

MIDLANDS STATE UNIVERSITY



Engaging Ngezi Baptist Church on Poverty Alleviation among Women with Disabilities in Mhondoro Ngezi District.

BY
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Department of the Midlands State University in Partial Fulfilment of
the Requirements for the Master of Arts Degree in Religious Studies.

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DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Master of Arts Degree in Theology and Religious Studies, Midlands State University, Gweru, Zimbabwe.

I, **GRINWELL MUGONI**, declare that

1. The research reported in this dissertation, except where otherwise indicated, is very my original research.
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Abstract

This study investigated the role played by Ngezi Baptist Church in Mhondoro Ngezi District to mitigate poverty in women with disabilities. The research employed focus group discussions with girls, women and men with and without disabilities in wards 1, 14, and 16 of Mhondoro Ngezi District. Interview instruments were given to pastors from the same wards. It emerged from the study that there are some positive traits within the Judeo-Christian and Shona cultural traditions inclusive. These positive traits include an understanding of inclusion of persons with disability as part of the society. However, the society (church included) has legitimised negative notions about disability. For example, religions as well as cultural beliefs use figurative or metaphorical language to bolster their views across. Furthermore, mental impairments or illness such as epilepsy are regarded as caused by witchcraft requiring medical intervention strategies like exorcism by special practitioners. The society has tended to perpetuate dominance, stigmatization, discrimination and exclusion of women with disabilities. It is suggested that the Zimbabwe Government and Civic Society could to carry out, enforce and implement legislatures that will assist women with disabilities. The church, using a feminist disability hermeneutical framework can influence a positive change towards the liberation and emancipation of women with disabilities. The investigation noted that disability is a societal construction. Women and girls with disabilities are subject to abuse, exclusion and discrimination as a result of the misconceptions and mythical traditional beliefs and practices. The church can harness its spiritual capital in its commitment to improving the well-being of women with disabilities.

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MIDLANDS STATE UNIVERSITY

Faculty of Arts

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Approval Form

The undersigned certify that they have read this project and have approved its submission for marking after confirming that it conforms to the department's requirements.

.....
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.....
Date

.....
Dr. S Chirongoma (Chairperson)

.....
Date

DEDICATION

I dedicate this dissertation to my beloved mother Jestina Mugonhi, my niece Violet Mugoni and all women and girls with disabilities declaring that no matter how profound your condition of disability is, it cannot change your image from something else, neither can it change the image of God in which you were created like everyone else.

PREAMBLE

Women and girls with disabilities face systemic marginalization, attitudinal, and environmental barriers that lead to lower economic and social status; increased risk of violence and abuse. These abuses include sexual violence; discrimination as well as harmful gender-based discriminatory practices; and barriers to access education, health care, sexual and reproductive health, information and services, and justice as well as civic and political participation. This hinders their full participation and expression on an equal basis with others, hence their consideration as second-class citizens.

List of Abbreviations

CRPD- Convention on the Rights of Persons with Disabilities

WHO- World Health Organization

UN- United Nations

NGO- Non-Governmental Organization

FBO- Faith Based Organization

SDGs _ Sustainable Development Goals

SADC- Southern African Development Corporation

NASCOH- National Association of society for the care of handicapped

VSO- Voluntary Services Overseas

FDG – Focus Group Discussion

AHDPZ- Advocacy for the Handicapped, Impaired and Disabled Persons of Zimbabwe

PCN- Presbyterian of Nigeria

CRC- Christian Reformed Church

CH- Christian Horizon

PAOC- Pentecostal Assemblies of Canada

AFM- Apostolic Faith Mission of Zimbabwe

WMU- Women Missionary Union

BMF- Baptist Men's Fellowship

STIs- Sexual Transmitted Infections

HIV – Human Immune Virus

AIDS- Acquired Immune Deficiency Syndrome

PWD- Persons with disabilities

WWD- Women with disabilities

GWD- Girls with disabilities

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CHAPTER ONE

INTRODUCING THE STUDY

Untitled Poem

I am a proud disabled woman.

My body and mind may challenge me.

I have learned my own special way to meet my needs and to deal with life.

I have dreams and I have goals.

You will see I will achieve.

Give me respect as I deserve.

I will persevere for my rights.

Disabled friends, they understand.

We share fears, joys, and support.

I am female with feelings as you.

Include me.

Enable me.

Celebrate me.

I am a disabled woman very much alive.

Hear me. Care about me. Treasure me.

By an unnamed woman with a disability, read at the UN Headquarters, October 23,

2012, by Lois A. Herman of the UN Report Network, during the Panel Discussion on

Preventing and Ending Violence against Women with Disabilities.

(Hussain, 2013:59)

1.0 Introduction

Communities of faith play a fundamental role in the development of the society. Admittedly, due to varying theological understanding and ideological positions of these communities of faith, their capacity to effectively contribute towards development of the communities is adversely hampered. It is not an exaggeration to say Christianity holds diverse hermeneutical interpretations as regards poverty, gender and disability. According to Sande (2023), Christianity in Zimbabwe is not homogenous, though some commonalities can be noted. She asserts that it is possible to distinguish certain traits such as missionary christianity, African initiated christianity, classical pentacostalism and charismatic christianity. Church denominations in Zimbabwe have different predispositions when they engage in civil and civic issues, the challenge of people with disabilities notwithstanding. While apparently the church and state relationship is starkly ambivalent, the diverse christian communities' engagement with civic and civil matters still has enough room open for academic debate and contextualisation on issues surrounding persons with disabilities. It is against this background that the Christian community needs to reshape societal perceptions as regards the way women with disabilities are viewed (Creamer, 2012).

From a feminist disability theology standpoint, this study aimed at discussing ways of engaging the Ngezi Baptist Christian community with a view to finding out how they are alleviating or failing to alleviate poverty for women with disabilities. Being a minister of the gospel, and also shepherding a flock with a sizeable number of women with disabilities (WwDs), the researcher realised, from a generic standpoint, that there were several challenges being encountered by women and girls with disabilities in Mhondoro Ngezi District. Hence, the decision to conduct research on how the Ngezi Baptist church could offer constructive possibilities and engagements for inclusive mitigation to the challenges alluded to. The researcher chose to focus his study on Mhondoro Ngezi district, his rural home. This means that there was no financial burden on commitment of financial resources to conduct the research, and synonymously, easy in sampling of women and girls with disabilities because of the restricted locale. It is important to note that disability has a slippery nature in terms of determining what are some of the causative factors behind it, hence the need to consider disability variations. According to Mugumbate (2014), disability can be placed into the following categories: these are traumatic (due to injuries, accidents, burns, war); Congenita (related to birth defects); Genetical causes (although less prevalent); old age and unknown causes.

This research investigates the mission of the church as it relates to alleviating poverty in women with disabilities. It attempts to engage the church to act as a catalyst for change by engendering a positive attitude toward people living with disabilities (hereafter referred to as PwDs) so that they can appreciate the fullness of life. According to Amanze (2019), this may be accomplished by mainstreaming challenges of disability in the social, economic, political, and spiritual existence of society as a whole. The society shapes how people view disability, and this determines one's ability to cope with disability. Women with disabilities encounter countless challenges, but the most notable two are discussed for the purposes of this research. Firstly, they endure gender inequality in a patriarchal society. Secondly, their disability condition further perpetuates their situation because of the experiences of stigma and discrimination; leading to encounter multiple tragedies, among others, marginalization, stigmatization, economic and political exclusion.

This investigation attempted to explore ways that the church can employ to alleviate poverty in the context of the unholy covenant between disability and gender. It endeavoured to argue that cognizance of the cumulative impact of social disadvantages, is a full understanding of multidimensional poverty, and of the effects of disability and physical impairments on impoverished members of the society.

The figures on disability a decade ago estimated that 1.3 billion people were living in poverty globally, and a reasonable goal would be to extricate at least 650 million from the jaws of 'abject poverty' (Adogame, McLean, and Jeremiah, 2014). Globally, the increase in poverty has reached alarming levels. They further posit that, in spite of extensive material and human resources found in the world, poverty remains a serious challenge that needs realistic tackling. The question is, how can the comprehension of God's sovereignty and the church's profession of faith, amid poverty, discrimination and stigmatization, be enhanced? The gospel narratives, on justice traditions, Jesus and other biblical prophets, clearly state that:

...individual Christians must heed 'the cries of the people who suffer and the woundedness of creation itself, over consumed and undervalued by the current global economy.' The Bible relates to economic questions throughout; it speaks of justice as central to God's will. The prophets call the people not to sit comfortably under dehumanising structures, to repent and create institutions which protect the rights and dignity of the poor. Jesus in his life and ministry fulfilled the prophetic message of liberation in solidarity with the poor (Adogame, McLean, and Jeremiah, 2014:15).

It is from the above context that the researcher gets inspiration and seeks to dig deeper and come up with a proposal on how the church can be engaged in alleviating poverty among women with disabilities. An important question here is, what is poverty? To appreciate the complexity of the poverty problem, it must be appreciated that poverty is multi-faceted -it has social, physical, economic, political, psychological and spiritual facets. Poverty is not only multi-faceted, but also multidimensional, and no single character can define poverty; what needs to be appreciated is that poverty has many interlocking factors related to socio-economic status, geographical area, and many other factors, which were discussed fully in the definitions sections.

The Christian community should be found being proactive in bringing about changes that will shape how the community should view and deal with poverty among women with disabilities. While redemption and salvation maybe immediate solutions offered by the church, those two aspects alone do not mitigate the social, physical, economic, political, and psychological challenges caused by poverty for people with disabilities. The church is better placed to assist PwDs, and the church should understand its primary command as being to uplift the poor and the downgraded (Palmer, 2011). In short, this research explores the strategies that can be adopted by the church to alleviate poverty among women with disabilities in a contextualized Christian community setting so as to create disability-friendly and disability-inclusive spaces within the Mhondoro Ngezi District?

1.1 Background of the study

Statistics on disability have always been a source of contention. It is that which is defined as disability that causes contention on disability statistics. If governments and political administrations want to come up with clear national policies on disability which fully realize the rights of persons with disabilities, they need to work with quality disability data which is policy relevant. Governments must constantly monitor data and avail statistics on information gathered from disability statuses. This is in line with the rights of people with disabilities as “stipulated in the Convention on the Rights of Persons with Disabilities (CRPD) that has been ratified by 182 countries” (Mitra and Yap, 2021:7). The CRPD, in Article 31, states clearly that States Parties have a responsibility of gathering appropriate statistical information and research data so that individual member states are able to properly craft and implement relevant disability policies to give credence and effect to the contemporary CRPD” (Mitra and Yap, 2021).

As alluded to in the introductory section above, women face double discrimination first as women, and secondly as disabled persons (Choguya 2021). Before zeroing in on women with disabilities, it is prudent to glean disability statistics at the global, continental and regional levels. Above one billion people globally, are estimated to be living with some form or degree of disability. WHO (2023) estimates 16% of the world population to have various forms of disabilities. Two to four percent of this figure experience significant difficulties in terms of functionality. Over 75% of people with disabilities are found in developing countries (www.who.int)

In Africa, it is estimated that about 80 million people have some form of disability ranging from mental health, birth defects and other physical impairments (UN, 2018). It is further projected that between 110 million and 190 million adults experience major difficulties in functioning. The main causes of disability, according to WHO, is population ageing coupled increases in chronic health; and it is incontestable that people with disabilities have less access to health care services (WHO, 2020). A full picture of disability statistics and contestations will be provided in the literature review section.

The African Disability Rights Yearbook (2016) established that female infants with disabilities across the African continent are likely to be killed at birth because they are believed to be a source of disgrace and humiliation to their families. Ndlovu (2018) further noted that in Swaziland, girl child with albinism can be killed for the purposes of good charm for the non-disabled. According to Ndlovu (2018), there is disability stigma as women and girls with disabilities are viewed as pariahs lacking sexual agency and are victims of sexual abuse without the capacity to report. The UN Flagship Report on Disability (2018) also noted that twenty-five percent of women and girls with disabilities in India suffer physical violence and rape. They are less likely to access ante- and post-natal care resulting in jeopardising the life of the unborn child and exposing them to higher risks of disability as well.

According to Mthethwa (2019), there are more than 1,8 million people with disabilities in Zimbabwe. This situation imposes momentous insinuations for the security and quality of life of PwDs. Zimbabwe's population is estimated at 15 million as at preliminary 2022 census figures. Approximately 7% of the population in Zimbabwe have some form of disability (www.zimstat.co.zw/). However, this figure is dynamic due to several factors, which include an increase in the ageing population, a high number of people living below the poverty datum

line, poor health facilities, and unsafe working environments. These factors were discussed in detail in the literature review section. There has been a clarion call in recent years for more, accurate and relevant statistics relating to disability and chronic poverty. This has been prompted by the realization that people with disabilities are disproportionately amongst the poorest of the poor in all parts of the world. The rudimentary cause of this poverty is exclusion from social, economic and political life (Viriri and Makurumidze, 2014).

Poverty and disability are complex and multidimensional concepts, hence convey variant meanings in different contexts; and these variant meanings can be problematic in that they can create marginalization, deprivation and social exclusion. According to Choruma (2007), disability in one dimension may not be necessarily disability in another particular dimension. She notes that disability is perceived differently according to culture, context, knowledge base, religious beliefs and values. It is imperative to note that sometimes poverty influences or creates disability or vice versa. This point is buttressed by Moodley and Graham, (2015) who concur with the notion that disability may cause poverty or poverty may cause disability. The state of being poor may cause people to delay seeking medical assistance for simple health problems that are normally curable. These may degenerate into complex health problems if they go unattended. For instance, delay in attending to sore eyes may lead to total loss of sight. According to Naami and Mikey-Addrisu (2013), the World Bank admits that poverty is still a global challenge affecting all countries. As rightly posited by Madzokere and Machingura , “...poverty continues to be the number one enemy of humanity and development in Africa” (2015:85).

1.2 Statement of the problem

Generally, women with disabilities are more discriminated against and disadvantaged than their male counterparts (Emmet & Alant, 2006). Women with disabilities continue to suffer triple tragedy as regards economic poverty, marginalization, and political exclusion from sustainable development programmes (Emmet & Alant, 2006). Eide and Ingstad (2011) propounds that the exceptionality of the disability paradigm is that it has to do with poverty within poverty. In low-income countries, citizens with disabilities are among the most susceptible. They are often the first to die when sanitary and food conditions become critical.

Various efforts have been made and employed by the government of Zimbabwe through the social services department, collaboration with Non-Governmental Organisations (NGOs), and other civil society organizations to mitigate the challenges faced by women with disabilities.

However, serious challenge remains in that the church in Zimbabwe remains conspicuously absent in efforts and programmes geared towards alleviating poverty among women with disabilities. As mentioned earlier, the church's main thrust has been on salvation and redemption, yet there is more that the church can do.

According to Adogame, McLean, and Jeremiah (2014), if we evaluate present socio-economic realities at national levels, it can be noticed that national governments lack the financial and material resources to carry the responsibility for caring for their poor, the oppressed and marginalized. The thrust of this research is on how the church can be an agent of social change in reshaping societal perceptions on disability, especially as it relates to women and girls with disabilities. The church is just a microcosm in a larger society which is attempting to abate prevalence of poverty among women with disabilities; therefore, the church should look at where God's work is manifest, and complement.

It is important for the Christian community to understand that it has the fundamental role of ensuring God's people experience abundant life (Chitando & Njoroge, 2016). The researcher being a minister of the gospel (at a local church with several women with disabilities) was deeply touched after noticing vulnerable women with disabilities in Mhondoro Ngezi District continue to wallow in absolute poverty, being marginalised and being socially discriminated. It is against the above background that the researcher sought to explore ways to engage Ngezi Baptist church in alleviating poverty among women with disabilities, using Mhondoro Ngezi District as a case study.

One of the church's important roles is to fight oppression, eliminate social injustices, and assist in eradicating poverty, and "... then Christians must exercise their 'prophetic' voice and speak out against abuse and misuse of power" (Adogame, McLean, & Jeremiah, 2014:5). The church in Zimbabwe has monumental potential to provide tangible and fruitful solutions in fighting poverty both in terms of alleviation and eradication. Adogame et al (2014) aver that:

[i]deally, the church should be in the vanguard of providing help to the poor, but it has in many respects become insensitive and complacent, thus neglecting her responsibility. Poverty is as much a psychological and spiritual issue as it is an economic problem, and it is in this realm that the church can be most effective. Although salvation is not the sole answer, the church is better equipped to meet the

psychological and spiritual needs of poverty-stricken people (Adogame, McLean, and Jeremiah, 2014:5).

The complacency cited in the above quote mainly stems from not only the Judeo-Christian, and African Traditional Religion worldviews which view PwDs with negativity and disdain. The complacency is also attributable to the notion whereby the church believes that the primary responsibility of the care and welfare of PwDs is a fiduciary responsibility of the State. Other issues that may lead to complacency are the non-homogenous nature of churches. Magezi (2017) cites Zimbabwean churches and postulates that:

[c]hurches and other faith-based organisations (FBOs) play a critical role in community development. However, due to different religious and ideological positions held by FBOs (churches), their potential contribution to effective community development is hindered by poor coordination and limited capacity to organise themselves to work together (Magezi, 2017:17)

The statement of the problem can then be summed up by the question below:

Guided by a feminist disability theology framework, how can Ngezi Baptist Church constructively, positively, and fruitfully be engaged in both poverty alleviation and eradication for women with disabilities?

1.3 Aim of the study

The aim of this study was to explore the possibilities and challenges of the church's involvement in alleviating the plight of women with disabilities (WwDs) using the case study of Ngezi Baptist Church of Mhondoro-Ngezi District in Zimbabwe.

1.4.0 Research objectives

General Objective

- The heart of this research lay on how Ngezi Baptist Church can be engaged in mitigating the prevalence and severity of poverty among women with disabilities, using Mhondoro Ngezi District as a case study.

1.4.1 Specific objectives

1. To discuss the Judeo-Christian traditions and Shona cultural beliefs and practices on disability,
2. To explore the lived experiences of women with disabilities (WwDs) in Ngezi Baptist Church and community of Mhondoro-Ngezi,

3. To find out what the Christian communities are doing in helping women with disabilities using the case of Ngezi Baptist Church.

1.5.1 General research question

What is the role of the church in meeting the needs of women with disabilities (WwDs) in Mhondoro Ngezi District?

1.5.2 Specific research questions

1. What are the Judeo-Christian teachings and African cultural beliefs about people with disabilities (PwDs)?
2. What are the experiences of women with disabilities in the Ngezi Baptist church and Mhondoro-Ngezi community?
3. How can Ngezi Baptist Church implement interventionist initiatives aimed at mitigating the plight of the women with disabilities (WwDs)?

1.6 Justification of the study

Martin Bulmer (1998) proposes that research on people's daily lives are not just feedbacks to fellow academics but are used as an inspiration to the life and chances of tens of millions upon millions of people. Economic poverty is a visible challenge in the lives of many disabled women in Zimbabwe. However, it is very easy for both the government and religious institutions to become complacent. The victims of economic poverty and disability are found in both urban and rural centres of the country, and they include Christians. However, it boggles the mind to realize that the problems of poverty and disability are rarely discussed in terms of finding ways on how religious organizations, specifically the church, could share in the processes of alleviating it.

The research, guided by the feminist disability theology theoretical framework, attempted to provide tangible solutions on how poverty can be alleviated in WwDs. The feminist disability theology agenda will be fully discussed in the theoretical framework section.

Ngezi Baptist Church is striving towards the setting up of a disability-friendly and disability-inclusive Mhondoro Ngezi space that welcomes all WwDs into their congregations and outreach programmes. How was this done? Ngezi Baptist Church used practical disability theology to draw attention to the needs and experiences of WwDs. The church is working from a hypothetical position that very few local churches in Zimbabwe, if any at all, have actually embarked on the setting up of disability-friendly and disability-inclusive spaces.

The church must be at the forefront in reshaping WwDs' own views about their God-given image and the societal views and perceptions on disability, and must preach a positive gospel encouraging all PwDs to accept their personhood. The moment they accept their status, they have actually empowered themselves. The church is at times found perpetuating the seclusion, stigmatization and marginalization of people with disabilities particularly, women and girls – and the feminist disability theology standpoint negates this notion.

The study is important in that it was investigating a development issue of women with disabilities coupled with absolute poverty. Poverty eradication is one of the sustainable development goals (SDGs) of 2015 which Zimbabwe is one of the member states of the convention (Zimstat, 2016). The study is also significant in that the results of the study will benefit the Christian communities and the society itself for self-introspection. The researcher, being a minister of the gospel and also an ex-officio member of Advocacy for the Handicapped, Impaired and Disabled Persons of Zimbabwe (AHIDPZ), will benefit in gaining a deeper understanding of challenges encountered by women with disabilities as a result of defective structures and poor coordination of available resources. Government departments, Non-Governmental Organisations (NGOs), and Government ministries will also benefit from this study. It will also benefit other scholars in doing further research on the subject matter.

One of the major functions of the church is to bring together all men and women into unison for the purposes of fellowshiping with each other while transcending cultural, religious, racial, and regional boundaries.

The church has a mission of renewal, reassurance, and reaffirmation of basic human rights among the oppressed, the wretched and the marginalised. The church's primary concern then is making an intensification of the preferential option for the poor and the marginalised (Banana, 1991:2).

In this context, the church's role is to assist women with disabilities and correct the societal imbalances. Women with disabilities have become a major issue and a development challenge as it has caused death to victims and serious physical, psychological, and socio-economic consequences to victims. The issue has become an impediment to economic development in the sense that it perpetuates poverty and marginalization of this particular group of people whom God so loved and gave his only begotten son. The study sought to explore an area that addresses the social injustices and

human rights issues. The research was an attempt to provide solution to an issue that is affecting a particular marginalised group of people in the society that needs to be protected. Disability, according to (Bolt, 2015), has a distinctively world-wide importance because there “ are many ‘marked bodies’ in culture, owing to widespread prejudicial attitudes about gender, ethnicity, class, sexuality, and so on, but what makes disability distinct is its ‘unambiguous ability to impact every other identity category at any time.’”

Furthermore, it is important to note that effectiveness of the gospel is hinged on people’s personal experiences. Addressing an issue that has negative effects to the social and economic development of a country is of paramount importance. Esan (2017) argues that the church should exist as an agent of change which is made up of people who are called out of the world as a response to the gospel -the church being the light and salt of the world, has a responsibility towards its members and the society.

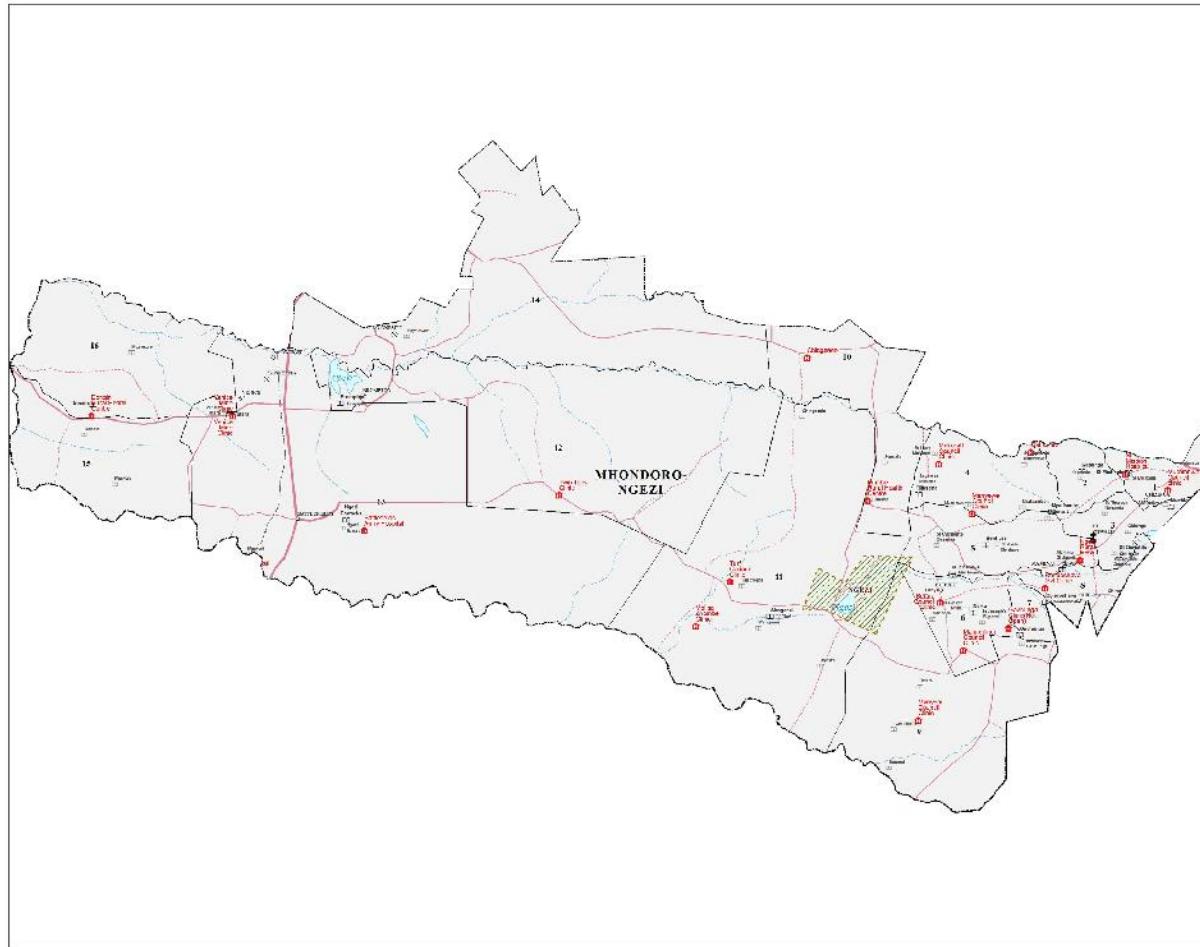
The study can also be utilised by NGOs, civic society, and humanitarian organisations to come up with viable proposals to tackle the challenges faced by people with disabilities. The 2015 SDGs are geared towards creating an environment for sustainable economic growth which is inclusive. The SDGs, uses the mantra ‘leaving no one behind’, is particularly building to achieve what was not accomplished by Millennium Development Goals (MDGs). According to Gaiha, Vani, and Shantanu (2020), the 2030 agenda for sustainable development, ‘Persons with disabilities’ are directly referred to eleven times and ‘Persons in vulnerable situations’ are alluded to six times. An analysis of the 2015 SDGs will clearly reveal that goals number one to five deal with issues relating to poverty eradication, hunger, education and health for all, gender and inequality (2015 SDGs).

Disability has gained priority in development discourse in recent years. The research’s recommendations can be adopted by Mhondoro Ngezi-based NGOs to implement programmes that will ensure women with disabilities’ rights in general are protected as championed by the 2015 SDGs, which the Government of Zimbabwe intends to implement for the attainment of a middle-class economy status by 2030. This SDGs thrust will be supported by the Constitution of Zimbabwe (2013) requirements read in conjunction with the National Disability Policy of Zimbabwe. The study provided the philanthropic organisations in Mhondoro Ngezi District with baseline information required for planning, coordination, and implementation. According to Ndlovu , “... the attitudes of other individuals and of society that perceive those who have

disability as being different persons; and do not see them as human beings with equal rights and responsibilities” (2016:30) impact negatively against people with disabilities.

1.7 Scope of the study

The study was carried out in Mhondoro Ngezi District, a district within Mashonaland West. The District’s area of jurisdiction covers 9327,41km² and a projected population of 140 991 (Census Projection Report 2022). It is made up of 16 wards categorized as follows; communal, resettlement schemes, peri-urban, urban and large commercial farms. The ward areas include Ngezi Township (Kadoma Urban), Mamina, Kadhani, Battlefields, Martin Spur, Ertna, Gweshe, Bandawe, Bumbe, Manyewe, Vera, Gavhunga, Kaponda, and St. Michaels. Using political boundaries (which demarcate Mhondoro Ngezi District and Sanyati District using the Harare/Bulawayo highway), Mhondoro Ngezi District encompasses both the Kadoma rban precinct and the larger Mhondoro Ngezi rural and resettlement areas, all of which have a notable presence of WwDs.



Locations

-  Key Location
-  Place of Local Importance
-  Mission
-  Mine
-  Primary School
-  Secondary School
-  Health Facility




Boundaries

-  National Boundary
-  Province Boundary
-  District Boundary
-  Ward Boundary

Transport Network

-  Major Road
-  Secondary Road
-  Feeder Road
-  Connector Road
-  Track
-  Railway Line

Hydrology

-  Main River
-  Waterbody
-  Protected Conservation Area

Map Doc Name:

OCHA_District_Atlas_A4v1n_05_100104

Creation Date: 4 January 2010

Projection/Datum: Arc 1950

Web Resources: [Info Viewer](#) [Info Viewer](#) [Info Viewer](#)

Normal Scale at A4 paper size:

Map data source(s):

Vector data from Department of the Surveyor General (DSG). Satellite and other infrastructure may be under-represented depending on available digital data.

Disclaimer:

The organizations employed and the preservation of records in this map do not imply endorsement of any system or substance on the part of the Secretariat of the United Nations or any of its legal status of any one organization, the or area or of its authorities, or concerning the



The research's focus was on women and girls with disabilities in three out of sixteen wards within this geographic setting. These are ward one, ward fourteen and ward sixteen. These wards are representative of the greater Mhondoro Ngezi District in that they encompass the urban, peri-urban and rural landscapes of the district. These wards were selected for their proximity in relationship to the researcher's access.

1.8 Literature review

Literature review is a systematic, explicit and reproducible method for identifying, evaluating and synthesising the existing body of completed and recorded work produced by researchers, scholars and practitioners (Booth, Sutton, Clowes, & Martyn-St James, 2021). Literature review also enables researchers to identify gaps that were not addressed by previous research, and how that researched knowledge can be streamlined and integrated into addressing the identified gaps vis-à-vis the proposed research. It transcends the notion of just listing and replicating generalised research topics. Literature review is about the utilisation of ideas extracted from past researchers so that those ideas make relevant points about the proposed research (Walliman, 2011).

This section reviewed literature on socio-economic exclusion trends for women with disabilities globally, in Africa and in Zimbabwe, disability and poverty, disability models, feminist disability theologies, the intersectionality of gender, poverty and disability, and stigmatisation. It also reviewed literature on the role of the church in alleviating the plight of the women with disabilities (WwDs) in Africa and in Zimbabwe. Literature about engaging the church in eradication of poverty in women with disabilities in developing countries was under constant review, and this demands an examination of different scholarly and academic publications to fully appreciate the scope of this problem. The section explored various models, interventions and strategies currently being used globally and in Africa to address this topical problem. This section also explored programmes and interventionist strategies that have been used to deal with the challenge of WwDs in various parts of the world; and Mhondoro Ngezi in particular with a view to identifying gaps that still need further research and attention.

Choguya (2021:37) posits that, "...One in five women in Zimbabwe live with disabilities. They remain an invisible and "left behind" population group across all levels of society and face "double marginalization." Such women are at a heightened risk of gender-based violence, exploitation and exclusion" (Choguya, 2021:37). According to Moodley and

Graham, (2015) there is a dearth of literature into the relationship between poverty in Africa as a whole, and countries like South Africa and Zimbabwe within the Southern Africa Development Corporation (SADC) region; and when such investigations are made they are usually done in isolation of important characteristics like gender and disability. It is important, when investigating social phenomena, not to overlook the intersectionality of gender, disability and poverty. From the perspective of Africa and Zimbabwe, contemporary academic research shows that there is very limited research which triangulates issues of gender, disability and poverty (Moodley & Graham, 2015).

This literature review sought to address this gap by analysing and investigating current research on poverty and disability in Africa and Zimbabwe, and make use of the feminist disability theology framework to address this developmental issue. Specifically, endeavoured to assess how poverty and disability intersect to shape particular outcomes for women as compared to men with disabilities. The literature review attempted to demonstrate that not only African Christian churches as a whole, but Zimbabwean local churches, have the ability and theological resources and capacity to help in poverty alleviation for WwDs. Moodley and Graham, (2015:24) posit that “... in the context of poverty and disability in South Africa, it becomes evident that women with disabilities are likely to fare worse than their male counterparts.”

Global statistics show that 70% of the world’s poor are female, and it is incontestable that feminisation of poverty has become a critical global issue and at the Fourth Women’s World Conference in Beijing in 1989 an alarm was raised about the increase in female-headed households. In a majority of European countries, it is apparent that more women are placed in more vulnerable situations at work compared to men, and in most cast, with very low cash returns; while in Africa there is a plethora of customary and statutory laws which inhibit women’s access to land and other types of property; and this scenario leads to women’s and girls’ vulnerability and poverty (Thobejane & Nyathi, 2018).

It is estimated that 650 million people have a disability, and this is about 10% of the world’s population, of which more than half of this 650 million are women. Women are a vulnerable group as is PwDs, and when we investigate a vulnerable population that exists within a vulnerable population this is known as intersectionality (Hussain, 2013). According to Eide and Ingstad (2011) , “Disability may increase the risk of poverty, and poverty may increase

the risk of disability” (Eide and Ingstad, 2011:5), and in the same vein PwDs are less likely to benefit from formal education, less likely to be employed, and if they do get employed, most likely to earn less than their non-disabled counterparts (Moodley & Graham, 2015).

In Zimbabwe, PwDs are seriously worried about how their welfare can be improved, given the unlevel playing field with their “abled” (sic) counterparts; and the unlevel field is because of societal attitudes, practices and beliefs (Mugumbate and Nyoni, 2013). Exactly as to how many people are with disabilities in Zimbabwe is a serious bone of contention. There is glaring gap between the figures provided by WHO versus those from the government of Zimbabwe: where WHO liberally puts its estimate 1,8 million people with disabilities, which constitutes about 15% of the total population (WHO, 2011) , and the National Association of Societies for the Care of the Handicapped (NASCOH) estimates that over 10% of the population (have disabilities. The Government of Zimbabwe, is very cautious in its figures, and says only about 130 000 (1%) of the people live with disabilities in Zimbabwe (Mugumbate & Nyoni, 2013).

In Zimbabwe, women with disabilities are subjected to severe forms of discrimination, and the sexual abuse of the girl child with disabilities was on the increase, and most shockingly 87.4 percent of girls with disabilities were sexually abused in their communities, in most cases by very close people; and these findings were independently audited and verified by NASCOH in 2013 (Save the Children, 2004).

Disability theology investigates the various ways in which religious traditions have attempted to study concepts and models of disability (both empowerment and dis-empowerment models). Basically, there are four primary models of disability , namely, moral model, medical model, social model, and limits model (Creamer, 2012). The list of disability models discussed in this section is not exhaustive; however, of major importance is that the models that will be discussed here will highlight how some disability models disempower and how other models empower people with disabilities.

According to the Michigan Disability Rights Coalition (2014) models of disability are indispensable tools for describing and defining disability. Definitions arrived at provide the bases upon which national governments and society can strategize on how best to meet the needs for people with disabilities. Critics of disability models label them as not

reflecting on real life and “for encouraging limited and narrow views of disability” (Sibanda, 2015:219). However, these models provide a useful and usable context for understanding disability. Most importantly, an insight into the attitudes, conceptions and prejudices that the society holds towards its members with disabilities.

According to Gwaravanda (2021), three forces namely colonization, Islam and christianity have adversely diluted our African worldview (*Ubuntu*) of how we view people with disabilities. His proposition is based on the premise that African indigenous knowledge respects and accommodates people with disabilities, unlike the eurocentric approach which often denigrate this personhood (Gwaravanda, 2021). According to (Ndlovu, 2016) it is important to note that the African beliefs in ubuntu/buntfu/botho have been retained by many African Christians, and as such, African Christianity is defined, among other things, by its humanness. There is need for African Christians to espouse hermeneutics of suspicion that is able to re-interpret Biblical and inherited Eurocentric theological views and attitudes concerning people with disabilities. Amanze rightly concurs, that a Christian theology of disability should show that “God is for and is on the side of people with disabilities since they bear the image of the “[Disabled] God” (2014:264).

We should hasten to note that African traditional beliefs form part of a complex network of ideologies, that include indigenous knowledge systems, ethical values and norms, that establish the main constituents of the way African peoples live. Magesa (1997:57) describes African religion as a “lived religion that involves the whole of life of African peoples” (Magesa, 1997:57). Against this backdrop, Magesa (1997) posits that most, there is continuity and discontinuity of these African religious beliefs and practices in contemporary African society. This tend to imply that Africans including Christians and Muslims, continue to admire and treasure traditional African beliefs, and assimilate them into all aspects of life.

1.8.1 Moral model (Religious model)

Within the moral or religious model, disability is conventionally viewed as a form of punishment from God and/or some other divine authority (Retief & Letsosa, 2018). The punishment perspective is usually a culmination of a misdemeanour done by the person with a disability him/herself or of his/her parents, forebearers (ancestors) or community. Hence, in historical times, persons with disabilities were ostracized, at times owing to the belief that they were monsters living in human flesh. Even in biblical times, disability was

given moral value, and some evidence can be seen in Leviticus 21:16–24 where anyone who had a physical blemish was stopped from approaching the altar. As a result, people with disabilities were hidden from the communities, dislocated or even killed or let to die (Retief & Letsosa, 2018). Within the ancient Christian doctrine, the moral or religious model attempts to explain disability as a reflection of the suffering of Jesus Christ which will be duly rewarded in heaven.

Dow's contribution cited by (Boehm, 2021) demonstrates how unbiblical elements in Greek philosophy, entrenched in human logic, fashioned Augustine and Aquinas' thinking. Dow confidently asserts that to look at disability through a truly biblical lens, we need a conceptual framework inherited from Paul and Moses rather than Plato and Aristotle, a framework affixed to Jesus as divine wisdom, rather than to virtue and human logic alone. Critics of this model view it as antiquated and most extreme in relation to most disability discourses. The model largely manifests within communities where poverty is well-pronounced and where deprivation is linked to ignorance, fear and prejudice (Creamer, 2012). Ndlovu (2016:36) has this to say:

In the light of the foregoing description of the issues pertaining to disability, and the ambivalent position of African beliefs pertaining to it, ... there is a need to rethink all religious doctrines, ethics, and attitudes (emanating from both African Religions and Christianity) that militate against the full participation of persons with disabilities in the mainline activities of any given society. This should be done simultaneously with retaining those positive beliefs and values that foster the creation of inclusive societies.

This implies that there should be a major paradigm shift in the way the Christian church envision disability issues.

1.8.2 Medical Model

The medical model, has been largely instrumental in the formulation of disability policy at a global level. The medical model, for the past fifty years, has shaped practices of assessment or diagnosis, medical care, rehabilitation and provision of assistive devices (clutches, wheelchairs etc) (Sibanda, 2015). This model has been a serious let-down to people with disabilities since the medical model fails to provide a realistic perspective of them. A case in example is the Karanga (Shona) people in Zimbabwe, who ascribe mental

illness (*chipengo*) as a serious mental affliction that requires traditional and divine healing “that is best treated by the n’anga, or diviner – herbalist” (Ndlovu, 2016:33). The medical model is largely criticised as disempowering because it views “people with disabilities as being sick and in need of diagnosis and treatment” (Sibanda, 2015:220). The Michigan Disability Rights Coalition (2014) further argues that the medical model endorses a paternalistic approach, though well-meaning, concentrates on care and ultimately provides validation for exclusion and institutionalization for people with disabilities.

A close scrutiny of the WHO (1980) definitions and classifications of impairments, disabilities and handicaps, it can be seen that the medical model leads to stigmatization of people with disabilities; where, in the context of WHO conceptualisations, people with disabilities are seen as lacking, incomplete and abnormal. Difference here is seen as deviant and not as a positive attribute of diversity. According to Brisenden (1998), people with disabilities are becoming more and more critical about oppressive practices such as institutionalization and confinement which are often connected with being sick and “disabled”. Brisenden (1998) states that the medical model has immensely contributed towards the exclusion of people with disabilities. Writing from an insider’s point of view, Brisenden (1998) argues that the medical model definitions control and limit people with disabilities. The greatest shortfall of the medical model lies therein that many impairments cannot be cured, and people with disabilities are often subject to false hope of medical cure and this medical enema only delays the process of empowerment (Sibanda, 2015).

While not arguable that medical attention is essential in the battle to fix physical and sensory disabilities and disabling chronic diseases, scholars and researchers alike need to appreciate that the medical model is not enough to inform the basis for the formulation and promulgation of disability laws and policies (Sibanda, 2015). However, the medical model still has as its greatest advantage, therapeutic power, and the ability and potential of mitigation of mental and physical pain associated with disability.

1.8.3 Social model

According to Sibanda (2015), the social model of disability has its origins in the civil rights movements of 1954 to 1968 in the United States of America. Disabled people, or rather, people with disabilities in the USA, a minority group, have advocated for the social model in reaction to the disempowering medical model (Retief & Letsosa, 2018). The social

model views people with disabilities as part of the larger global socio-economic, political and cultural ecology. It visualises all global citizens as equal peers, and because of its empowerment initiative and advocacy, the model has given rise to the more recent rights-based models (Sibanda, 2015).

The social model of disability holds that disability is caused by the inevitable consequences of the limitations that society sets. The world over, people with disabilities are usually side-lined and often discriminated against by society which culminates in their exclusion from socio-economic participation and social transformation (Sibanda, 2015). According to Winter (2003), cited in (Sibanda, 2015), the trend of repressive and tyrannical marginalization of people with disabilities is, in part, anchored on societal predispositions and/or misconceptions about disability. The spectrum of the social model of disability construes disability as a product of the dominant culture within a society; and though the dominant culture maybe well-meaning in their endeavours, they will still and in some form, marginalize people with disabilities (Charlton, 1998). This position is fully evident in Nyangweso (2019:3) when she cites the case of Masimba.

In Zimbabwe, Masimba Kuchera who was born blind recounts the challenges he faced due to his disability. He explains how many in his situation do not realize their dreams, or even go to school. "They are very few government schools for children with disabilities," he explains. Most children with disabilities do not go to school because the government does not invest in this area. People with disabilities face various challenges such as accessing public amenities, education, and information, access to public transport buildings and public gathering is very difficult, says Kuchera. Masimba explains how in the streets of Harare, hundreds of people with disabilities beg for alms. Most are dressed in dirty clothes and in makeshift wheelchairs or are on crutches, with some dragging themselves on their hands and knees. Lucky ones are cared for in special homes like the Jairos jiri center (Koszela, 2013). Cases of disability-related violence abound in Africa.

According to Sibanda (2015) society, through its various arms, the government included, constructs disability, due to obliviousness and failure to recognize the requirements and abilities and potential of people with disabilities and within this imbroglio and conundrum are denied opportunities for equal socio-economic participation and empowerment for independent living (Sibanda, 2015). In a way, the social model postulates that society is

not sufficiently adjusted and attuned to the needs of the disabled (Barnes & Ward, 2000). According to the social model, disability is not located in the individual but is a consequence of the environmental, social and attitudinal barriers that prevent people with impairments from leading normal lives.

Disability is caused by the society which fails to accommodate the needs of people with impairments, hence, disability becomes a social construct phenomenon. The social model (Sibanda, 2015) advocates for the tearing down of the notion of perceptual barriers that people with disabilities are “disabled” and in eliminating these barriers people with impairments are actually enabled and empowered to be able to lead normal independent lives. Moltmann (2013:1), remarking on the personality of disability, maintains that a local congregation that does not welcome persons with disability, is a disabled church. Thus, societal attitude must positively change in order to accommodate people with disabilities. Unlike many of the models that seek to fix people with disabilities to fit into the society, the social model intends to fix the society so that it can fit and align with people with disabilities. In this context, disability is a function of the loss or limitation of opportunities to participate in societal activities due to physical and social barriers.

These physical and social barriers must be removed if people with disabilities are to live a normal or near normal life. The Michigan Disability Coalition Rights (2014:2) emphasises, “... disability stems from the failure of society to adjust to meet the needs and aspirations of a disabled minority.”

Coleridge (1993:107), notes that, it is politically vital to demonstrate that disability is a sociohistorical construct, an oppressive structure that was built and which consequently can be torn down and replaced with inclusive social relations. According to Davis, (2013) a social model to disability is indispensable. He further asserts that the medicalization of disability is unfortunate and an impediment to effective analysis and policy. However, the social paradigm is one option available for theorizing disability. He argues that more cultured and multifaceted approaches are needed. Davis concurs with the idea of building on the WHO initiative to create the International Classification of Functioning, Disability and Health. The strength of this approach, he notes, is the acknowledgement that disability is a complex phenomenon, requiring diverse levels of analysis and intervention, ranging

from the biomedical to the socio-political. Furthermore, the insight that disability is not merely a minority issue, touching only the category of people classified as disabled people.

1.8.4 Limits model

The limits model of disability is a theological model of disability which was developed by Creamer (Retief & Letsosa, 2018) and should be best understood with the notion of embodiment and “limit-ness”. The limits model places emphasis on the aspect that all human beings are endowed with certain levels of limitation as they go about their day to day lives. It is important to note that such limits are experienced at varying levels as we pass through different phases of our lives; therefore, limits should be embraced as an unsurprising aspect of being human’ (Creamer, 2009).

While the social model has as its key insight that disability is primarily social in nature, the limits model moves away from this social model notion by contesting that not ‘all limits are necessarily “normal” or even “good”. The limits model, through the embodied experience, puts things in different perspective by “recognizing that some of us may wish to strive to overcome certain limits, that is, without suggesting that limited-ness itself is simply something that should be overcome” (Retief & Letsosa, 2018:7). Thus, as propounded by Reynolds (2008), persons with disabilities are regarded as liabilities or as victims in need of therapy, but disability is redemptive in nature, because God himself in Christ Jesus embodied disability and, as such, God embraced susceptibility, weakness and challenge (Reynolds, 2008: 33, 210). According to Bacon and Morris cited by Machungura and Madzokere (2020:66), “if disability is indeed a social construct, it does not seem at all reasonable that God excludes from His salvation plan those whom a particular culture at a particular time deems to be ‘disabled.’”

It is interesting to note that Biri, Zimunya and Gwara (2020) propose that, we do not need to carry out research on people with disabilities but to study the society so that disabling structures can be dealt with to enable people who are differently abled to choose a lifestyle they want. Biri, Zimunya and Gwara (2020), citing Shakespeare (1998) contend that disability must be viewed as an interactive process with the interaction occurring at both micro and macro levels; and disability studies and research must move away from focusing on the disabled individual, but rather on society – with attention being paid both at an interpersonal and institutional levels. Disability research must tackle disability as a

structural issue with society and institutional mechanisms working on how best to eliminate the disabling structures (Biri, Zimunya and Gwara, 2020).

1.8.5 Stigmatization

The issue of stigmatisation of people with disabilities in Zimbabwe has become so prevalent and seems to be on the increase. The stigmatisation is not only within the Pentecostal Churches circle, but society as a whole, and this “means that the prevalence of stigma in some Pentecostal denominations is totally against the ‘Pentecostal message of purity and holiness’ Mutswanga, Makoni, and Chivasa, (2015:174). Mutswanga, Makoni, and Chivasa, (2015) further postulate that persons with disabilities always occupy devalued status same as ex-convicts. This position is caused by how PwDs view themselves as determined by the society. They struggle against negative identity which is an image imposed by the society on them. This then implies that stigma is a by-product of disability than its substance. Mutswanga, Makoni and Chivasa (2015) note that the greatest impediment to a person’s full participation in the society is rather the issues relating to myths, misconceptions and fears associated with disability. Machingura and Madzokere (2020) further buttress this notion when they cite Leviticus 21:16-23 which states:

The Lord said to Moses, “Say to Aaron: “For the generations to come none of your descendants who has a defect may come near to offer the food of his God. No man who has any defect may come near: no man who is blind or lame, disfigured or deformed; no man with crippled foot or hand, or who is a hunchback or a dwarf, or who has any defect, or who has festering or running sores or damaged testicles.

The above text from the book of Leviticus inculcates a notion of stigmatisation and institutional segregation that breeds stereotypes that people with disability need healing first for them to be considered for gospel ministerial engagement. Physical impairments are viewed negatively as portraying Divine disfavour. The assumption is that, this disfavour emanates from disobedience and moral transgressions. The invocation of texts like this has apparently given our society full justification for stigmatisation of all differently abled persons (Machingura and Madzokere, 2020).

1.9.0 Definitions of Key Terms

1.9.1 What is Disability?

Various definitions of what constitutes disability have been forwarded by various academics and scholars, country to country, and contextualised in different cultures; and all these variations in definitions of disability have led to a variety of models and contextualisations of disability paradigms (Albert, 2006). Mapuranga, Musodza, and Gandari, (2015) proposed that the collective efforts of stereotyping hinged on gender and disability trail women and girls with disabilities into the record traditional female roles.

One of the most notable and present-day definitions of disability is offered by the American Disabilities Act passed in 1990 which defined ‘disability’ as a physical or mental impairment which significantly reduces a person’s participation in life’s activities (Charlton 1998). It is important to note that the major emphasis within this definition is on physical and/or mental impairment.

A second definition of disability worthwhile discussing is the one obtainable from the Voluntary Services Overseas which describes disability as the shortcomings and exclusions which are experienced by people who have physical and sensory impairments, and as a result of these impairments they then become subject to social and environmental barriers because of the complacency of society to take account of the impaired’s rights and needs (VSO 2006:6).

Lately, there have been more all-inclusive approaches to defining disability by including both the physical and social aspects of the disability phenomenon; and one such approach is by Mugumbate and Nyoni (2013) who describe a person with a disability as someone who has physical, mental or sensory impairments, which often result in a visual, hearing or speech dysfunctionality, and culminating into cultural, physical and social barriers that stop him or her in partaking at par with other members of society in socio-economic activities like employment and sport. This definition focuses on the physical, mental and sensory impairments and how they restrict a person’s participation and/or exclusion in socio-economic activities.

Our focus in this paper was on women with disabilities in Zimbabwe, it provided erudition if we scrutinize into one of Zimbabwe's pieces of legislation; specifically, the Disabled Persons Act Chapter 17:01 of 1992, which defines a disabled person as:

...A person with a physical, mental or sensory disability, including a visual, hearing or speech functional disability, which gives rise to physical, cultural or social barriers inhibiting him/her from participating at an equal level with other members of society in activities, undertakings or fields of employment that are open to other members of society....

Just like the Mugumbate and Nyoni (2013) definition above, this definition stresses on how visual, hearing or speech dysfunctionalities often inhibit affected Persons with disabilities from full participation in socio-economic activities; and this research primarily used the Mugumbate and Nyoni (2013) and Disabled Persons Act Chapter 17:01 of 1992 definitions – since the disability problem transcends the physical spectrum into societal attitudes, practices and beliefs.

The above notion brings yet another view of defining disability; and according to Sande (2019) the definition of disability in Zimbabwe must be considered in the context of the “existence of significant barriers which are physical, cultural, and social that inhibits the equality of PWD with their non-disabled counterparts in Zimbabwe” (Sande,2019:2). Devlieger and De Coster (2009) posit that disability should be seen as social construct rooted in history and culture; and the focal point when defining disability amongst the Shona people in Zimbabwe is that the Shonas do not have an exact definition of disability- rather they “describe who PWD are in their society... to understand what disability is among the Shona people, one needs to pay attention to the proverbs they use” (Sande, 2019:4).

1.9.2 What is Poverty

Esan (2017) propounds that poverty is a worldwide phenomenon which affects countries, continents, and people in various ways. It torments people in different depths and varying levels at different times and phases of human existence, as well as having far-reaching consequences. Gweshengwe and Hassan (2020) estimates that in 2019 about 1.3 billion people in 101 countries live in poverty. According to Esan, there is no nation that has an absolute freedom from poverty. He then defines poverty as:-

A state where an individual is not able to cater adequately for his or her basic needs of food, clothing and shelter; unable to meet social and economic obligations, lacks gainful employment, skills, assets and self-esteem; and has limited access to social and economic infrastructure such as education, health, portable water, sanitation and consequently has limited chance of advancing his or her welfare to the limit of his or her capabilities. (Esan, 2017:274).

Poverty is a multidimensional concept that cannot be narrowed down to economic measures alone. According to Wolfensohn and Bourguignon (2004:4), “poverty is now seen as the inability to achieve certain standards’, poor people ‘often lack adequate food, shelter, education, and health care’ and ‘they are poorly served by institutions of the state and society.’” The afore mentioned characteristics are usually the general manifestations of poverty.

I shall reflect on three aspects of poverty. These are entrenched in the notions of absolute poverty, overall poverty and relative poverty. Poverty, as measured by global standards and compared across different countries and population groupings. Income per capita is one such measure and ‘one dollar a day’ is the international pointer frequently used. According to (UN, 1995), using such measures, about 1.2 billion of the world population may be classified as living in absolute or extremely poor (UD, 2005). Absolute poverty was also defined by the World Summit for Social Development in Copenhagen (UN, 1995) as

‘... a human condition characterized by the sustained or chronic deprivation of the resources, capabilities, choices, security and power necessary for the enjoyment of an adequate standard of living and other civil, cultural, economic, political and social rights.’ (UN, 2001).

The UN definition reconciles together two contemporary fundamental and closely related themes of poverty. First is the ‘capability approach by Amartya Sen. This ‘capability approach’ discourses poverty as ‘the deprivation of basic capabilities rather than as lowness of incomes’ (Sen, 1999). It suggests that basic capabilities for a life with human dignity comprises the capability to live a normal human life of standard length, to ensure one’s bodily health and integrity, to be treated with dignity worth equal to that of others, and having control over one’s environment, political and material affairs. Nussbaum, (1999) conceptualizes poverty as a deprivation of capabilities thus includes situations of lowness of income, under-nourishment, low literacy level, high premature mortality, and social stigmatisation and low self-esteem. Secondly, the ‘human rights approach’ which visualises poverty as a violation of socioeconomic,

political, and civil rights. These rights include the right to health, standard life and the right to education and employment opportunities. These rights have become to be known as international documents, including the UN Charter, the Universal Declaration on Human Rights and others.

According to Rahim, et al, (2014) Globalization's proponents claim that many of Africa's economic challenges are due to lack of openness as well as inappropriate government intervention. Globalization's critics argue that Africa's woes come from other sources (including corrupt or incompetent governments), but the forced liberalization imposed by structural adjustment programs and other lending conditions has not delivered the promised growth. Instead, globalization has only made living conditions worse for the poor as government services are cut back and instability is increased. Esan, (2017) also notes that some societal rites, for example the widowhood rites in Nigeria, deny woman the opportunity to do work for long period of time. When this eventually leads to deprivation of the woman to some means of income to take care of the children. Therefore, research on the links between globalization and absolute poverty, as measured by the population share living below one purchasing power parity (PPP) dollar per day, has been unable to provide conclusive evidence on their relationship. For this research we shall consider the UN definition to proffer a framework that cuts across societal deprivation of capabilities and resources to particular groups of individuals.

1.10 Theoretical Framework

According to Grant and Osanloo cited by (Adom, Hussein, & Agyem, 2018), a theoretical framework 'is the 'blueprint' or guide for research.' They further posit that it is a framework grounded on an existing theory in a field of investigation that is related and/or reflects the hypothesis of a study. It is a design that is often borrowed by the investigator to construct his/her own building or research inquiry. It serves as the basis upon which research is structured. The function of the theoretical framework is comparatively that of a roadmap or travel plan. The map, therefore, guides those travelling to a specific location. Equally, the theoretical framework guides the researcher so that one would not digress from the limits of the accepted theories to make his/her final contribution scholarly and in an academic pattern. Furthermore, the theoretical framework acts as the focus for the research and it is linked to the research problem under study. Therefore, it guides a researcher's choice of research design and data analysis patterns (Adom, Hussein, and Agyem, 2018).

Theoretical framework guides and should subsequently resonate with all aspects of the study process from the definition of the problem, literature review, methodology, presentation and discussion of the findings and also the drawn conclusion. Maxwell (2004) avers that theoretical frameworks expand the essence of the study. He further proposes that research questions of the investigation and the purpose of the study should follow visible aspects of the theoretical framework and must agree with the proclamations propagated by the theorists of the selected theory.

This study adopted the feminist disability theology as a theoretical framework. Feminist disability theology has been defined as “a critical framework or approach that provides the mindset and language to examine interconnections and interdependencies between social categories and systems” (Atewologun, 2020:7). There is a strong co-relationship between gender, poverty and people with disabilities. According to Chisale (2020), feminist disability theology addresses how women with disabilities (WwDs) relate to God and the world around them as equal creations in the image of God. WwDs bring their experiences of gender to their reflections about God.

The Feminist disability theology paradigm was initially developed by women theologians with disabilities. The feminist disability theology perspective is largely informed by the traditional feminist disability research of Nancy L. Eiesland (1994) in her publication *The Disabled God*, Kathy Black’s (1996) *Inclusive God*) and Jennie Weiss Block (2002) in her work the *Accessible God*. The impetus of the theology is that it “that embraces the identity and dignity of women’s differently abled bodies” (Chisale, 2020:2).

This theology challenges both patriarchy and societal prejudice of people with disabilities. Schumm (2010:132) further buttresses this point by saying “feminist disability theology reimagines disability through both feminist and theological prisms.” Thus, feminist theologians with impairments, in particular Eiesland, reimagines God as a disabled God and a God who understands all forms of human suffering and oppression. Eiesland (1998) proposes that society should reimagine God in multiple and diverse variations of the human form.

Stanley (2019) states that: “*Eiesland stands out as the authoritative voice, which established a link between the crucified God and the disabled God. She is cited by many disability theologians including Creamer, Reynolds, Reinders and Van Niekerk, who regard her as the*

mother of disability theology because of the important link she forged between the crucified God and the image of the disabled God”(Stanley 2019:4).

Feminist disability theology should seek to liberate persons with disabilities from oppressive societal structures that include religious, political, social, and cultural. These structures contribute to exclusion, material deprivation, and discrimination of people with disabilities. The basic goal of feminist disability theology is to transform the church and then the society. This can be achieved through placing of policies, laws, rules and programs that affirm and promote the dignity and rights of people with disabilities to equal access to social and economic and spiritual resources opportunities as regards all areas of life (Ndlovu, 2016) .

Traditional metaphors of a deity who perceives disability as negative are derisory because such a god does not comprehend disability and is not expressive for people with disabilities (Eiesland 2002:13). Women with disabilities are not different from other oppressed persons, because their perceptions of God are informed by their lived experiences.

The feminist disability theology later resulted in the conceptualisation of physical-setting contextualised perspectives, and most notably, the African women’s theology of disability (Chisale, 2020). African women theologians have pointed out that not only is Christianity in Africa influenced by the Hebrew Bible, but also by the African culture which is strongly informed by African traditional religions that exist in juxtaposition. Most disability cases are negatively perceived “as a curse and a manifestation of witchcraft in many African communities” and in a similar fashion Claassens (2013) contends that the ‘Hebrew Bible often uses disabling language and imagery which casts disability in a negative way.

Both the feminist disability theology and the African women’s theology of disability strive to emancipate and empower women and girls with disabilities from oppressive societal structures. The above two perspectives both challenge and confront patriarchy and societal prejudice of girls and women with disabilities; with the aim of transforming the church, society, government and policy formulation institutions so that at the end of the day there is a promulgation of relevant policies, laws, rules and programs that advocate for the dignity and rights of people with disabilities so that they gain equal and unhindered access to social and economic amenities and all other requisite aspects of life (Ndlovu,2016). It is against this background that Zimbabwe, in its fight against gender-based violence, has feminist disability theologians and

African women disability advocates citing that current services and systems aimed at assisting WwDs and abuse victims of gender-based violence (GBV) are failing to recognize the specific needs of women and girls with disabilities. The advocates are championing for policies that promote access to support services and legal assistance for WwDs GBV victims

When it comes to GBV – from reporting the crime to finding justice to counselling – WWDs in Zimbabwe struggle against a system that fails to recognize their specific needs. They are rarely consulted on policy development and programming aimed at tackling GBV, and activists say there are no accommodations made to help women and girls with disabilities get access to police or legal counsel. A lack of personnel who are trained in dealing with disability issues, as well as limited education opportunities for disabled people, makes it difficult for women and girls with disabilities to report sexual violence, and for authorities to follow up on cases quickly. (Ndlovu and Nyoni, 2016:43-44).

Zimbabwe is still to integrate the rights of WwDs into Sexual Reproductive Health services and access to information. The Zimbabwe Disabled Persons Act (DPA) of 1994 is elusive and not very comprehensive, and as such it has yielded not-very-noticeable and tangible rights for WwDs. The Spotlight Initiative Country Programme Document (2018) indicated that GwDs and WwDs continued to face several challenges including policy formulation and implementations, thereby hindering the full enjoyment of their rights as women. (Ndlovu and Nyoni, 2016). The woes of disabled women who are sexually abused has been worsened by the absence of support structures and lack of information on how they can protect themselves and their sexual rights. It is evident in Zimbabwe, as reported by the Zimbabwe Agenda for Accelerated Country Action for women, girls, gender equality and HIV, that there is increased vulnerability of disabled women to sexual abuse. This necessitates a situation whereby Feminist Disability Theologians and African Women Disability proponents must engage in concerted efforts to totally eliminate sexual abuse practices and simultaneously raise “awareness raising on the part of WWDs so that they know their rights and report the incidences to the police” (Ndlovu and Nyoni, 2016:44).

As alluded to in the introductory part of the theoretical framework section, the feminist disability theology is a liberating theology. It seeks to liberate and emancipate GwDs and WwDs from oppressive societal, religious, political, economic, and cultural structures which

perpetuate exclusion, material deprivation, and discrimination of people with disabilities. It is against this background that the feminist disability theology framework seeks to identify and rectify national policy gaps on issues to do with disability, and also identify shortcomings within the Constitution of Zimbabwe, the Zimbabwe Education Act of 1987 amended in 1996, and precisely the Disabled Persons Act of 1994.

While the Education Act affords every child the right to school education, the Act is “silent on children with disabilities, neither does it give guidance on how children with disabilities shall be included in sport nor state whether they should do sport amongst themselves”; and in the same vein the Zimbabwe Disabled Persons Act of 1994 “addresses the rights of people with disabilities only in relation to education, employment, recreational facilities, community and social services but still fails to articulate how children living with disabilities shall be included in sport” (Ndlovu and Nyoni, 2016:132). Both Acts do not outline how the government will cater for children with disabilities with financial and material support, neither do the two pieces of legislation cover aspects of inclusion in education. The research, using the feminist disability theology framework, attempts to advocate for the promotion and liberation of GwDs and WwDs by making recommendations on how best people with can be fully included in societal, religious, political, economic, and cultural spheres of Zimbabwean life.

1.11 Disability and poverty

Humphrey (2016) asserts that disability possesses an unholy and dangerous union with poverty. He postulates that fourteen percent of the world’s population lives with a disability (over 1 billion). The Disability Rights Fund states that 80% of this number live in developing countries and make up 20% of the poorest of the poor who live on less than \$1 per day. Poverty and disability have a reciprocally destructive relationship, disability causes poverty and poverty cause disability. Having a disability makes one much more likely to fall into poverty, or to worsen existing poverty. Medical attention is required to heal a disability or assistive devices, both of which add a heavy burden on the household income. How this cycle, beginning with disability, works to cause or worsen poverty, which then increases exclusion. Furthermore, while not always the case for those living in the One-Thirds World, people of the Two Thirds World are often unable to work, either due to lack of opportunity, social stigma, or difficulty of mobility. As a result, a household living above the poverty line is at a (Humphrey, 2016).

1.12 Feminization of poverty

Women are often affected more severely; they carry a heavier burden and their lives become perilous. This manifestation has often come to be termed as the ‘feminization of poverty,’ a coin termed by Diana Pearce in 1978. Whereas, this term has been widely disapproved by critics, it points to the fact that women and men experience poverty differently. Women often are impacted harshly than men and are affected by gendered relationships. Humphrey (2016) explains the experiences of women in poverty, for women, poverty can mean violence and abuse within marriage and the family structures, heightened hunger due to norms of women eating last, and other gendered forms of suffering. Giving priority to men and boys, whenever resources are scarce, opens door to a plethora of problems for women and girls. Unhygienic practices become a result of lack of food and medical care, being overworked, and experiencing too many pregnancies without space in between. These conditions increase the likelihood of becoming disabled or giving birth to a child with a disability which can be, as Priestly cited in Humphrey (2016:14) calls it, “In a volatile situation like poverty, disability becomes the tipping point that prevents a household from being able to recover”.

1.13 Interaction and perpetuation of inequalities

Diverse ethnic, racial or religious groups frequently have different rights or opportunities. Inequality does not just relate to income. According to Barber (2008) all societies, women and men have different expectations. However, these groups are accorded different opportunities and have different degrees of access to the resources available within their society. Access to schooling, health services, water, electricity and sanitation is systematically unequal across different categories such as gender, ethnic groups and geographic location.

1.14 Implementation of policies

According to Mugumbate and Nyoni (2013), the new constitution of Zimbabwe says, it shall foster social organisations working to improve the quality of life of persons with all forms of disability. This is a response to the demand for support for disability organisations and programmes in Zimbabwe. However, it is unfortunate that level of support and the type of disability organisations to be supported is not spelt out. In most cases, it simply states that the governmental institutions and agencies have to aid persons with physical and mental disabilities, without direct indication of the nature of assistance to be rendered. Disability activists argued that most buildings are not accessible by people with disabilities. To this end, they requested to be guaranteed in the constitution that every building in Zimbabwe shall be

made disability friendly. The constitution has provided for the improvement however some institutions are yet to make for the people with disabilities.

1.15 Methodology

Research methodology can be defined as a basic scientific approach which researchers employ to collect data and facts alongside, so that more insightful knowledge about phenomena can be gained (Creswell, 2003). According to Franklin (2012) methodology refers to the research strategy that articulates the way in which research is to be undertaken and among other things, identifies the methods to be used in it. Research methodology can also be defined as a systematic way to solve difficult phenomena. Its aim is to give the pathway the research process follows. The methods described in the methodology define the means or modes of data collection or, sometimes, how a specific result is to be calculated (Herrman, 2009).

This research endeavours to give a voice to women with disabilities, as opposed to the societal view which is patriarchal in nature and tends to systematically privilege male knowledge against female knowledge. In essence, the research strives to address issues of exclusion, stigmatisation and marginalisation of women with disabilities, with a view towards liberating WwDs from the three notions alluded to (Chant, 2011). To achieve this, multiple research techniques will be used to gather data on the challenges and experiences of females with disabilities directly from the women's point of view. The researcher is a native resident of Mhondoro Ngezi District. Due to a limited budget to carry out the research, the researcher selected Mhondoro Ngezi District which is his rural home.

1.16 Research design

A research design formulates a conceptual structure providing a detailed outline of how an investigation will be carried out. It outlines how data will be collected, what instruments will be employed, how the instruments will be used and the intended means for analysing data collected (Herrman, 2009). This research was exploratory in nature and was largely guided by a qualitative research framework. According to Golafshani (2003), the qualitative research designs are strategic methods the researcher uses to explain the phenomena. It is implicit that qualitative research is a naturalistic approach because the researcher sought to research environments in the true to life situations without manipulating the phenomenon as it occurs naturally. The goal of a qualitative researcher was not to test previously formed hypotheses,

but to observe and document a clear picture of the participants in their natural setting. The data, in a qualitative design, will be presented as descriptive, rather than numerical.

The study sought to understand the challenges encountered by women with disabilities. The relationship between poverty and disability was alluded to. The variables that the research investigated required more of explorations which made qualitative research methods more appropriate to the study. The variables included the socio-economic environment and women. The disabled women were observed in their naturalistic setting, that is, in their homes.

1.17 Target population

According to Zimstat (2016) figures, Mhondoro Ngezi district had an approximate population of 140 991 people. The target population for this research are girls and women with disabilities in three wards out of 16 wards.

1.18 Data collection methods

The researcher used qualitative data collection methods namely: in-depth interviews, Focus Groups Discussions, and researcher-based field participatory observations; to gather information as regards challenges encountered by women with disabilities and (questionnaire) to determine the responses and opinions of the Christian community on women with disabilities.

Documentary reviews was used to explore the socio-economic challenges faced, the effect they have on their families or communities, as well as what increases their vulnerability to poverty and their coping strategies. For Focus Group Discussions (FGDs), the researcher used men, girls and women with disabilities. However, for Key Informant Interviews, the researcher engaged members of the Advocacy for the Handicapped, Impaired and Disabled Persons of Zimbabwe (AHDPZ). The researcher then engaged in Field Participatory Observation to validate or confirm findings from women's narratives.

1.19 Sample and sampling technique

The researcher used purposive sampling. Purposive represents a group of different non-probability sampling techniques. Also known as judgmental, selective or subjective sampling. Purposive sampling relies on the judgement of the researcher when it comes to selecting the units (for example, people, cases/organisations, events, pieces of data) that were studied.

Purposive sampling technique was utilized in selecting study participants for both the focus groups and semi-structured interviews. A total of three focus groups (five women and three men in each group, one group in each ward) and six semi-structured individual interviews (three men and three women) was carried out. Participants were all members of the various organizations, and all with disabilities. The sample was purposive because the researcher intentionally selected the participants for the study. This study also employed a complimentary technique known as snowball sampling procedure. The researcher chose to engage this method of sampling as necessary due to the large size of a population and the subsequent impracticality and prohibitive expense of testing every single member of the population (Denzin, 2000). The inclusion criteria involved any female with disabilities and the key informants such as people with real disabilities.

According to Parker, Scott, and Geddes (2020), Snowball sampling has become one of the most popular methods of sampling in qualitative research, central to which are the characteristics of networking and referral. The researcher created a snowball sample by identifying one or more units in the desired population, and then used these units to find further units and so on until the adequate sample size (30) was met. It is also proposed that, for convenience's sake, snowball sampling is often coupled with purposive sampling. However, snowball sampling is criticised for its bias in selection as well as a lack of external validation, generalisability, and representativeness.

1.20 Instruments

Three Focus group discussions with a total of eight people per group were conducted, with the aim of prompting a discussion with men, women and girls with disabilities. A focus group is best defined as a small group of carefully selected participants who contribute to open discussions for research. The hosting organization carefully selects participants for the study to represent the larger population they're attempting to target. The group might look at new products, feature updates, or other topics of interest to generalize the entire population's reaction. This research included moderators who directed the discussion. Their role was to ensure legitimate results and reduce bias along the way in the discussions.

They openly discussed their thoughts and share ideas with other members of the focus group (Kite and Phongsavan, 2017). The focus group discussions were used as standard criteria for gathering information from women with disabilities. The second instrument that was used was

a questionnaire given to Pastors of various churches. One-on-one interviews were used to solicit information from the participants within the Mhondoro Ngezi district

1.21 Data collection

Focus Group Discussions was involved sitting participants from the target geographical area that is Mhondoro Ngezi District on one platform and having a discussion/s with them on a topic of interest, and one-on-one interviews was conducted with individual pastors to have their view on the role of the church engagement to alleviate poverty.

1.22 Data processing

Two methods were used for data processing, and these are thematic analysis and hermeneutics.

1.22.1 Thematic analysis

Data collected was analysed using thematic analysis. Thematic analysis is an ideal analytic tool used to analyse data for qualitative research methods. According to Kiger and Varpio (2020), it is a method for describing data, that also involves clarification in the processes of selecting codes and constructing themes. A more striking feature that distinguishes thematic analysis is its flexibility to be applied within a wide range of theoretical and epistemological frameworks, and to be used to a wide range of study questions, designs, and sample sizes. They further assert that thematic analysis is not bound to a particular paradigmatic orientation; instead, it can be used within post-positivist, constructivist, or critical research methods.

1.22.2 Hermeneutics

Humphreys (1990) avers that the word “hermeneutics” is a derivation from the Greek word which essentially refers to “interpretation, explanation, translation”. He further states that, when applied to the Bible, it refers to a principle by which biblical text is understood in relation to its original context or historical setting. The principles and procedures applied to a text from one context is made meaningful in another. Whereas, hermeneutics incorporates both exegesis and interpretation, the thrust generally falls on the latter, on making the texts meaningful in the present circumstances (Humphreys, 1990: 375).

1.23 Ethical considerations

Research ethics are a set of principles of morality, particularly those dealing with right or wrong of an action. Ethics in research refer to rules of conduct for members of a particular profession and a science of the study of human behaviour (Strydom, 2005). Consistent with ethical

requirements, the study took high cognisance of human rights and negotiate entry into study area in consultation with relevant authorities. It ensured that appropriate steps were taken to protect the human rights and welfare of individual respondents. These included among others; ensuring informed consent, voluntary participation; establishing good rapport; confidentiality and anonymity and the right for respondents to opt out of the study at any stage or to decline to respond to certain questions which they felt uncomfortable to respond to.

To ensure both ethical and voluntary participation of the respondents, consent was sought from all the participants before the engagement in focus groups or interviews. Pseudo names were used in this research to protect conceal the identity of vulnerable members of the society. The researcher, prior to the interviews, informed the participants that all the questions and interviews were for research purposes.

CHAPTER TWO

THE JUDEO-CHRISTIAN TRADITIONS AND SHONA CULTURAL BELIEFS AND PRACTICES ON DISABILITY

2.0 Introduction

Chapter Two investigates and discusses the acuities, attitudes and actions and behaviours which are often expressed towards PwDs in Africa in general and Zimbabwe in particular. At the same time this chapter also looks into the Judeo-Christian traditions in Zimbabwe and the Shona cultural beliefs and practices towards people with disabilities, and the justifications of such traditions and practices. It is incontestable that perceptions, attitudes, and behaviour towards people with disabilities are a common phenomenon in both the African Christianity perspective and the Shona worldview (Nyangweso, 2021). According to Nyangweso (2015:1) several countries consider disability as a disadvantage and a curse “...resulting to exposure of people with disabilities to violence and abuse, sometimes justified by culture or beliefs”.

This chapter attempted to provide a thorough account and explanation of the trials and tribulations that people with disabilities face in Zimbabwe. Lived examples will be drawn from a variety of Shona communities, paying special attention on how people with disabilities negotiate social, economic, political religious, and cultural challenges in their day to day life. It can be contended that disability is a social construction based on social-cultural and religious values that are based on what is viewed as normal and abnormal and that societal and religious values, perceptions and attitudes play a significant role in legitimising this construction process; and that “... the persistent suffering, abuse, and mistreatment of persons with disabilities is an indicator of a deeper problem of socialization and discrimination” (Nyangweso, 2015:28). This point is further fortified by Ndlovu and Nyoni who postulate that “communities play a key role in perpetuating the discrimination and stigma; hence, the fear and shame surrounding disability propels parents to leave their children in solitary thereby segregating them from other children and the wider community” (Ndlovu and Nyoni, 2021:41).

This chapter draws on the lived experiences of PwDs, from both the African Christianity perspective (founded on Judeo-Christianity ideals) and the indigenous Shona beliefs. It can be argued that the position of Judeo-Christianity and the teachings of indigenous African beliefs (which form the core of Shona culture) concerning people with disabilities is ambivalent: on one hand “...promoting marginalization of people with disabilities through exclusion and

depiction of them as objects of pity or ridicule, and as victims of evil forces (Ndlovu, 2016:29). ,” and on the other hand “...beliefs inculcate positive and empathetic moral and ethical teaching aimed at protecting and empowering those with disabilities by depicting them as full human beings who have the same rights, obligations, and responsibilities as ‘normal’ persons” (Ndlovu, 2016:29). This Chapter discusses the Shona cultural beliefs and practices on disability, and then subsequently explores the Judeo-Christian traditions and practices on disability in Zimbabwe as informed and influenced by the Shona culture.

2.1 Who are the Shona, and how do they view disability?

The Shona people can be referred to as a family of speakers of mutually intelligible dialects; and the Shona are spread all over the country of Zimbabwe. According to Sande (2019) they form the largest ethnic groups in this Southern Africa landlocked country; and the most striking feature about the Shona is that they are guided by the concept of Unhu/Ubuntu/Botho. Unhu/Ubuntu/Botho philosophy advocates for “oneness and inclusivity as opposed to exclusivity and isolation.” and the Unhu/Ubuntu/Botho notion “celebrates harmony and co-existence as opposed to conflicts and division” (Makaudze, 2019:5). The Shona people treasure not only nature, but also uphold life as sacred and equal. The perspectives above direct most of the Shona people’s views towards PwDs, who should be “accommodated, tolerated and accorded the respect due to any human being” (Makaudze, 2019:5).

The Shona notion of *Ubuntu* is derived from the understanding that human beings are inclined to act in the best interests of the communities they live in, and to do what is good for the community, and a person who exists in harmony with his fellow human beings is known as having *Ubuntu* (Viriri and Viriri, 2018). This view is supported by (Tutu, 2005:25) who posits that:

A person is a person through other persons. None of us comes into the world fully formed. We would not know how to think, or walk, or speak, or behave as human beings unless we learned it from other human beings. We need other human beings in order to be human.

In Shona communities the ethical ideals of respect, love, solidarity, peace, togetherness, unity, justice, fairness ethical, and responsibility form the core of the Ubuntu/Hunhu notion (Mudzanire, 2016).

An illuminating Zimbabwe case which shows that even contemporary Shona cultures revere the disability identity are the Vadoma people (Shona dialect) of Zimbabwe. also known as the ‘ostrich people’. The Vadoma have a rare form of their feet, a condition referred to as ‘ectrodactyly’ marked by the absence of the middle three toes, and the two outer ones are turned in. Instead of treating this condition with disdain, ‘the ostrich people’ actually embrace this rarity with pride, and forbid members to marry outside the group. The Vadoma story affirms that not only ancient Africa but contemporary Africa revere the disability identity (Ojok and Musenze, 2015). The Shona perceive disability as a human condition that must be accepted by communities.

In Zimbabwe, the Shona people have the following sayings that warn against treating disabled persons with disdain:

- 1) *Seka urema wafa*, or, Only laugh and ridicule a disabled person when you are dead
- 2) *Zvawapuwa naIshe gamuchira* (Music Album title of James Chimombe), or, Accept that which you have been given by God the Creator.

The Shona ethnic groups have sayings and proverbs which revere disability, and there is a plethora of terms in the Shona language and dialects which are used to refer to disability – proverbs, sayings and folklore which show both the positive and negative worldviews of the Shona society’s approach towards disability (Makamure, 2017). Some of the most common labels which show that the Shona are not alien to disability include words like *vakaremarara* (a physical disability such as a crippled leg or hand), *mupengo* (mental challenge), *mbeveve* (speech impairment), *matsi* (hearing impairment) and *bofu* (visual impairment)” (Makaudze, 2019).

2.2 Traditional Shona people’s beliefs on disability

Most Shona people’s beliefs and worldviews, attitudes and perspectives on disabilities are founded on traditional legacies of taboos, ridicules and folktales; on one hand we have the Shona viewing disability “with abusive and denigrating attitudes while at other times they would discourage the abuse and ill-treatment of people with disability” (Makamure, 2017:24). Shona oral tradition has folktales and taboos which embrace PwDs, and on the other hand, there are also taboos and folktales which look at disability with disdain.

2.3 Disability in Shona communities – causes and types

According to Makamure (2017), traditional Shona societies have various forms of disability; ranging from *urema hwekuberekwa nahwo* (born with a disability). This type of disability is

usually ascribed to God. The second type of disability prevalent in Shona societies is *urema hwekuroyiwa* (disability attributed to witchcraft), a disability which is thought to have been caused by enemies or evil spirits. The third and last form of disability is “*urema hwekukuvara kana kukuvadzwa*” (disability caused by accidents)”. When accidents occur and there is a resultant disability, ancestral spirits and alien spirits are often to blame (Makamure, 2017:30). Different disabilities found in Shona society include *upofu* (visual impairment), *umbeveve* (speech impediments), *chimumumu* (one who mumbles) *matsi* (deaf and dumb), *mhetamakumbo* (paralytic), *kurwara nepfungwa* (mental illness), and *musope/murungudunhu* (albinism).

2.4 Shona proverbs on disability

To understand the context of Shona cultural perspectives on disability, it is essential to point out that Shona proverbs focus on both imperceptible and understandable realities within the Shona worldview; and where a worldview can be described as how individuals and societies, communities, and or historical eras conceive, see and understand the world, the resultant reactions therefore (Ndlovu and Nyoni, 2021). Shona proverbs can be used to understand the thinking and culture of the Shona people. Bhebe and Viriri (2012) posit that Shona proverbs epitomize the past wisdoms in a new situation to validate contemporary behaviour and current schools of thought, and Shona proverbs use generalizations which encompass all facets of life including disability.

The Shona proverb *Chirema ndechine mazano chitotamba chakazendama nemadziro* (the disabled person is creative; he or she can dance while balancing against the wall) (Makamure, 2017:37) offers moral support to PwDs at the individual level. The proverb communicates the message that physical disability does not translate to mental disability. The rationality and innovativeness of the physically disabled person manifests in ‘dancing while balancing against the wall’. And from an ethical perspective, the proverb implies that PwDs need to be accorded and given equal opportunities with the able-bodied so as not to be excluded and or marginalize them. Theorists in educational thought assert that the Shona Proverb above encourages differently abled persons to be accorded space for inventiveness by allowing for participation in extra-curriculum like drama and singing.

The proverb *Munhu, munhu, chirema chinotungamira nzira* (a human being is a human being, even the disabled person can provide directions for the path) (Ndlovu and Nyoni, 2021:7) has

positive implications for disability, where at a family level, PwDs person must be afforded a chance to partake in day to day activities; and affording PwDs such participation will endow them with a feeling of value and togetherness (Ndlovu and Nyoni, 2021) The proverb signifies that PwDs are no less human, and their humanity is embedded in the inherent self-respect and self-esteem of a person, as opposed to the conspicuous physical disability. “Given this fundamental principle, there is no moral justification for the exclusion of the disabled in educational endeavours” (Ndlovu and Nyoni, 2021:7). At community level, we see the use of Shona proverbs which inculcate positive attitudes which are important in accommodating people with disabilities: “*seka urema wafa* (laugh at someone’s disability only when you are dead) (Ndlovu and Nyoni, 2021:8). This proverb is indicative of the fact that the Shona are against stigmatization of disability, because morally, the disabled person is not responsible for his or her condition of being disabled; hence, there is no need to laugh at them (Ndlovu and Nyoni, 2021:8). there is no need to laugh at them. “In the context of disability education, the lesson that can be drawn from the proverb is that teaching and learning social environments ought to be conducive for the disabled” (Ndlovu and Nyoni, 2021:8).

2.5 Marginalisation and stigmatisation of PwDs in Shona societies

Sande (2019:4) argues that from traditional Zimbabwe right through into the contemporary era, “discrimination, stigmatization, and exclusions of the PWD are in the fabric of Zimbabwean society”. Some Shona tribes usually coerce people with hearing impairment to consult traditional healer for medication, blaming such hearing impairments as stubbornness and wilful refusal to obey the word of elders. The Shonas also ascribe *hurema kuna Mwari* (disability caused by God), yet there is no concrete evidence to support such assertions on how the Supreme Being was responsible. Sande, (2019:5) propounds that “the Shona people believe that associating with individuals with a disability affects all their vital aspects of life. It is difficult to socialize and or do business with someone with a disability as one is unsure of how to address them or act”.

In most Shona ethnic groups, people with disabilities are being marginalised and stigmatised, and less likely to be accepted, especially when the differently abled person cannot contribute economically to the family or the community (Makamure, 2017). Albinos, who are also part of PwDs in Zimbabwe, are excluded in the Shona society; the main reason for their exclusion being the presence of stigmatization deeply entrenched in myths and prejudices associated with Albinism. In what can be described as scary, some Shona people wrongly believe that sleeping

with an Albino is a cure for HIV and AIDS. Such myths make Albinos susceptible to abuse, rape, and HIV infection (Sande, 2019).

2.6 Shona perceptions on causes of disability

There are several negative beliefs which the Shona people ascribe to disability.

- ❖ Disability was often attributed to witchcraft or maternal promiscuity. In most circumstances, the birth of a child with disability was viewed as a taboo that was likely to bring bad omen to the family and community at large. The mother of the child was usually blamed for the disability of their children. This could subsequently lead to a divorce (Mashiri, 2000).
- ❖ The Shona people associated disabilities to the notion of retribution from the divinities or bad omens (Sande, 2019).
- ❖ Taboos that, when broken, were thought to cause disability. For example, it is wrong to kill animals without good reason during a wife's pregnancy (Ogechi & Ruto, 2002).
- ❖ Having sexual intercourse during pregnancy is also a taboo, which can cause the child to have a disability (Hartley et al., 2005)
- ❖ The Shona have a strong belief that insanity is caused by an arch-rival through witchcraft, the traditional healer cures the patient by exorcising the evil spirits or magical charms that caused the mental impairment. The therapy may include inhalation of steam from a concoction of special herbs and other medicinal plants which are boiled on glowing charcoal (Ndlovu, 2016).

2.7 Synopsis of Shona people's perceptions on disability

The Shona doctrine of humanism defines persons not in terms of their physical, mental, or psychological astuteness, but rather, in terms of their likeliness to God the Creator, their communal membership, and nationhood; and this resonates with the fundamental ideals of feminist disability theologies. Shona beliefs are representative of African cultures and beliefs, and it is important to note that African beliefs *in ubuntu/hunhu* /have been upheld by many African Christians, and as such, "... African Christianity is defined, among other things, by its

humanness” (Ndlovu, 2016:36). The notion of humanity and humanness encapsulates African Christianity, and the distinguishing features about African Christianity is a human Christianity, and that the pursuit for and the mission of African Christianity is the quest for a more compassionate and caring Christianity and a habitable world characterized by fellowship mutual support, caring and sharing, as understood in the traditional African context (Maluleke, 2010).

2.8. The Judeo-Christian traditions

The larger part of African societies and communities have a strong link and relationship with the Judeo-Christian religions, namely Islam, Christianity and Judaism. It is incontestable that religious beliefs have a strong influence on perceptions and attitudes on how PWDS view themselves, and how others and the rest of the world perceive them (Ahmad, 2015).

It can be argued that Christianity, Judaism and Islam are not very supportive towards people with disabilities, and in reality, “these religions influence perceptions, attitudes and remedial and coping practices towards disability by both caregivers and the community members” (Ojok and Musenze, 2015:3). Religion largely uses the concept of spirituality, and because of the overbearing nature of spirituality, religion has a psychological acceptance, and most humans fear negating religion and its teachings, because humans are fearful of what they cannot see coming. Just like any other world religion, the Islam, Christianity and Judaism religions figuratively and metaphorically use disability to strengthen and bolster their views.

According to Ahmad (2015:4), the Koran (Islam) states:

have they, then, never journeyed about the earth, letting their hearts gain wisdom, and causing their ears to hear? Yet, verily, it is not their eyes that have become blind – but blind have become the hearts that are in their breasts! (22:46).

The word ‘blind’ in the above context refers to the loss of spiritual insight, as opposed to the physical loss of vision or eyesight; and this is disabling language while discussing a topic with no relationship to persons with disability. It is in the same vein, and from a Christianity perspective, that the Bible also makes use of disabling language or imagery, and in the book of Isaiah 56:10, where the prophet announces that, ‘Israel’s lookouts are blind, all of them do not know; all of them are mute dogs that are not able to bark; dreaming, lying down, loving to be drowsy’ (Ojok and Musenze, 2015). The words ‘blind’ and ‘mute’ in the above verse are not

discussing people with disabilities *per se*, but they are used as allegories to criticize the weak Israeli leadership. Disability imagery is also used in Deuteronomy Chapter 28 verses 28-29 and Isaiah Chapter 29 to describe the moral circumstances of an audience of persons without disability. Judeo-Christianity handpicks persons with disability and labels them as the cause for all tragedy and mischief; and PwDs become the basis of explanation of sin, and all atonements that project a lack of faith in those religions. The identity of persons with disability is henceforth created after such undesirable conditions are outlined (Ojok and Musenze, 2015:3).

According to Boaz (2015) PwDs are presumed to go to church only for healing, and this is because of the connection of faith and prayer, with claims of healings which proclaim that the blind will see and the deaf will be able to hear. However, there is scanty scientific proof and literature on the purported healings, and when no “healing” occurs a PwD is then labelled as a seasoned sinner. When religion and philosophy uses branding out language and vocabulary, in the figurative or imagined sense, in direct reference to stigmatized groups, this notion exemplifies and is derivative of discrimination and social stigma (Ojok and Musenze, 2015:3).

2.9 Judeo-Christianity and disability in Zimbabwe

Christianity is the leading religion in Zimbabwe and enjoys an estimated 87.4% of the country’s population – with the Pentecostal churches having the largest share of congregants. Mutswanga, Makoni and Chivasa (2015:174) argue that “mainstream thinking in the Pentecostal circles in Zimbabwe, seem to have turned a blind eye over the issues of stigma against PwDs”. This trend, which is now highly widespread in Zimbabwean churches, was also evident among a section of Jewish theologians, as portrayed in John, 9:1-12. In the New Testament, some of Jesus’ disciples associated blindness with personal or generational sin, and the only way to rectify this was through prayer and repentance. There are strong religious beliefs both within the Pentecostal and Charismatic churches that medical conditions like epilepsy are caused by witchcraft or spirit possession, and when the condition ‘manifests’, the prophetic healers within these churches try and cast out the ‘demons’ (Mutswanga, Makoni and Chivasa, 2015).

In several Pentecostal churches, in the studies and research conducted by (Mutswanga, Makoni and Chivasa, 2015), evidence indicated that people with disabilities were victims of stigma and discrimination in their denomination – stigma and discrimination stemming from misunderstanding and misinterpretation of Bible passages that used disability metaphors and

allegories. It is in this context that Christians must understand and embrace disability as it is as shown in Exodus Chapter 4:11, where God encourages Moses not to negate his duties of emancipate Israel out of bondage because of a physical impairment of stammering. “Who has made man’s mouth? Who makes him mute, or deaf, or seeing or blind? Is it not the Lord?”

Drawing from the above narrative between God and Moses, the Shona culture, its traditions and beliefs should challenge antiquated cultural beliefs still controlling the attitudes of Shona people towards disability. There is need by Shona ethnic groups to navigate away from traditions and practices that inhibit the full participation of PwDs in all aspects of life – hence the need for a mental paradigm shift by the Shona towards PwDs. In that sense, physical or psychological condition should not take precedence over and above participation in every aspect of life that seeks to promote human welfare (Mutswanga, Makoni and Chivasa, 2015).

2.10 CONCLUSION

What is needed in disability discourses by both Christians and Shona Christians is an endorsement of all positive beliefs from both the Christian and Shona Religion standpoint, for the purpose of creating inclusive societies. It therefore, becomes essential that, “...all African beliefs that espouse positive attitudes about persons with disabilities (such as the doctrine of ubuntu/buntfu/botho)/should be appropriated and combined with Christian and philosophical ethical ideals that advocate for social equity” (Ndlovu, 2016:37). Most importantly, the disabled persons themselves should be at the forefront as proponents of the theology of disability; as rightly posited by Julia Belser (2015:177). She suggests that disability theology should be assumed with the clear objective to “honour the dignity of disabled people’s lives and to act in solidarity with activists striving for disability justice.” Sande (2019) goes an extra mile and advocates for the protection and emancipation of women and girls with disabilities. She postulates that in Shona cultures, men and fathers enjoys extensive autonomous power and decision making, especially over the girl children and women – resulting in their abuse and exclusion (Sande, 2019). If this is the case for women and girls without disabilities, the scenario is worse for GwDs and WwDs; and in view of such a dilemma, Chapter 3 attempts to explore the lived experiences of GwDs and WwDs .

CHAPTER 3

EXPLORING THE EXPERIENCES OF WOMEN WITH DISABILITIES IN NGEZI BAPTIST CHURCH AND COMMUNITY OF MHONDORO-NGEZI DISTRICT

3.0 Introduction

This Chapter discusses the experiences of women and girls with disabilities in Mhondoro Ngezi District. This research has been motivated by the Shona people's and Shona Christians' (from a Judeo-Christianity standpoint) perspectives on disability. PwDs face many challenges and barriers in their day to day life; and this chapter attempts to investigate how the totality of all these challenges is influential to their access of basic and indispensable services required by all human beings. Particular challenges encountered by GwDs and WwDs in resource-poor Mhondoro Ngezi District are explored in this section, through a series of focus group discussions, in-depth interviews, and researcher-participant observation. For ethical considerations and to protect the identity of the GwDs and WwDs who were interviewed in Mhondoro, the names used here are not their true names.

The total number of participants was thirty-six (36), and the sample was drawn from women with physical impairments, local pastors from the three wards (two per ward), two female community members (care-givers for women with mental impairments), and the local political leadership of Wards 1, 14 and 16. The in-depth interviews were conducted with pastors, to collect information about the pastoral ministry's response to girls and women with disabilities in their respective Wards. In-depth interviews were also used to interview care givers of mentally handicapped participants. Focus group interviews were comprised of men and women with disabilities (excluding mentally ill), care-givers, the political leadership and community members.

The researcher used three focus groups, in Ward 1, Ward 14 and Ward 16, with each group having 8 participants respectively. Out of the eight participants per group, the demographics were as follows: three women with disabilities, two men with disabilities, two care givers, one political representative drawn from the ward, and two community members (one male and one female). The focus groups participants narrated the lived experiences of girls and women with disabilities within their respective Wards. Participant observation was used to observe and record data throughout the whole research process, and the ethical consideration of maintaining

distance was observed. The researcher is an ordained pastor in the Ngezi Baptist Church for 13 years, and used his experiential knowledge to observe WwDs in their different spaces; paying special attention to how women with disabilities were treated. The researcher utilised in-depth interviews to collect information from three male pastors and three female pastors purposively sampled from the three wards.

The narratives below highlight the most perceptible challenges that are encountered by GwDs and WwDs in Mhondoro Ngezi District.

3.1 Mental Challenges As Disability In Ward 1, 14 And 16

The researcher encountered three very worrisome situations which were only revealed by neighbours, cases which were recorded in in Ward 1, Ward 14, and in Ward 16 The information was gathered through focus group discussions in the two wards.

*The focus group interview in Ward 1 brought out another story: Participant A had this to say, “There is a family where the father is a prominent community leader. It is claimed that the father went to Mozambique and bought business charms to strengthen his homestead and business (**kuromba** in Shona). This has caused four family members, three males and one female, to lose their marbles if I am to put it mildly. **Vakutopenga** (they are mad). This is all because of the luck charms that the father bought to support his business”. Participant B added, “That is very true. I also heard it that the family is all suffering these mental afflictions because of what the father did”.*

*In the other case, a neighbour, whom we shall call Mr. X, to protect his identity, pointed out a house in the Shepton Farming Compound section, Martin Spur, Ward 16, (**aka kuma GB**) where a 23-year-old woman with disability (mental illness), Zvisinei (not real name) , was apparently hidden by her family, and the only time she went outside was when she had to use the communal toilets outside. “They keep her inside the house on the pretext that she walks too much, and is most likely to get lost if we let her go outside the house,” Mr X added, “ The relatives of Zvisinei always claim that she is possessed; and unknown spirits are calling her. She must no go outside, or else will go astray because of the demonic spirits dwelling in her”. said Mr. X.*

In the other case, in the Mupamombe suburb of Ward 14, a Mr Y showed the researcher a house where a mentally challenged girl, Kudakwashe (not real name), was always locked indoors. “Hama dzaKudakwashe dzinoti ane shavi rechipfambi rinomudeedza kuvarume. Saka anofanira kugara mumba kuti achengetedzeke – Kudakwashe’s relative allege she is possessed by promiscuity demons which are always summoning her to go and see men. She must be kept under lock and key for her safety,” said Mr Y.

Analysis

The above narratives support Ndlovu’s (2016) assertions which apportion blame of mental illnesses to the ancestral spirits and wizardry. The dominant discourse in traditional African contexts “is that mental impairment is a burdensome affliction that ought to be rooted out to ensure the good health and well-being of society. In this regard, persons living with mental impairment tend to be objectified as victims of malevolent forces or as undesirable social deviant” (Ndlovu, 2016:34).

3.2 Sexual and physical abuse of Gwds and Wwds by relatives

Below is Dambudzo’s story. The focus group interview in Ward 16 brought out this ordeal that Dambudzo (not real name) went through.

At the time of the interview in 2023, Dambudzo was 28 years old. At the age of 13 years, she became blind after a snake spit into her eyes, and she failed to get immediate medical attention, resulting in loss of her sight. She was staying with her uncle, brother to her mother, and farm worker at a farm in Ward 16. She had to drop out of school because there was no nearby school that caters for the blind; and Jairos Jiri in Rimuka was too expensive. She started having mobility problems in the peri-urban area where people often move from place to place on foot. She started menstruating at the age of 14, reusing a few pieces of cloth during such times. She had to depend on her unmarried uncle for toiletries and sanitary pads. The uncle started to systematically abuse her, and when she turned 18, she fell pregnant. Fearing expulsion from their peri-urban homestead, she chose not to report her uncle, and kept mum about her ordeal and rape.

Dambudzo gave birth, and two years down the line, the systematic rape started again. She could not take it anymore, and confided in a neighbour. The uncle was arrested. She is raising the child she sired for her uncle on her own. Because of her condition, she cannot work on the

farm. In 2023, Dambudzo moved to Kadoma city to search for economic opportunities. However, in her search for love, belonging, and companionship, she has been repeatedly raped and sexually abused with false promises of money and marriage. Dambudzo is said to be sleeping at Waverly Bus Stop in Kadoma. Unfortunately, the researcher could not locate her for an in-depth interview.

In Ward 14, we encountered a harrowing experience of a young girl, Chenaimoyo (not real name) 12 years old, who is wheelchair ridden, and suffers from down syndrome. Again, this issue came to light through an in-depth interview with the two local pastors from the Ward.

“Pane chisikana chinogara paPlot repamhiri apo. Chinorwara nepfungwa, kuchirungu vanoti ma Down Syndrome. Chinogara nehama. Hukama hwacho hauna kunyatsoti dzikiti. Chikazviitira tsvina, chinorohwa neshamhu zvinopisa tsitsi. Pedzezvo, chodirwa mvura inotonhora. Chinosiwa chakadaro chozogezezawo nemumwe muzukuru paanenge abva kuchikoro,”

Transliteration below:

There is a young girl who stays at that plot next door to us. She suffers from Down Syndrome. She stays with relatives. As to how they are related it is not very clear. When she messes herself, she is spanked with a sjambok and at times they pour cold water on her. At other times she is left like that until the other grandson comes back from school to clean her up]. confided the Chairperson. This is supported by Nyangweso (2021) who stipulates that the WwDs and the girl child are vulnerable most compared to their male counterparts.

Analysis

The case of Dambudzo highlights the double jeopardy nexus that women with disabilities not only in Zimbabwe, but Africa as well. This view is supported by (Ndlovu & Nyoni, 2021:38) who postulate that “one striking reality however is that women face double discrimination first as women and as disabled persons. The situation above has grave implications for WwDs’ security and quality of life, and interviews on the ground in the three wards showed that they had been physically and sexually abused by their male relatives, mostly uncles and cousins. The cases often went unreported because of fear of being expelled from the households which were giving them ‘a roof over their heads’, and as outlined by Ndlovu and Nyoni “victims

might not be aware that they can report cases of their abuse” (Ndlovu & Nyoni, 2021:44). He reiterated that in most cases, perpetrators of the violence are known.

In the case of Chenaimoyo, the researcher observed that the physically disabled girl child suffering from intellectual impairment lived at the mercy of relatives, and was not afforded proper physical and hygienic care when it was most needed. This sentiment was echoed by a caregiver in Mukushi, Makhubele and Mabvurira (2019:109-110) who had this to say:

“I have a small vegetable market. During my first days, I would leave my child with my next-door neighbour. I would find my child unclean. Even when he soiled himself, I would find him like that, and all the time, I would find him lying down uncomfortably. I then realised that it was better to leave him home since he was not getting any help from neighbours”.

3.3 Access to education challenges in Mhondoro Ngezi District

The situation of Chiramwiwa’s (not her real name) family best highlights the most common challenge that is faced by visually impaired children in Zimbabwe.

Chiramwiwa is the fourth-born in her family, and she turned eight this year. Her disability affliction is semi-blindness; and all her elder three siblings are not visually impaired. Chiramwiwa’s father, who resides in Ward 16, works as a very low-paid farm hand on a farm in Ward 16. Chiramwiwa’s father has been struggling to get Chiramwiwa enrolled at a government-owned school in the Ward. The School Headmaster has not been able to offer her a learning place because the school has neither facilities nor teacher that cater for the visually impaired children.

The only alternative would be to go to Jairos Jiri Institution in Rimuka, Kadoma, but the transport costs and so are the boarding costs also prohibitive if one is to be enrolled as a boarder. This is a sad, pitiful and regrettable scenario that Chiramwiwa finds herself as a disabled girl child. “I just want to go to school and learn with other children. I want to play with other kids. I just want to learn to read and write like everyone else,” laments Chiramwiwa to the researcher. Because her father cannot afford the fees and costs of sending her to a specialist school for the visually impaired, Chiramwiwa will miss the opportunity to go to school and lead a normal life.

In Ward 14, the researcher had the opportunity to interview a Mr. AP (not real name), the father of Hope (not real name), a 12-year-old semi-blind girl who just sits at home.

“I have no problem paying fees to get my daughter educated. My biggest challenge is transport to and from school by public transporters. My daughter cannot manage to go to the bus stop and pick up point where all the kids are picked from on her own. Even if we do accompany her, once in a while, the transporters are unwilling to have our child and help her as they feel she needs a lot of assistance and this interferes with their business operations”.

The researcher approached a number of school heads and principals in Ward 1, Ngezi Township, and one School Head had this to say, anonymously,

“In terms of physical accessibility, we can accommodate all children with disabilities in line with the Zimbabwean Government policy of Inclusive Education; but the question of suitability of our schools is another issue. We do not have classrooms that are properly equipped for children with disabilities, more so the girl child. What makes the situation worse is the limited teaching materials for children with hearing or visual impairments.” The Principal further added, “The blind child is at the mercy of his peers for assistance, who can either accept or refuse to offer assistance”.

In yet another narrative, a Ward 1 focus group participant had this to say:

“The public transporter sees us as a nuisance. They always say we are taking up too much of their time and delaying them,” said Ndakatadzei (not real name).

Analysis

Most blind children, especially the girl child, are denied access to basic because they come from very poor families who cannot afford the high fees normally charged by these Special Needs schools. This sentiment is supported by Eide and Ingstad (2011:161) who posit that “many local schools do not accept disabled children at all. Special schools and boarding schools for disabled children are expensive and dependent on donors”. This position is further buttressed by (Ndlovu & Nyoni, 2021:45) “in the education sector [Zimbabwe] schooling fees have risen sharply due to high inflation, and as a result, many families cannot afford to send all of their children to school and much less those children with disabilities. In this regard, girl children and women are more disadvantaged”. The other challenge that is evident from the above two scenarios is the suitability of schools with regards to accommodating children with

visual impairments, both in terms of teacher capacity and infrastructure. As shown in (Ndlovu & Nyoni, 2021:45)

Of Zimbabwe PWDs a quarter of these people are intellectually Disabled (ID), 30% of these ID people are children. Yet, most state-run schools and hospitals in Zimbabwe have very few officials trained to handle people with IDs and with hearing speech functional disabilities (Mandipa, 2014). The schools are thus inaccessible to PWDs without no guiding rails, in urban schools the elevators (if there are working at all) without recorded voices for persons with both ID and visual impairments. The rails are too narrow to accommodate wheel chairs and the toilets cubicles are too high for people with both intellectual and physical disabilities...

The other challenge faced by visually impaired GwD was accessing public transport and amenities .Commuting to urban areas was a big challenge for WwDs, as commuter omnibus operators were reluctant to offer a helping hand; especially in folding of wheelchairs and getting the WwD on board and getting them a comfortable seat.

Most roads in Mhondoro Ngezi are untarred and bumpy, and travelling to the St Michaels Hospital and Kadoma Hospital referral centres compounded WwDs' uncomfortability over these relatively long distances. Visual impairment was also another crucial factor in Ward 1, Ngezi Township, where WwDS had problems getting to the communal bus stop next to Mupawose Primary School, since in most cases they needed a family or community member to guide them there.

3.4 Encountering challenges in accessing health services

Most people (disabled) living in Mhondoro Ngezi District have to travel long distances to get to referral centres, and the main referral centre in the District is St Michaels hospital; and the situation is even worse for PwDs, especially WwDs. At Ward level, there are clinics that are not sufficiently equipped. Ward 1 relies on Ngezi Clinic, Ward 14 at Ngezi Clinic and Kadoma Prison clinic, and Ward 16 on Martin Spur clinic; all of the clinics which do not have ambulatory services . The focus group interviews indicated that PwDs, and especially WWDS faced considerable challenges in covering long distances to get to their respective clinics.

“Our disabled counterparts, especially women, face considerable problems when they want to go to clinics and the referral hospital which is St Michaels or Kadoma Hospital. Our healthcare facilities are only accessible for those who can afford to pay for transport . Disable people are

suffering terribly. The government must help.” said one local leadership representative from Ward 16 during the focus group discussion.

The two pastors sampled from Ward 16 narrated a very disturbing story of a mentally challenged 16-year-old Tambudzai (not her real name) who was raped by her uncle.

“The family had limited financial resources. After realizing that Tambu had been raped, they failed to immediately get her to a medical clinic where she could be given a Post Exposure Prophylaxis (PEP),” said Pastor DM. “Finally, it took the family three days to get her to St Michaels Hospital; and the delay enhanced her chances of contracting HIV. When she finally got to St Michaels. We also heard that when she got to St Michaels, she did not get any counselling services as the hospital had only one Psychologist Doctor who was on leave,” added Pastor CV.

Analysis

Tambudzai’s situation clearly demonstrates the challenges WwDs face in the face of a poorly equipped healthcare system. The notion of an ill-equipped healthcare system is lamented on by (Eide and Ingstad, 2011:160) who outlines that “...conditions ... will worsen the situation for a disabled child in a low-income country”. In Ngezi, the researcher noted that most women and girls with disabilities were using assistive devices like wheelchairs and crutches which were old, and not tailor-made for the individual, as in the case in Ward 1 Ngezi Township, where Sekai, a 28-year-old female, with deformed legs, and of a short stature, who was using crutches meant for a tall person.

All the situations cited above imply that women and girls with disabilities in Mhondoro Ngezi District face a host of problems in accessing proper health care and services; ranging from travelling long distances to get to the healthcare services, health personnel who are not often available, and unsuitable assistive devices like wheelchairs and crutches, among many other challenges.

3.5 Transference of caregiver role

Using the snowballing technique, the researcher had an in-depth interview with Gogo Chihera (pseudo name) in Ward 1.

My daughter gave birth to a physically disabled baby girl. Because of my daughter’s fear on myths and beliefs associated with giving birth to a child with disability, she abandoned her baby

and went to South Africa. I have been taking care of my granddaughter for the past six years, and next she will be going for grade one. I will take care of my granddaughter, no matter what people say.

This in-depth interviews revealed that some women, on realizing that they had given birth to a child with disabilities, would immediately handover the child to the grandparents or immediate family. Of interest also was that of all the WwDs participants involved in the study, it was discovered that not even one single WwD had stayed with their biological parent, since the biological parents relinquished the caregiver role to extended family on birth. The above notion is supported by Mukushi, Makhubele and Mabvurira (2019:110):

The same view was also emphasised by a grandmother caregiver who said that she is taking care of the child because the biological mother ran away. She said:

“I am staying with my grandchild because the mother ran away; I do not even know where she is right now. At least she did not kill the baby. However, I take care of every need of this child without the help of the mother. She feared the disability and ran away...”

In the focus group discussions, the respondents indicated that though the parents of these children with disabilities occasionally provided care in terms of basic needs, like food and clothing, realistically, the biological mothers surreptitiously returned once in a while with groceries and cash to support the babies they had abandoned.

3.6 Use of derogatory terms to refer to persons with disabilities.

A most common trend noted in Ngezi Township, Ward 1, by the main shops where people buy day to day utilities, was the use of derogatory names to refer to persons with albinism, who were often referred to as “*murungu dunhu*” or to refer to physically deformed persons as “*chirema*” to symbolize uselessness and/or inhumanity. From the researcher’s participant observation, a mother was clearly heard instructing her child not to buy vegetables from “*chirema chiya chemu wheelchair*” (the cripple in the wheelchair). In another incident in mid-April, the researcher heard a drunkard shouting out at a PwD.

“Enda unofira kwawakaroyiwa. Handisi ini ndakakuremadza. – Go and die where you were bewitched. I am not the one that made you a cripple,”

3.7 Limited educational and employment opportunities

“My education ended at Grade 7, said a WwD focus group participant in Ward 1,” and another female participant in Ward 14 echoed the same sentiments: “I did not go beyond Grade 7. My Uncle was very brusque with me and continually reminded that I was lucky to have set my foot in class.”

It was evident that a sizeable number of girls and women with disabilities in the Mhondoro Ngezi District had had very limited educational opportunities; for the women, they had dropped out of school at Grade 7 and started fending for themselves, while girls were struggling to get a place at mainstream schools because the schools did not have support structures for inclusivity. Of all woman participants with disabilities, no one was formally employed; and only one was self employed as a vendor.

3.8 Stigmatization, marginalization and damage to marriage prospects

In all the three focus group discussion held in Ward 1, 14 and 16, all women participants with disabilities narrated of severe marginalization and discrimination, not only from family, but society as well; and consequently, a failure to live up to the exacting standards for womanhood imposed by society – leading to a diminished womanhood and low self-esteem in GwDs and WwDs. In all the cases dealt with, not a single WWD was married; and not being married was not their choice, but rather the choice of family and society.

“Who do you think will marry you, with that hunchback ?” a WwD participant in Ward 14 indicated that these very words had been uttered by her Aunt.

In another narrative, a Ward 1 participant said, *“My aunt always chastises me by saying, “Simuka uzviitire basa. Kuremara hakusi kufa, muchatisvovesawo tikatadzawo kuroorwa semi”, said ... (Get up and get your chores done. Being crippled does not mean you are dead. You will make the rest of us a laughing stock and we will all end up not getting married like you)”*

The above stories show that because of their disabled bodies, the immediate family is reluctant to provide them with moral support to engage in normal heterosexual relationships. Instead they are ascribed with an asexuality identity which ultimately diminishes their self-esteem and womanhood. Choguya (2021:41) postulates that “communities play a key role in perpetuating

the discrimination and stigma; hence, the fear and shame surrounding disability propels parents to leave their children in solitary thereby segregating them from other children and the wider community”, and such societal constructions constitute protective abuse which is likely to result sexual violence of GwDs and WwDs and concretise their invisibility in public.

The focus group interview in Ward 16 also revealed two peculiar cases that occurred between 2015 and 2018, where two women with disabilities had once been married, and one later being deserted by her husband, and the other chased off by her husband’s family after giving birth to a child with disability. The banished woman, went back to her family, went into isolation, and later committed suicide.

3.9 People with disability as objects of pity

In several instances, it was found that neighbours contributed towards the buying of assistive devices like spectacles and wheelchairs for WwDs. This was so in Ward 14, where a Mr. Z, who is a neighbour to a 45 year old female, affectionately known as Hazvinei (not real name), and wheelchair-ridden, was a beneficiary of an electric wheelchair from Mr. Z. Focus group interviews in Ward 1, 14 and 16 revealed that in most cases close family members, neighbours, local church pastors, and the political leadership, especially ward councilors, assisted PwDs with clothing, school fees, and transport services when PwDs need to access health services centres should contribute in such cases.

Two families living with WwDs in Ward 1, with well-off relatives based in Harare, had their relatives playing an active role in raising money for school fees for their disabled family members. The focus group discussions also revealed that there was a sporadic appearance of well-wishers, philanthropic organizations and sponsors, especially in Ward 1 and 14, especially around election time, who would donate foodstuffs and clothing to WwDs.

3.10 Coping with disability on a day to day basis

One of the questions in the interview guide schedule for the focus group discussions was:

How do you manage your day as a person with disability from the time you wake up to the time you go to sleep?

“To be disabled in Zimbabwe means that you must have what I call a fighting spirit. I am a woman, am disabled, I use a wheelchair, I am a vendor; and all this put together means I must

have a fighting spirit,” said Ruvarashe (not real name), a 40-year-old woman who resides in Ngezi Township (Ward 1). “Poverty and disability are so intertwined that if there is an absence of a ‘fighting spirit’ in a PWD, the burden of day to day life becomes too much not only for the PWD, but the rest of the family members”, added Ruvarashe. The case of Ruvarashe best portrays the burden of being disabled, and staying in an economically dysfunctional household with limited economic resources and time to give the disabled person proper care. Ruvarashe stays in Ngezi Township, a high-density suburb in Kadoma, with other six extended family members, three adult male and three adult female. The three male are employed as artisanal miners and are hardly at home, and Esther is shop Assistant, Grace a tailor, Emilia a “lady of the night”, and Ruvarashe herself a vegetable vendor.

Ruvarashe uses a wheelchair to get about, and mostly relies on the help of the other female family members. The three female family members help her bath, dress, and put her in her wheelchair before they leave for their respective jobs. But it is not every day they are able to assist. “At times they just leave me to myself, and I struggle getting into my wheelchair and putting my vegetables into boxes. Then I have to beg a neighbour to push me to the shops where I vend my vegetables. I do not blame my family, they also have to fend for themselves,” said Ruvarashe with a blank and helpless look.

Analysis

This case cannot be classified as abuse, but there is obviously an element of neglect. Not only is Ruvarashe a victim of her disability and poverty, but the family as well; and this resonates with Eide and Ingstad (2011) when she indicates that PwDs and their families are victims of “...poverty created mainly by social and political forces outside their control and by a weak social security system that is not able to detect and prevent situations like this”.

3.11 Conclusion

The instances cited above try and provide a vivid description of the challenges that WwDs and GWDs disabilities are facing in the Mhondoro Ngezi District. The chapter highlighted how women and girls with disabilities negotiate daily challenges in their day to day life. From the above lived experiences alluded to above, it can be contested that “... disability is a social construction of various social-cultural and religious values that are based on what is considered normal and abnormal and that values play a significant role in legitimizing this construction process” (Nyangweso, 2021:26). The narratives above show that people with disabilities are

victims of stigma and discrimination owing to the misunderstanding and misinterpretation of passages from the Bible, and some misconceptions that arise from misplaced Shona myths.

The above experiences, based on the lived experiences of women and girls with disabilities, and the findings from the focus group interviews, indicate that the disabilities conundrum point to profound problematic of socialization and discrimination; and that the issue of PwDs needs to be confronted through cultural and religious confrontation by demystifying deep-rooted Judeo-Christianity beliefs towards disability and negative Shona cultural philosophies and misconceptions on disability. The first step is to deconstruct discriminative behaviour towards people with disabilities; and with this in mind the Christian communities need to formulate and implement interventionist strategies to emancipate WwDs so that they fully participate in socio, economic, political, religious and cultural spheres of life without inhibitions. The Christian communities must create PwDs-friendly zones and social patterns of behavior that promote togetherness and communal living; and advocate for ethical ideals of “... peace, harmony, solidarity, love, respect, togetherness, oneness, unity, justice, fairness, responsibility and related moral” (Ndlovu and Nyoni, 2021:3); and the notions mentioned above form the central themes found in the preceding chapter.

CHAPTER 4

CHRISTIAN COMMUNITIES' ENDEAVOURS IN HELPING WOMEN WITH DISABILITIES USING THE CASE OF NGEZI BAPTIST CHURCH

4.0 Introduction

The role of Christian churches, at a global level, in Africa, and Zimbabwe in particular, in the struggle for poverty alleviation and elimination, vis-à-vis women and girls living with disabilities, ought to be acknowledged. Most scholars have glossed over the role of Christian communities in assisting PwDs. There has not been enough research to determine the role of Christian communities in specifically assisting WwDs. Most studies on the churches tend to be limited to PwDs, and thus overlook the marginalized within the marginalized (double jeopardy emetic), that is WwDS. There is a dearth of literature on the role of Christian communities in relation to assisting women with disabilities, relative to the issue of poverty. This Chapter explores the Christian communities' endeavours in tackling the disability-poverty conundrum for PwDs in general, and WwDs in particular, from global, African, and national contexts. The role of the Christian communities in supporting WwDs will be explored from the Feminist Disability Theology framework, the pastoral care paradigm, and religious organizations' direct inputs. Examples drawn from Canada and Nigeria are hypothetically assumed to be informative of the Zimbabwean situation.

4.1 Church response to challenges faced by Wwds – global context

In Mark 12:31 and Luke 4:18, Jesus beseeched his followers to love their neighbours as they loved themselves so as to set the oppressed free. Learning from the Jesus narratives in the New Testament, the Christian community is expected to be at the forefront in challenging the ethical, moral, and social disgraces of society vis-à-vis challenges being encountered by WwDs (Hussain, 2013). Some remarkable theologians and the church, at the global level, have met Jesus' challenge in response to women with disabilities.

4.2 Disability theology as a response

According to Swinton (2012), people with disabilities are inclined to poverty, exclusion from mainstream socio-economic and political activities in society, lack of opportunity, over and above all they suffer an eroded sense of self-esteem. Swinton postulates that, persons are not inhibited by disability, rather, there are socially constructed structures which inhibit PwDs, the

principal damage to PwDs is not loss of intellect, but loss of value placed on them by society. As a remedy, Swinton (2012) proposes that societies must be receptive and welcoming to PwDs so that they can flourish, become receptive and welcoming in a way. Swinton proposes a transformation in society, rather than prescribing a cure for people with disabilities. *A change in* societal attitudes towards people with disabilities rather than changing people with disabilities to conform to society is a more tenable solution (Reynolds, 2008).

4.3 Pastoral care as a response

Women with disabilities have a very high likelihood of reporting abuse, and in most cases, they confide to pastors and religious advisors. The pastors need to be equipped with training in issues of violence from a generic point of view, and violence against women with disabilities in particular, hence the continual need for pastoral theological literature that addresses the care for women with disabilities who have experienced violence. The most practical solution is offered by Neuger (2001) who suggests that most important aspect of care is by helping WwDs have escape plans that are both detailed and realistic enough to get them out of a house should they become victims of violence.

The plan must have a floor plan and escape routes from the rooms where violence is most likely to occur or usually occurs. Neuger (2012) suggests that “pastors should have a basic crisis approach, a thorough knowledge of the dynamics of battering, the ability to assist in developing a safety plan, quick access to a list of women’s shelters and legal resources, and approach to care that focuses on the woman’s strengths and resources rather than assessing deficits and causes,” (Hussain,2013). Pastoral theological literature educates pastors on the particularities of offering care and support to women who have experienced abuse and violence, and there needs a further specialized understanding and knowledge when it comes to providing support for WwDs.

4.4 Christian communities and their work with women with disabilities in Canada

This section makes a review of Christian religious practices of support towards PwDs, and that these practices should not be viewed as a panacea, but as only as demonstrative of some of the contemporary Christian approaches.

4.4.1 Friendship Ministries

Friendship Ministries is one of the leading religious organizations which has been addressing the isolation of women with disabilities. The 30-year-old organization's mission includes sharing God's love with people who have intellectual disabilities so that they become a dynamic entity within God's family, since people with disabilities are usually denied the same communal equality of participation as their nondisabled peers (Hussain, 2013). Friendship Ministries is engaged in promoting the notions of "family," and the re-establishment of "personal and meaningful relationships," for women with disabilities; and such personal connections are vital to mitigating the defenselessness that comes with being a WWD. The Friendship Ministries is providing an invaluable service to women with intellectual disabilities by nurturing relationships, and as a consequence lessening their susceptibility to violence (Hussain, 2013).

4.4.2 Christian Horizons

Christian Horizons (CH), is based in Ontario, and is a faith-based Christian organization and service provider for people with "exceptional needs," and maintains a substantial influence in the lives of women with disabilities. After CH staff pass the hiring process of Christian Horizons, after an exhaustive process of multiple interviews, police checks and character references, hires staff and train, educate and equip staff with abuse prevention strategies. Staff are trained on how to recognize abuse, respond to suspected or witnessed abuse, and reporting abuse; and further training is more focused on reducing susceptibility to abuse through identifying factors that contribute to a person's vulnerability, and setting up protocols for managing and providing personal care (Hussain, 2013).

4.4.3 Christian Reformed Church

The Christian Reformed Church (CRC) attends to issues of abuse of WwDs using the *Safe Church Ministry* as a resource. Using the *Safe Church Ministry*, the Christian Reformed Church creates abuse consciousness and cognizance and develops deterrence and response tactics and strategies which are aimed at protecting children, the youth and women with disabilities. The Safe Ministry Resource inspires and encourages so that they are responsible and maintain clear and healthy boundaries in relation to the clients they serve. From a care perspective, the Christian Reformed Church gives the victimized a voice, empowerment, the opportunity to move forward, opportunities to be heard, the time to grieve and rediscover self, and time to establish trust in relationships (Hussain, 2013).

4.4.4 Pentecostal Assemblies of Canada (PAOC)

They are the largest Pentecostal denomination in Canada with more than 1100 and ardently seek to combat WwDs abuse using the literature *Plan to Protect*, a publication used in not less than 5000 Canadian churches. The *Plan to Protect* is a document that directs the church in its recruiting process, provides protocols for adults and youth training, protection procedures, and how to report and respond to allegations. However, this valuable and widely-used tool created for the protection of children and youth, lacks both a gender and disability focus, and therefore has the shortfall of ignoring the vulnerability of women with disabilities (Hussain, 2013).

This synopsis of the four Canadian Christian organizations provides a brief representation of some of the Christian communities' attempts to curb vulnerability, and it can go a long way in informing African and Zimbabwean Christian communities on how best to engage with WwDs and support efforts to combat violence against women with disabilities. The gesture by the four church organizations above provides contemporary best practices at the global, continental, and national stratum, which other Christian organizations can emulate to safeguard the safety of PwDs and WwDs.

4.5 The role of the church in poverty alleviation in the African context - Nigeria

Economic poverty, as experienced and noticeably marked in Nigeria, has necessitated major social science researches, where the researches should translate into practice, the relationship between realities and theory. Economic poverty is a very conspicuous problem in one of Africa's most populous countries, Nigeria, and what is worrisome is government and church communities are paying scanty attention to this global challenge. Economic poverty victims are in urban settings and rural areas of Nigeria and are inclusive of Christians, Muslims and believers of the indigenous religions (Adogame, McLean, & Jeremiah, 2014). What is expected of religious communities and Christian communities in assisting in poverty alleviation? The justice traditions, from the biblical prophets, Jesus in the gospel narratives, the church and individual Christians are expected to be mindful of 'the cries of the people who suffer and the woundedness of creation itself, over consumed and undervalued by the current global economy' (Adogame, McLean, and Jeremiah, 2014: 15).

4.5.1 The Presbyterian Church of Nigeria (PCN).

The present day PCN was established in April 10, 1846, by missionaries. The PCN faces many challenges today with regard to the traditions on matters of economic justice. Adogame, McLean, and Jeremiah (2014) make reference to the PCN's Community Development

Services, who are called upon, together with other departments, to be more proactive in service delivery than what they are doing at the moment, with regards to poverty alleviation. Members of the Presbyterian Church of Nigeria were encouraged “... to use their God-given reason and governing ability both in the church and secular domain to organize society so that it will reflect God’s order, showing love and justice,” (Adogame, McLean, and Jeremiah, 2014); and comparisons are drawn with the 19th century Scottish mission to Nigeria, which went beyond preaching, but also established hospitals and schools as a way of addressing and alleviating the poverty scourge affecting their congregants and host communities. When the Nigerian Civil War which ran from 1967-70) ended, there was a Nigerian government takeover of almost all mission schools and hospital, including those of the PCN. This scenario prompted the PCN’s diminished engagement in social philanthropy, with the church now refocusing much of its attention “to the ‘soul’ and the ‘world to come’ theology,” (Adogame, McLean, and Jeremiah, 2014:25). The PCN and other christian traditions share aspects of the Reformed traditions on matters of economic justice.

The description so far made about the poverty and economic situation within Nigeria poses a huge challenge to the prophetic ministry and calling of the PCN today. The PCN’s members, as part of Nigerian society, are involved in or affected by the resultant poverty which corruption imposes on the country. This poor economic situation calls for a reconceptualization of the PCN’s foundational belief in God’s sovereignty and the church’s responsibilities(Adogame, McLean, & Jeremiah, 2014:25).

Most Nigerians are living in poverty resulting in an unjust social order, and the presence of the PCN in Nigeria must be used to provide the PCN with the prospect of understanding its philanthropic obligations and responsibilities to the community; and it is expected that the PCN and its members engage in the construction of schools, industries, hospitals and skill-acquisition centers which will facilitate the alleviation of economic poverty. The PCN has as its mandate a prophetic mission of the PCN, and that mission must be used to deplore the high level of corruption bedeviling Nigeria, and work towards closing the gap between the ‘haves’ and the ‘have-nots’ in the country; and not therefore focus on the life to come in a way which implies that this life does not matter (Adogame, McLean, and Jeremiah, 2014).

The PCN has a challenge to contextualize the ‘Reformed faith’ within the Nigerian situation if the church is to remain relevant. For an effective contextualization there must

be a mutual challenge between the Gospel and the context. Among the Igbo of South-Eastern Nigeria, there is a common saying, 'Onye agu na – agu anaghi eti alleluia', meaning the hungry cannot praise the Lord. The people are yearning for the God who answers prayers and is able to deliver them from their pains and agonies. Any theological affirmation by the PCN will remain hollow and empty unless it has the life blood of the compassion of Jesus, who became poor that others might be rich. John Mbiti has argued that Ovimbundu, which is one among the many names of God, means 'He who supplies the needs of His creatures.' This is one of the fundamental beliefs about God with examples coming from all over Africa (Adogame, McLean, & Jeremiah, 2014:24).

Powerful groups and structures in the Nigerian society have manipulated the society, and the PCN needs to fix and address this issue from its Reformed faith standpoint.

4.6 The pentecostal theology as a response ,The Apostolic Faith Mission of Zimbabwe

The Pentecostal theology (doctrine) is viewed as a source of hope, sanctuary and protection for the large part of the Zimbabwean population, and the Pentecostal doctrine is deeply cherished in the Apostolic Faith Mission (AFM) of Zimbabwe. Pentecostalism, as a theology, has strived to address the wants and needs of people living in poverty in Zimbabwe. However, the Pentecostalism's religious landscape has become infested with "...harmful elements such as fraud, fake miracles and gullibility..."; and as a Christian doctrine, Pentecostalism has strived to address the needs of the common man and woman in by utilizing divine solutions to those seeking help "...solutions come in the form of prayer, believing in the Word of God, prophecy and financial giving or seeding to both the church and the pastors" (Sande, 2019:1-2). The church and the pastoral ministry play a significant role in the lives of the congregants, and the AFM in Zimbabwe has become a spiritual denizen for people with disabilities and those without. This, notwithstanding, PwDs persons with disabilities still experience exclusion and stigmatization in such faith-based organizations like the AFM. Zimbabwean Christian communities still lack deliberate disability theologies for PWDS, and this anomaly creates indiscernible walls and practices that further perpetuate the disabling of persons with disabilities – hence, the claimed heavenly solutions are simply prescriptive and unsuccessful in mitigating the disability problematic in Zimbabwe (Sande, 2019).

4.6.2 Pastoral Care in addressing disability challenges in The AFM

Pastors of AFM Zimbabwe offer personal ministry and pastoral care to individual church members and this is considered critical component of the pastoral ministry. Sande (2019) contends that pastoral ministry ‘is an efficient pathway for the church to provide attention, care and assistance for persons with disabilities. Magezi (2016:1) describes pastoral care as an attentive agency of the Christian community, where the term ‘pastoral’ signifies steering and marshalling of the susceptible, in this case, PwDs, with the consequence of pastoral care being instrumental in building relationships in the church. In this context, AFM pastors are essentially placed within their respective churches to meet and fulfil. Accordingly, this suggests that the pastors within the AFM in Zimbabwe are essential to meeting the needs of both the non-disabled and persons with disabilities. Pastoral counselling can be considered to be an assistive nexus with concurrence between the pastors and PwDs, and therefore, pastoral ministry and care illuminates the theological viewpoints of the image of God, social justice and love for persons with disabilities (Sande, 2019).

4.7 Ngezi Baptist Church interventionist strategies – theoretical perspectives

The support structures offered to WwDs by Ngezi Baptist Church were informed by the Disability Theology, the Feminist Disability Theology, and the Pastoral Care frameworks; and also guided by what has been done by other Christian communities at a global level (Canada), Africa (Nigeria), and in Zimbabwe. Deborah (2012:339) describes disability theology as a discipline that deals with endeavours which have been carried out by religious traditions to address the notions of disability and impairment with a view to providing “constructive possibilities for inclusive theological work in the future.”

Disability theology also explores philosophical notions, advocacy and access issues for PwDs paying special attention to religious practices like preaching, religious education, and biblical interpretation; with emphasis that “...that there is nothing inherently wrong with a person who experiences disability, a commitment to justice for people with disabilities, and a fundamental conviction that theology and disability have something significant to say to each other,” Deborah (2012:339). The disability theology has as its central tenet that the reconstruction of disability must shun the perception that disability is a result of sin; and Christian communities must utilise the disability theology to assist people with disabilities prove their capabilities and creativity – with the purpose of eliminating stigmatisation and marginalisation (Mutswanga, Makoni and Chivasa, 2015).

The feminist disability theology was a conceptualisation by women theologians who strongly believed that the broader feminist theology movement was excluding WwDs. Then feminist disability theology cherishes and upholds the individuality and distinctiveness and dignity of women's differently able bodied, "how women with disabilities (WwDs) relate to God and the world around them as equal creations in the image of God. WwDs bring their experiences of gender to their reflections about God. This theology challenges both patriarchy and societal prejudice of people with disabilities" (Chisale, 2020). Society is implored to have a new image of God who must be viewed in multiple and diverse variations of the human form, including seeing him as a Disabled God, and a God who understands all forms of human suffering and injustices. Society is called upon to dispel the notion of antiquated images of a God who perceives disability as inadequate and negative (Eisland, 2012). Chisale (2020) argues that feminist disability theology advocates for harmony and togetherness.

According to Sande (2019), the "Pastoral ministry is one of the most potent tools in the church, responsible for communicating ideas, perspectives and attitudes." Pastors are revered and as such, are accorded sacred position within the religious communities, and are obligated to dispense pastoral care through pastoral ministries. Pastoral care is defined as "an inclusive and accessible ministry of the church that is the pillar of every church and community" (Chisale, 2020). Magezi (2016) explains pastoral care as a thoughtful, considerate and helping ministry of the religious community, and McClure (2012) makes a distinction between Pastoral Ministry and Pastoral Care, and postulates that Pastoral Ministry is broader than pastoral care, with the term 'pastoral' implying shepherding the vulnerable. It can then be contended that "...pastoral ministry and care bring to the fore theological perspectives of the image of God, love, compassion and social justice concerning persons with disabilities" (Sande, 2019).

4.7.1 Ngezi Baptist Church and WwDs-The disability theology framework in practice

Ngezi Baptist Church, in the last years, from 2017 to date, has operationalised church-driven community development projects, even though not necessarily targeting women with disabilities, but people with disabilities as a whole. The development projects have always had a practical perspective for implementation purposes, where the church leadership has identified PwDs who have an entrepreneurial thrust and helped set them up in the vegetable vending business. This practical approach, pragmatic in nature, aims at generating knowledge that can be emulated by other Christian communities in helping local people with disabilities.

Ngezi Township and Mupamombe suburbs were identified and then used as pilot project areas to implement church-driven community development project for PWDS over the last five years. According to statistics provided by the District Administrator's office of Mhondoro Ngezi, Ngezi Township and Mupamombe suburbs are low-income and high-density suburbs. Two people with disabilities were identified in June 2017, and given capital to start vegetable vending business either from within their premises yards or by the shops. The capital to kick-start the project was drawn from the church coffers; and four Church leaders were chosen to oversee the project. The two PwDs were given basic training in accounting for small businesses. Their businesses are self-sustaining to date.

Presently, in 2023, the researcher who is an ordained Pastor with Ngezi Baptist Church has taken on the role of facilitator, and together with male and female church leaders, they are now in the process of engaging community members and outlining the societal change they envision for the Ngezi and Mupamombe communities, paying special attention to PwDs. A community development steering committee has been put in place with a mandate to foster positive attitudes and active engagement of PwDs in mainstream social and economic activities. The Ngezi Baptist church leaders and community members meet once every month to map operational and continuity strategies. This coordinated approach between the Ngezi Baptist Church and community fosters "a sense of equality, openness to each other, unconditional regard and respect for each other as neighbours in the community" (Magezi, 2017).

4.7.2 Ngezi Baptist Church and Wwds - The feminist disability theology framework in practice

From a feminist disability perspective, Ngezi Baptist Church, through Sunday services and sermons, is endeavouring to dispel the notion of the "purity ideology which is used to inform the cultural and religious constructions of women's sexuality," a philosophy also used to victimize and differentiate against the female body and disabled body, and consequently "limiting the participation of both abled and disabled women in cultural and religious spaces" (Chisale, 2020:1). The change in societal attitude is being spearheaded from within the church, to argue and preach to the church's congregants that "the purity ideology is a myth that should unite women in resisting oppressive and patriarchal constructions of sexuality regardless of ability and disability" (Chisale, 2020:1).

Ngezi Baptist Church, through the Baptist Men's Fellowship (BMF) department for men, and the Women Missionary Union (WMU) for women; conducts lessons regarding sexuality of PwDs and WwDs, when these respective arms of the church meet for their monthly meetings. Some of the common themes covered so far from January 2022 include the teachings that women with disabilities are not different from any other burdened human being since her views of God culminate from her lived experiences. Chisale (2020:1) chooses to refer to women with a disability as having a "differently abled body", and this same theme is being used by Ngezi Baptist Church to view WwDs in contemporary Zimbabwe.

Through the feminist disability theology, Ngezi Baptist Church, through the BMF and WMU departments, is advocating for harmony and camaraderie between able-bodied women and women with disabilities, and able-bodied men and men with disabilities. The contentions for harmony and solidarity are more emphasised for women without disabilities and women with disabilities "because discrimination due to their sexuality is uniform, because all women, regardless of class, race and identity, are sexual and affected by purity and morality theology" (Chisale, 2020:2).

The Ngezi Baptist Church's women department (WMU) also borrows from the ideals of African women's theology of disability and is encouraging both non-disabled women and WwDs to reject their exclusion from the community's socio-economic activities. Through their sermons and interaction, especially with women with disabilities, they emphasise that that fear of disability is a human invention; and that WwDs must counter-attack this fear by reinventing emancipatory concepts of disability that challenge notion of the normative body" (Chisale, 2019). Ngezi Baptist Church WMU department has an all-inclusive programme aimed at PwDs and WwDs in particular, that advocates for the inclusion of all women in the fight against the subjugation of the feminine body. The overriding theme to assert the above notion is supported in Galatians 3:28 which asserts that "there is neither Jew nor Gentile, neither slave nor free, nor is there male and female, for you are all one in Christ Jesus", and from the researcher's hermeneutical point of view, this denotes an all-inclusive space for all which negates categorization anchored on the dichotomies of male-female, abled-disabled, and so on. The WMU advocates for a departure from naïve hermeneutics, especially the Judeo-Christianity standpoint on disability.

In a closed session (*Engaging Women with Disabilities in Ngezi and Mupamombe suburbs*) with four women with disabilities from Ngezi and Mupamombe suburbs (Ward 1 and 14 respectively), the Ngezi Baptist Church WMU Chairperson had this to say: “Our Biblical God and Our traditional Ancestors are a source of life and inclusion. So, whoever is born visually impaired, crippled or has got albinism should be embraced as a blessing irrespective of his disability or ability,” said the Chairperson. She further added, “There is a person on one hand and a disability on the other, and our personhood comes first and foremost, and whatever disability a person has must be embraced as a diversity.” In-depth interviews with WwDs participants from *Engaging Women with Disabilities in Ngezi and Mupamombe suburbs* WMU department confirmed that following such positive and emphatic peaching and messages, WwDs participants were now embracing their disability.

One participant confided that, “I no longer have a fear of my disability. The fear of my disability which I used to harbour was only destroying my dignity and self-worth.” A WMU member also said that, “Inclusion is our major theme when we engage WwDs, because Christianity is founded on the inclusive Christ. We will always emphasize that God is an inclusive God.” The WMU reaches out to men and implores them to work in solidarity with women because of their masculine body is also subject to castration or diminished ability through not-so-validated religious and cultural hermeneutics (Chisale, 2019); as evidenced in the Levitical code which commands that:

None of your descendants who has a defect may come near to offer the food of his God...no man who is blind or lame, disfigured or deformed; no man with a crippled foot or hand, or who is hunchback or dwarfed, or who has any eye defect, or who has a festering or running sores or damaged testicles ...’ (Lv 21: 16-21).

The Ngezi Baptist Church WMU department uses the African communality principle asking communities to foster mutual relationships, where the pain of one member should be seen as pain for the whole community. Using the above notion, “solidarity promotes cohesion and harmony of all members regardless of whether they are disable or able-bodied, women and men” (Chisale, 2019:8). This is because all human bodies are fragile, and as the human body developmentally progresses, fragilities become evident; and the Crucifixion of the body of Christ is a good example of breakability. Louw (2014) postulates that God is associated with human vulnerability and anguish “through the Crucifixion and death, Resurrection transforms the pain of human suffering into renewed divine hope, Resurrection transforms the pain of human suffering into renewed divine hope” (Chisale, 2019:8).

4.7.3 Ngezi Baptist Church and Wwds – The Pastoral Care framework in practice

The Ngezi Baptist Church's Men's department known as Baptist Men's Fellowship (BMF) uses the pastoral ministry initiative as a vehicle "responsible for communicating ideas, perspectives and attitudes" (Sande, 2019:1). It is incontestable that pastors and ministers of the gospel are revered and hold consecrated positions within religious communities; hence pastors are obligated to provide personal ministry to individuals and family, personal ministry and/or care being a critical component of the pastoral ministry (Pembroke, 2009). The BMF is a men's forum within the main body of Christ (church), and exists at all local church levels, and one of its mandates is to reach out to the marginalized to provide care in terms of spiritual capital sustenance services inclusive of, but not limited to music, counselling, preaching, teaching through bible studies, prayers, and the use of media (posters, flyers, church-related regalia, and social media) to foster positive attitude towards PwDs.

The Ngezi Baptist Church BMF department is encouraging its Youth Department to compose music and songs which have a positive bearing on, and embrace PwDs. Music is a powerful tool that can inculcate and reinforce positive attitudes towards the marginalized – music can go a long way towards making a transformation of attitudes, perceptions and behaviours.

The Ngezi Baptist Church pastoral ministry initiative embodies the concept of a caring community; and this is manifest through house visits to PwDs and providing them with therapeutic counselling, preaching, and teaching through bible studies and prayers. In 2022, the BMF department of Ngezi Baptist church paid visit to 12 PwDs in Ward 1 and 14; though much footwork still needs to be done in other wards of Mhondoro Ngezi District. The Ngezi Baptist Church BMF department has committed ministers of the gospel who have been very instrumental in meeting the socio-economic needs of both the non-disabled and persons with disabilities in Ngezi and Mupamombe suburbs. Through the pastoral ministry and pastoral care outreach programmes, the BMF is bringing to the fore themes of the 'disabled' God, by use of scriptures which show human-likeness to God (as propounded by Eiesland, 2002) and an all-inclusive image of God, God's love and compassionate nature, and the social justice due to persons with disabilities.

4.8 Inclusive and accessible pastoral care in Ngezi Baptist Church

Chisale (2020) argues that the so-called normative of the perfect body is a misnomer because the focus of the flawless body overlooks the fact that people have diverse bodies, and a perfect

body image is ambiguous because it is not defined. The image of God is all-encompassing image; and that implies that all human beings are made in the image of God and consequently, no-one should be excluded from participating in the “pastoral care ministry based on the purity myth or perfect body theology because in pastoral ministry we acknowledge the inclusive love of God incarnate” (Chisale,2020:8). The above conception and contestation guide the Ngezi Baptist Church contemporary hermeneutics viewpoint. Ngezi Baptist Church does not exclude either women or women with disabilities from holy spaces; rather, Ngezi Baptist Church supports a gendered analysis view of the ordained ministry which demonstrates and confirms that women have a desire to partner with men as helpers and agents of God’s Word on earth.

This is evident by the active participation of women and WwDs in the WMU department and their pastoral ministry activities within the Ngezi and Mupamombe suburbs where they collaborate with the Advocacy for the Handicapped, Impaired and Disabled Persons of Zimbabwe (AHDPZ) on issues and themes of PwDs. It is argued in concurrence Chisale, 2020:8) that, “condemning and excluding a female body and disabled body from pastoral ministry creates divisions in the church and contradicts the purpose of Christianity which is about inclusive love and interdependency” (Chisale, 2020:8); and Church ceases in its correctness and exactitude of being a church if it excludes some children of God.

The Ngezi Baptist Church pastoral care ministry is about changing mindset from the debilitating effects of patriarchy towards God’s Kingdom; and when this local church carries out its pastoral ministry endeavours it strives to facilitate liberation, emancipation and empowerment of able-bodied men, men with disabilities, able-bodied women, and women with disabilities – and this is done by reinforcing the idea that all human creations are equal before God, despite the so-called physical differences. Ngezi Baptist Church pastoral care is guided by the maxim that in the Kingdom of God, everyone is welcome, empowered, and liberated by the grace of God – hence, the inclusion of all females and WwDs in holy spaces where they are expected to participate in the ministry of God’s Word on earth.

In Ngezi Baptist Church, God is accessible to all, as opposed to ‘the pure and clean’ myth which excludes female bodies for being impure and unclean. Jesus challenged the purity and clean allegory by the healing of the hemorrhaging woman as shown in Mark 5:25-34; where a woman was given entry into a ‘sacred space and touches the most sacred person in her condition of impurity’. The Ngezi Baptist Church believes in the doctrine of a God incarnate, an all-

inclusive and an accessible God who is available to all, regardless of identity. The reachability to God, holy spaces, and ministering in the pastoral ministry contexts is often denied on the grounds of the hermeneutics of the purity laws in the antiquated Judeo-Christian perspectives, and Ngezi Baptist Church is on a drive to challenge women and men, abled and disabled, to unite in re-interpreting purity and disability since everyone is affected; and women, and mostly women with disabilities, are excluded from participating in the inclusive pastoral care ministry. Chisale (2020:9) posits that it is pastoral ministries that “love and grace are unconditionally sufficient for all.”

4.9 Conclusion

Pastoral care is an all-encompassing and reachable ministry of the Ngezi Baptist Church, and the gender division that exist between the abled and disabled men and abled and disabled women should be eliminated so as to facilitate a holistic pastoral care ministry of the church. The church, from within, has been able to focus on thematic issues that unite them in the fight against patriarchal and oppressive constructions of disability and sexuality, the church can be instrumental in deconstructing the societal purity myth and the naïve hermeneutical disability theorems that not only exclude the female body, but also WwDs from participation in religious and cultural spaces.

Ngezi Baptist Church should continue to borrow from the generic disability theology and African women’s theology, and in particular the feminist disability theology, to be able to construct inclusive and accessible pastoral care ministry spaces. As propounded by Chisale (2020:10), “feminist disability theology affirms that God is contextual, and reimagines God in multiple and diverse forms of human variation. The significance of feminist disability theology is that it rejects the inequality of excluding women, perpetuating the ability-disability dichotomy, and the purity myth that is imposed on women’s bodies, hindering them from participating in or accessing the pastoral care ministry.” Women’s role in the healing ministry of congregants and communities and total inclusion must be acknowledged, whether they are non-disabled or living with disabilities. Chapter 4 has shown that it is feasible for local churches, using the Ngezi Baptist church case study, to initiate a changed mindset towards disability. Chapter 5 summarizes Chapters 1-4 with a view towards making recommendations that can be utilized by Christian communities, Non-Governmental Organizations and the government.

CHAPTER 5

IMPLICATIONS OF RESEARCH FINDINGS, RECOMMENDATIONS AND CONCLUSION

5.0 Summary

The research findings from this exploratory investigation showed the existence and prevalence of both perceptible and imperceptible challenges which militate against persons with disabilities in general, and women with disabilities in particular, in the Mhondoro Ngezi District. From the data collected, from a generic point of view, it was apparent that women and girls with disabilities in Mhondoro Ngezi District were receiving less care from both family and neighbourhoods, poor access to health care, physical and sexual abuse, neglect and denied educational opportunities.

CHAPTERS SUMMARY

Chapter 1

Chapter 1 provided the general introduction to the thesis and it also contains a snap shot to the introduction of the subject of discourse. It further provided some highlights on the notion that the church is highly influenced by and follows the prescriptions of cultural myths and the societal customs within which humanity lives in. It endeavoured to portray disability as a societal construct by way of providing disability models. This chapter also painted a picture on the intersectionality of poverty and disability that has resulted from societal constructions vis-a-viz, marginalization, stigmatization and discrimination. The chapter echoes that women and girls with disabilities are exposed to double jeopardy of being (i) women in a society with patriarchal domination and (ii) being disabled.

Chapter 2

Chapter Two explored the perceptions and attitudes of Judeo-Christianity; Shona traditions and cultural beliefs towards PwDs, and how these attitudes and beliefs were influenced by Shona misconceptions and old Judeo-Christianity misinterpretations. The justifications of such traditions and practices were also discussed at length.

Chapter 3

This Chapter discussed the experiences of women and girls with disabilities in Mhondoro Ngezi District. The research has been motivated by the Shona people's and Shona Christians'

(from a Judeo-Christianity standpoint) perspectives on disability. PwDs face many challenges and barriers in their day to day life; and this chapter investigated how the totality of all these challenges is influential to their access of basic and indispensable services required by all human beings.

Chapter 4

The chapter discussed the role of Christian churches, at a global level, in Africa, and Zimbabwe in particular, in the struggle for poverty alleviation and elimination, vis-à-vis women and girls living with disabilities, ought to be acknowledged. There is a dearth of literature on the role of Christian communities in relation to assisting women with disabilities, relative to the issue to poverty. This Chapter explored the Christian communities' endeavours in tackling the disability-poverty conundrum for PwDs in general, and WwDs in particular, from global, African, and national contexts. The role of the Christian communities in supporting WwDs was explored with examples being drawn from Global and regional levels using the Feminist Disability Theology framework, the pastoral care paradigm, and religious organizations' direct inputs.

Chapter 5

Chapter 5 provided conclusions on the findings of the investigation, it also gives a summary of the preceding chapters and suggests a paradigm shift as regards disability. This entails an intentional reconstruction of disability and responsible biblical hermeneutic teaching. Recommendations on the course of action to be taken to mitigate the plight of women and girls with disabilities are proffered to various stakeholders.

5.2.1 Implications

In the light of the issues on disability alluded to above, there is a need to rethink and redefine most religious doctrines, from both African Religions and Christianity that hinder the full participation of persons with disabilities from mainstream socio-economic activities. In redefining these doctrines, emphasis must be placed on maintaining those constructive beliefs and principles that foster the establishment of inclusive societies and either reinterpret, expand or discard the life-diminishing beliefs and principles informing the dehumanizing practices against WwDs. The major implication should be directed by a paradigm shift, especially with regards to how Judeo-Christianity and African indigenous beliefs addressed the issue of disability.

There must be a purposeful shift towards a theology of disability which equates to a theology of liberation, where the theology of disability must emancipate PwDs from oppressive religious, cultural social, political structures responsible for their discrimination and human rights and material deprivation. A redefined disability theology must not only transform church and society, but also advocate for policies and law that promote and protect the rights of people with disabilities. A Christian theology of disability must discard notions of disability being a 'curse' or 'evil', and contemporary disability theology must embrace a hermeneutics of critical endorsement of all positive Christian beliefs and positive African Religion beliefs -so that they can be appropriated in the creation of all-encompassing and inclusive societies. Disability theology discourses need to be undertaken and reviewed with the ultimate goal of empowering people living with disabilities.

5.2.2 Recommendations

At macro-level, the starting point in Zimbabwe would be on the improvement of the implementation and monitoring of policies and laws on disability by the Government of Zimbabwe itself. It has been argued that at the present moment there is no implementation or monitoring plan that guides the implementation of the DPA (Lang & Charowa, 2007). The current system allows for the representation of the disabled in parliament, but the constitution on the issue that a disabled person should represent disabled person., and this resonates with a disability famed mantra from a book by Charlton James: "Nothing about us, without us" (Chalton, 1998). At the same time, very little has been budgeted for by the government in terms of programmes for women with disabilities, yet WwDs constitute more than half of the population of PwDs. The government of Zimbabwe must take more responsibility for the protection of disabled women and girls. While on the book, Zimbabwe has ratified the United Nations CRPD, the convention is yet to bear any tangible results vis-à-vis PwDs and Disabled Persons Act. In view of the government's inaction and no perceptible political will, the researcher proposes the following recommendations which could help in assuaging poverty for women living with disabilities in Zimbabwe.

5.3 Self-Empowerment

According to Eide and Ingstad (2011:8), "Important sources of empowerment for people with disabilities are their own organizations or interest groups." PwDs must set up organizations that cater for PwDs at grassroots level, starting at Ward Level, then moving to district, provincial and national level. PwDs must be their own advocates, give themselves their own

voice, must fight their own fear of their disability; and the most powerful source of their self-empowerment is education. PwDs must familiarize themselves with disability theologies so as to fully comprehend the context in which to tackle the disability-poverty problem. Furthermore, they need to involve other stakeholders like the church and NGOs in their fight against oppressive religious, social and cultural structures which are denying them basic human rights.

People with disabilities must be involved in poverty alleviation and in the fight against their discrimination from grass-roots level up to the policy implementation level; and this starts with both the education aspect and formation of own interest groups. The organizations and interest groups must not be only headquartered in towns and cities, but also in rural areas to facilitate accessibility by all.

5.4. Mainstreaming sexual rights of Pwds By NGOs, Church and the state

The three stakeholders, namely the State, the Church, and NGOs can make much more progress to mainstream the rights of WwDs by providing them with Sexual Reproductive Health Services and Information. The Church and NGOs must change the mindset of societal belief that PwDs and WwDs are asexual, and this view is echoed by Choruma (2006) who contends that the sexuality of PwDs is not properly comprehended, community members and family often choose not to recognize sexuality and vulnerability of PwDs to sexual abuse, STIs, HIV and/or AIDS.

Women with disabilities have no support structures and lack of information on how they can protect themselves and their sexual rights; and a good starting point would be by providing such information at police stations noticeboards, church support groups and NGO outreach programmes. WwDs victims need to be made aware, by the three stakeholders alluded to above, that they can report cases of their abuse. This calls for a commitment to information dissemination - hence “a need for concerted effort towards zero tolerance on sexual abuse and awareness raising on the part of WwDs so that they know their rights and report the incidences to the police” (Ndlovu and Nyoni, 2021:44).

5.5 Church in transformation of societal attitudes, beliefs and behaviours towards Pwds

According to Stanley (2019: 23) the Church as “... the body of Christ, the church is meant to be a beacon of hope and grace for all people – including the disabled, the vulnerable in the society”. This necessitates a notion where the church should preach beyond the pulpit, and act as a protector and champion for PwDs both in church and outside church. This is attainable by

the collaboration of the church, political leaders and PwDs in setting up advocacy organisations and empowerment movement, at ward levels and district levels, for people with disabilities. These empowerment groups must have a mandate to foster new definitions and innovative hermeneutics towards disability.

Moltmann (1993) contends that Christ identified with the rejected, the oppressed, the marginalised and the weak. He stresses that in the community of the people of Christ (the church), all people need representation, irrespective of their physical identities, and because all are equal before God, whether disabled or abled (Moltmann, 2013). The above notion should be an overriding theme in most church sermons. It is further propounded by Moltmann that Christ re-established the self-worth and esteem to all mankind through camaraderie and cohesion, and ultimately his identification with humanity in its brokenness and vulnerability (Moltmann, 2013). It, therefore, becomes imperative that the church preaches the identification of Christ, not only with humanity itself, but to the marginalised as well (PwDs).

The Church must send a clear message that God is contextual, and in the context of disability discourse, it should be emphatically declared that, “The God we worship is disabled; hence, disability is no barrier to being in God’s image and should not be a barrier to full participation in the ecclesiological and theological constructions of the church” (Swinton, 2011). To this end, the church must provide opportunities to minister and engage in pastoral care to persons with disabilities so as to endow them with a sense of dignity and worth. The church must create spaces for persons with disabilities so that they have access to the social-symbolic life of the church. Stanley (2019) posits that the church has its identity in the body of Christ just as the people with disabilities will find refuge and identity in the church. The church must preach and encourage a fellowship of hope and ensure that people with disabilities are incorporated into all levels of participation and decision-making.

5.6 Summary of Recommendations

There is need to:

For Women With Disabilities

- Provide sensitization and training opportunities on disability discourses and disability theologies to women with disabilities.
- Women with disabilities must be equipped with full information on their sexual reproductive rights so that they are cognizant of birth control methods, how to access

treatment if they get infected with STIs and HIV, and how to report cases of sexual abuse.

For The Church

- The local Church must be instrumental in the setup of advocacy groups and disability empowerment movements so as to give voice to PwDs, and WwDs in particular.
- The local church must encourage a paradigm shift, both in church and at community level, towards disabilities theologies that offer constructive possibilities and a positive hermeneutics of disability.
- There is need to recognize the capacity and agency of women and girls with disabilities by the local church, local communities and ward level political leadership.

For the Government

- The Constitution of Zimbabwe must be very clear that the disabled must be represented by the disabled in Parliament
- The Government must ensure that teacher training must include content and themes that comprehensively issues that deal with disability
- The Government must ensure that disability friendly infrastructure is present in schools and health institutions.

CONCLUSION

Women with disabilities are amongst the poorest of the poor in Zimbabwe, hence they are more inclined towards all types of discrimination. They are denied access to education and health care, face discrimination in employment, socially excluded by family and society from participation in the public forums, physically and sexually abused, and are stigmatized to the extent of being labelled asexual. There is, thus, need for disability-friendly and disability-inclusive approaches to ensure the protection of women with disabilities.

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Annexure 1

Informed Consent for Pastors in Mhondoro Ngezi District Project Title

Engaging Ngezi Baptist Church for poverty alleviation among women with disabilities in Mhondoro Ngezi District

1. **Name of Researcher:** **Grinwell Mugoni**

Address: Ngezi Baptist Church, stand number 305,
Kadoma, Zimbabwe
Cell Phone: 00263773 201 232

2. **Name of Institute:** **Midlands State University**

Research Supervisor
Dr M. Sipeyiye
Cell: 00263775 647 658

- ❖ I confirm that my participation in this research project is voluntary.
- ❖ I reserve the right to withdraw from participation if I feel so.
- ❖ I understand that the researcher will not identify me by my actual name and that my confidentiality as a participant is guaranteed.

By signing this form, I agree to the terms indicated above.

Date:

.....

Name:

.....

(Signature (Interviewee))

Name:

.....

(Signature (Researcher))

Annexure 2

Interview schedule No 1: Questionnaire

Interviews with Pastors in Mhondoro Ngezi District .

The researcher would like to take this opportunity to request for your participation, and thank you in advance, for an opportunity to interview you on issues relating to poverty alleviation among women with disabilities. The interview process is in partial fulfilment of the Master of Arts degree in Theology and Religious Studies at the Midlands State University. The study attempts to explore how Ngezi Baptist Church can be engaged to mitigate the prevalence and severity of poverty among women and girls with disabilities. The study is being done from the “a feminist disability theology” perspective and guided by United Nations Convention . It is the researcher’s fervent hope that the research’s findings will encourage further research based on its findings and recommendations. The researcher will forever be indebted for your participation.

No.	Question	Answer	
Please kindly tick the appropriate response		Yes	No
1	Does your local church acknowledge that the issue of disability in women is a growing problem?		
2	Do you believe that the Church has a moral obligation to help the society, for example, in shaping a positive view towards women with disabilities?		
3	Does your church provide victim friendly programmes for people with disabilities?		
4	Has your church helped any person with disability through counselling services?		
<p align="center">Open Ended Question</p> <p>To what extent can the church be involved in rehabilitating women with disabilities and beyond the financial aspect, what can the church really do to redress this issue?</p> <p align="center">Answer</p> <p>.....</p> <p>.....</p> <p>.....</p> <p align="center">.....</p>			

Annexure 3

Interview Guide Schedule 2: caregivers with Disabilities. Interview Questions

The research participants were asked questions related to supports that they have

- 1.1 When and how did the relative acquire the disability?
- 1.2 What, according to them, are the causes of the disability?
- 1.3 How do they describe the disability?
- 1.4 How does the family perceive the relative's disability?
- 1.5 Who informed them, and how this information was conveyed?
- 1.6 How they felt about this news discovery
- 1.7 What supports they needed and from whom.
- 1.8 What supports they received and from whom.
- 1.9 How having a child with disabilities changed their lives (socially, practically, economically, etc).
- 1.10 How their community perceived them?
- 1.11 What their concerns were/are?
- 1.12 Problems they experienced raising a child with disabilities.
- 1.13 What type of school they thought was most appropriate for their child and why.