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Article

Challenges with the Disability Policy Framework in Zimbabwe: An In-depth Qualitative Analysis of Perspectives of Youth with Disabilities

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Abstract: Although Zimbabwe has made significant progress regarding a policy framework that caters for the needs of people with disabilities through various pieces of legislation such as the Disabled Peoples Act (DPA), ratifying the Convention on the Rights of Persons with Disability (CRPD) and adopting a new constitution which have provisions for disability rights, people with disabilities in Zimbabwe are yet to benefit from these policies as they are not fully implemented. Focus group discussions and semi-structured interviews were conducted with 20 youth aged between 18 to 35 with disabilities and 5 key informants in Gweru, to analyse their perceptions regarding disability policy framework in Zimbabwe. Most of the youth with disabilities lacked knowledge on the various policies on disability. This was attributed to poor implementation of such policies and a general negative attitude of society towards disability rights. Youth with disabilities are not fully benefiting from the current disability policies due to a lack of knowledge and some implementation gaps. The participants suggested full implementation of such policies and involvement of youth with disabilities in policy formulation and implementation.

Keywords: challenges; disability; policy framework; Zimbabwe; qualitative analysis; youth

1. Introduction

About 9.2 percent of the population in Zimbabwe has some form of impairment in various degrees [1]. The national census revealed that 0.03% of the population had zero functionality. The 2022 Housing and Population Census used questions focused on functionality that had a cut off 'some difficulty', 'a lot of difficulty' or 'cannot do at all' in all the six areas of functioning, according to the Washington group of questions related to hearing, seeing, walking or climbing stairs, concentrating or remembering, communication and self-care. The six areas of functioning of the Washington group of questions align with how disability is conceptualised in Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). Article 1 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) defines persons with disabilities as including persons who have some physical, intellectual, mental, and sensory impairment. When these interact with several barriers, they may limit their participation in society at par with others. By using the Washington group of questions that address physical, intellectual, mental, as well as sensory impairments, Zimbabwe is on track to implement Section 3.29 of the National Disability Policy of 2021, which calls for research, data collection and statistics on disability. This aligns with Article 31 of the UNCRPD, which deals with data collection and statistics. This section directs states to involve persons with disabilities in the processes of data collection to have a better understanding of the experiences as well as the barriers that persons with disabilities encounter [2]. In alignment with article 31 of the UNCRPD, persons with disabilities were actively involved in all the processes of the 2022 National Housing and Population Census [1].

The study sought to address some gaps in policies and interventions on disability that hinder people with disabilities from deriving meaningful benefits from such policies. Although Zimbabwe has made some remarkable progress in coming up with disability policies but there have been some gaps in the implementation of such policies and their domestication so that people with disabilities can benefit from them. Policies such as the DPA were never fully implemented and the provisions of the CRPD were not fully implemented [3,4]. Most youths with disabilities are not aware of the available policies due to stigma and discrimination and lack of knowledge among families, some policy actors, and service providers about such policies.

The Disabled Persons' Act (DPA)

Zimbabwe has made remarkable progress in terms of disability policies, becoming one of the first African countries to adopt disability related legislation that was passed in 1992, viz. the Disabled Persons Act (DPA) [4]. The adoption of the DPA demonstrated the government's commitment to recognising the rights of persons with disabilities and improve their welfare and rehabilitation [5,6]. The Act also provides protection for persons with disabilities from discrimination in employment and access to premises for service provision [7]. Though the DPA is a good policy, it is now redundant. The language used in the policy, as with the terms 'disabled persons' is not disability sensitive and needs to be replaced.

The 2013 Constitution

In 2013, Zimbabwe adopted a new constitution that proclaims disability issues as part of the objectives of the nation. Section 22 of the Constitution outlines the rights of people with disabilities in Zimbabwe. Under Section 83 of the Constitution, persons with disabilities are given the power to seek redress when they feel that their rights have been violated, as stated in Section 85. The Constitution also provides for the appointment of two senators who are elected under Section 120, and these are to be selected by persons with disabilities, to uphold their rights [8]. The Constitution, under Article 56, also pronounces the right of every person to fair and non-discriminatory treatment on the grounds of gender, race, disability, economic status, language, or social status. Sign language is recognised in the Constitution as one of the languages. Zimbabwe is one of the 18% of countries in the world that have constitutionalized disability rights [6].

The Convention on the Rights of Persons with Disabilities (CRPD)

The Convention on the Rights of Persons with Disabilities (CRPD) is the UN convention with the highest number of signatories and is a guide for member nations to constitutionalise the rights of persons with disabilities. The Convention on the Rights of Persons with Disabilities (CRPD) and its optional protocol were ratified by the Zimbabwean government in 2013, representing another major milestone in the protection of disability rights [4,6,7]. Although it took the Zimbabwean government more than five years to ratify the CRPD after it had been developed by the United Nations, the ratification is confirmation of the commitment of the nation to advance disability rights [9]. As a state party to the CRPD, Zimbabwe has the obligation to domesticate the provisions of the CRPD as well as enforce and protect the rights of persons with disabilities.

The National Disability Policy (NDP)

The Zimbabwean government, through the Ministry of Labour, Public Service, and Community Development, launched the National Disability Policy (NDP) in 2021. The NDP is in line with the positive gains the country has already achieved to guarantee rights to persons with disabilities, and these include promulgation of the DPA in 1992, the adoption of a disability sensitive constitution in 2013, and ratifying the UNCRPD and its optional protocol in 2013. The policy builds on and pronounces several rights for persons with disabilities and warns against the discrimination and abuse of persons with disabilities, as it can lead to prosecution [10]. Section 3 of the policy also

declares that persons with disabilities are sexual beings just like their non-disabled counterparts, and at the right age they should be allowed to marry.

The Social Welfare Act

This Act makes provision for social welfare assistance for people and families in need. Persons with disabilities in Zimbabwe are severely affected by poverty and benefit from this Act [7]. People who have mental or physical impairments, the homeless, and those who are not able to look after themselves qualify to receive social welfare assistance.

2. Materials and Methods

A qualitative methodology was chosen for this study, it enabled the researchers to capture meanings attached to disability related policies by youth with disabilities in Gweru. Qualitative research is most preferred when researchers want to understand subjective perspectives regarding the phenomena under study [11]. Qualitative research enabled researchers to develop rapport with the youth and key informants, this helped them to open on their experiences.

Study Settings

The research was conducted in ward 6, 7 and 8 in Gweru. According to the 2022 Population and Housing Census, the Midlands Province has a prevalence of functional difficulty of 10.3 percent. This is higher than the national prevalence of 9.2% [1]. Gweru was chosen because it has the highest population in the Midlands province, and hence the likelihood of housing more people with disabilities compared to other districts in the province that are also less populated. Gweru has a population of 300 000, and the majority are poor and vulnerable [12].

Sampling

Purposive sampling was used to sample participants, key informants, and research sites. The study wards were selected using purposive sampling. The selected locations are old and poor locations. These are preferred locations for most poor people and those who are informally employed, as they are close to the Mtapu Industrial area and the City Centre. The informal sector employs most people in Zimbabwe including young people with disabilities.

20 youth with physical disabilities aged between 18 to 35 were selected, 10 females and 10 males. 5 key informants were selected to participate in this study, these key informants had practical experience working with youth with disabilities. Youth with physical disabilities such as amputations, stroke, club foot, cleft foot, albinism, epilepsy, cerebral palsy and other physical impairments were considered.

Table 1. Showing socio-demographic characteristics of youth with disabilities who participated in the study.

Name	Age	Gender	Disability type
Participant 1	22	Male	Club foot
Participant 2	32	Female	Short right limb and albinism
Participant 3	24	Female	Short lower left limb
Participant 4	30	Female	Stroke
Participant 5	35	Female	Short limb
Participant 6	18	Male	Epilepsy
Participant 7	27	Female	Foot cleft
Participant 8	18	Male	Mobility impairment
Participant 9	25	Female	Albinism
Participant 10	24	Female	Albinism
Participant 11	35	Male	Albinism and amputated arm

Participant 12	34	Female	Epilepsy
Participant 13	35	Female	Club foot
Participant 14	24	Male	Albinism
Participant 15	25	Male	Cerebral palsy and epilepsy
Participant 16	26	Male	Epilepsy
Participant 17	34	Female	Amputated arm
Participant 18	33	Male	Amputated arm
Participant 19	19	Male	Short arm
Participant 20	21	Male	Short arm

Data Collection Methods

This research used semi-structured interviews to gather data from youth and key stakeholders. This method enabled the researchers to explore the experiences of youth with disabilities with sexuality and accessing SRH services in depth. This method gives the participants a chance to share their experiences, their individual understanding and their perceptions. Semi-structured interviewing allows the researchers to obtain data in the form of conversation, using both open ended and closed questions [13].

The research utilized focus group discussions. Two focus group discussions were conducted: one group comprised of male youth with disabilities, and the other group consisted of female youth with disabilities. The focus groups comprised of 10 youth with disabilities, a moderator and a note taker. This method takes advantage of the communication among research participants for the generation of data [14].

Ethical Approval

North-West University Human Social Sciences Research Ethics Committee provided ethical approval for the study. Approval was obtained from the following gatekeepers: District Development Coordinator, City of Gweru, Zimbabwe Republic Police and ward councilors. Gatekeepers are important intermediaries to access study participants and sites [15].

Data Analysis

Data from the semi-structured interviews and focus group discussions was analyzed using thematic analysis. This involved identifying themes, recording themes and patterns from the data [16]. Data management and analysis began during the data collection and continued during transcription and translation from local languages to English. The first author and two research assistants translated the data from Shona to English. A professional translator was sought, and he went through the translations. The first author and research assistants had discussions with the professional translator for clarity on the translations. The first author and research assistants read the data set several times to familiarize with it. Open coding was used; the codes were developed during the coding process. The first author and research assistants coded the same transcript separately, coding every relevant part of the transcript that addressed the research questions. After we finished coding, we discussed, compared the codes and modified some; this was done to all the other transcripts. The coding was done manually. The codes were closely examined to see how they fitted into themes. Other codes were combined to make a theme. The identified themes were modified, and all data related to each theme combined. The themes were defined; the relationship of the subthemes to the theme was also examined.

Confidentiality and Anonymity

Principles of confidentiality and anonymity were adhered to in this study. Interviews were conducted in places chosen by the participants; privacy and safety were considered. To protect the identity of the participants, pseudonyms were used. All personal data and other study materials such

as field notes and transcriptions were kept on a password protected computer and hard copies were stored in a lockable cabinet which could only be accessed by the researchers.

3. Results

3.1. The Need to Domesticate Policies

Zimbabwe is one of the countries in the African continent that has some progressive disability policies. In 1992, Zimbabwe crafted the Disabled Persons Act (DPA). The DPA also provided for the formation of the National Disability Board and provided for the appointment of an advisor to the office of the president on disability affairs. In 2013, Zimbabwe adopted a new Constitution which had provisions that protect disability rights, especially section 22 and section 83. Zimbabwe also ratified the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). In 2021, the National Disability Policy was launched by the president, and it has provisions that protect sexual rights of persons with disabilities. However, the youth with disabilities who are meant to benefit from these policies may fail to derive benefits from these policies. This is due to a lack of knowledge about the policies, as was revealed in some of the participants' narratives.

Most participants did not know about disability policies. And some participants expressed a lack of trust in the disability policy framework, as it gives no meaningful benefits to the youth with disabilities who continue to be segregated. This is illustrated in narratives below.

We need the disability policies to adapt to our lives as youth with disabilities and to address our specific needs. We have heard about the Convention on the Rights of Persons with Disabilities (CRPD), but it should be adapted to our local needs and standards (Participant 3).

There is no law guiding issues to do with people with disabilities. Even if we say disability prevalence is at 15%, it doesn't help the people with disabilities if there is no law to support the various disability policies (27-year-old female focus group discussant).

We have the right to know about the policies that are related to disability as persons with disabilities, there is nothing for us without us. People with disabilities should participate in the formulation of these policies they must consult us. However, no one cares about us (Participant 9).

In most cases, these policy documents are written in English, that excludes some people who cannot read English. There is need to translate such laws into local languages and in disability friendly formats such as braille for the benefit of youth with disabilities and the general populace (Participant 18).

Participants noted the need to domesticate disability policies including translating such policies into local languages understood by most youth with disabilities and adapting the policies to the needs of youth with disabilities. Although there may be policies relating to disability, there is a need to have binding laws on disability. The policies are not binding, and therefore people with disabilities do not benefit much from them. Nashy's narrative above implies the need of realign the constitution with some disability policies. The other narratives demonstrate the frustrations of the participants who feel left out as there are no efforts to educate them on the available policies.

3.1.1. Constitutional Clauses That Exonerate the Government from Full Responsibility

The study participants also noted some of the deficiencies in the Constitutional provisions on disability as illustrated in the following excerpts:

We just know that we have the Constitution. Our Constitution protects us in that our rights as people with disabilities are the same with others who do not have disabilities. Although we can say the Constitution protects us, it lacks in certain respects. Our Constitution has a clause that says, 'if resources permit'. So, the implementation of some important constitutional provisions that gives rights to persons with disabilities is hindered by lack of resources. Zimbabwe ratified the CRPD in 2013, but we are still to benefit from its provisions practically. These ratifications are just on paper and there is nothing practically. We have the National Disability Policy 2021; however, it is still to

be implemented. It is just on paper; it is never implemented (24-year-old female focus group discussant).

The government does not meet our needs due to lack of resources. Although the Department of Social Welfare is mandated to provide services to people with disabilities, they lack resources. I think there is a constitutional clause that says, "subject to availability of resources" or "within the limit of available resources". They will tell you that resources do not allow us to provide the service now. (Participant 18).

The above narratives expose government's lack of commitment to fulfil its obligation in ensuring that people with disabilities access their rights. The government blames lack of implementation of its constitutional obligations on the lack of resources. Though Zimbabwe is currently struggling economically, with hyper-inflation, and deindustrialization blamed on Western imposed economic sanctions, there is lack of political will in fulfilling constitutional obligations on disability.

3.1.2. Gaps in Knowledge on Policies

In the above excerpts, the participants revealed that most youth with disabilities do not know about the policies and laws that protect their rights. There is need to educate the youth with disabilities about the various policies and laws so that they can also benefit from them. The narratives below reveal such knowledge gaps.

There is a gap in information, youth with disabilities do not even know about these policies. There is a need for awareness campaigns to educate youth with disabilities about these policies (50-year-old male key informant).

Most youths with disabilities do not know about disability policies. Most people with disabilities are confined at home, they do not go to public places and some never attended school. The government should come up with measures to reach all the youth with disabilities and conscientize them about their rights and the disability policy framework (Participant 4).

If they have those disability policies on paper and us youth with disabilities are not aware of them, they do not teach us about them then it's just as good as there are no policies and rights for persons with disabilities. Just because we have no knowledge about the policies and laws, we cannot be protected by the laws and policies (32-year-old female focus group discussant).

We do not know about policies and laws on disability, and it is a disadvantage to us because we are not able to benefit from such laws as we are not aware of them, it is just like there are no laws on disability (Participant 6).

Due to stigma and discrimination youth with disabilities are not aware of their rights. Those supposed to superintend over their rights are not doing their job. Society needs to accept youth with disabilities and teach them about their sexual rights. We cannot expect the youth with disabilities to know their rights when no one has taught them. Education begins in the family to support such youth and ensure safeguarding their rights (36-year-old female key informant).

The above narratives acknowledge the information gap that youth with disabilities have on policies related to disability in Zimbabwe. There is need to bridge the gap in information through awareness campaigns to inform youth about their rights, policies, and laws. A key informant argued that stigma and discrimination is responsible for this information gap on policies and for such youth. Participants view the education of youth with disabilities about their rights and policies that guarantee their rights, as a shared responsibility. The leaders in community and, organisations for people with disabilities, and the families of youth with disabilities have a role to play in educating youth with disabilities about their rights. The above extracts emphasise the need to empower youth with disabilities by giving them information about policies on disability.

3.1.3. Policies Not Properly Implemented

Although participants appreciated government effort in coming up with very good policies on the rights of people with disabilities, they were however concurred that these policies are not properly implemented.

Zimbabwe is not short of policies but fidelity in the implementation of these policies is what is lacking. There is lack of accountability on the part of the government (39-year-old male key informant).

Lack of policy implementation is also reported by another key informant, as follows:

In terms of coming up with disability policies, we are one of the best countries, but the implementation is a challenge. These policies are not fully implemented. The youth with disabilities cannot enjoy their rights out of ignorance. There is a gap in implementation, the policies are there on paper but, they do not exist. Even when you look at the laws that safeguard SRH rights like the age of consent is at 16. However, customary law says if they agree it does not matter. There are gaps between the customary law and the constitution, and it is taking long to harmonize customary law with the constitution (41-year-old male key informant).

There is need to educate the youth with disabilities so that they know their rights that are in the Convention on the Rights of Persons with Disabilities (CRPD) and the National Disability Policy (NDP). However, the National Disability Policy cannot be implemented fully. It is not yet law; there is need for the bill to sail through parliament. Duty bearers should know about the rights of youth with disabilities, because if they do not know they become barriers themselves (53-year-old male key informant).

The above narratives from key informants reveal the poor implementation of disability legislation which hinder people with disabilities from fully benefitting from such policies. Furthermore, one key informant noted some contradictions between the customary law and the Constitution. These contradictions are a barrier to the full implementation of disability related policies. Although the age of consent for Sexual and Reproductive Health (SRH) services is at 16 years, persons younger than 16 years can be sexually active, and this is not a problem under customary law. Furthermore, the importance of educating youth with disabilities about their rights and the policies that safeguard these rights was also emphasised by another key informant. The leaders of organisations for people with disabilities and other leaders in the community should also know about the rights of youth with disabilities.

4. Discussion

This paper examined some challenges in the disability policy framework in Zimbabwe and the perceptions of youth with disabilities regarding such policies. The findings reveal four themes which are discussed as follows:

First, the findings of the study revealed a need to domesticate policies on disability in-order for the policies to a positive impact on the lives of youth with disabilities. These policies need to be adapted to suit the needs of people with disabilities. Although Zimbabwe has ratified The Convention on the rights of Persons with Disabilities (CRPD), the CRPD cannot be enforced if it is not aligned with the constitution or supported by any law. Therefore, people with disabilities are yet to benefit from the provisions of the CRPD more than a decade after its ratification. Although the CRPD sets an important standard to uphold disability rights, its signing or ratification by states and nations is not enough to bring about real change [17]. The usefulness of international treaties that nations ratify lies in their domestication and in coming up with better ways of implementing them locally. However, despite the ratification of the CRPD and its optional protocol, people with disabilities in Zimbabwe still struggle to access various services. There is a disparity between having good policies and their domestication to guarantee rights to persons with disabilities [4,18]. Nigeria managed to domesticate the CRPD. In Nigeria, the CRPD was adopted as the Discrimination against people with disabilities prohibition Act 2018 and it was signed into law in 2019. This was done in-

order to support and protect human rights and fundamental freedoms of people with disabilities without discrimination [19].

The process of realigning the constitution in Zimbabwe is moving at a very lackadaisical pace, leading to some challenges in the implementation of some laws that relate to Sexual and Gender Based Violence (SGBV), Harmful Practices (HP) and Sexual Reproductive Health (SRH) [20]. There is need to fast track the legal framework reform process in alignment with the Constitution. The social model of disability is useful in explaining lack of domestication of disability policies in Zimbabwe. According to this social model, disability is created by society through failure to put in place facilities, policies and infrastructure that enable people with impairments to participate in society at par with people without disabilities. The term refers to socially created marginalization and disadvantage experienced by people with impairments. It distinguishes socially created disadvantage and exclusion from the traits of the body and mind of individuals [21].

Second, the study found some constitutional clauses that exonerate government from taking full responsibility on disability issues. Although section 83 of the constitution compels the state to ensure that resources are made available to ensure that persons with disabilities realise their full physical and mental potential, the clause that emphasise that this would be subject to the availability of resources available to the state seems to be exonerating the state from this important obligation [9,22]. In the face of the economic challenges that Zimbabwe is currently experiencing, this is likely to be a convenient excuse for the failure to implement this constitutional provision by the government and its agencies, which can easily cite a lack of resources and financial challenges [9]. Juxtaposing Section 83 of the constitution with Section 23 (2) on the measures for the welfare of the veterans of the liberation war. Unlike people with disabilities, liberation veterans must be given state assistance, and the clause on 'subject to availability of resources' is absent in this case. The state is bound to make resources available for the welfare of the veterans as well as for their economic empowerment. The state thus marginalises people with disabilities as compared to other social groups, such as war veterans. Lack of budgeting and prioritisation as hindering effective response to disability issues in Uganda [23]. In line with the social model of disability, lack of support for disability issues in Zimbabwe shows that the society is made for and by people without disabilities. People with disabilities are not given priority, they are an afterthought.

Third, the study has found some gaps in knowledge on disability policies among youth with disabilities. There is need to empower people with disabilities through the constitution as stated in the Disabled Act and the Education Act [5,24]. Surprisingly, these pieces of legislation are not effective as far as empowerment of people with disabilities is concerned. The 36-year-old male key informant noted the lack of support structures such as the family in educating and safeguarding the sexual rights of the youth with disabilities. Some socio-cultural and attitudinal barriers that consider domestic violence as a private issue that should not go to the law enforcement authorities and the belief that the legal and justice system is against marriage [20]. These negative attitudes towards the legislation and policies that safeguard against domestic violence abuse hinder communities and families from educating youth with disabilities on their rights. Youth with disabilities do not benefit from the available policies due to lack of knowledge on the policies. Women with disabilities had limited access to sexual and reproductive health and rights due to the ignorance of their parents and communities, on how best to assist them to enjoy their rights [25]. Similarly, a study in Uganda has found that most people with disabilities did not have any knowledge about the policies [26]. The study found that lack of knowledge about policies by some duty bearers was a challenge. Lack of enforcement of disability policies results from lack of training and awareness among the policy actors. There is need to capacitate the policy actors on disability issues [26].

Fourth, disability policies are not properly implemented to benefit people with disabilities. There is a worrying lack of implementation of disability policies in Zimbabwe [25]. There is a huge gap between policy and practice as far as disability policies are concerned. People with disabilities are still to benefit from the Disabled Persons Act (DPA), Convention on the Rights of Persons with Disabilities (CRPD), National Disability Policy (NDP) and the constitutional provisions that support

disability rights. Laws in Zimbabwe do not allow for the full implementation of policies. The 2013 constitution addresses disability rights better than the old Lancaster House constitution that it replaced. Although the Lancaster House constitution condemned discrimination against persons with disabilities, it recognised only physical disability and excluded other types of disabilities [3,9]. Various organisations that represent people with disabilities were able to make contributions during the constitution making process [27]. Section 22 of the constitution provides for the inclusion of persons with disabilities in all aspects of society and makes disability a priority in plans for development [8].

However, adopting human rights focused constitution is not enough. There are challenges in ensuring the implementation of the constitutional provisions to ensure that persons with disabilities access these rights [6]. The major limitations of the constitutional provisions on disability is the entrenchment of charity [22]. The provisions are more focused on providing for the welfare of people with disabilities, but such charitable models may not be sustainable in the long run. Persons with disabilities should be empowered economically rather than overly focusing on charity. The charitable model of disability may turn people with disabilities into recipients who have no part in the development processes that shape their lives [28]. The constitution also fails to define disability comprehensively, with Section 22 referring only to physical and mental disabilities. This highly circumscribed definition leaves out many other forms of disability, including sensory and intellectual disabilities. The failure of the constitution to properly define disability shows that there will be challenges in interpreting disability [22]. Zimbabwe has sound disability related policies, but they are not properly implemented to benefit people with disabilities.

5. Conclusions

People with disabilities in Zimbabwe are still struggling to access their rights as enshrined in various policy documents. Despite having policies such as Disabled Peoples Act, ratifying the CRPD and its optional protocol, a disability focused constitution, and launching the National Disability Policy, Zimbabwe is still lagging in terms of implementation of disability policies. Most youth with disabilities were not aware of the policies due to lack of programs to educate such youth on these policies and can benefit from translating policy documents into local languages and braille. There is need for educational programs and community level outreach programs to reach all youth with disabilities. Awareness of disability policies is key to implementation of such policies; the policy actors need to be trained on policies.

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Institutional Review Board Statement: In this section, you should add the Institutional Review Board Statement and approval number, if relevant to your study. You might choose to exclude this statement if the study did not require ethical approval. Please note that the Editorial Office might ask you for further information. Please add “The study was conducted in accordance with the Declaration of Helsinki, and approved by the Institutional Review Board (or Ethics Committee) of North-west University (NWU-01155-22-A7 29 July 2022).

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Data Availability Statement: Due to privacy and ethical restrictions, data will be made available upon request.

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