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Research Article

The Nature and Efficacy of Coping Mechanisms Employed by Persons Living with Disabilities Induced by Road Traffic Accidents in Zimbabwe: The Case of St Giles Rehabilitation Centre, Harare

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Abstract

This paper sought to analyse the coping mechanisms employed by persons with disabilities caused by road traffic accidents in Zimbabwe. The study was informed by data collected using qualitative methodology. Data were collected through in-depth interviews and focus group discussion with persons with disabilities and key informants at the St Giles Rehabilitation Centre. This was complemented by qualitative documentary analysis. The research findings showed that persons with disabilities are coming up with several alternate coping strategies to deal with socioeconomic challenges that they face. These include receiving medical treatments, receiving rehabilitation, getting external support, modifying their place of residence, and working as well as trusting in God. Utilising the social model conceptual framework, this paper argues that barriers against persons with disabilities induced by road accidents should be removed for them to realise their potential and live inclusive lives free of discrimination and prejudice.

Keywords: *coping mechanisms, disabilities, road traffic accident, injury, social model, Zimbabwe*

Introduction

This paper proffers a contemporary perspective on survival strategies employed by people with disabilities induced by road accidents in Zimbabwe. The study also updates different players involved in affairs of persons with disabilities on the effectiveness of those strategies in the face of the economic situation in Zimbabwe. The number of people with disabilities induced by road traffic accidents in Zimbabwe in the past decade has been escalating. These people are confronted by a number of challenges that affect their social and economic

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wellbeing such as loss of relationships, sleeping difficulties, loss of income and expensive medical treatments as well as legal challenges (Mwapaura, 2019; Mwapaura and Chikoko, 2020). The World Bank (2017) estimates that at least eighty percent of persons with disabilities live in absolute poverty. Disability lessens one's chances of getting employed (Mitra et al. 2013). Mtetwa (2015:22) postulates that, due to social and institutional barriers, people with disabilities find it difficult to secure loans from micro-financial institutions in comparison to their non-disabled counterparts. Other financial institutions such as banks also find it difficult to give loans to persons with disabilities. This has seen persons with disabilities relying on vending and begging for livelihoods, trapping them in cyclic poverty.

There is paucity of academic studies on coping mechanisms utilised by people with disabilities induced by road traffic accidents in Zimbabwe. It is against this background that this paper seeks to interrogate the survival strategies employed by these persons as well as the effectiveness of those strategies in the face of the economic situation in Zimbabwe. This has been largely propelled by anecdotal evidence emerging from the tripartite national, regional, and international sources indicating that road accidents and some forms of disabilities are almost inextricably linked. In this context, disability and vulnerability are critical, with appeal to empower traditionally marginalised groups by giving them skills and opportunities to realise their full potential and integrate them into the society. As such, different stakeholders such as the government, Non-Governmental Organisations (NGOs) and business community have a role to play. Informed by these philosophical considerations, this study focuses on the nature and efficacy of coping mechanisms that are employed by persons with disabilities induced by road accidents to ensure their wellbeing in Zimbabwe.

Background

The World Bank (WB) and World Health Organisation (WHO) (2011) estimated that one billion people, or 15% of the world's population, experience some form of disability, and that disability prevalence is higher for developing countries such as Zimbabwe. One fifth of the estimated global total, or between 110 million and 190 million people, experience significant disabilities. Research undertaken by the National Association for the Care of the Handicapped (NASCOH) (2012) reveals that 900,000 people in Zimbabwean population have some type of impairment, the most prevalent being seeing, walking, hearing, or remembering related. This is out of a population of approximately 13 million people. A significant proportion of disabilities are caused by injuries including those which result from road accidents (World Health Organisation, 2018).

The continually developing economy also contributes to more road traffic accidents (RTAs) since the use of vehicles for transportation has increased. In this light, to reduce these RTAs and better assist the survivors of the road crashes, greater traffic enforcement as well as traffic awareness programmes are essential. For Zimbabwe, The Traffic Safety Council relays messages to the public. The Traffic Safety Council of Zimbabwe (TSCZ) representative in an interview in *The Sunday Mail* (2018) revealed that in January 2018, the number of people injured on the road accidents was 56% higher than the previous year. RTAs result in many

problems worldwide. Road accidents are the main cause of physical disability for drivers, passengers, and pedestrians in developing countries (World Health Organisation, 2018). The Zimbabwe National Statistics Agency (ZimStats) announced the Road Accident Statistics in the first quarter of 2019, and this is summarised in Table 1 below:

Table 1: Zimbabwe Road Accident Statistics for the Past 5 Years

Year	Total Accidents	Number injured	Number dead
2014	44 713	14 759	2 042
2015	45 701	12 399	2 368
2016	46 681	11 605	1 584
2017	46 687	10 461	1 793
2018	58 739	12 487	1 918

Source: ZimStats (2019); Zimbabwe Republic Police Headquarters (2019)

Similarly, in Zimbabwe a week hardly passes without a report in the local media on deaths or injuries caused by RTAs. The media has since embarked on publicising RTAs as depicted by Table 2 below showing some of the headlines in Zimbabwe's newspapers:

Table 2: Road Traffic Accidents Headlines in Zimbabwean Press

Headline	Publisher	Date
1 838 killed in 2017 road accidents	NewsDay	15 May 2017
Dema horror crash claims 8	The Herald	27 June 2017
Spike in road fatalities	The Sunday Mail	10 June 2018
13 die, 31 injured in accident	The Herald	30 August 2018
47 killed in horror crash	NewsDay	8 November 2018
Rusape accident death toll hits 50	Zimbabwe Situation	9 November 2018
'Most accidents attributed to human error, speeding'	NewsDay	10 November 2018
Eight injured in Siyepambili Drive accident	Chronicle	16 November, 2018
Another horror bus disaster hits Zim	Daily News	17 November, 2018
15 injured in Intercape bus accident	The Zimbabwe Mail	1 December 2018
4 people killed in kombi accident along Masvingo road	My Zimbabwe	5 December 2018
Road accidents take their toll on Zim	Zimbabwe Situation	9 December 2018

Source: Zimbabwe Newspapers

Social model of disability

The social model of disability was adopted for this study. The social model contends that disability is a socially constructed phenomena, not a pathological condition. It thus, posits that, disability is not a result of nature, but rather it is due to the way people interact, hence, the plausibility of this framework to explain the nature and efficacy of coping mechanisms

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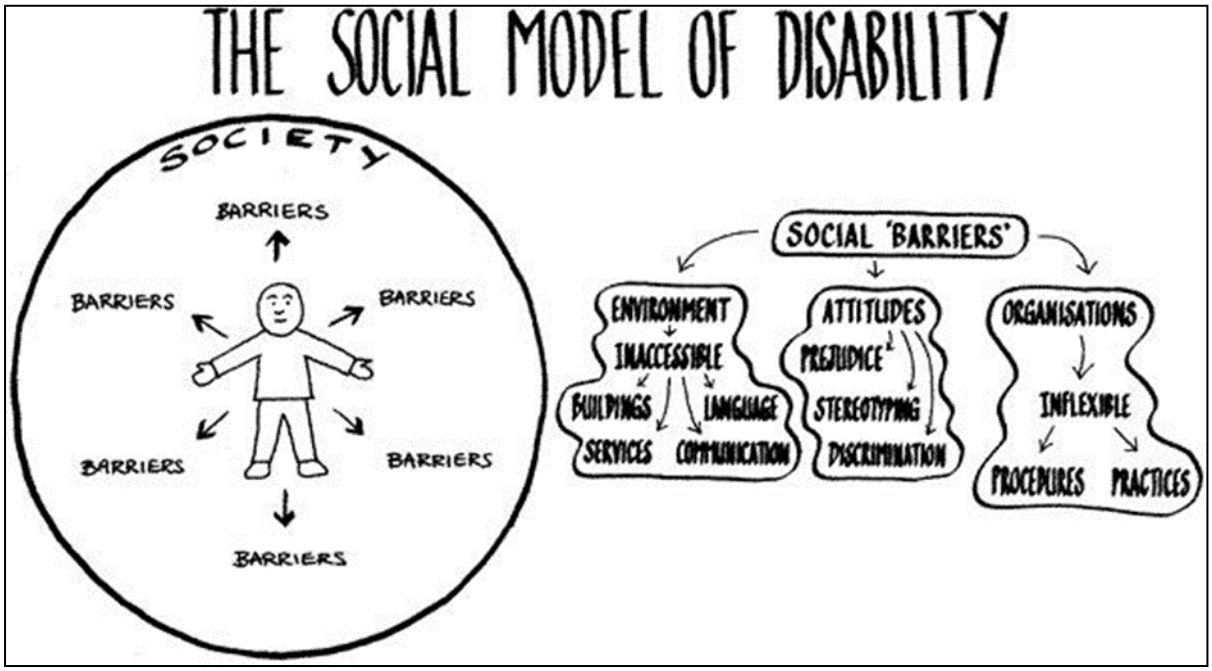
employed by persons with disabilities induced by road accidents (Harris and Enfield, 2003; Marshal et al. 2009). Oliver (1981) argues that there is need to focus more on how the environment limits participation of certain groups of people, in this case persons with disabilities induced by road traffic accidents. Lang and Charowa, (2007:3) argue that the social model differs from medical model, which describes disability as a medical condition only and in this regard shifts away from consideration of the deficits of the functional, physiological, and cognitive abilities of the impaired individual, to the ability of society to systemically oppress and discriminate against disabled people, and the negative social attitudes encountered by disabled people throughout their everyday lives. Figure 1 shows the main barriers people with disabilities experience.

Figure 1: Society and barriers



Source: Thomas (2009)

As shown by Figure 1, the social model identifies three major barriers that confront people with disabilities who have impairments, physical (exclusion from the built environment), institutional (systematic exclusion or neglect in social, legal, educational religious, and political institutions), and attitudinal (negative valuations of disabled people by non-disabled people). Removing these barriers is possible and has a hugely beneficial impact, both on the lives of people with disabilities people and on the community. By adopting the social model of disability, it does not mean rejecting any form of medical services, rehabilitation, or assistance from others, but it does change the way in which services should be given, placing them in the wider context of people with disabilities lives. The needs of the disabled people are basically the same as for non-disabled people: for life, love, education, employment, full

participation in society, access to adequate services (including medical and rehabilitation services when necessary) as of right, and some choice and degree of control in their lives. An understanding of the social model provides a radically different framework with which to understand the discrimination that arises as a result of impairment. The problem of disability lies in society's response to the individual and the impairment, and in the physical environment, which is mainly designed (largely by non-disabled people) to meet the needs of non-disabled people. As a result, society becomes an agent of change through the associated barriers or support systems built into the larger social, economic, political, cultural, and environmental structures influencing persons with disabilities. Within the context of disabilities induced by road accidents and socioeconomic challenges, the society can be an effective agent of change for persons living with disabilities induced by road traffic accidents. In this study, persons with disabilities induced by road accidents were receiving medical treatments, receiving rehabilitation, getting external support, and modifying their place of residence with the support of members of the society.

Research methodology

This section highlights the methodology adopted for this study. It presents a description of the process of getting information required for this study. Accordingly, this section focuses on research design, sampling of participants, sample size, data collection methods, ethical considerations, and data analysis.

Research design

A qualitative, descriptive design was employed for the study. According to Rubin and Babbie (2009:134) descriptive design is concerned 'with conveying what it's like to walk in the shoes of people being described, providing rich details about their environments, interactions, meanings and everyday lives.' The study spanned four months and it involved engaging persons with disabilities induced by road accidents when they visit the Outpatient Department at St Giles Rehabilitation Centre in Harare. This approach afforded the participants an opportunity to speak authoritatively about their experiences and their life choices as they cope with the disabilities induced by road accidents.

Sampling of participants

Patton (2002) notes that purposive sampling is used when the researcher wants to capture a wide range of perspectives relating to the issue that he is interested in studying which include persons with disabilities induced by road accidents in the past two years. This sampling technique was utilised to select participants for in-depth interviews, focus group discussions and key informant interviews. Furthermore, this is in line with Mtetwa (2015) who adopted purposive sampling when researching the extent to which persons with disabilities participate in the design of economic policies in Harare, Zimbabwe.

Sample size

This paper is a result of qualitative in-depth interviews with five persons with disabilities induced by road accidents at St Giles Rehabilitation Centre. Out of the five persons, four are female and one is male. The study made use of five participants because the number falls within the recommended range for qualitative phenomenological studies that is, between five and 25. This is considered large enough to describe the phenomenon of interest and address research questions (Creswell, 1998; Morse 1994).

This paper is also a result of key informant interviews with six persons with expertise of socioeconomic aspects of disabilities brought by road accidents. Out of the six informants, four are female and two males. The six key informants who were selected include four social workers at St Giles and two social work interns. The study made use of six key informants because it is recommended that at least six key informants should be selected for qualitative studies (Morse, 1994).

Data collection methods

The data for this paper were gathered using solely qualitative data collection methods and techniques namely in-depth interviews, focus group discussions, documentary analysis and key informant interviews. Other scholars also made use of qualitative data collection tools to gather data for their studies of persons with disabilities in Harare (Mtetwa, 2015; Mapurisa, 2018; Manzvera, 2019). 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 leads to a better understanding on how people view the world around them and hence, vital in understanding the phenomenon.

Ethical considerations

Patton (2002) defines ethical considerations as what is moral when conducting research with people. Ethical considerations that were observed in the research included informed consent and confidentiality. In the case of persons with disabilities induced by road accidents, the researcher ensured confidentiality by using numbers instead of names on the data collection tools. A research clearance letter was sought and obtained from the Ministry of Public Service, Labour and Social Welfare. The participants signed informed consent forms during the interviews, and it was also agreed that no names would be used in reporting of the findings.

Data analysis

In the data-analysis phase, the researchers were guided by Flick's (2006) six steps, which include familiarisation, coding, generating themes, reviewing themes, defining, and naming themes, and writing up. The data were thematically and critically analysed in relation to relevant literature and the social model of disability. The collected 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).

Presentation and discussion of research findings

This section presents findings from the study. The main themes that were generated from the data include receiving hospital care, receiving rehabilitation services, getting external support, modifying places of residence, working as well as trusting in God. The section interrogates these findings in relation to the social model guiding the study and relevant literature.

Receiving hospital care

Receiving hospital care was one of the coping mechanisms. The analysis of data revealed a pattern of participants reporting being taken to hospital to receive medical treatment for injuries sustained because of RTAs. Those patterns make receiving hospital care a major theme of the coping mechanisms. Interviewee 1 shared that she was taken to Parirenyatwa Group of Hospital in Harare to receive medical attention. She said:

> I was taken to Parirenyatwa where I spent 4 months recovering. I could not control my bowels, I had no balance, I had no core muscles. It was like I was a baby, from getting dressed, to cleaning up, showering, everything started from zero.

Interviewee 5 spent over three months at the Parirenyatwa Group of Hospitals in Harare. As presented above, the narratives are indicative of the fact that one of the coping mechanisms is medical assistance. The testimonies from Interviewee 1 and interviewee 5 show that the participants spent some time in the hospital receiving medical attention. Utilising the social model of disability, some disabled people have a medical condition that requires support and intervention (Harris and Enfield, 2003). By adopting the social model of disability, it does not mean rejecting any form of medical services, but it does change the way in which services should be given, placing them in the wider context of people living with disabilities lives. The needs of people with disabilities are basically the same as those for non-disabled people including medical services when necessary. In relation to Article 25 (1) of the United Nations Declaration of Human Rights, everyone has a right to medical care (United Nations, 1948, 2015:52). On the other hand, the medical model of disability also contends that preventive measures to reduce the incidence of impairment and promoting its early detection are also valuable means of reducing the level and impact of disability.

Receiving rehabilitation services

Receiving rehabilitation services was one of the coping mechanisms which the study noted. The analysis of data revealed a pattern of participants reporting that they were receiving rehabilitation services at St Giles, they recover and adjust to the injuries which they would have sustained from RTAs. Those patterns make receiving rehabilitation services a major theme of the coping mechanisms. Interviewee 1 is taking physical therapy with determination and a brave front. She said:

> Before I got married, I was determined to surprise my husband by walking down the aisle. I took physical therapy. I also secretly trained myself to walk. I tied myself with equipment to straighten my legs and I used the momentum to push my legs with a walking frame. I managed to walk in on my wedding day. It was so emotional on that day. All my sisters were so afraid that I would be tired, and they called my husband, Come, come, faster come!

Similarly, it was the feeling of the other participants. Interviewee 3 was emotional and grateful. He thanked three staff members at St Giles Rehabilitation Centre. He said:

> When I came of that coma, I was a mess. I was a cursing out every day. I usually refused meals. The people at St Giles told me every time that everything was going to be alright.

For Interviewee 5, rehabilitation services from St Giles were very impactful in her life. She said:

> At that time, you are traumatised, you are angry, you are confused, you are trying to learn your new normal, and you are trying to adjust to the things around you. The physical environment not being very friendly.

Testimonies from a key informant point to the fact St Giles Rehabilitation Centre offers a wide range of services that has significant impact to the persons with disabilities induced by road accidents. The key informant commended St Giles Rehabilitation Centre for providing holistic support and coordinated services to help persons with disabilities to become independent. The key informant is of the view that services provided by St Giles Rehabilitation Centre are have positive impact in the lives of people, as it takes into consideration their rights. The key informant was mindful that the impact of St Giles services was not very huge. The key informant however gave a few reasons for such a state of affairs. For a full discussion, see Box 1.

Box 1: Importance of St Giles services to persons with disabilities induced by road accidents

Researcher: Please describe services you are offering persons with disabilities induced by road accidents.
Key informant: Ok Mr. Mwapaura, St Giles provides social work, psychology and therapies that include physiotherapy, occupational therapy (Activities of Daily Living), and speech therapy. This is meant to ensure that the person firstly accepts his or her condition and live as independently as possible. This is because they might retain their abilities after treatment. We help them to live as independently as possible for example, wearing clothes on their own, cooking, going to the toilet and so on.
For social work, we assign each client to a case manager who proffers the client psychosocial support, supportive counseling, coordinates all of the services being given to the client by the center, educates the client on their condition, recovery process and possible residual functional deficits. The social case manager also acts as a broker linking the client with resources through

referring the clients to agencies such as the Lotteries and Gaming Board, Higher Life Foundation, Leonard Cheshire, and Lillian Fonds for financial assistance.
The center has both in-patients and out-patients who come to the center from home for therapies, lately the center has been trying to initiate home therapy for another group of patients who cannot travel for treatments.
Researcher: What has been the impact of your organisation's intervention strategies?
Key informant: The impact is positive but small-scale.
Researcher: Would you explain that further?
Key informant: Ok, the impact is micro-based in terms of economic, physical, and social welfare. However, we do not only focus on the individual because we educate their family and sometimes friends depending on system of support to address stereotypes and general misconceptions.
Researcher: Are the services provided by St Giles Rehabilitation Centre impactful to the persons with disabilities induced by road accident considering their rights?
Key informant: Yes, of course.
Researcher: Would you explain that further?
Key informant: This institution respects and upholds their rights to confidentiality and autonomy in decision making. The institution also educates them on their rights especially provisions of the Constitution of Zimbabwe, Disabled Persons Act and the United Nations Convention on the rights of persons with disabilities. We refer them to associations that can assist them when their rights are infringed for example, we can refer him or her to the Zimbabwe Women's Lawyers Association or Zimbabwe Human Rights Association.

Source: Interview with key informant

As presented in Box 1, the testimonies are indicative of the fact that one of the coping mechanisms used by people with disabilities prompted by road accidents is rehabilitation. The testimonies from interviewee 1, interviewee 3, interviewee 5 and a key informant show that the participants spend some time at St Giles Rehabilitation Centre receiving different rehabilitation services offered by the institution. Utilising the social model of disability, some persons with disabilities have a medical condition that requires support and intervention (Harris and Enfield, 2003). By adopting the social model of disability, it does not mean rejecting any form of rehabilitation services, but it does change the way in which services should be given, placing them in the wider context of the lives of people with disabilities. The needs of people living with disabilities induced by road accidents are basically the same as for non-disabled people including rehabilitation services when necessary. The above submissions are also indicative of the fact that St Giles rehabilitates persons with disabilities caused by road accidents (who have physical and psychosocial impairments) emanating from different medical conditions. According to WB and WHO (2011:4), the environment may be changed to improve health conditions, prevent impairments, and improve outcomes for persons with disabilities and such changes can be brought about by legislation, policy changes, capacity building, or technological developments leading to, for instance rehabilitation of persons with disabilities.

External support

Receiving external support was one of the coping mechanisms noted from the research findings. The analysis of data revealed a pattern of participants reporting that they were receiving external support to recover and adjust to the injuries sustained as a result of the road traffic accidents. Those patterns make receiving external support a major theme of the coping mechanisms. Interviewee 1 indicated that her mother and others played, and still play an important part in her life. She said:

> My mom was there for four months with me. My brother, sister in-law and good friends took turns to visit me. I cried every night but looking at my mom - the love, the care, the concern, that was when I told myself that I needed to be strong.

The key informant revealed that people with disabilities induced by road accidents have other forms of support. The informant said:

> They are usually helped by people in their social system such as family, friends, and the church. This can be financial support to pay for the medical bills and food or emotional support.

Findings from the study revealed that one of the coping mechanisms used by people living with disabilities prompted by road accidents is external support. The above testimonies from interviewee 1 and key informant are indicative that families care and support for persons living with disabilities. Utilising the social model of disability, interviewee 1 was able to recover and adjust to the injuries because of the care and support from her mother, it vindicates the long-held belief by proponents of the social model of disability who fervently believe that disability is just but a social construct (Oliver 1990; Barnes, 1991). Contrary to interviewee 2, interviewee 1 did not lose her relationships. The findings are also contrary to a study by Yohannes (2012:104), who found out that family members in Ethiopia are sometimes embarrassed to have people with disabilities in their home and tend to hide them and keep them behind closed doors to prevent them from interacting with the immediate neighbourhood and the community at large.

Home modification

Home modification was one of the coping mechanisms noted from the research findings used by persons with disabilities caused by road accidents. The analysis revealed a pattern of participants reporting that they had modified their homes for easy navigation and adjust to the injuries sustained. Those patterns make home modification a major theme of the coping mechanisms. Interviewee 1 redesigned her home for easier navigation. She said:

> When we designed our home, it was meant to cater for myself more. Although there are some places that are high up that I cannot reach, but with some technological enhancements, I can actually dry my clothes and everything.

As presented above, the testimonies are indicative of the fact that one of the coping mechanisms used by people with disabilities prompted by road accidents is modifying their places of residence. The above testimony from interviewee 1 shows that the physical environment needs to be modified for easier navigation and mobility. This vindicates a long-standing belief among advocates of the social model of disability that the physical barriers need to be removed. In relation to Odero et al (1997) one of the consequences attributed to road accidents is home renovations, for example, toilet or bathroom to accommodate wheelchairs as well as vehicle adaptation.

Working

Working was one of the coping mechanisms noted from the research findings. One of the participants interviewed was in formal employment. The typical example is that of interviewee 5 who got a job as a Road Safety Advocate, focusing on education and awareness raising. Her source of living consequently is a salary from this job. She reported losing her first job because of mobility issues. She said:

> Once you are behind the wheel, you have control. Therefore, it is very important that you realise that life and death pretty much is in your hands. You can choose to, it is like a trigger, pull the trigger or you can choose not to use your gun. In the same way, you can choose to be reckless, you can choose to drink and drive, you can choose not to wear a seat belt, you can choose to speed unnecessarily, and that one incident that happens is life changing.

The key informant added that the institution engages the companies where the person previously worked and donors to ensure the person has a source of living after discharge and recovery process. The informant said:

> We make efforts to engage donors, companies especially where they used to work. This is tailored to help them earn a living considering some of them are breadwinners.

Findings from the study thus, revealed that one of the coping mechanisms used by people with disabilities caused by road accidents is working. Overall, the above narratives from interviewee 5 and a key informant demonstrate the inborn abilities in persons with disabilities induced by RTAs to fend for themselves. Such a state of affairs directly vindicates the chorus of the social model of disability that disability does not on its own amount to inability (see Mtetwa, 2013; Mtewa, 2015). The findings are also contrary to a study by Yohannes (2012:104), who found out that persons living with disabilities in Ethiopia are excluded from employment. This also contradicts the findings by Mtetwa (2015) that people with disabilities sometimes resort to begging as means for survival. Such a state of affairs maybe explained by the fact that interviewee 5 is educated and hence, has employability skills.

Trusting in God

Placing trust in God was one of the coping mechanisms noted from the research findings. The participants described how they used religious coping. As depicted by Table 3, participants trust in God as a coping mechanism.

Table 3: Excerpts of Experiences of Trusting God

Participant	Quotation
Interviewee 1	In my case, reading scriptures especially psalms helped me a lot to feel closer to God in hard times. I realised that the writers of the psalms also had to cry and felt desperate in their situation. They argued with God and besought to him
Interviewee 2	In the very dark moments after the accident, when I felt completely lost and abandoned by God, I could not cope with my situation anymore. I could not fight the negative thoughts about the future and myself. I needed someone from outside to tell me that these are lies, that I am not abandoned either by God or by my family, that I am not worthless but loved.
Interviewee 3	When I feel sad and when my thoughts become very gloomy, when I wake up early in the morning and cannot sleep anymore, I go outside into nature and speak with God, thanking him for being in complete control and for not letting me go down.
Interviewee 4	In past few months I always began to ask why, why did I have a road accident, why did God let this happen? Unfortunately, this made things worse. Recently I stopped this kind of thinking and focus on God.

Source: Focus Group Discussions

From the above participants' narratives, there are indications that the participants trust in God as religion is also a coping mechanism. Interviewee 1 read scriptures or psalms, interviewee 2 gets spiritual support, interviewee 3 controlled her depression by faith or prayer, and interviewee 4 does not ask the reasons why of the situation. For a majority of the participants, trusting in God is a religious or spiritual coping mechanism that is an essential part of their coping behavior. Trusting in God provides people with disabilities induced by road accidents a framework to cope with day-to-day struggles. The existential needs such as being valued, secure, and having meaning are addressed by social workers and pastoral counsellors.

Policy Options

This paper proffers a number of recommendations in relation to the nature and efficacy of coping mechanisms employed by persons living with disabilities induced by road traffic accidents in Zimbabwe. Some of them include:

i. Raising awareness on ways the society can contribute to removing barriers against persons with disabilities caused by RTAs, with a view to promote empowerment and enhance coping mechanisms.
ii. Improving access to health care and rehabilitation among persons with disabilities induced by road accidents including diagnosis, medical check-ups, operations, physiotherapy among others; and
iii. Introducing social protection programmes targeting persons with disabilities to enhance their coping mechanisms.

Conclusion

The study sought to analyse the coping mechanisms employed by persons with disabilities caused by road traffic accidents in Zimbabwe. The study established that when confronted with barriers to their day-to-day lives, participants came up with several alternative coping strategies. These include, receiving medical treatments, receiving rehabilitation, getting external support, modifying their place of residence, and working. In line with the social model of disability, narratives evidently show that society is critical in removing the barriers against persons with disabilities induced by road accidents. The findings show that policy makers, academia and other stakeholders that are concerned with the welfare of persons living with disabilities should continuously research and support them in their efforts to gain wellbeing and inclusion. The findings also show that a lot should be done to ensure the wellbeing of persons with disabilities induced by road traffic accidents in Zimbabwe.

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