



Research Article:

Socio-Economic Challenges Faced by Persons with Disabilities Induced by Road Traffic Accidents in Zimbabwe: The Case of St Giles Rehabilitation Centre, Harare.

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Abstract

This paper examines the socio-economic challenges faced by persons with disabilities induced by road traffic accidents in Zimbabwe. The study adopted a qualitative methodology, punctuated by a case study research design so as to have a deeper understanding of the realities of persons with disabilities. A social model of disability was the analytical framework adopted. Research findings revealed that persons with disabilities induced by road accidents sustained some permanent injuries and noted some social and economic problems which include loss of relationships, sleeping difficulties, loss of income and expensive medical treatments as well as legal challenges. This paper focuses on these challenges as a problem that is fuelled by societies' perceptions and long-standing patterns of behaviour towards victims of road carnage. Utilising a social model conceptual framework, persons living with disabilities induced by road accidents live isolated lives due to discrimination and prejudice. The study recommends that persons living with disabilities prompted by road accidents should be educated to accept self, improve rehabilitation, increasing disability awareness, establishing employment standards, and consider options for reducing or removing out of pocket payments as some of the measures that can be used to restore social functioning of persons with disabilities prompted by road accidents.

Keywords: *socio-economic, disabilities, challenges, road accidents, social model, Zimbabwe*

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Introduction

The study was carried out to proffer an updated literature on the socioeconomic challenges faced by people living with disabilities induced by road accidents in Zimbabwe. The study also updates different players involved in the affairs of persons with disabilities on how to assist them to improve their wellbeing. The paper problematises the socio-economic challenges faced by users of the St Giles Rehabilitation Centre with disabilities induced by road traffic accidents. The authors noted that there are limited academic studies that interrogate the lived experiences of persons with disabilities induced by road traffic accidents. The few available studies focus on lived experiences of persons with disabilities induced by road accidents and the measures that can be used to ensure their wellbeing (Mwapaura, 2019; Mwapaura and Chikoko, 2020). It is important to note that a significant proportion of disabilities are caused by injuries including those that result from road crashes (World Health Organisation, 2019). The study uses the social model of disability in examining how society's response to persons with disabilities induced by road accidents is linked to socio-economic challenges. There is a relationship between the two. For example, in some instances, persons with disabilities induced by road accidents are perceived as unable to carry out sexual activities with their loved one. In certain circumstances, persons lost employment because they had a disability caused by a road accident. Persons with disabilities induced by road accidents are seemingly facing social and economic challenges.

Though several studies have been conducted to investigate the causes and impact of road accidents, most of the studies in this area concentrated on public health, economics (cost benefit analysis), medical studies (experiments), and civil and environmental engineering. Accordingly, there is a knowledge gap in the social work arena. Bull (1985) focused on severity scores of disabilities caused by road accidents. Simpson and Surg (1992), focused on measures to reduce mortality and morbidity in road accidents among infants and children with head injuries in South Australia. Muviringi (2012) focused on analysing the situation of road traffic injuries in Zimbabwe. Leijdesdorff and Neurotrauma (2014) explore the tripartite injury pattern, hospital triage, and mortality of 1250 patients with severe traumatic brain injury caused by road accidents in West Netherlands. Hammoudi (2014) examines benchmarking the causes of road traffic accidents in Abudabi, United Arab Emirates. Keum (2016) focuses on analysing road traffic crashes and injury severity of pedestrian victims in Gambia. Li (2017) analysed the impacts of traffic interventions on road safety by applying causal models. Huang et al. (2018), explores the correlation of pedestrian head injuries with physical parameters and mathematical models in Changsha, China. The knowledge gap makes this study paramount as it proffers evidence on and popularise the socioeconomic challenges encountered by persons with disabilities brought by road traffic accidents in Zimbabwe.

Social model of disability

The study is based on the social model of disability as the analytical framework. The model can be defined as the way in which society organises itself, taking little account of people who have impairments and thus, excluding them from participation in the mainstream of social

activities (Union of the Physically Impaired against Segregation, 1976; Finkelstein, 1980; Oliver, 1996; Corker, 2000; Harris and Enfield, 2003). Instead of a narrow focus on functional limitations, the authors seem to agree that the problem is society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organisation.

Oliver (1996:32) argues that disability encompasses all the factors that impose restrictions on people with disabilities, ranging from negative social attitudes to institutional discrimination, and from inaccessible public buildings to unusable transport systems, from segregated education to exclusion in work arrangements. In certain instances, persons with disabilities induced by road accidents lost relationships, lost sources of income, and have legal challenges as a result of perceptions and long-standing patterns of behaviour towards them by the society. By snubbing the medical model of disability, the social model argues that the environment causes disability due to existing barriers and therefore it is not an individual that needs to be fixed. This is illustrated in Figure 1.

Figure 1: Disability barriers



Source: Inclusion Scotland (2017)

As shown in Figure 1, through the social model of disability, the concept of disability is assumed to be a socially constructed phenomenon and that disability is not due to impairments that people have. People are then disabled by the existing social arrangements. Hence, the society must shoulder the blame for disabling people (Kristiansen et al., 2009), thus, there is need to put corrective measures on the environment and not focusing on



rehabilitating an individual. The social model seeks to redefine the way disability was viewed as it argues that persons with disabilities are not victims of their existing social and institutional barriers that blockades the participation of persons with disabilities hence, the need to focus on those impediments and not victims of their impairments.

Research methodology

Research location, approach and design

A qualitative case study design was adopted to generate data for this study because it enables the researchers to have a holistic understanding of human experiences in their natural setting and this can be done by using an array of epistemological approaches and different research methods to understand human experiences (Denzin and Lincoln 2002; Ritchie and Lewis, 2003). The study spanned four months and it involved engaging with persons with disabilities induced by road accidents when they visit the Out-Patients Department at St Giles Rehabilitation Centre, Harare, Zimbabwe.

Sampling, sampling procedure and sample size

Purposive sampling was utilised to select five participants for the study. In regard to the purposive sampling technique, the researcher engaged and targeted participants who had disabilities induced by road accidents in the past two years. Through purposive sampling it was feasible to select participants who were hard to reach. Bryman (2005) and Patton (2002) argue that purposive sampling is appropriate when working with the vulnerable populations such as persons with disabilities induced by road accidents. Additionally, Mtetwa (2015) also adopted purposive sampling when researching with persons with disabilities in Harare. Bryman (2005) argues that purposive sampling is done when working with participants with desired characteristics for the study. Purposive sampling was used to select participants for in-depth interviews, focus group discussions and key informant interviews. A sample of five persons with disabilities induced by road traffic accidents in the past two years participated in the study. Four women and a man were part of the sample for the study. This paper is also a product of key informant interviews with six individuals with expertise in disabilities brought by road accidents. Out of the six informants, there were four women and two men.

Data collection tools and data analysis

The study made use of qualitative data collection techniques namely in-depth interviews, focus group discussions, documentary analysis and key informant interviews to collect data. The research findings of this paper were part of the first author's Master's dissertation that involved a case study. Mtetwa (2015) also made use of qualitative data collection tools to gather data in studies of persons with disabilities in Harare. Patton (2002) argues that the qualitative case study design is advantageous in that it provides tools for researchers to study complex phenomena within their contexts which is vital in understanding the phenomenon. The qualitative raw data were arranged into categories in order to determine the relationship between them along thematic content analysis lines explained by Patton (2002:461). Some of the major themes that emerged in this study include loss of relationships, sleeping difficulties,



loss of income, expensive medical treatments, and legal challenges. Mtetwa (2015) also utilised thematic content analysis in his study with persons with disabilities in Harare.

Ethical considerations

Patton (2002) defines ethical considerations as what is moral when conducting research with people. Respecting the research site, informed consent and confidentiality are among the ethical considerations that were observed when doing the research. In the case of persons with disabilities induced by road accidents, the researcher also ensured confidentiality by using numbers instead of names on the data collection tools.

Presentation and discussion of research findings

Permanent injury

During a focus group discussion, it was evident that the participants sustained permanent injury due to road accidents. The majority of the participants highlighted specific injuries they sustained or bodily harm they endured as a result of the road accident. Some of the testimonies include that one sustained a spinal cord injury and to add to her misery, she also sustained punctured lungs. She had the following to say:

Apparently, my spinal cord was severely cut, and I lost all my sensation from waist down. My lungs were also punctured.

In that discussion, another participant also revealed that her life was drastically altered as she cannot see, hear, smell, or even sleep properly because of the road accident. She said:

The consequences of my life now after the accident suffice to say is that, I am one eye blind now, I cannot smell, I cannot hear with my right ear because the eardrum was broken. I cannot sleep naturally, so I take some medicine to sleep.

In the same discussion, another participant highlighted that she suffered major injuries in the back, eyes, arms, and head as a result of the road accident. She said:

I broke my back in three spots and I lost vision in my left eye, I broke both arms, I had severe lacerations to my head and brain damage.

The fifth participant was emotional and shared with the group how the road accident that injured her spine that left her paralysed from waist down and now confined to the wheelchair for the past two years. She said:

My spine was injured, and the injury left me paralysed from the waist. I have been confined to the wheelchair for the past 2 years. Life is never the same for the people affected. If they die, their family is affected. If they sustain a disability, every day is a reminder of that incident.



During a key informant interview, an expert shared what he has encountered when assisting persons with injuries that are sustained after a road crash. He said:

From my experience, the most common injury sustained after a road crash is spinal cord injury. Your ability to control your limbs after a spinal cord injury depends on two things: the place of injury along your spinal cord and the severity of the injury to spinal cord. Spinal cord injury may result in one or more of these symptoms, which include loss of movement, loss or altered sensation, loss of bowel or bladder control; changes in sexual function, sexual sensitivity, and fertility; extreme back pain; difficulty breathing, coughing. Hearing loss is also commonly sustained after a road crash. The signs and symptoms of such a loss may include Trouble hearing consonants, withdrawal from conversations, needing to turn up the volume of the television or radio, avoidance of some social settings. Traumatic brain injury can also be sustained. It can have a wide-ranging physical and psychological effects. Some signs and symptoms may appear immediately after the road accident (traumatic event), while others may appear days or weeks later. The symptoms may look like, persistent headaches, newly acquired sleep disturbances, sudden onset of speech problems, extreme fatigue, sudden mood swings or changes in personality.

Similarly, in another key informant interview, another informant explained the symptoms and effects of spinal cord injury caused by road accident. She argued that spinal cord injuries result in loss of sensation, loss of movement ability, loss of bowel control, loss of sexual ability, severe neurological pains and breathing difficulties. She provided a detailed submissions on each of the above. Giving her view on this issue, the informant said:

When a person sustains a spinal cord injury, the person losses sensation from waist down. When I say sensation, I mean to be able to feel that you have been touched, to feel that you have been pressed on, to feel that it is hot, or to feel the cold. There will be no feelings anymore, or that when you come into contact with something hot, your body can no longer send messages to the brain that I have been burnt, or that I feel cold, or that I have been touched. Even when one gets injured, meaning that a person with spinal cord injury can get injured on the leg and bleed. If the person cannot see, he or she might not know what is happening. The person can collapse because of loss of blood. Meaning that there will be no sensation.

Weighing in on the same issue, another informant said:

There will be no what we call movement. The one that when the brain says the leg must do this, the leg must walk, the leg must step, and the leg must stand. Meaning that this person will no longer be able to walk, no longer be able to stand, and even no longer be able to crawl because of the spinal cord injury.

The key informant further added that:



Some of the things that change is issue of relieving ourselves especially the way we relieve ourselves at the toilet. When a person wants to urinate some muscles open for that to happen. Similarly, when a person wants to defecate. These processes work well when a

person is not injured. When a person sustains a spinal cord injury, depending on the severity of the injury, sometimes these muscles lose control and body outlets may remain open resulting in a person urinating or defecating without his or her control. This is because the muscles will no longer be functioning well. This is a major challenge of how a person's body changes.

It goes on further especially for men with spinal cord injury. It affects their ability to do sex. Especially for the men, the genitals that they use to do sex are affected because of the spinal cord. Depending on the way one is injured, sometimes the man can no longer perform well, that is nothing happens anymore on the bed. For the women, it does not change much, because the women genitals that they use for sex are already open, so there is not much that changes. What changes is the feeling part, the one that we call sensation, the one that when one meets with the man feels something. That may be affected by a spinal cord injury.

Furthermore, the informant submitted that:

There are other effects. Such a person can experience unexplainable pain. The pain is caused by the nerves of the body that had been used to move along a certain path. When they fail to pass, they affect the normal functioning of the body. This manifests as severe pain that the person does not understand where it will be emanating from or the causes - what are called neurological pains. The person sometimes will be in need of pain alleviation pills because the pain will be intense.

Lastly, the informant ended up confessing that:

Even those who were injured on the upper body especially the neck. That affects breathing, and the way our chest works. This can negatively affect breathing. The one that we call respiratory system is affected because there will be no muscle use by the diaphragm, which expands when releasing, and ensure that air moves well in the body. So, this affects the person's breathing system. These are some of the changes in a person's body after spinal cord injury.

For similar reasons, the informant confessed that from her experience, there are no assistive devices in Zimbabwe as opposed to developed countries that can help persons with spinal cord injuries that are induced by road accidents. In this sense, it is difficult especially for men with the spinal cord injury to engage in sex as mentioned earlier. The informant had this to say:

Looking at those already married, looking at those considering marrying or looking forward to getting married, this is a big problem currently because looking at our own country it is yet to be advanced to have many things that can assist people with disabilities especially men with



spinal cord injury to use, or restore their sexual ability. When available, the assistive devices are expensive. I do not have expert knowledge like of Medical Practitioners that I can give you Mr. Mwapaura, that if a person uses, this will work. As for me, I say there are no things that can be used at the moment. However, in developed countries assistive devices are available that can be used. What is needed are doctors to see the way you have been injured, what you are failing to do, what you may need, where it is found, and how you are supposed to take it so that you can be assisted. But to women there is nothing much that changes. So, if it is a woman who has a spinal cord injury who is married or who is looking forward to getting married, she can do so, and is able to do sexual intercourse with a man without a problem. Problems that may arise are these - we know that for sex to happen between a man and woman, a lot happens including that the woman should be active during sex or should facilitate sex. This can be affected because the woman will no longer be able to use her legs and waist. There will be need for knowledge of physical therapy, so that they can be assisted on what to do to enjoy sex smoothly.

The above narratives are indicative of the fact that the road accidents cause a permanent injury. As presented above, persons with disabilities induced by road accidents are seen as unable to function because of the injuries sustained. Particularly those who sustain a spinal cord injury are seen as unable to fulfill different roles because the spinal cord injuries would have resulted in loss of sensation, loss of movement, loss of bowel control, loss of sexual ability, severe neurological pains and breathing difficulties. Utilising the social model of disability, these persons face discrimination and negative valuations because they are seen as unable to function. Therefore, testimonies from Interviewees 1, 2, 4 and 5 as well as key informant corroborates the assertions made about disability by the proponents of the social model (Harris and Enfield, 2003). But from the above testimonies, if it happens that the impairment cannot be fixed, the disabled person is regarded as being beyond hope. His or her life is seen as worthless (Harris and Enfield, 2003). By that stage, such a negative assessment may well become internalised by the person concerned. A study by Haulle and Kisiri (2016), also reveals that road accidents caused the suffering of many people due to injuries and permanent mark of disabilities in Tanzania. According to Cherchas (2014), one of the consequences attributed to road accidents in Cambodia and Sierra Leone is permanent disability and disfigurement.

Lack of independent living

The study noted that the participants heavily relied on others and could not have an independent life as a result of the road accidents. In an in-depth interview, a participant confessed that when she returned home, she had to rely on others. She had the following to say:

When I came home, I still remember that moment clearly. I could not enter my home. People had to carry me and my wheelchair in. Every time I would say, 'Ma, can you help me with this?' Ma, can you help me with that?' (She laughed a little). I kind of like went to the living room by the window and burst out crying. Everything was different. There are some things put on shelves of supermarkets that you can see but cannot pick. There are issues. For example, in



your household you must have a house helper because there are things you need to be helped with that are very personal. There are changes that came with that.

A participant in another in-depth interview shared a similar experience and also revealed how difficult it was to live independently. She shared that as a result of the impairment, she needs a personal helper or aid and adding to her experiences, she bemoaned how her plans were drastically changed because of the road accident. She said:

I had a lot of plans that were however derailed. They are different because as a young girl everybody looks at life in terms of, as you grow older, you want to settle down, you want to have a family, you want to enhance your education, and you want to do many more things that are in your control.

As presented above, persons with disabilities prompted by road accidents are seen as unable to live independently. Utilising the social model of disability, these persons are discriminated because they are viewed as being in real need of more support. Therefore, submissions from interviewees 1 and 5 indicate vulnerable lives led by persons with disabilities induced by road accidents. These squarely validate the contention advanced by the social model of disability that, disability is a restriction of activity caused by a contemporary social organisation that takes no or little account of people who have physical impairments thus, excluding them from the mainstream of social activities (Drake, 1999:13). In relation to a study by Thomas (2007), persons with disabilities need support and not to be looked after.

Loss of Relationships

It was evident that participants lost relations with people who are important in their lives and squarely placed the blame on the disabilities induced by road accidents. In an in-depth interview, one participant emotionally lamented the loss of her friends and throughout the interview, she laboured to prove the contention that once one has disabilities brought by road accident, the mainstream society would not want to be associated with the person. She also recalled the good moments she had with her friends before she had disabilities prompted by the road accident. She had the following to say:

The hardest thing about my life after the accident was that I was alone. Everyone was off to college. I could not drive; I could not drive to college. My friends after a while, they were not accessible. They grew tired of me. They got tired of all my problems. After they left me, I wondered if I should commit suicide, I wondered if it is normal to have suicidal thoughts as a teenager, and whether I should commit suicide because of the heartbreak. Before the accident, things I did with my friends were like, going to high school games and everything, maybe we go to a party, go shopping, I was a good student. I was a role model. I was a popular girl in high school. So, I used to model.

In another in-depth interview, a participant similarly revealed that families and the society are usually against the union of persons with disabilities and those without. She said:



We are facing many challenges from relatives and families of our loved ones. When we say we are grown, when we say we are building a home of our own and have our own family so that we can have children to delegate to. Relatives, friends, and neighbours sometimes laugh or look down upon a person without a disability who intends to marry and build a home with a person with a disability. This is done by the relatives of the woman or man. Let's say I am the woman with a disability, the relatives of the man will be criticising and looking down upon me.

Echoing the same statement, she shared that:

People in this country do not understand disability, they will be saying leave those with disabilities, and marry those without. So, should we build Jairos Jiri? Love us like you do your counterparts. We are people too. All the people in this country are equal, we are all equal, we are all disabled but the disability level is the only difference and disability does not mean inability. It does not mean that now I have a disability I cannot have a family or have a home.

In an in-depth interview, an informant shared that people with disabilities induced by road accidents face multifaceted challenges. The informant said:

Sometimes they are not accepted by the community when they are discharged. You see, rehabilitation is a process, and can take up to two years. In this regard, sometimes the clients are discharged after three months and have to complete their rehabilitation process at home and only come as outpatients. Through follow up calls and conversations with them when they come as outpatients, we realise that they are facing acceptance challenges in the community. As a social worker by profession for many years, I have noticed that people with disabilities caused by road accidents sometimes tend to have suicidal thoughts after rejection by loved ones and the community. I ask as many questions as possible to understand the intensity of those thoughts. I also inform them that broken hearts do mend over time (although it may never be exactly the way it was before) while death is final. As I respect purposeful expression of feelings, I encourage them to grieve (they do not need to pretend to be happy), but also try doing some activities that they usually enjoy as well as spending time with family and friends. It is important that they know that they will feel better and just have to be patient with themselves, and also that they will see that experience has prepared them for future relationships with more worthy persons. However, if the suicidal thoughts are recurrent, after provision of psychosocial support, I refer them to agencies with professionals who can help such as Friendship Bench or suggest to them to talk to someone they trust.

These narratives are indicative of the fact that people with disabilities prompted by road accidents face negative attitudes in the society. These attitudes can be internalised by the person concerned. Taping from the rich explanatory rigor found in the social model of disability, the above submissions point to the fact that persons with disabilities induced by road accidents face discrimination and stigma as they suffer exclusion on account of their disabilities. The testimonies from Interviewee 2 and key informants are indicative of the long-held belief taken by the social model of disability that one of the major barriers that confront



disabled people who have impairments are attitudinal that is, negative valuations of disabled people by non-disabled people (Harris and Enfield, 2003). The social model of disability also contends that the problem is not in the individual, nor in his or her impairment. The problem of disability lies in society's response to the individual and the impairment (Harris and Enfield, 2003). A study by Yohannes (2012: 104) in Ethiopia revealed that attitudinal challenge is one of the formidable barrier's persons with disabilities encounter.

Sleeping difficulties

The study also noted participants have sleepless nights as a result of nightmares and emotional uneasiness because of the road accident. In a focus group discussion, one participant bemoaned that she relives the night of the accident every day and have nightmares making it difficult to sleep. She had this to say:

I relive that night every day. The swerving three times, left, right and left again, hitting a ditch, and missing the telephone pole. We were continuing at high speed. Since I had not buckled, I hit my head up on top of the roof of the vehicle. I blacked out. When I woke up, nothing felt real. I did not know what was going on. It is still a nightmare (She started crying).

Echoing the same sentiments in the group discussion, another participant shared (a after a few moments of crying) that:

I still find myself in class and trying to fall asleep. I wake up at 3 am in the morning and have flashbacks. I still hear the noise and the silence when I knew that something was wrong. I hear the sound of the crashing of the vehicle.

In a key informant interview, an informant highlighted that not all consequences of road accidents are visible and can manifest differently for each person. The informant had this to say:

The disabilities caused by road accidents can present in several ways and apparently, not all of them are visible. When a patient remains physically healthy but his or her mental health that is, emotional stability or cognitive functioning have been adversely affected, the consequences for the same patient can just be as critical. The person can require ongoing therapy or counseling. Furthermore, he or she may experience mental suffering and pain which can result in diminished capacity to enjoy life. You see, we should never minimise or overlook these serious consequences.

These findings show that sleeping difficulties is one of the challenges faced by persons with disabilities induced by road accidents. Interviewees shared experiences of how they are haunted by memories of the road accident and how that traumatic memory affects them to the extent that they have regular nightmares that result in sleeping difficulties. The key informant submitted these invisible consequences of road accidents should not be overlooked as they cause emotional pain and mental suffering to a person concerned.



Utilising the social model of disability, these invisible effects may be minimised or overlooked. This directly validates the long-held belief taken by the social model of disability that fervently believe that disability is just but a social construct (Oliver, 1990; Barnes, 2000).

Loss of income

It was evident that the participants lost their livelihood or major sources of income, and they placed the blame on road accidents. Giving her views in an in-depth interview, one participant testified that she managed to return to work two years after the road accident but sadly she could not cope and was fired. She said:

I worked in the Advances Department and one of the things I needed to do was to go out and assess projects. People are given loans and to see what they have done with the money, I had to travel widely. So, it was a very much physical-intensive kind of work, and it became more and more difficult to perform.

Similarly, a participant revealed in an in-depth interview the challenges she faced at the workplace. She said:

We face challenges in workplaces, and in day-to-day living from those who we stay with, or those who we work with, or from those whose vehicles transport us. They cannot understand disability.

A key informant was of the view that some employers do not hire or expel persons with disabilities induced by road accidents because of stigma and societal attitude. The key informant said:

Employers sometimes believe that the person cannot discharge his or duties that is, perceived disability. As history has shown, disability does not always translate to inability.

On the contrary, another participant singled out lack of the requisite educational qualifications as a barrier to recruitment among persons with disabilities induced by road accidents. For full social and economic participation, the participant called upon relevant agencies to ensure that persons with disabilities prompted by road accidents receive adequate education.

The fact that persons with disabilities induced by road accidents are excluded from employment opportunities was emphasised by yet another key informant who also expressed annoyance at some employers who expel from employment people with disabilities prompted by road traffic accidents. The key informant, however, gave a few reasons for such a state of affairs. He said:

I think there are two issues, perceived inability and hard to access companies. Perceived inability is whereby the employer automatically assumes that the person cannot do the job without verifying his or her assumption. Sometimes companies do not have ramps for those



with wheelchairs making it difficult for them to be mobile. So, employers tend to hire able-bodied personnel who can navigate the company premises. Indeed, employers are expelling people who have been injured in road accidents. What bothers me is that sometimes the injury is not severe. Even if the injury is severe, employers should channel the person to other tasks. For example, if the person was paralysed from waist down, the employer should channel that employee to other work for example, data capturing, considering the qualifications of the person. Things are hard in Zimbabwe, and sometimes the person is a breadwinner with responsibilities. Employers should take this into consideration.

As presented above, the testimonies reveal that persons with disabilities are sometimes not hired or even expelled from work due to a plethora of reasons. Chief among these is perceived inability and inaccessible environments. Utilising the social model of disability, these persons face discrimination because of attitudinal and physical barriers at workplaces. This largely justifies the arguments given by the protagonists of the social model of disability who single out environmental discrimination as a key obstacle towards the full inclusion of persons with impairments in society rather than their actual impairments. In this light, submissions from interviewees 3, 4 and 5 are indicative of the long-held belief taken by the social model of disability, that society is structurally skewed in favour of the non-disabled people. Emphasising this observation, interviewee 5 felt that persons with disabilities brought by road accidents were deliberately shut out of employment and opportunities in the country simply on account of their perceived uselessness. The testimonies also indicate that the human rights of persons with disabilities induced by road accidents are disregarded by the non-disabled. Article 23 (1) of the United Nations Declaration of Human Rights states that everyone has a right to work and protection against unemployment (UN, 2015:48). Locally, Section 22 of the Constitution of Zimbabwe Amendment No.13 of 2013 articulates the rights of people with disabilities to employment, a life with dignity and respect. The wide-ranging feeling of participants however is that this constitutional provision has not yet found expression within the current legal instruments such as statutes and policies, much to the disadvantage of persons with disabilities induced by road accidents.

Expensive Treatment Costs

It was evident that treatment costs were beyond reach of many participants. Submissions from the participants in an in-depth interview revealed that they have incurred high treatment costs as a result of the injuries sustained due to road accidents. Sharing that same experience, a participant underwent surgery and spent months in hospital, which was very costly. She said:

In total, from date of crash to date both major and minor, I can count maybe six operations in and out of hospital and these are expensive. I remember the one in June this year cost \$18000 United States Dollars. Fortunately, my bills were covered by the proceeds of donations by many people because I could not afford it.



Similarly, a participant lamented in another in-depth interview that the United States dollar pricing system makes the medication expensive and extremely difficult to buy. He said:

Business should be conducted at interbank rate. Those who sell fuel for vehicles, when the dollar rate increases, they are instructed to increase the fuel price so that the local currency is equivalent to the dollar rate. When the dollar rate increases, bread price is also increased so that it is equivalent to the dollar rate. When the dollar rate increases, the price of medicines is increased so that it is equivalent to the dollar rate. When the dollar rate increases, my money losses value meaning that I will no longer have purchasing power.

As presented, the testimonies show that health service is one of the challenges faced by persons living with disabilities induced by road accidents. Submissions from interviewees 5 and 4 show that treatment is expensive, and the charges are in the United States dollars, which is hard to secure for treatment. Utilising the social model of disability, these persons face discrimination from adequate health care because of expensive medical treatments. Employing the social model of disability, expensive medical treatments including charging treatment expenses in United States dollars become the instruments used by mainstream society to isolate and exclude persons with disabilities induced by road accidents. The narrations above confirm the argument by the World Health Organisation (2018), that prohibitive costs are one of the barriers encountered by people with disabilities when they attempt to access health care. Affordability of health services is one of the main reasons why people living with disabilities do not receive the needed health care in low-income countries. This is similar to one of the study findings in Dilla (Ethiopia) which shows that hospitals and health centers charged some amount of money for registration and laboratory service that women with disability could not afford (Berhanu, 2015:180). Contrary to that case, interviewee 5 managed to get funds through donations to undergo several operations.

The testimonies also indicate that the human rights of persons with disabilities induced by road accidents are disregarded by the non-disabled. Article 25 of the UN Convention on the Rights of Persons with Disabilities (CRPD) reinforces the right of persons with disabilities to attain the highest standard of health care, without discrimination. Section 83(d) of the Constitution of Zimbabwe Amendment No. 13 of 2013 states that, the state must take reasonable measures to ensure that persons with disabilities are given access to medical, psychological, and functional treatment. The Government of Zimbabwe acknowledges that all people should have the opportunity to enjoy long and healthy lives; prevention of diseases and injuries; and the ability to function, participate and live independently. According to Part VI Section 1649 of TSP, in the health sector, investment in health services will be guided by the 2016-2020 National Health Strategy, which seeks to sustain the gains achieved this far through a comprehensive response to the burden of disease and strengthening of the health system to deliver quality health services to all Zimbabweans. This is in line with Sustainable Development Goal 3 that strives to ensure healthy lives and promote wellbeing for all at all ages. This is in congruence with Commitment 6 of the World Summit on Social Development which calls on States to promote and attain universal and equitable access to quality health. The wide-ranging feeling of the participants however is that legal provisions are yet to be



implemented, that is much to the disadvantage of persons with disabilities induced by road accidents.

Legal challenges

Findings from the research noted legal issues as one of the challenges affecting people with disabilities induced by road accidents. Interviewee 4 lamented that the road accident he was involved in was caused by someone else. He said:

In my case, I suffered a permanent disability in a car accident that was caused by someone else's negligence. I was very overwhelmed. I was facing this crisis alone. I had no money to seek for legal counsel.

These findings show that legal challenges are one of the challenges faced by persons with disabilities induced by road accidents. Interviewee 4 submitted how he faced challenges in getting legal counsel since the road accident was caused by someone else. Such a state of affairs directly vindicates the chorus of the social model of disability that, it is society that disables persons with disabilities induced by road accidents by its laws, attitudes and institutions that do not take account of those with differential abilities. This is similar to a study by Cherchas (2014) which revealed that one of the consequences attributed to road accidents is costs such as replacement and repair of property damaged especially when a breadwinner is involved. This pushes the affected household into poverty.

Recommendations

In the light of the foregoing discussion, a number of recommendations are proffered for improving the socioeconomic wellbeing of people living with disabilities by the researchers.

- a. Persons with disabilities prompted by road accidents should be educated to accept self as one of the measures that can be used to restore social functioning.
- b. There is need to improve rehabilitation as one of the measures that can be used to restore social functioning of persons with disabilities prompted by road accidents.
- c. Disability awareness as one of the measures that can be used to restore social functioning of persons with disabilities prompted by road accidents should be increased.
- d. Existing policies and services should be assessed to identify priorities to reduce employment inequalities and plan improvements for access and inclusion for example, making changes to comply with the CRPD and establishing employment standards related to the care of persons with disabilities prompted by road accidents with enforcement mechanisms.
- e. The Government should ensure that people with disabilities benefit equally from public health care programmes. This can be done through financial incentives to encourage health care providers to make services accessible and to improve their role in comprehensive assessments, treatment, and follow-ups. In addition, the Government can consider options for reducing or removing out of pocket payments



for people with disabilities induced by road accidents who do not have other means of financing health care services.

Conclusion

As discussed above, persons with disabilities induced by road accidents have sustained some permanent injuries. The discussion has also noted some social and economic problems which include permanent injury, loss of relationships, sleeping difficulties, loss of income and legal challenges. On the other hand, the participants put forth their concerns that affect their integration into the society. Persons with disabilities induced by road accidents may seem to be facing challenges due to an injury, but in reality, they are facing exclusion from the tripartite barriers rooted in the society as discussed in the paper. These are organisational, environmental, and attitudinal. It is vital for all stakeholders that are concerned with the welfare of persons with disabilities to address these challenges thoroughly.

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