

## CHAPTER TWO: LITERATURE REVIEW

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This chapter reviews pertinent literature in the canon of scholarship pertaining to economic depression, disability and the nexus between poverty and disability. The theoretical framework that undergirded the research is also discussed in this chapter. The chapter also critically interrogates the complex relationship between poverty and disability. This section also provides an overview of economic depression in Zimbabwe, revealing factors that led to economic depression in Zimbabwe and how depression had an impact on the lives of people in Zimbabwe in general, and the impact of depression on persons with disabilities, in particular. The chapter also discusses conceptualisation of disability. The chapter also demonstrates the complexity of the concept of disability. Different models of disability are also going to be discussed in this chapter. The chapter also discusses the situation of persons with disabilities in different countries.

Critical disability theory was utilised in the study survival with a view to proffering a feasible theoretical optic on the strategies employed by persons with disabilities. Justification of the choice of the Critical disability theory will also be given. Hosking (2008) argues that critical disability theory is a critical theoretical framework in the study of disability issues that builds on critical theory and Critical Legal Studies. Critical theory as it is known in the present-day emerged from Western Marxist Researcher (Frankfurt school). Critical disability theory is rooted on of critical disability theory. Critical theory emerged in the 1930s through the works of Max Horkheimer (Hosking, 2011).

Critical theory is premised on Marx's criticism of the political economy that precipitates the oppression of disadvantaged groups. Hosking (2008) argues that critical theory has basis for maximising the freedom of the oppressed especially the marginalised groups in a society (such as persons with disabilities) thereby ending domination of other groups. Thus, one of the main agendas of critical disability theory is to change society for the betterment of the oppressed groups. Hosking (2011); Pothier and Devlin (2006), concur that critical disability seeks to expose existing barriers precipitating oppression of persons with disabilities and seeks to alter laws

and policies to emancipate persons with disabilities. According to Hosking (2011), critical disability theory adapted critical theory to promote rights of persons with disabilities. Unlike non-disabled people, persons with disabilities face a myriad of challenges. Challenges facing persons with disabilities are precipitated by different barriers hindering participation of persons with disabilities hence critical theory seeks to address barriers that hinder participation of persons with disabilities.

The critical disability theory is guided by the social model of disability that argues that disability is a socially constructed phenomena contrary to the view that disability is due to impairments as suggested by the medical model of disability that views disability as a pathological condition. Critical disability theory also employs social model of disability as it argues that PWDs are disadvantaged due to existing social, economic and institutional barriers (Barnes, 2000). By adopting social model of disability, critical disability theory acknowledges that disability is a socially constructed phenomenon thus disability is not due to impairments. Thus by adopting the social model of disability, critical disability theory concedes that the disadvantages experienced by persons with disabilities is due to institutional barriers that hinders persons with disabilities from realizing their full potential (Oliver, 1990) . Though critical disability theory is mainly based on social model of disability, the approach also acknowledges the contribution of impairment hence the need to blend social and model of disability to come up with comprehensive intervention strategy. WHO (2002) terms the synthesis of medical model and social model “biopsychosocial model.” By synthesizing the aforementioned models, critical theory argues that pathological and social aspects of disability must be put into consideration. Therefore, there is need to use both medical and social model intervention strategies. Thus, there is need to rehabilitate persons with impairments and for those who continue to be marginalised or excluded despite such efforts, there is need to change the environment to enhance participation of all people.

Hosking (2008) argues that the main agenda of critical disability theory is to challenge traditional views that assume that persons with disabilities cannot perform at par with their non-disabled counterparts. Critical disability theory (CDT) seeks to ensure that persons with disabilities are heard as they were traditionally marginalised and suppressed. CDT is paramount as it provides

PWDs voice, emphasises the importance of language when discussing disability issues, and also provides theoretical basis for policies to address the needs of persons with disabilities.

Critical disability theory emphasises the importance of language when discussing disability issues (Pothier, and Devli, 2006). Pothier and Devlin (2006:10) posit that one of the primary objectives of critical disability is to interrogate the language used in the disability discourse. The critical disability theory focuses on language used to address persons with disabilities, emphasising on the need to desist from using derogatory language (Hosking, 2011). Traditionally, derogatory and dehumanising terminology such as “the disabled”, “the blind” were used. However, guided with critical disability theory the study used appropriate and respectfully terminology such as persons with disabilities and persons with visual impairment. There have been debates on the proper terminology to use when discussing disability issues. The use of terms such as “the disabled”, “the blind” was criticised for placing more emphasis on impairments of persons with disabilities hence the need to use terms that puts “the person first.” The concept of putting “person first” is of paramount importance as it ensures the realization of rights of persons with disabilities such as right to equal treatment, right to employment as enshrined in the Constitution of Zimbabwe (2013). Terms such as “disabled” are pejorative in nature as they have disempowering meanings such as incapacity. Critical disability theory emphasises on the need to avoid derogatory terms that promote exclusion and marginalisation of persons with disabilities hence the study uses “persons with disabilities” as it promotes realization of persons with disabilities as it emphasises on the “person-hood” first hence the need for equality of opportunities between persons with disabilities and their non-disabled counterparts.

Critical theory stress that there is need to promote the rights of persons with disabilities to promote equality of opportunities (Hosking, 2008; 2011; Pothier and Devlin (2006). Thus critical theory advocates for the rights of persons with disabilities by utilising rights-based approach.

According to Hosking (2011), critical disability theory adapted critical theory to promote rights of persons with disabilities. Unlike non-disabled people, persons with disabilities face a myriad of challenges. Challenges facing

persons with disabilities are precipitated by different barriers hindering participation of persons with disabilities hence critical theory seeks to address barriers that hinder participation of persons with disabilities. Thus by confronting institutional barriers facing persons with disabilities, critical disability theory helps decision makers to conceptualise challenges facing persons with disabilities. This shows that critical disability seeks to expose existing barriers precipitating oppression of persons with disabilities and seeks to alter laws and policies to unshackle persons with disabilities

Critical disability theory is also premised on transformative politics (Hoskings, 2009; Pothier, and Devlin, 2006). Critical disability theory is grounded on Western Marxism that seeks to change the prevailing situation for the betterment of the oppressed groups. The theory's agenda is not only to explain a phenomenon rather the theory seeks to empower the oppressed groups such as persons with disabilities. According to Hosking (2011), critical disability theory also aims to influence politics precipitating exclusion of persons with disabilities Thus critical disability theory is mainly concerned with "power" that is who gets what (Hoskings, 2009). Pothier and Devlin (2006) observe how critical theory probes power and privileges that precipitates marginalisation of persons with disabilities. Due to lack of education, persons with disabilities lack power to participate in the labour market thereby leading to their marginalisation.

Critical theory is paramount to the issue being studied. CDT emphasises on the need to promote rights of persons with disabilities and promote their participation in mainstream economy argues how critical disability theory contributes deeper understanding on the need to mainstream disability. In the middle of economic depression people are using different strategies such as participation in labour market, street vending and depending on relatives (Mtetwa 2015:313) as they struggle to employ lucrative survival strategies employed by non-disabled people. Due to several issues such as institutional and physical barriers, it is predicament for persons with disabilities to employ surviving strategies employed by their non-disable counterparts hence the need to employ critical disability model of disability. CBT also emphasises the importance of language, promotes participation of persons with disabilities and provides theoretical basis for policies to address needs of persons with disabilities.

In many societies, persons with disabilities are voiceless and they have low status in societies. However, through critical disability theory, negative attitudes towards person with disabilities are challenged and they are given chances to be heard. Critical disability theory also challenges negative attitudes towards persons with disabilities that are precipitated by non-disabled persons thereby improving participation and improves the life of PWDs.

Terminology is paramount and a sensitive issue when discussing disability issues (Staden, 2011). Using appropriate terminology is significant to create rapport. If one is unfamiliar with disability terminology, it is hard for him or her to engage with persons with disabilities hence it was crucial for the researcher to be well acquainted with disability terminology for him to use proper terminology in the field. By using proper terminology, the researcher creates rapport with participants.

Critical disability theory avers that the terminology used determines how disability is perceived. It is significant to avoid using terminology that dehumanise or disempower. Terms such as “the blind”; “the crippled” will by all means be avoided in the study as they reinforce exclusion of persons with disabilities. The study to employed terms such as “persons with disabilities”; “persons with visual impairment”; “persons with physical disabilities”. Traditionally terms such as ‘the crippled’ were used however such terms are less used as they are considered to be disparaging.

The way persons with disabilities prefers to be addressed varies from place to place hence it is important to ask persons with disabilities in the area where the study intends to be studies on the way they prefer to be addressed. World Bank (2015) observes how the way persons with disabilities prefer to be addressed varies from place to place hence the need to ask persons with disabilities on the way they prefer to be addressed.

Debates have emanated on whether to use “persons with disabilities” or “the disabled people”. Dinerstein (2012) observes that persons with impairments prefer to be called “persons with disabilities” as this emphasises on the need of putting person first”. However, some persons prefer be called “disabled people” for example in the United Kingdom persons with disabilities prefer to

be called “the disabled” (Obosi, 2010: 3) as this demonstrates that is the environmental barriers that impedes participation of persons with disabilities not the impairments. Prominent disability scholars such as Barnes (2010), Oliver (1990) prefers “disabled people” as they argue that utilising “persons with disabilities” terms make an individual carry disability rather than attributing people’s disability to society. However, some disability scholars such as Jaeger (2012) prefers the term “persons with disabilities” as this promotes positive attitude towards persons with disabilities. Using the term “persons with disabilities shifts from identifying people with their impairments to see them as person first thus when the term “the disabled” focus on disability thereby promoting medical model, a disabling model that argues that persons with disabilities need rehabilitation thereby ignoring rights of persons with disabilities.

‘Persons with disabilities’ is the terminology widely accepted across the globe (UNCRPD 2006; 2013; World Bank, 2014). This is widely accepted because it recognizes the person first unlike the medical model that put more emphasis on impairments thereby promoting the exclusion of persons with disabilities. By putting more emphasis on the person first, the rights of persons with disabilities are realized. According to Hosking (2008), terminology that is used shows the way people are valued and societal attitude towards the group being discussed. Language also plays a fundamental as it determines attitude towards persons with disabilities thus language can either reinforce or change prevailing attitude towards persons with disabilities. Therefore, using proper terminology is pivotal as it can bring about positive attitudes and integration of persons with disabilities.

Staden (2011) observes that PWDs are very sensitive when it comes to disability terminology. Terminology that one employs when referring to persons with disabilities has several effects such as promoting discrimination of persons with disabilities, stereotyping and stigmatisation. Some terminology can also be degrading and derogatory. It can be noted that there is no consensus among disability scholars on the terms to use when discussing disability issues. Some scholars prefer to use “persons with disabilities” while others prefer to use “disabled people”. Mtetwa (2015) used “persons with disability” terminology as he argues that use of terms such as “the disabled” is disempowering. In the study “persons with disabilities”

terminology is going to be used as this is the way disability community in Zimbabwe prefers to be addressed.

Gareth (2014) observes how before studying disability issues, there is a need to come up with a working definition. Coming up with a definition of disability is however a daunting task, it has been problematic among scholars traditionally and it still remains a daunting task among contemporary scholars.

Disability is an elusive concept to define. Oliver (1990) concedes that disability is a complex, multifaceted and ever-changing phenomena. Ferguson (2010) observes how disability terminology has evolved for example terms such as “crippled” have since been replaced with appropriate terminology “persons with disabilities” and in the traditional terminology such as “ the blind” were used but in the contemporary, terminology has evolved and terms such as “persons with visual impairment” is widely accepted. Brown (2014) argues how the definition of disability has always changed and varies from time to time and from place to place. Oliver (1990); OECD (2009), concurs that that there is no single definition of disability that is universally accepted. The concept of disability has changed over time. Traditionally, disability was defined using medical perspective (Handicap International, 2010) however, several scholars in the contemporary acknowledges that social and institutional barriers disable people more than impairments hence the need to focus more on creating inclusive environment (social model) rather than focusing on rehabilitating persons with disabilities as argued by the medical model of disability. This shows that the way disability is defined is ever-changing.

Barton (1989) argues how the way disability is defined depends on the way that it is interpreted. The concept of disability has several dimensions such as medical, legal, social, economic and religious. The definition varies from scholar to scholar and the way disability is conceptualised is determined by the issue being discussed. Medical model describes disability as a medical or pathological condition that can be improved through rehabilitation (Mintra, *et al* 2006). Social model argues how people become “disabled” due to physical, institutional and social barriers. The way social model describes disability shows that there is need to put more effort on the environment that impedes

persons with disabilities (PWDs) from realising their maximum potential rather than focusing on rehabilitating PWDs hence the need to create an inclusive environment. The way models or approaches of disability conceptualises disability differs. Marshall *et al.* (2009) argues how models or approaches of disability have different views pertaining to how the concept of disability can be understood.

Simpson and Cheasman, (2000) argue that for one to understand disability, there is need for one to interrogate models of disability. Smart (2004) argues how models of disabilities are of paramount importance as they serve several purposes such as providing a definition, giving an explanation and forms the basis for policy formulation and implementation.

Marshall *et al.* (2009) argue that there is no single theory or model that comprehensively captures the concept of disability hence for one to understand the concept of disability he or she must interrogate different approaches. There are many models of disability that are based on different assumptions. Some of the models that have come into existence to understand disability include medical model, charity model, religious model and social model. Medical and social model dominates the disability discourse as these are commonly used by different scholars to understand the concept of disability.

Medical model (also commonly referred to as individual model) describes disability as a pathological condition emphasised on the need to rehabilitate persons with disabilities. Medical model that explains disability as a pathological condition dominated disability discourse for years. Haage (2017) reports that medical model focuses on the person's medical status such as impairments thereby attributing disability to impairments that persons with disabilities have. Policies that were formulated using this model emphasised on the need to rehabilitate, cure and have benevolence towards persons with disabilities. However, the model is criticised for failing to realize rights of persons with disabilities.

Oliver (1990) argues how through medical model of disability, disability was viewed as a medical or pathological condition. Goss *et al.* (2019) argue that through medical model of disability, persons with disabilities were viewed as



people who cannot look after themselves hence they need support and benevolence from their non-disabled counterparts. Viewing disability through the medical model trajectory implies that people would leave disability issues in the hands of medical practitioners so that they could treat or cure the “condition”.

By viewing disability as a pathological condition, medical model of disability views disability as an individual problem that is caused by injury, accidents, sickness or any other medical condition that can be improved through some medical intervention or through rehabilitation. The model emphasises more on the impairments that persons with disabilities have hence its advocacy on the need to take measures to improve “the condition” of persons with disabilities. Medical model views persons with disabilities as people with reduced functioning hence the need to support persons with disabilities with relevant assistive devices to enhance and maximise their ability to function.

The medical model was criticised due to several reasons. Oliver (1990) observes how medical model of disability put more emphasis on impairments that PWDs have and the way to prevent or rehabilitate persons with disabilities. The model put emphasis on the medical condition and ignores how the society “disables” persons with disabilities thus the model ignores on the barriers prevent persons with disabilities from realising their maximum potential.

Prior to the introduction of social model, the medical model dominated disability discourse. However, through the medical disability model that focused on the impairments of persons with disabilities, PWDs were oppressed and viewed as persons in need of care. Due to the oppression of PWDs that was prevailing in the 1970, PWDs took social action as they protested against negative attitudes and societal barriers that inhibited their participation and realisation of their rights just like their non-disabled counterparts (Haage, 2017). Barriers that inhibited their participation include but are not limited to lack of education, infrastructural and labour systems. Social action that was taken during that period derived disability scholars to make an analysis on the lives of persons with disabilities. Those studies led to the social model of disability that argues that disability is due to social

barriers, Haage (2017) provides credit to WHO (1976)'s "International Classification of Disability" for the establishment of social model of disability.

Barnes (1999) argues that social model of disability emerged to challenge medical model of disability Marshal *et al.* (2009) observe how social model of disability was a counterpoint to the way medical model of disability understood disability. Unlike medical model that describes disability as a medical condition, social model of disability argues that disability is a socially constructed phenomena not a pathological condition thus disability is not a result of nature rather it is due to the way people interact (Marshal *et al.*, 2009). Oliver (1981) emphasises on the need to focus more on how the environment limits participation of certain groups of people (in this case persons with disabilities). Thus, social model of disability differs from the medical model that attributes disability to an individual; in its rejection of the medical model of disability, social model argues that disability is due to prevailing social and institutional barriers. Physical, political, social and cultural barriers are the ones that disables people not their impairments (Barnes, 2003). Oliver (1999) concurs with this verdict as he argued that people become "disabled" due to different barriers, such as physical, social and institutional barriers. Marshal *et al.* (2009) argue that disability is not a pathological condition but something that results due to man-made conditions that barricade persons with disabilities.

By rejecting the medical model of disability, social model argues that the environment is the one that cause disability due to existing barriers and it is not an individual that needs to be fixed. Through social model of disability, the concept of disability is understood as a socially constructed phenomenon thus disability is not due to impairments that people have. People are disabled by social arrangements that exist. Hence society must be blamed for disabling people (Kristiansen *et al.*, 2009), therefore, the need to put corrective measures on the environment not focusing on rehabilitating an individual. The model seeks to redefine the way disability was viewed by arguing that persons with disabilities are not victims of their impairments rather it is the existing social and institutional barriers that barricades the participation of persons with disabilities hence the need to focus on those impediments. The model

therefore argues that there is need to create an inclusive environment that does not inhibit the participation of persons with disabilities. Hence there is need to make adjustments and come up with universal designs thereby improving the environment that excludes persons with disabilities therefore disability is not due to impairments that persons with disabilities have rather it been due to poor design that makes it predicament for the participation of PWDs.

The model sought to shift from the individual model that viewed persons with disability as people who deserve charity, rather it argues that there is need to create a conducive environment that promotes inclusion and participation of persons with disabilities. Central to this argument is that persons with disabilities are oppressed due to the way they are viewed by their non-disabled counterparts.

Through social model of disability, disability movement has made significant strides. Marshall *et al.* (2009:10) observe how through the social model of disability, several countries managed to introduce non-discrimination laws that endeavours to promote the participation of persons with disabilities. Through the influence of social model of disability, several countries also managed to introduce universal design (*ibid*). By introducing universal design, countries managed to promote participation of persons with disabilities because universal design removed barriers that impeded participation of persons with disabilities.

Through the model, persons with disabilities managed to express their rights to be recognised as equal with their non-disabled counterparts. Thomas (2007) argues how PWDs demands that due to their impairments, what they need is support not to be looked after. This notion challenged the traditional way disability was viewed whereby persons with disabilities were seen as charity cases and in need of care. The model argues that resources must not be channelled towards welfare programs such as social assistance for persons with disabilities rather resources must be channelled towards facilitation of participation of persons with disabilities. Universal design ensures all people can participate despite of having some impairment.

Religious or moral model of disability is widely well thought-out to be the oldest model of disability and the now least used model of disability (Retief and Letšosa, 2018). The model argues that disability is a result of sin thus disability is a punishment from gods. By positing that disability is a result of sin, religious model of disability argues impairments are due to failure to adhere to certain rules or behaving in a way that is considered “morally wrong” hence disability is some form of punishment for failing to behave in line with the expectations (Henderson and Bryan, 2011)

Religious model of disability associates disability with shame thereby making families of persons with disabilities hide them due to fear of stigma and discrimination (Niemann, 2005). This model has detrimental effects to persons with disabilities as it promotes their exclusion in society, school or in the working world thereby perpetuating poverty among persons with disabilities.

Armstrong *et al.* (2006) observe how economic model focus on how impairments affect the functioning of a person particularly in the employment sector. This model argues that disability challenges one’s level of productivity. The economic model of disability analyses disability through economic lenses by focusing on how impairments impede one’s capacity. The model also advocates on the need promote rights of persons with disabilities and the importance of adaptive environment.

After attaining independence, Zimbabwe had enormous potential of becoming an economic powerhouse in Africa due to many factors such as infrastructure and several policies that were crafted by the new government. During the first decade after attaining independence, the international donor community played a paramount role as they pumped resources (Besana and Moyo, 2012). There was enormous economic growth during the first decade (1980-1990). Besana and Moyo (2011: 02) reveal that during the first decade, economic growth in Zimbabwe was at 2.9 percent. Economic growth during the first decade was well above SADC region average economic growth. Due to rapid economic growth that was experienced in the country, Zimbabwe became a middle-income economy in the early 1990s (World Bank, 1997). There was improvement of standards of living, life expectancy increased,

there was low unemployment rate, literacy improved, children were immunized for free thereby leading to decrease of infant mortality rate.

The economic situation deteriorated in the late 1990s and this can arguably be attributed to many factors chief among them being issues such as poor policies, isolation from the international community, mismanagement, corruption (Besana and Moyo, 2008). It has also been argued that Zimbabwe's military engagement in the Democratic Republic of Congo (DRC) further catalysed economic depression. The war was too costly, with estimates pointing that about USD 200 million was splashed (Asante 2012:33). The economic depression that Zimbabwe experienced since early 1990s led to the rise of unemployment rate in Zimbabwe with some sources estimating that unemployment could be pegged at above eighty-five percent. Besana and Moyo (2008) observe how due to economic crisis experienced in Zimbabwe in the 1990s, unemployment rate skyrocketed. University graduates and school leavers could not find secure and decent jobs in Zimbabwe and this led to rapid increase in migration as people went to different countries such as South Africa, United States of America, Canada and Australia in search of greener pastures. Some people who did not migrate ventured into informal economy to make ends meet in the middle of economic depression

To address myriads of economic challenges that were faced in Zimbabwe, the government embarked on fast-track reform program. The land reform was characterised with many issues such as; anarchy, lawlessness, unlawful occupation of commercial farms by unskilled people and marching of war veterans displacing white farmers (Asante, 2012). Most of people who benefited farms through the Fast-Track Land Reform Programme; however, did not have adequate resources, inputs and skills to either maintain or increase agricultural yield in Zimbabwe therefore, land reform inevitably led to the decrease in agriculture production. After the fast-track land reform program Zimbabwe lost its 'bread-basket' status, there was decrease in exports and this led to trade deficit thereby vehemently affecting the country's foreign reserves. The way fast-track land reform was implemented further worsened the economic situation in Zimbabwe as it led to decrease in agricultural production, a key sector of Zimbabwe's economy.

Zimbabwe has crafted and implemented several economic policies to address economic woes the country has encountered for the past two decades. Policies such as Agricultural Policy, Economic Structural Adjustment Programme (ESAP), Land Reform Programme, and Zimbabwe Agenda for Sustainable Economic Transformation (ZIMASSET) were implemented in an endeavour to improve standards of living, alleviate poverty, create employment and empower people. However, the policies that were crafted and implemented could not deliver and the policies failed to reduce poverty in Zimbabwe.

World Health Organisation (2009) reports that more than ten thousand cases of cholera were recorded from 2008 to 2009 that left more than four thousand people dead. There was another cholera outbreak in 2018 in Glenview and Budiriro that left more than twenty people dead. Contagious diseases such as typhoid are also common in Zimbabwe. The continuous outbreak of such easily treatable and manageable diseases is a clear indication that Zimbabwe is in crisis. Diseases such as typhoid and cholera are commonly associated with impoverished countries hence by exhibiting such symptoms it will be apt to conclude that Zimbabwe is experiencing economic turmoil.

After experiencing a period of hyperinflation, Zimbabwe adopted United States Dollar (USD) currency in 2009. There are several advantages associated with dollarization such as reduction of inflation and trustworthiness. Southall (2017) argues that Zimbabwe experienced economic stabilization after adopting US Dollar currency. Kenyenzu *et al.* (2017) argue that from 2009 to 2012, Zimbabwe recorded an average of 10 percent economic growth. Chagonda (2010) observes how dollarization in Zimbabwe led to opening out of business opportunities and increase of agriculture yields as farmers could properly plan. Agriculture companies also scaled up their production of inputs such as seeds and fertilizers. Dollarization also lured both indigenous and foreign investors thereby creating employment. Through dollarization, there was improvement of sanitation, water supply, electricity supply and death rate decreased.

Southall (2017) observes that to increase the amount of money in the circulation, Zimbabwe through the Reserve Bank of Zimbabwe introduced

bond note (a currency only legal in Zimbabwe) in 2016. The introduction of bond note caused pandemonium as depositors sought to withdraw their money from banks fearing the 2008 experience that was characterised with hyperinflation. The Reserve Bank of Zimbabwe decided to limit withdrawal amount as it sought to address panic withdrawing thereby leading to long queues. Although bond note led to increase in liquidity (Southhall, 2018:390), bond note has decreased its value over the past years thereby leading to increase of cost of living. Although the surrogate currency was supposed to be at par with USD, bond note has significantly lost its value and is now worth less than one-third of USD (Pacific Standard, Jan 17, 2019). Daily News reports that prices of basic commodities have risen by more than 20 percent thereby further worsening poverty in Zimbabwe. Prices of goods such as cooking oil, salt, sugar, rice and flour have significantly increased over the past years. Newsday of 05 April, 2019 reports that a family of six now requires at least \$790, 77 per month to have a decent standard of life in urban areas. Bread price was \$0.90 in 2017 but with immediate from Monday 14 April 2019, bread price has increased to \$3.50. The continuous rise of prices shows that Zimbabwe is indeed in crisis. Mitra *et al.* ( 2013) and World Bank (2018) concur that most of persons with disabilities live in poverty. The prevailing economic crisis is likely to have more impact on persons with disabilities (particularly persons with visual impairment and persons with physical disabilities) due to nature of surviving strategies that they employ.

ILO (2009) observes how rate of unemployment increases among persons with disabilities when there is economic depression. During economic depression, companies either down-size or close-down thereby inevitably leading to scarce job opportunities. World Report on Poverty reports that during economic depression in United States of America, the gap of unemployment between persons with disabilities and non-disabled people widened, something that shows economic depression had more impact on persons with disabilities as compared to their non-disabled counterparts. The widening of unemployment shows that when there is economic depression, persons with disabilities have more chances to be retrenched and few job opportunities that is available are likely to be occupied by their non-disabled counterparts.

In the middle of economic depression, there is an increase of unemployment among both PWDs and non-disabled. ILO (2009) reveals that when there is an economic depression, unemployment rate increase more among persons with disabilities compared to their non-disabled counterparts. Mitra (2006) observes that employers perceive persons with disabilities as less productive hence when there is depression, companies down-sizing, persons with disabilities have more chances to be retrenched due to the perception by the employers that they are less productive. This is in line with Groce *et al.* (2014) who argue that in the labour market persons with disabilities are likely to be hired last and retrenched first when there is economic recession.

Todaro and Smith (2012) contend that traditionally poverty was determined through income and consumption. Thus, traditionally individuals whose income was below subsistence (poverty datum line) were regarded as “persons living in poverty”. However, the concept of poverty has evolved as several scholars argue that poverty encompasses several indicators such as food, health, education and shelter. This argument has led to the concept of ‘multidimensional poverty’ that argues that poverty is not only lack of income but it includes lack of human needs. Eide and Ingstad (2011) admit that poverty is a multifaceted phenomenon that cannot be defined only in economic terms.

World Bank (2016) avers that there are two main types of poverty, that is absolute poverty and relative poverty. Absolute poverty implies poverty that is measured using international standards USD 1.88 per day (World Bank, 2018). UN (1995, 2017) defines absolute poverty as a condition whereby one cannot afford basic needs. Maslow (1947) identifies food, safe water, shelter and health as some of the basic needs. World Bank report on Poverty (2007) describes relative poverty as poverty that is measured or determined using comparative means, thus relative poverty implies that some people are not achieving standards of living that are achieved by some people from the same area.

Structural theory argues that poverty is due to structural factors precipitated by the prevailing economic situation not due personal deficiencies (Jordan, 2004). Therefore, for one to have a clear understanding of why most of



persons with disabilities live in poverty, there is need to analyse the prevailing economic situation. Samati *et al.* (2012: 48) argue that the prevailing socio-economic situation is one of the determinants of poverty. Brady (2006:154) observes how labour market forces put people at risk of languishing in poverty. Munro (2012) observe how Zimbabwe has experienced economic meltdown since early 1990s. The economic meltdown led increase of poverty rate as people become unemployment. In the early 1990s, most companies either closed down or down-sized thereby leading to high unemployment. Royce (2009:100) argues that de-industrialization is one of the main causes of poverty. According to Royce (2009), the scarcity of job opportunities causes poverty as people depend on participation in labour market for a living. When jobs are available, poverty reduces while when the scarcity of job opportunities leads to high poverty rate due to lack of source of income. People need jobs to make a living hence if they become scarce people is trapped into poverty. This shows that people depend on the labour market therefore the failure of the government to provide jobs imply that poverty is structural.

The government also reduced expenditure on social services. Disability benefits were also reduced due to economic crisis that was experienced in the 1990s. Structural theorists argue that economic forces trap people into poverty despite their competence. There is general consensus that persons with disabilities are vulnerable to poverty therefore the existing economic situation is likely to worsen the situation of persons with disabilities.

Several scholars concur that disability is both a cause and a consequence of poverty. Studies across the globe reveals that poverty and disability are heavily interlinked (Mtetwa, 2015). World Bank (2016) argues that persons with disability are twice likely to live in poverty as compared to their non-disabled counterparts. World Report on Poverty (2018); Handicap International (1993) concurs that disability increases one's chance of living in poverty. There are many factors that makes poverty and disability interlinked and these include poor living conditions that expose them to illness and impairment, poor working conditions such as working in dilapidated infrastructure, sanitation, health and lack of education. Poor people are likely to work in hazardous working conditions such as in heavy industries, in coal

mines and be involved in gold panning without protective clothing thereby exposing them to different causes of impairments. The situation that prevails in poor areas puts poor people at risk of impairments hence poverty increases chances of people to have disabilities. In addition to their chances of living with disabilities, poor people have lack of access to healthcare and rehabilitation thereby exacerbating their chances of getting impairments. Handicap International (1993) reports that the environment that persons living in poverty live in expose them to accidents and illness. When a poor person gets impaired, that impairment is likely to become permanent thereby interfering with their functioning. Poor people do not have resources to go for special treatment hence some treatable ailments can lead to permanent impairment due to lack of resource among persons with disabilities hence disability can be a consequence of poverty.

Persons with disabilities who live in developing countries are likely to live in poverty as compared to persons with disabilities who live in developed countries. The World Bank (2017) observes that more than eighty percent of persons with disabilities in developing countries live in poverty. High poverty rate among persons with disabilities in developing countries can be attributed to several issues that include but are not limited to lack of social safety nets for persons with disabilities unlike in developed countries where social safety nets are readily available for persons who is struggling to make ends meet. United Nations Convention on the Rights of Persons with Disabilities (2006) article 28 concedes that persons with disabilities have the right to “adequate standard of living and social protection”. This implies states must take measures to ensure persons with disabilities have decent standard of living such as enough food, clothing and shelter.

However, due to lack of resources in developing countries persons with disabilities depend on informal social safety nets such as the family and friends. Informal social safety nets have been severely weakened due to urbanisation (Rugoho and Siziba, 2014) and economic depression experienced in Zimbabwe. Families have become nuclear due to urbanisation while increase in cost of living due to economic depression makes it hard for people to take care of those in need of care. Failure of informal social safety nets to look after persons with disabilities worsens the situation of persons with disabilities thereby further trapping them into poverty.

Lack of welfare benefits in developing countries increase PWDs' chances of living in poverty. In developed countries, persons with disabilities are entitled to several disability benefits (Eige and Ingstad, 2011) and the benefits they are entitled are sufficient for them to acquire their basic needs. In developing countries such as Zimbabwe, benefits that PWDs are entitled to are inadequate for them to afford their basic needs (Groce *et al.*, 2014). In Africa, there are scarce job opportunities therefore making it difficult for persons with disabilities to become gainfully employed.

Disability also increases the chances of one to live in poverty. UN (2014; 2016) reports that more than eighty percent of persons with disabilities are unemployed. Disability lessens chances of one to become gainfully employed due to issues such as lack of education, social exclusion and employers' negative attitudes towards persons with disabilities. Officer (2009) identifies factors that lead to high unemployed rate among persons with disabilities and these include lack of credentials, employers' negative attitude towards persons with disabilities and lack of skills among persons with disabilities. Due to the issues highlighted above, persons with disabilities are less likely to become employed and those who get employed have less chances to be promoted to higher paying jobs thereby perpetuating vicious cycle of poverty among persons with disabilities.

Easterlow and Smith (2003) contend that poverty among persons with disabilities is further perpetuated by additional costs such as assistive technologies and medication. The Herald Newspaper of Nov 15, 2018 reports that pharmacies are selling drugs in foreign currency and with the economic situation prevailing in Zimbabwe, the incomes of persons with disabilities is negatively affected thereby perpetuating poverty among persons with disabilities.

Choruma (2007) observes that persons with disabilities have high probability of dropping out school as compared to their non-disabled counterparts. World Report on Poverty (2018) reports that lack of education among persons with disabilities can be attributed to several factors such institutional barriers. Several schools in Zimbabwe are not inclusive for persons with disabilities due to non-adapted infrastructure and lack of

appropriate material that is used in schools. Most schools do not have Braille text books thereby making it difficult for persons with visual impairment to learn at such schools hence leading to high numbers of school drop-outs among persons with disabilities. Teachers are not well versed with sign language therefore making it hard for persons with hearing impairment to be involved in the mainstream education.

World Report on Disability (2019) reports that there are several costs associated with disability that can be economic or social. Costs associated with disability can either be direct or indirect and costs associated with disabilities make persons with disabilities vulnerable to poverty. Knowing costs associated with disability is paramount in creating an inclusive environment. Some of the costs associated with disabilities are mainly due to environmental barriers hence the need to create an inclusive environment. Though the extra costs associated with disabilities varies from place to place (in UK 11% to 69%; in Australia 29% to 37 %) (World Report on Disability, 2019) and varies depending on the severity of disability, studies carried across the globe revealed that persons with disabilities generally incur more than ten percent extra costs

World Report on Disability (2018) reports that persons with disabilities face more costs as compared to their non-disabled counterparts for them to have a decent life. Some of the costs that persons with disabilities incur include assistive devices such as wheelchairs, spectacles, hearing-aid devices, medical expenses, personal assistance, special diets, only to mention just a few.

Countries also channel resources targeting persons with disabilities (World Report on Disability 2017). Public programmes that target persons with disabilities vary from country to country. In developed countries, persons with disabilities have the right to disability benefits. However, in developing countries due to resource constraints, programmes normally target persons with severe disabilities (Eige and Ingstad, 2011). Some of the programmes that target persons with disabilities include vocational training, social assistance, rehabilitation services, to mention just a few.

Although persons with disabilities can perform any job, the environment barricades them from being productive (World Report on Disability, 2018).

Studies have revealed that both in developed and in developing countries, unemployment rate is generally higher among persons with disabilities. UN (2000; 2017) report PWDs are more likely to be unemployed as compared to non-disabled people and the few who are employed usually get low paying jobs

World Report on Disability (2018) reveals that more than eighty percent of persons with disabilities are unemployed. Zimbabwe National Statistics Agency (2017) estimates disability prevalence to be at nine percent. Zimbabwe has a total population of 13, 6million (Zim Stat, 2017), using the statistics given by Zimbabwe National Statistics Agency, one can conclude that one million two hundred and twenty-two thousand in Zimbabwe have disabilities. Inferring from the given statistics and holding all things constant, one can assume that less than two hundred and five thousand persons with disabilities are employed in Zimbabwe. Although the situation is a little better in developed countries, the situation of persons with disabilities remains disheartening even in developed countries as more than sixty percent of persons with disabilities are still unemployed (World Report on Poverty).

World Report on Poverty (2018) reveals that in countries such as Mexico and Netherlands, persons with disabilities are twice likely to be unemployed as compared with their non-disabled counterparts. The few who are employed are likely be part-time workers and are likely to occupy low-income jobs hence they have generally have low-incomes.

Choruma (2007) observes that disability determines the type of job one gets. UN (2017) reports that there is high unemployment among persons with disabilities and the few who are employed are likely to occupy low paying job. World Bank (2018), reports that more than fifty-percent non-disable people in the world across the globe are employed while more than eighty percent of persons with disabilities are unemployed. Persons with disabilities who are employed are likely to occupy low skilled and low earning jobs. Meager and Higgins (2011) concur with this view as they argue that persons with disabilities are more likely to occupy lower-skilled jobs as compared to their non-disabled counterparts. There are many reasons why unemployment rate among persons with disabilities remains high across the globe chief among them lack of education among persons with disabilities, negative attitude of

employers towards persons with disabilities, social exclusion, physical and institutional barriers. World Report on Disability (2018) observed that persons with disabilities have low education, something that will severely affect them in the working world as they lack human capital. Physical, institutional and attitudinal barriers precipitates school drop-out among persons with disabilities hence they lack skills that are required in the working world.

World Report on Disability (2018) reports that persons with disabilities are generally disadvantaged in the working world. Unemployment is high among persons with disabilities because they have low qualification, something that can be attributed to less access to education and training, Sida (2015:01) reports that only three percent of persons with disabilities are literate. Hence due to lack of access to education and training, persons with disabilities have less credentials as compared to non-disabled people therefore non-disabled people have higher chances of getting employed. Attitude of employers towards persons with disabilities, also contributes to high unemployment among persons with disabilities as employers perceive that persons with disabilities are less competent and the environment of workplace (some places are not inclusive due to the way infrastructure was constructed).

Eide and Ingstad (2011) argue that education is the key to lucrative job opportunities. Mitra *et al.* (2013) argue that there is high school drop-out among persons with disabilities. Due to lack of education among persons with disabilities, they have low chances of becoming gainfully employed. Lack of education among persons with disabilities makes it predicament to get better paying jobs. Environmental barriers also make it hard for persons with disabilities to become gainfully employed. Physical obstacles can barricade persons with disabilities from going to interview, to go to work and to attend functions with colleagues. Access to information can also be a barrier that prevents persons with disabilities from becoming gainfully employed for example if a job opportunity is advertised in print media such as Herald or Sundaymail, persons with visual impairment may miss such job opportunities despite meeting the requirements of that opportunity. Lack of capital also inhibits persons with disabilities to start their own projects for example Mtetwa (2015) observes how micro-financial institutions are disinclined to

give loans to persons with disabilities as they believe that they are “risky”. Due to stigma associated with disability, potential loan lenders rarely give loans to PWDs as they consider them to be “high risk for loans”.

Negative attitude of employers towards persons with disabilities also exacerbate unemployment among persons with disabilities. Kaye et al. (2011) observe how due to stigma associated with disability, employers often assume that persons with disabilities are less productive as compared to their non-disabled counterparts therefore they have less chances of getting employed thus due to negative attitude towards persons with disabilities, when an employment opportunity arise, non-disabled people have more chance to be hired as compared to PWDs.

There are several factors that hinder participation of persons with disabilities in the labour market and precipitate poverty among persons with disabilities were discussed. However, persons with disabilities do not just sit on their laurels or fold their hands languishing in poverty as they employ several survival strategies for them to survive. This section discusses survival strategies employed by persons with disabilities as they seek to meet their needs. Adugna (2006) describes survival strategies as ways of increasing income used by vulnerable people. Vulnerable people employ different survival strategies to access basic needs and for them to stay alive. Begging, street vending, participating in the labour market are some of the common survival strategies employed by persons with disabilities as they try to escape the shackles of poverty that they normally find themselves in.

Social protection is paramount to ensure inclusion, participation and active citizenship. In addition, social protection improves the well-being of vulnerable people such as persons with disabilities. According to Groce *et al.* (2014:7), in countries with comprehensive social protection floors, persons with disabilities have safety nets that cushion them. Through social protection, persons with disabilities get cash benefits that help them meet their basic needs such as food, clothes and shelter. Benefits obtained through social protection enables persons with disabilities to acquire assistive devices, pay school fees for their children.

Disability benefit scheme is also important for the survival of persons with disabilities. Disability benefits include injury scheme whereby people receive aid in the case of work related injury or injury on duty (IOD) or when a person get impaired due to occupational related diseases. (UN 2018:67) observed that less than thirty-five percent people in the labour market are legally covered for employment related injuries. This implies that more sixty-five percent people in the labour market are not covered hence in the case of injury at work, these people will not access injury on duty hence more than sixty-percent of labour market force are vulnerable to poverty as they lack coverage. Still on disability benefits scheme, in developed countries such as United States of America and Britain, persons with disabilities are entitled to different disability benefit schemes. Those who are unable to work receive income replacement scheme. Persons with disabilities are entitled to compensation for additional costs they incur due to disabilities receive. Caretakers' benefit is another disability benefit scheme persons with disabilities are entitled to. This is offered to persons who care for persons with disabilities. Caretakers' benefit scheme is paramount as it reduces neglect of persons with disabilities.

UN (2018) observes how less than fifty percent persons with severe disabilities across the globe receive disability benefits. In developed countries such as Sweden and Denmark the coverage is very high as more than ninety percent persons with disabilities receive disability benefits. The coverage is however low in developing countries due to lack of resources. the coverage of disability benefits depends on the type of disability especially in developing countries. Persons with hearing impairment are less likely to receive benefits as compared to persons with severe physical disabilities. in Brazil, persons with disabilities were likely to receive disability grants as compared to persons with visual impairment. Persons with severe disabilities are more vulnerable hence they are given more preference.

In Nepal under the Disabled Persons (Protection and Welfare) Act of 1982 persons with disabilities are entitled to many services such as social assistance and social protection whereby persons with disabilities are entitled to disability benefits. There are several Acts that seek to improve the life of persons with disabilities. Although there are several provisions enshrined in the constitution, the situation of persons with disabilities leaves



a lot to be desired. Persons with disabilities are marginalised. They also have low social protection coverage. There is a wide gap of coverage. Although NGOs and international organisations try to intervene, most of persons with disabilities in the Nepal are not covered. International and local NGOs are mainly benefiting urban dwellers as these organisations are mainly available in urban areas. There are persons with disabilities who live in rural areas therefore centralizing services in the urban areas prejudices those who stay in the rural areas.

In most countries if not all countries, disability benefits are generally below the income of those who are formally employed. Groce *et al.* (2014:7) observe that disability benefits are not always sufficient for persons with disabilities to access their basic needs and to live a decent life. There are several challenges associated with disability benefits. In most countries medical assessments are used to assess persons with disabilities to determine eligibility. However, considering that some disabilities are hidden and complex, when a person without medical expertise is conducting disability assessment, he or may fail to diagnose some complex and hidden disabilities thereby reducing the chance of getting benefits for those with complex disabilities. Therefore, medical assessment is likely to benefit only those with easily identifiable disabilities.

In addition, in some countries most of intended beneficiaries are not aware of benefits they are entitled to due to lack of information on the process of applying and lack of proper documents for them to apply for benefits. World Bank (2007) reports that in countries such as India more that ninety percent persons with disabilities are not aware of benefits they are entitled to. Those who may be aware of benefits they are entitled to face several challenges for example mobility especially for persons with severe physical disabilities. Distances travelled to registration centres also hinder persons with disabilities from accessing benefits they are entitled to. Hence there is need for decentralization of services so that persons with disabilities will access benefits at places close to them.

Rugoho and Siziba (2014:51) observe that most of people who survive through begging in the streets are persons with disabilities. Rugoho and Siziba noted

that the utilisation of begging as a survival strategy is due poverty among persons with disabilities precipitated by high unemployment among persons with disabilities. Groce *et al.* (2014:6) assert that in the 1990s less than one percent of persons with disabilities in Zimbabwe were formally employed. In Zimbabwe, persons with disabilities are found in different places such as in the streets, food outlets, shopping malls, to mention just a few. Persons with disabilities have resorted to begging to make ends meet. They are also in the streets for them to stay alive.

Rugoho and Siziba (2014) argue that in Zimbabwe begging has emerged due to urbanization and colonization. Prior to urbanization and colonization begging was not common as African culture emphasises on helping each other and this did not allow others to become beggars. However, urbanization and colonization led to cultural erosion. Colonization introduced taxes in Zimbabwe and this made life hard for people. Urbanization also led to change in ways of life. In addition, urbanization loosened family ties as people travelled to urban areas. The breaking of family affected informal social safety nets for persons with disabilities

The socio-economic meltdown experienced in the 1990s inevitably led to increase in number of people surviving through begging. Due to economic depression organisations such as Jairos Jiri and Leonard that housed persons with disabilities started removing people from their homes. Some who were removed could not reintegrate with their families thereby resorting to begging for survival. Economic crisis experienced in the 1990s had an impact on disability benefits. Although the benefits were below poverty datum line, the income obtained through disabilities used to cushion persons with disabilities as they were able to obtain some of their basic needs such as food through disability benefits. The collapse of those benefits drove people into the streets as to make a living through begging.

Although the problem of begging is found across the globe, the problem is more common in developing countries. Groce *et al.* (2014:5) observe how in the late 1990s about eleven percent persons with disabilities survived solely through begging. Namwata *et al.* (2013) observed that begging is very common in countries such as Tanzania due socioeconomic challenges. Namwata *et al.*

(2013:142) observed that poverty and disability were the main causes of begging in Tanzania. To escape the shackles of poverty and at least remain alive, persons with disabilities in Tanzania resorted to begging. Namwata *et al* conducted an interview with one of the councillors who revealed that low education levels among persons with disabilities leads implies that most of persons with disabilities lack of human capital thereby making hard for them to participate in the labour markets. Due to lack of qualifications to participate in labour markets, persons with disabilities resort to begging for survival.

Balaake and Mahmoud (2014:161) observe that begging is very rampant in Nigeria and this is a common survival strategy for persons with visual impairment as they try to remain alive and provide for their families. Poverty and unemployment is high especially among persons with disabilities hence they resort to begging in the streets for their survival. In Nigeria, persons with disabilities beg money, food and non-food items from the public. Devlieger (2018:39) observes how begging is one of the most common survival strategies employed by persons with disabilities in DRC. In the DRC, persons with disabilities beg in a unique way. “Documentaries” is the unique begging strategy employed by persons with disabilities in Kinshasa. Through “documentaries” , persons with disabilities look for donors to give them funding and persons with disabilities will then give the donor a document that he or she will display on the wall as a “receipt”. In Kinshasa, DRC begging is considered to be an acceptable survival strategy because due to lack of education and impairments it is hard if ever possible for persons with disabilities to get employed (Devlieger 2018:6). Employers in Kinshasa also prefer to employ non-disabled people therefore it is hard for persons with disabilities to participate in labor market

Lachiman (2013) observes how in DRC persons with disabilities who participate in labour market are employed in NGOs, restaurants and schools. Discussing on the issue of participation in the labour market by persons with disabilities in Zimbabwe, Groce *et al* (2014) observe how in the late 1990s one percent of persons with disabilities were formally employed. The Political activism improved the employment of persons with disabilities as it improved employment rate of persons with disabilities in the Nepal. Due to political

activism, the government has adopted the quota system and this has improved the rate of employment among persons with disabilities. Kruger (2017:17) observes how in 2011 about twenty-eight percent of persons with disabilities were employed in Msunduzi. The low rate of employment among persons with disabilities can be attribute to several factors chief among them perception, lack of education and physical barriers. For example Kruger (2017:17) observe how in Msunduzi there is a common perception that persons with disabilities cannot perform at par with non-disabled people.

In South Sudan, social protection scheme mainly benefits people who become impaired due to armed conflicts (Rehwerder, 2018). This implies that the rest of persons with disabilities have no social protection scheme to cushion them. Those without social protection depend on humanitarian assistance for their survival. Through humanitarian assistance, persons with disabilities receive food aid. However, due to environmental barriers, some persons with disabilities find it hard to access humanitarian organisations especially persons with disabilities who stay in rural areas.

Street vending is widely credited for creating source of income in Zimbabwe there is extremely high unemployment rate. In Zimbabwe street vending is a survival strategy for non-disabled and persons with disabilities. Mtetwa (2015:313) identifies vending as one of the survival strategies employed by persons with disabilities as they try to make a living. Berner *et al.* (2008:1) argues that most people do not become street vendors by choice rather majority of people become street vendors due failure to find employment.

Though MDGs managed to reduce poverty across the globe, PWDs were excluded. However, Sustainable Development Goals emphasised on the need to include persons with disabilities in many areas such as employment, an area that is significant if the vision of ending poverty by 2030 is to be achieved. Eide and Ingstad (2011:8) observe that empowerment, opportunity and security are key if poverty is to be alleviated among persons with disabilities. There is need to give opportunity for persons with disabilities to alleviate poverty among PWDs and this may be done through several ways such as education, giving them loans or through employment.

Empowering persons with disabilities is paramount in an endeavour to alleviate poverty among persons with disabilities. Persons with disabilities can be empowered through education. Mitra *et al.* (2013) argue that there is high school drop-out among persons with disabilities. Low literacy rate among persons with disabilities among person with disabilities can be attributed to several issues such as poverty. Due to poverty, persons with disabilities cannot afford to pay school fees thereby leading to high school drop-out among persons with disabilities. Physical and social barriers also contribute to low education among persons with disabilities. There are some barriers that also precipitate exclusion of persons with disabilities in the education sector such as lack of teaching material like Braille and teachers who can use sign language therefore institutional barriers exacerbates low literacy rate among persons with disabilities Therefore there is need to take measures such as free education for persons with disabilities and creating an inclusive environment. Teachers' colleges must also train teachers who can teach children with disabilities for example by training teachers sign language and Braille.

ILO (2010) argues that security is a basic need for all people. There is no universally accepted definition of social security. However, scholars concur that formal social security encompasses services such as employment and state benefits while informal social security include support from family, friends and community. Persons with disabilities due to their vulnerability, they need it more than non-disabled people. Eide and Ingsta (2011:8) argue that person with disabilities is at risk from womb to adulthood. While in the womb, they are vulnerable to selective abortions, at childhood level they are likely to suffer from malnutrition. Their vulnerability exacerbates at adulthood level as they will face discrimination and exclusion (*ibid.*) hence the need for persons with disabilities to have social security

Kamaleri and Yiede (2011) are of the view that persons with disabilities in Lesotho were traditionally subjected to social exclusion as they entirely depended on their family members and their community for their survival. This implies that persons with disabilities in Lesotho depended on informal social safety nets for their survival. Negative attitudes towards persons with disabilities and institutional barriers exacerbated exclusion of persons with

disabilities. Negative attitudes towards persons with disabilities emanates from non-disabled people who normally have certain negative beliefs about disability. Due to negative attitudes associated with disability, non-disabled persons often view persons with disabilities as people who deserve charity. Institutional barriers that promote exclusion of persons with disabilities include non-adapted infrastructure, policies and laws in a society that impedes participation of persons with disabilities.

In December 2008, Lesotho signed and ratifies UNCRPD. Article 4 of the UNCRPD concedes that countries that have ratified the convention must take measures such as implementing policies and programmes that promote rights of PWDs. Through the convention, states are obliged to come up with a legislation that domesticates the convention. However, Lesotho is yet to finalize legislation that promotes the rights and inclusion of persons with disabilities. Sefuthii (2016) reports that Lesotho is yet to enact legislation that promotes rights of persons with disabilities. Section 18 of the constitution is silent on discrimination of persons with disabilities. Section 57 prohibits the appointment of persons with hearing impairment as senators. By prohibiting appointment of persons with hearing impairment as legislators, section 57 precipitates marginalisation of persons with disabilities in Lesotho. National assembly amendment of 2011 prohibits persons with intellectual disabilities from voting. Thus, instead of promoting the rights of persons with disabilities, the constitution of Lesotho perpetuates discrimination of persons with disabilities hence a lot needs to be done in Lesotho to promote participation and protect rights of persons with disabilities. By ratifying UNCRPD, Lesotho is obliged to take measures that promotes and protect rights of persons with disabilities hence there is need to either modify or repeal sections of the constitution that precipitate denial of rights of persons with disabilities. Lesotho Times of May 21, 2015 reports that persons with disabilities continue to face myriad discrimination in their quest to access services such as education, health, to mention just a few. This is further precipitated by the aforementioned sections of the constitution hence the need to urgently take necessary measures.

Just like Zimbabwe, Lesotho is yet to finalize its National Disability Policy. Disability policy drafted in Lesotho aims to protect rights of PWDs as enshrined in the constitution of Lesotho and it is through this policy that

disability programmes is implemented and evaluated to ensure the inclusion of persons with disabilities.

Kamaleri and Eide (2011:11) argue that there are four DPOs in Lesotho that represent persons with disabilities. These organisations work together in representing the needs of persons with disabilities and through these organisations, there has been improvement on the situation of persons with disabilities in Lesotho. Disabled Persons Organisations in Lesotho managed to come up with several initiatives to change policies in Lesotho. The organisation utilises multi-sector approach in empowering PWDs from grass-root level. The organisations in liaison with the government are making ends meet to ensure that PWDs realize their right to health, employment and education (*ibid.*).

According to Kamaleri and Eide (2011), DPOs in Lesotho have partnered with many NGOs and these are mainly used in seeking support from civil society. Through this partnership, several NGOs now undertake programmes that involve disability issues. Through the advocacy work of the aforementioned pressure groups, persons with disabilities do not only get support from the civil society. There has been notable changes in the government for example an increase in the enrolment of persons with disabilities was witnessed through the advocacy work of persons with disabilities and some colleges have since introduced special programmes to ensure persons with disabilities realize their right to education.

Though commendable results were witnessed in Lesotho towards the inclusion of persons with disabilities, PWDs in Lesotho are still facing a myriad of challenges such as oppression, inequality, discrimination and stigma (Sida, 2014). This shows that there is a lot to be done for persons with disabilities to realize their rights. If the ideal situation is to be achieved, there is need for disability practitioners to conduct thorough research to have an in-depth appreciation on the challenges facing persons with disabilities. Research will then form advocacy base for pressure groups. Through results from research, statistics of persons with disabilities and challenges facing persons is noted and this will form basis of disability policy.

There is no recent statistics of the number of persons with disabilities in Kenya. However Kenya National Survey for Persons with Disabilities (2007) estimates that there are about three million persons with disabilities in Kenya. Disability prevalence is not uniformly distributed. The prevalence of disability varies from district to district. There is however lack of comprehensive knowledge on the living conditions of persons with disabilities (Sida, 2015). For long Kenya has offered organised care for persons with disabilities. However, due to resources, those services are provided through means testing as they are given to persons with disabilities who are in most need of them.

Eide and Ingstad (2011:8) note empowerment of persons with disabilities as vital to alleviate poverty among persons with disabilities. To empower persons with disabilities, Kenya has built ten vocational and rehabilitation centres and these offer different courses such as sewing, dress making and carpentry. The government also set up special education sector under the ministry of education to organise and coordinate education of children with disabilities. National Disabled Fund was set up in 1981 to assist person with disabilities and institutions that educate persons with disabilities

Kenya Report on UNCPRD (2011) reveals that Kenya has adapted and adopted special curriculum to promote the right of persons with disability to education. This move is paramount as it promotes the inclusion of persons with disabilities in the labour market. Exclusion of persons with disabilities is exacerbated by lack of education (Groce *et al.*, 2014; Mitra *et al.*, 2013). The government provides material such as Braille in an endeavour to promote education of persons with visual impairment. The same report reveals that Kenya introduced free primary education in 2003 and schools that promote inclusive education are paid by the government. Free primary education was crucial as it ensures the increase of school attendance among children with disabilities.

Majority of PWDs live in absolute poverty. PWDs in Kenya are more exposed to economic hardships as compared to their non-disabled counterparts. Persons with disabilities mostly depend on informal social safety nets like family and relatives for their survival. To address the needs of persons with disabilities, Kenya has established National Disability Fund. The fund mostly



benefits persons with severe disabilities and persons with disabilities who cannot seek for employment such as the elderly persons with disabilities.

World Bank (2018) reports that about 18 percent of people in Ethiopia have some form of disabilities, The ministry that deals with persons with disabilities reports that about ninety-five percent of persons with disabilities live in poverty and most of them live in remote areas where there are limited and inaccessible social services. Handicap International (2012) reports that about 97 percent of children in Ethiopia do not go to school and this is due to stigma associated with disability in Ethiopia, physical barriers and lack of teachers who are well versed with disability issues and lack of material. Due to stigma associated with disabilities, African Child Forum reports that less than thirty percent of children with disabilities were registered at birth.

The government of Ethiopia has taken several initiatives to promote rights of PWDs. In 2010, the country signed and ratified the UNCRPD, the country also signed and ratified African Charter on Human Rights and Convention of Elimination of all forms of Discrimination. Through its constitution of 1995, the state has an obligation to support services for persons with disabilities. Though the wording in the constitution is outdated, the constitution through section 9(4) , international agreements signed and ratified by the country automatically become part and parcel of the law. 568/2008 proclamation aims to promote and promote the right of persons with disabilities to employment by giving persons with disabilities appropriate training thereby improving their skills and improving their employability, giving employment opportunities to PWDs and anti-discrimination against persons with disabilities at work place. Developmental social welfare policy also made emphasis on the need for inclusion and participation of persons with disabilities. To ensure inclusion of persons with disabilities, the government had to take initiatives such as creating accessible environment.

Although Sweden is one of the most developed in the world, Barnes (2000) observes how persons with disabilities still marginalised and persons with disabilities' living standards are generally lower than those of non-disabled people. Sweden crafted policies to improve the working life of persons with disabilities in the 1940s and made several provisions in the 1960s and 70s with the aim to improve job security for all people. Some of the provisions include

Security Employment Act that aims to ensure social security of all employees. The Work Environment Act argues how workplaces must be adapted and this improves the participation of persons with disabilities in the labour market.

Sweden experienced economic growth in the early 1990s. This inevitably led to the fall of unemployment rate in Sweden both among non-disabled persons and among persons with disabilities. There has been an increase of employed persons with disabilities over the past decade (Barnes, 2000). Mitra *et al.* (2013); World Report on Disability (2018) argue that there is low education levels among persons with disabilities. Lucrative jobs in Sweden require one to have credentials or qualification. However, after considering that persons with disabilities in Sweden have low qualifications, the government of Sweden has introduced sheltered employment for persons with disabilities.

Sweden is guided by the 'work for all' principle. Guided by the aforementioned principle, Sweden has adopted many schemes in a bid incorporate persons with disabilities in the working world. Due to low education levels among persons with disabilities, some of them do not meet the demands of the working world hence they are not employed in the "open labour market" (Lunt and Thornton, 1997 cited in Barnes, 2000). DPOs in Sweden has advocated for anti-discrimination laws against persons with disabilities. However, as of 2000, Sweden was yet to adopt a comprehensive legislation that criminalize discrimination against persons with disabilities. However, discrimination in the working is forbidden in Sweden.

The statistics of persons with disabilities is a contested area. Mugumbate and Nyoni (2014) observe how one of the reasons why statistics of disability is a heavily contested terrain is due to lack of consensus on what constitutes disability. Several reports also give different statistics on the number of persons with disabilities in Zimbabwe. World Bank (2017) estimates that about fifteen percent of the population across the globe have some form of disability; Zimbabwe National Statistics Agency (2017) estimates that nine percent of people in Zimbabwe have disabilities; National Association of Societies for the Care of the Handicapped (2015) estimates that about 1 800 000 people in Zimbabwe have some form of disability while the Government of Zimbabwe reports that disability prevalence is one percent.

Lang and Charowa (2007) argue that persons with disabilities in Zimbabwe are generally the poorest of the poor. Persons with disabilities face a myriad of challenges that perpetuate poverty among persons with disabilities. Persons with disabilities have high chances of dropping out of school or not going to school therefore they lack skills required in the working world hence precipitating vicious cycle of poverty among persons with disabilities. There are several factors that promote school dropout among persons with disabilities chief among them institutional barriers and poverty. Marongwe and Mate observe how persons with disabilities lack social, human, physical and financial capital. Persons with disabilities have low education qualities and this makes it hard for them to secure sustainable jobs. Social networks of persons with disabilities have been severely affected by HIV/ AIDS and increase in cost of living. Due to increase in cost of living, families have become more nucleated thereby affecting informal social networks. The infrastructure also hinders persons with disabilities from accessing services such as education and health. Schools are inaccessible for persons with disabilities hence hindering children with physical disabilities from going to school. Lang and Charowa (2017); Mtetwa (2015) concurs that it is predicament for persons with disabilities to access loans from micro-finance institutions as they consider them “risky”

According Magumbute and Mtetwa (2012:143), “the government of Zimbabwe has dealt with disability from various angles”. After the attainment of independence in 1980, the government of Zimbabwe has been providing services to PWDs through the Ministry of Public Services Labor and Social Welfare. Through the aforementioned ministry, the government provide assistive devices such as spectacles, surgical boots and wheelchairs to persons with disabilities in need of them. However, due to lack of funding, the government is not able to procure enough assistive devices for person with disabilities. With the institutional barriers that prevail in Zimbabwe, failure to procure assistive devices for persons with disabilities hinders participation of persons with disabilities thereby perpetuating a vicious cycle of poverty among persons with disabilities. The Ministry of Public Services Labor and Social Welfare in partnership with the Ministry of Primary and Secondary education caters for the fees of children with disabilities and children of persons with disabilities through Basic Education Assistance Module (BEAM). This initiative is in tandem with article 24 of the United

Nations Convention on the Rights of Persons with Disabilities that emphasises on the need to educate persons with disabilities that will in a long way promote their participation and realization of their right to education. However, BEAM is severely affected with lack of funding hence leading to school drop-out among beneficiaries. In addition, the scheme only caters for school fees and due to poverty among persons with disabilities; some of them cannot afford stationery and school uniforms.

Zimbabwe is also involved in local, regional and global initiatives that endeavor to address the needs of PWDs. Zimbabwe is a signatory of several United Nations Instruments such as United Nations Convention on the Rights of Persons with Disabilities. Zimbabwe ratified United Nations Convention on the Rights of Persons with Disabilities in September 2013.

Mandipa (2013) argues that Disabled Persons Act failed to address needs of person with disabilities due several factors. The Act is guided with medical model of disability that describes disability as a pathological condition therefore it emphasises on the need to rehabilitate persons with disabilities. In addition, the government also failed to take measures to promote rights of persons with disabilities. Zimbabwe adopted a new constitution in 2013, unlike the Lancaster house constitution of 1979 that did not put much consideration the rights of persons with disabilities, section 22 of the constitution of Zimbabwe of 2013 amendment (No 20) states that 'the state should develop programmes for the welfare of persons with physical or mental disabilities...' . This shows that there is an improvement on the realization of rights of persons with disabilities

A lot has been written on the nexus between poverty and disability, however most of the studies only revealed how disability can be either a cause or a consequence of disability. There is a knowledge gap that exists on the surviving strategies employed by persons with disabilities in the middle of economic depression. Tamukamoyo (2009) in his PhD thesis managed to reveal surviving strategies employed by general population in the collapsing economy, however, his thesis did not reveal surviving strategies employed by persons with disabilities in the middle of economic crisis. The knowledge gap that exists motivated the researcher to study the surviving strategies employed by persons with disabilities in the middle of economic crisis

The chapter has focused on various aspects such as the prevailing economic situation in Zimbabwe, conceptualisation of disability, and the nexus between disability and poverty. The chapter managed to demonstrate how disability is both a cause and a consequence of poverty. Various models of disability were also discussed in the chapter, showing how each influences the way disability is conceptualised. The next chapter discusses methodology that was used in the study.