association Research Ethics (APA Ethics Code)

The APA Ethics Code states that the researcher must be careful when recruiting participants for a study, for example it’s inappropriate to obtain contact information of members of a support group to solicit their participation in research (American Psychological Association, 2002). This was
very essential for the study as it deals with a very sensitive issue, which involves the vulnerable group of certain children with disabilities and conditions. In this regard, no names were recorded as this could hinder the opening up of respondents in the probing and discussion processes. Also the researcher ensured that the participants were protected from any physical, emotional and psychological harm or discomfort.

3.9 Limitations of the study

The possible constraints included the respondents not fully expressing themselves due to the fear of victimization and intimidation from the responsible authorities. In addition to the above, false information was likely to be collected since the population consisted of parents and guardians with the same characteristics. Language barrier was also another limiting factor with some respondents who could not communicate in English. Therefore, the researcher had to interpret and or translate in vernacular for clarity and easier communication with the respondents as well as to get the correct information.

3.10 Chapter summary

This chapter discussed the methodology that guided and helped in obtaining the needed information including the research design, study population, sample and sampling techniques, data collection methods and techniques, data presentation and analysis as well as ethical considerations. The data and information obtained in this chapter will be presented and discussed further in the next chapter.
CHAPTER FOUR

DATA PRESENTATION, DISCUSSION AND ANALYSIS

4.0 Introduction
This chapter focuses on data presentation and data analysis of the qualitative data that was obtained from the interviews that were conducted with the parents and guardians of disabled children as the key respondents, and the teachers who were the key informants at Isheanesu Children’s Centre. The data will be presented in the form of tables, and description of the themes that emerged from the study.

4.1 Demographic profile of the study respondents

Table 1: Gender, Age and Marital status of the respondents

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender of the respondents</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
</tr>
<tr>
<td>Male</td>
<td>4</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>2</td>
</tr>
<tr>
<td>Married</td>
<td>10</td>
</tr>
<tr>
<td>Divorced</td>
<td>4</td>
</tr>
<tr>
<td>Widowed</td>
<td>1</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>20-30</td>
<td>4</td>
</tr>
<tr>
<td>31-40</td>
<td>8</td>
</tr>
<tr>
<td>41-50</td>
<td>5</td>
</tr>
</tbody>
</table>

(N=17)

The table above shows that the majority of the respondents were female (n=13) and automatically the male respondents were less (n=4). The possible factor that could explain why the majority of respondents were females is that since it is the women’s responsibility to look after children while men go to work, hence more females were interviewed as they brought their children to school than their male counterparts. These findings can be attributed to the cultural and traditional values of most African societies, Zimbabwe in particular, about gender roles that women are responsible
particularly with the welfare of the children (Arnot, 2002). Therefore, more females participated in the study.

It can be noted from the table above that many parents and guardians were the age range of 31-40 with number of respondents (n=8). Secondly the age range of 41-50 and above with (n=5) number of the respondents and lastly the age range of 20-30 with the least number of respondents (n=4).

Married respondents had the highest representation with (n=10), followed by divorced parents (n=4) then single parents (n=2) and the least were the widowed (n=1). The factor that could explain why divorced parents had the second highest number of respondents could be that raising a disabled child can be stressful and may result in family disputes which can lead to divorce. One of the respondents, a single mother said, “Ndakasiyana nemurume nekuda kwenyaya yekuremara kwemwana wangu achiramba kuti haasi wake.” (I divorced my husband because of our disabled child as he denied responsibility claiming that it was not his biological child.) This is in line with Fritzon (2001) who denotes that parenting a disabled child is associated with stress that has clinical and social implications, such as marital discord and child neglect and abuse.

4.2 Socio-Economic status of the parents and guardians of children with disabilities at Isheanesu Children’s Centre.

The study sought to explore on the socio-economic status of the parents and guardians focusing on the employment status and level of education since they have an effect on the attitudes and beliefs towards disability.
4.2.2 Employment status

Table 2: Employment status of the study respondents

<table>
<thead>
<tr>
<th>Source of income</th>
<th>Males</th>
<th>Females</th>
<th>Total Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Unemployed</td>
<td>1</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

(N=17)

The Table 2 above shows that most parents and guardians (n=12) are unemployed, especially women, as compared to the employed (n=5). The level of income can be associated with disability as it determines the standards of living. Parents and guardians with lower sources of income seem to find it hard to look after their disabled children as they require additional special needs which are expensive to cater for which can result in household poverty. One of the respondents alluded that, “vana vacho ava vanotoda kushinga pakuchengeta nekuti zvavanoda zvakawanda uye zvakastyana nevamwe vana vari normal apa mari yacho panenge pasina.” (It requires a lot of extra hard work to be able to afford and look after disabled children since they have additional special needs unlike to the able-bodied children yet the income and resources are inadequate.) According to Graham and Stapleton (2000), disability is inseparable from poverty. Therefore it can be noted that people with disabilities are more prone to live in chronic poverty, which in turn can also lead to disabling conditions.

The employment status was also seen as crucial as it can affect the attitudes of parents and guardians towards their children with disabilities. Since disabled children require additional
special needs and medical expenses, it can strain the parents’ financial resources and they fail to pay school fees which can affect the child’s performance in school. This can be related to Folkman (2004) who postulated that lower socio-economic status of a family is highly associated with more stress because of fewer resources. Hence the employment status of parents has an impact on the challenges associated with access to education for children with disabilities.

4.2.1 Level of education of the study respondents and key informants

When asked on their level of education, the majority of the respondents (n=10) had reached Ordinary level, followed by holders of Diplomas (n=3) and holders of Bachelor’s Degree (n=2) and lastly those who only reached primary level (n=2). It can be noted that level of education of the respondents was average. The education of parents with disabled children is essential as it helps them to understand their child’s conditions much better and be able to assist the children as well as it has an effect on their attitudes. It shows that parents who have acquired education are able to encourage their disabled children to go to school and help them with their school work too.

All the teachers (key informants) at Isheanesu Children’s Center (n=3) are holders of Diplomas in Special Education with a year and above of experience of teaching disabled children. This indicated that the teachers are well trained in Special Needs Education (SNE) which is effective for children with learning disabilities.

4.3 Beliefs and Attitudes of parents and guardians towards their children with disabilities at Isheanesu Children’s Centre.

The study examined the perceptions of parents and guardians towards disability because they can be influential to the challenges associated with access to education by children with disability.
Table 3: Beliefs and Attitudes towards disability

<table>
<thead>
<tr>
<th>BELIEF/ATTITUDE</th>
<th>A</th>
<th>SA</th>
<th>N</th>
<th>D</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability is a curse</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td></td>
<td>11</td>
</tr>
<tr>
<td>Disability comes from God and is natural</td>
<td>12</td>
<td>3</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>A disabled child is a burden</td>
<td>9</td>
<td>5</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled children have the right to education</td>
<td>14</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(N=17)

4.3.1 Disability is a curse

The majority of the respondents (n=11) strongly disagreed that the disability of their children is not associated with any traditional and cultural beliefs. (n=4) were neutral, while (n=1) strongly agreed and (n=1) also agreed. One of the key informants, from the teachers also agreed that it was a curse as she said “pachivanhu chedu chaicho kana mwana akazvarwa akaremara tintendera kuti chiseko kana kuti chitukiso kubva kuna Nyadenga asi zvisinei tinozongogamuchira hedu.” (In our Shona tradition giving birth to a disabled child means that child was a curse from God.)

Cultural beliefs can influence negative attitudes towards the disabled such as feeling guilty or disgraced, which can further affect their treatment. Parents may develop negative attitudes and feel sending disabled children to school is not helpful and this deprives them from accessing education. On the other hand, parents who do not believe that disability is a curse are able to support and encourage their children to go to school. This concurs with Goreczny (2011) that the beliefs held...
by different cultural groups determine the degree of acceptance or rejection of persons with disabilities in that society. Therefore, the findings in this study however, did not agree with the traditional and cultural views that disability is a curse as the majority of respondents believed that disability is natural from God.

4.3.2 Disability comes from God and is natural

The majority of parents and guardians (n=12) the respondents strongly agreed that disability naturally comes from God as they were all Christian believers. The other parents (n=3) were neutral and others (n=2) strongly disagreed. This perception towards children with disabilities shows how some parents accept and support their children to go to school and attain education despite their conditions. These findings can be attributed to the assertion by Chissel (1994), that beliefs, perceptions and tolerance at large has an adverse effect for the development and function of a child with disability. A belief can be an acceptance that something exists or is true especially one without proof. One of the respondents said that, “my child is a gift from God.” From the statement it can be concluded that the parents or family’s acceptance and willingness to support and focus on the child’s potential also determines the degree to which a child with disability can improve his or her performance in school. Hence, beliefs and perceptions can be of paramount importance to the inclusive education of children with disabilities.

4.3.3 A disabled child is a burden

Many parents and guardians (n=9) strongly agreed that it is a burden and quite challenging to raise a disabled child since they require special additional needs at every level. From the remaining parents, (n=5) were neutral and (n=3) disagreed that a disabled child is a burden. The perception that a disabled child is a burden can be attributed to the medical model of disability. The model
focuses on medical treatment and that the management of the disability comes in form of cure (Parker, 1993). Therefore, the costs of medical treatment can also be a disadvantage for parents to meet up with the living standards and to provide other special needs and as a result some may fail to send the same child to school as well due to insufficient funds and this deprives the disabled child from accessing education. From the above assertion, it can be concluded that a disabled child can be considered a burden and difficult to raise and can prevent the child from attending school as a result of hardships.

4.3.4 Disabled children have the right to education

In this study, (n=14) parents and guardians strongly agreed that their children have the equal right to education just like the able bodied children and only (n=3) of the sample were neutral on the idea. The fact that parents acknowledge that their disabled children have the right to education shows how they support and encourage them to go to school like other able- bodied children and providing them equal opportunities. The teachers also agreed that the disabled children have the right to education because develop skills and discover their talents which can be useful in their future lives. This is in line with the goal number 2 of achieving universal primary education of the Millenium Developmental Goals (MDGs) by 2015, the Children’s Act Chapter 5:06 which provides that it is every child’s right to access education. In addition to that, the Constitution of Zimbabwe Amendment No(20) 2013 on National objectives, Chapter 2 Section2.16, states that the state shall take measures to promote free and compulsory basic education for children. Also Part 2, section 4.29 promotes the rights of children to education, health care and basic nutrition.

4.4 Challenges associated with access to education among children with disabilities at Isheanesu Children’s Centre.
The study also sought to explore on the social, cultural, economic challenges and other school related factors associated with access to education among children with disabilities at the Centre. Below is the summary of the responses and the interpretations from both the study respondents and the key informants. The findings in this study reveal that poverty as a challenge has the highest frequency, followed by stigmatization, discrimination, lack of instructional materials, school related factors and lastly cultural factors as shown below.

4.4.1 Social factors

4.4.1.1 Stigmatization

When asked about the social factors affecting access to education during the interviews, (n=11) parents and guardians agreed that stigma is a barrier to access education for the children with disabilities and conditions. Parents and guardians reported that their children are usually subjected to name-calling and jeering by other community members and it appears to be unacceptable to the community that disabled children can also attend school like the other normal children. This can affect them psychologically and emotionally which lowers their self-esteem and eventually can lead to poor performance in school therefore affecting their access to education. These findings can be correlated to the social model view of disability by Oliver (1983) that disability can be socially constructed through the actions of society in erecting barriers and structures that limits the ability of a certain person to function “normally.”

This is attested by some of the following responses by the parents and guardians: “Kazhinji pandinoperekedza mwana wangu kuchikoro unonzwa vamwe vana vachiseka kuti hona chirema chiri muwheelchair chakapfeka uniform”. (Usually when I come with my child to school, other children laugh at her that she is disabled in a wheelchair, but she is also wearing a school uniform.)
One of the key informants also mentioned that people from outside the community usually refer to Isheanesu Children’s Centre as “chikoro chezvirema”. As found in this study, stigma can affect children psychologically and emotionally and as a result it lowers their self-esteem which can lead to poor performance in school in essence affecting their access to education.

4.4.1.2 Discrimination

Parents and guardians (n=9) revealed that they are sometimes disturbed by the way other people refer to their children as “chirema”. This stereotyping affects them and their children emotionally and it can result in the children feeling hopeless and helpless because of their conditions which lead to some of them refusing to go to school. Parents on the other hand tend to view their disabled children as of no use to send to school thereby depriving them access to education. This can be related to Fefoame (2009) who stated that such discrimination meted against persons with disabilities results in oppression against them in all areas of life including their ability to obtain housing, maintaining regular employment, access education, engage in meaningful relationships and enjoy quality of life afforded to all citizens.

4.4.2. Cultural factors

When asked about the cultural factors that affect access to education for disabled children, only the minority (n=3) of the respondents believed that customs, values and ethics of a society can affect children with disabilities to access education as they attributed that their disabled children were a curse from God. The majority (n=14) of the parents and guardians strongly disagreed that disability was a curse, rather they believed it is natural from God. They indicated that sometimes their disabled children are also treated with respect by other members of the community as the following excerpt shows:
“Vanhu vazhinji mazuvano vonamata havachabvume mune zvechivanhu, vnoziva kuti tese tiri vanhu kunyangwe takasikwa zvakasiyana.” (Many people are now Christians. They no longer belief in traditional myths about disability, they appreciate that although we are different we were created the same way and equal.)

Given the above scenario, despite the presence of perceived negative cultural values and beliefs, the parents reported that their disabled children are respected by some members in their communities. According to Booth (2005), the human rights-based approach to disability places obligations to the government to ensure the disabled are accorded the same human rights as any other members of society. Therefore this is related to the Zimbabwean government which established the Disabled Persons Act 17:01 and the Children’s Act 5:06 to promote the disabled children’s rights.

4.4.3. Economic factors

Respondents were also asked of economic challenges such as poverty and high costs of instructional materials if that were hindrances to their CWDS to access education. Below is the summary of responses from the parents, guardians and teachers.

4.4.3.1 Poverty among households of CWDs

The majority of the parents and guardians (n=12) strongly agreed that poverty is the major challenge that surrounds their day to day lives. One of the respondents said that “nedambudziko rekushaya mari dzimwe nguva mwana haauye kuchikoro mazuva ese nokuti haakwanisi kuti afambe asina kunwa mapiritsi ake epfungwa.” (Sometimes my child cannot come to school because she needs to take drugs to stabilize her mental condition off which sometimes I cannot afford). They revealed that extra costs for medical expenses and specialized equipment which
included drugs, domestic help and transport costs strained their financial sources which led to poverty. Also some cannot cater for the medical expenses required by their children and as a result the children fall ill and cannot attend school. It can be noted the findings that families who have people with disabilities are prone to be worse off economically due to lower income and additional costs. This is in line with Ferguson (2013)’s assertion that disability is inseparable from poverty. In addition, Avoke (2002) asserts that household poverty competes directly with disability and the educational needs of CWDs as parents find it hard to look well after their disabled children. Therefore, poverty is a crucial economic challenge that can affect disabled children to access education properly.

4.4.3.2 High cost of instructional materials

All the teachers(n=3) and some of the parents or caregivers(n=5) agreed that the higher costs of materials and equipment like crutches, wheelchairs, brailles, spectacles, perkins cubes for arithmetic used by CWDs deterred access to education. The teachers complained that it is becoming very difficult for them to teach the children because the Center does not have adequate materials and equipments to cater for all the children and their different conditions. One of the teachers even said that, “We end up ordering the children to sleep and play all day since we don’t have the teaching equipment, especially the brailles for the blind.” This is in agreement with Kimbugwe (2002) who asserted that the high cost of instructional materials of CWDs further curtail their access to all inclusive education services.
The teachers also highlighted that due to lack of funds by donors and well wishers, the Center has limited resources. In addition to that, the lack of instructional materials can be attributed to the availability of adequate resources by the government as it determines the accessibility of social services like education. UNESCO (2001) postulated that for inclusive education to take root, governments must provide schools with additional resources to enable them to accept disabled children. Therefore failure to provide materials aids and appliances to facilitate teaching and learning of children with disabilities either by the parents or the Centre, totally hinders their access to education.

4.4.4. Other school related factors that hinder access to education of CWDs

The teachers (n=3) strongly agreed that the absence of disability friendly facilities at the Children’s Centre affected the access to education by their children with disabilities. These included special toilet facilities, wide walkways, wide corridors, wide doors as well as ramps. The teachers revealed that the Centre’s facilities were deteriorating due to lack of funds by their donors to improve the building set up. One of the teachers said that “Unfortunately our toilet facilities do not accommodate some of our children especially for the blind and the physically challenged and this is the greatest challenge we face at this center as some of them messes up the toilets, sezvamungozivawo toilet haivaraidze.”

All the key informants, teachers, agreed that they were all trained and had merits in Special Needs Education (SNE) which made it easier for them to handle CWDs as they had much knowledge. Almost all the parents and guardians commended the curriculum and teaching style at Isheanesu Children Center as they acknowledged how happy they were and satisfied with the improvement shown by their disabled children despite other challenges. This can be linked to Mc-Beth (1987)
who postulated that poorly trained teachers adds and worsens disability on the disabled. In addition, to all the challenges mentioned above they can be linked to Kimbugwe (2002) who stated that there is general lack of knowledge on existing policies that could enforce CWDs inclusiveness in education as shown by their limited involvement in policy formulation.

4.5 Coping mechanisms used by parents and guardians to address challenges of access to education by their children with disabilities.

The researcher also sought to examine the coping strategies that are being used by parents and guardians of CWDs to address the challenges they encounter that hinders their children to access education since parenting a disabled child can be very stressful at all levels. The findings in this study reveal that seeking spirituality as a coping strategy has the highest frequency with (n=13) agreeing to use it, followed by seeking social support (n=11) and lastly use of family resources (n=6).

4.5.1 Seeking spiritual support

Most of the respondents (n=13) agreed that they seek spiritual support as a way that comforts them and gives them strength to encourage their children to attend school despite their conditions. Most of them are Christian believers. As noted earlier from the findings of this study, the parents believe that their children’s disability is natural and that it is a gift from God. One of the respondents mentioned that, “Mwari wedu wationamata anotibatsira kuchengeta vana vedu ava zuva nezuva.” (We believe in the God we serve him every day whom help us to look after our disabled children.) This can be related to Cohen (1987) who noted that spiritual support is believed to be one of the best predictors of emotional adjustment. Religious reframing can be used by parents as a way to put things in a new perspective and make the situation more manageable through faith, as well as
it offers a sense of stability. This can also be related to the case study of India where Indians, in general, do not use formal resources even if they are available because of the stigma attached to disability instead they turn to God, mosques and temples for coping through their religions which are Hindu, Muslim and Sikh (Ritman, 2007). Parents and guardians therefore seem to find solace in religion because it can give them strength and comfort to move on with their lives despite the challenges they face with the extra burden of taking care of their disabled children.

4.5.2 Seeking social support

The study respondents also agreed with a total number of parents (n=17) that they seek informal social support through a support group that they formed which only include the parents with disabled children learning at Isheanesu Children’s Centre. One of the respondents remarked “Unotozwa kurerukirwa mushure mekunge waona kuti hausi wega une dambudziko rakadaro.” (You feel much better after realizing that you are not the only one having challenges in raising a disabled child.) This is in line with Folkman (2003) who notes that social support involves individuals, groups, community or institutions that provide assistance to help others overcome stressful situations of life. Also (Pane, 2000) agrees that support groups gives a sense of belonging and offers the platform to share feelings, discuss their concerns or problems, exchange information and to offer advice to one another, and focus on positive outcomes.

Parents and guardians revealed that they decided to form a support group to encourage and support one another, in order for them to deal away and ignore about the stigma, discrimination and exclusion of them and their disabled children from the community. One of the respondents said, “I benefit a lot from our support group because we share ideas and give each other solutions on how to raise our children with the similar problems.”
A few parents (n=5) highlighted that they seek formal support through professional counselling and consulting the medical practitioners to address the challenge of stress. This is supported by Correy (2009) who notes that counselling is an effective method for stress management. One of the parents said that, “my daughter has a mental challenge called schizophrenia and every month we visit the psychiatrist for check up and education on how to look after the child as she develops and this keeps us going as a family as we manage to look after our girl and attend school like other normal children.”

Therefore this coping mechanism of seeking social support is seen to be applicable and effective in addressing the challenges associated with access to education among disabled children. This is so because it gives the parents and guardians courage to support their disabled children to acquire education for a better tomorrow.

4.5.3 Use of available family resources

The respondents were asked if they used any of the personal resources which include financial, educational, health, and psychological resources within their families as coping mechanisms. A total of (n=8) parents revealed that they received moral support from the extended families, friends and relatives to look after their children and encourage them to attain education. Whilst (n=5) said that they received financial assistance from other families as well as within their families as some of them were fully employed and earned something which helps to pay school fees and other special needs to enable their children to access education.

On the other hand, the level of education by the respondents is very low and as a result they lack knowledge and skills in problem solving and dealing with some circumstances. This is in line with assertion by Mc- Cubbin and Patterson (2006) that resources influence a person’s ability to cope
effectively in stressful situations hence, sufficient amount of personal resources available lessens the stress. For example, those who have more education are better equipped to use problem-solving skills and they also encourage their children to be educated despite their conditions. However, this strategy was discovered not to be effective as the majority of parents and guardians of children at Isheanesu Children’s Centre are economically strained, impoverished, unemployed as well as uneducated. This can also be seen as a challenge associated with access to education among children with disabilities.

4.6 Chapter summary

This chapter focused on data presentation and analysis of the findings that were obtained from the interviews conducted with the parents, caregivers and teachers. The research findings were also discussed and compared with findings from other previous studies. The next chapter looks at the summary, conclusions and recommendations to this study.
CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter concludes the study by giving a summary of the study. It also presents the conclusions drawn from the research findings which will enable the researcher to make informed recommendations based on the findings with guidelines for further research.

5.1 Summary of study findings

The aim of the study was to investigate on the challenges associated with access to education for children with disabilities. It also focused on the beliefs and attitudes by parents and guardians
towards their disabled children as well as the coping mechanisms they use to address these challenges.

The majority (n=12) of the parents and guardians of children with disabilities at Isheanesu Children’s Centre are unemployed. Therefore, the level of income can be associated with disability as it determines the standards of living. Parents and guardians with lower sources of income seem to find it hard to look after their disabled children as well as to send them to school as they require additional special needs which are expensive to cater for. However, this can eventually result in household poverty as a challenge associated with access to education. Also the level of education for the parents was average. The education of parents with disabled children is essential as it helps them to understand their child’s conditions much better and be able to assist the child throughout.

Most (n=15) parents and guardians have positive attitudes towards their children with disabilities and conditions as they fully support that their children have the right to education just like the normal children. The study found out that parents believed that their disabled children were from God and that it is natural and such perceptions make them love support and encourage their children to attain education despite being disabled. However, the study ascertained that cultural values and beliefs of the society are not really considered challenges associated with access to education for disabled children as only a few (n=2) parents disagreed that disability is a curse. Also it has also been noted that to a certain extent parents believe that a disabled child can be a burden as indicated by dependency syndrome of the children at every level which can be stressful as well as the financial constraints due to required additional special needs.

Children with disabilities are facing difficulties to attend school due to several societal factors which can be social, cultural and economic challenges amongst other school related factors.
Poverty was seen to be the major challenge as (n=12) parents agreed that they are struggling to care for the special needs, medical requirements of their disabled children and to send them to school at the same time. Stigma and discrimination were also seen as barriers to access education by the majority (n=11) and (n=9) of parents and guardians respectively. The isolation from the community is dehumanizing and it lowers their self-esteem which affects their performance in school and some feel they are of no value. High cost of instructional materials is also another challenge that deprives disabled children from accessing educational services since it is difficult for them to learn without the assistive materials as the Centre cannot provide. Other challenges discovered included the physical barriers, that is the physical structures such as toilet facilities that are not user friendly for the disabled.

The study established that seeking spiritual support is the common coping mechanism used to address challenges of accessing education by the majority (n=13) of the parents and guardians with disabled children. It helps to stabilize their mind, reduce stress and gives them strength to support and encourage their disabled children to acquire education despite their conditions. Support group and counselling were also found to be useful coping mechanisms used, (n=12) and (n=5) respectively by parents and guardians to cope with social issues like stigma and discrimination. Family resources which include financial, educational and medical were seen to be inadequate for the parents especially problem solving skills since the majority of the parents were not employed and their levels of education were average.

5.2 Conclusions of the study

Socio-economic status of parents and guardians
5.2.1 The employment status of parents with disabled children is crucial as it determines the source of income. Disabled children require additional special needs and medical needs, therefore this can result to financial constrains to meet up other basic needs which eventually result to household poverty.

5.2.2 The level of education of parents and guardians of disabled children influences attitudes towards their children. This includes how they treat, understand and being able to help and encourage their children acquire education inspite of their conditions.

Beliefs and attitudes of parents and guardians towards their disabled children

5.2.3 Parents and guardians believe that the disability of their children is natural and it comes from God. This perception of accepting their children despite their conditions allows parents to support and encourage their children to attain education. Therefore the study findings conclude that generally parents and guardians have positive attitudes towards their children with disabilities.

5.2.4 Children with disabilities can be considered as a burden since they are always dependent and this can influence negative attitudes on parents and guardians to a certain extent which can affect their treatment.

Challenges associated with access to education for children with disabilities

5.2.5 Poverty is affecting access to education among children with disabilities. Money for medical expenses, specialized equipments and other additional special needs required by disabled children leads to poverty. Due to the extra costs, some disabled children drop out of school as parents cannot afford the fees and other necessities. The findings obtained therefore conclude that disability and poverty are inter-linked.
5.2.6 Stigma and discrimination deprive children with disabilities from accessing education. The isolation or exclusion of children with disabilities is dehumanizing and as a result it lowers their self-esteem which affects their performance in school as there are seen as people without value.

5.2.7 Other challenges include high cost of instructional materials, physical barriers which limits the participation and performance of the disabled children thereby depriving them equal opportunities to access education. Culture was not considered as a challenge associated with access to education among disabled children as parents and guardians believe that disability comes from God hence they support them to attain education despite their conditions.

Coping mechanisms by parents to address the challenges faced by their disabled children

5.2.8 Seeking for spiritual support, support/help groups and counselling are the major and effective coping mechanisms used by parents and guardians as they help to reduce stress and stabilize their mind in order to support their disabled children to be educated as well.

5.2.9 The coping strategy of using available family resources seem to be ineffective as parents and guardians are associated with poverty therefore making it difficult to carter for the educational needs of the child at the expense of other medical and special needs.

5.3 Recommendations of the study

This study recommends that education be made easily accessible to the disabled children by the following recommendations which are based on the study findings:

On beliefs and attitudes
5.3.1 Misunderstandings and misconceptions of disability need to be replaced by new social constructions with the aim to equalize opportunities and accessibility to educational services among disabled children.

**On challenges associated with access to education for disabled children**

5.3.2 There is need for creating awareness on disability to adequately sensitize the community through awareness campaigns, outreach programmes and through media with the aim of eliminating stigmatization and discrimination and protecting the rights of the disabled.

5.3.3 There is need to review government policies on disability and education to provide financial assistance with the aim to support families with disabled children and reduce poverty.

5.3.4 Through the government, the Ministry of Education should cater for the provision of instructional materials and equipments used by the disabled children to improve their learning in school and also to improve the physical structures.

5.3.5 When designing education policies, policy makers should not only consider the academic, but also the physiological and the psychological needs of children with disabilities with the aim of protecting their rights.

**On strengthening coping mechanisms**

5.3.6 Social work intervention programmes should be accessible to parents and guardians of children with disabilities to help them cope with the condition of their children, and thus improving the process of acceptance.

**5.4 Recommended areas for further research**
It is recommended that further research be carried in the following areas:

5.4.1 The extent to which the legislations, policies and programmes are addressing the needs of CWDs in accessing equal educational opportunities.

5.4.2 To assess the effectiveness of awareness campaigns to the communities on protecting the rights of the disabled children in Glen View.

5.5 Chapter summary

This chapter focused on the summary of the study findings, conclusions of the study, recommendations of study which were drawn from the research findings. It also looked at the recommended areas for further study.
My name is Wayne Murammbidzi. I am a fourth year Social Work student at Bindura University of Science Education. It is a requirement for every student at the University to conduct a social research as part of the training programme. Hence I am carrying out a study titled “A study into challenges associated with access to education for children with disabilities: A case study of Isheanesu Children’s Centre of Glen View 3 Community.” Please be informed that this research is for academic purposes only hence all the information to be gathered from you will be kept confidential and no names will be mentioned. Participation is voluntary and you are free to withdraw from the study any time you wish. The interview will take approximately fifteen minutes. Thank you in advance.

SECTION 1: Demographic Information

1. Gender: Male ☐ Female ☐
2. What is your age?
3. Marital status? Single ☐ Married ☐ Divorced ☐
4. What is your religion…………………..
5. What is your source of income…………..
6. What highest level of education have you attained…………

SECTION 2: Social Characteristics

7. What is your relationship with the child?
8. How many other children do you have?

9. How many your children are enrolled in school?

10. What is your understanding of the term disability?

11. What do you think are the causes of disability?

12. Is it possible to prevent disability?

13. What are the effects of your child’s disability on your family?

SECTION 3: Beliefs and attitudes towards children with disabilities.

14. A-Agree, SA- strongly agree, N-neutral, D-disagree, SD- strongly disagree

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<tr>
<th>BELIEF AND ATTITUDE</th>
<th>A</th>
<th>SA</th>
<th>N</th>
<th>D</th>
<th>SD</th>
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<tbody>
<tr>
<td>Disability is a curse</td>
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<tr>
<td>Disability comes from God and is natural</td>
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<td>A disabled child is a burden</td>
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<td>Disabled children have the right to education</td>
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SECTION 4: Challenges associated with access to education for children with disabilities.

15. Do any of the following factors affect your child in accessing education?

(a) Stigmatization

(b) Discrimination

(c) Culture and beliefs within the society
(d) Household poverty
(e) Lack of instructional materials
(f) Any other school related factors

16. How often does your child go school, if not often give reasons why?

17. What major challenge(s) do you face with regards to the child’s disability and how it affects his/her education?

18. What do you suggest could be the solution to that problem?

SECTION 5: Coping mechanisms used by parents and guardians towards their children with disabilities to address challenges in accessing education.

19. Have you ever used any of the following coping strategies to address challenges faced by your children with disabilities?

(a) Seeking spiritual support
(b) Problem solving skills
(c) Help/support groups
(d) Counselling
(e) Advice and support from family, friends and relatives
(f) Consulting physicians or any form of medical treatment

20. What also helps you to come in terms with your child’s disability?

Thank you

APPENDIX (B)
INTERVIEW SCHEDULE FOR TEACHERS AT ISHEANESU CHILDREN’S CENTRE.

Good morning/afternoon. My name is Wayne Murammbidzi. I am a fourth year Social Work student at Bindura University of Science Education. It is a requirement for every student at the University to conduct a social research as part of the training programme. Hence I am carrying out a research titled “A study into challenges associated with access to education for children with disabilities: A case study of Isheanesu Children’s Center in Glen View 3 Community.” Please be informed that this research is for academic purposes only hence all the information to be gathered from you will be kept confidential and no names will be mentioned. Participation is voluntary and you are free to withdraw from the study any time you wish. The process will take approximately twenty minutes. Thank you in advance.

SECTION 1: Demographic Information

1. What are your qualifications in special education?
2. How many years of experience do you have in special education?

SECTION 2: Challenges Related to the Teacher Competencies and the Environment

3. What challenges do you face in making education accessible to the disabled children?
4. How do you feel about teaching children with disabilities?
5. What do you think are the strategies to address these challenges?
6. What do you think are the benefits of disabled children in accessing education?
7. What are the attitudes of parents towards their disabled children’s access to education?
8. What coping mechanisms are being used by the parents to challenges being faced by the children in terms of access to education?
SECTION 3: Teaching Methods and Learning Materials

9. Which teaching and learning materials are needed to educate children with learning disabilities?
10. Does the Center provide any kind of the materials? Yes or No
11. How many children are in your class?
12. What are the teaching methods do you use to teach the children considering their different levels of disability?
13. Do you consider the severity of disability when you enroll the children?
14. Does the school environment accommodate every condition of the children at this Centre.
15. If No, what are your suggestions?

SECTION 4: Challenges Associated with the Learning Capacity of Children with Learning Disabilities.

16. What are the general attitudes of your students towards learning?
17. Do your children come to school frequently?
18. If not, why?
19. Are children with disabilities educable that they can outgrow their disabilities that they would not persist in adulthood? Give reason.
20. Have you ever collaborated with parents of your students so as to educate these children effectively and what were the results?
21. How best can teachers of children with disabilities be assisted and motivated to teach effectively?
22. What other approaches would you suggest, if any, to be used to meet the educational needs of children with disabilities?
23. What is your understanding of the term disability?

.... THANK YOU....
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