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Review article

Reviewing the models of disability within the frameworks for the empowerment of people with disabilities in Zimbabwe

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ABSTRACT

The paper reviews the context of empowerment of people with disabilities in Zimbabwe. A critical situational analysis reveals that, despite the existence of reasonably disability legislative frameworks, people with disabilities are still looked down upon and often marginalized particularly when it comes to employment. Unemployment and under-employment of people with disabilities is positively correlated with lack of adequate education and training. One reason for the status quo is that legislative frameworks such as the Education Act (1987), the Disabled Persons Act (1992), the Indeginisation and Empowerment Act (2007) and the new Constitution of Zimbabwe (2013) itself are too generalized. The paper argues that some of the prejudices that are reflected through the exigencies and barriers to empowerment people with disabilities have to go through are a result of the use of disempowering models such as the medical, expert, rehabilitation and the moral models. These models have shaped the negative ways in which people with disabilities are viewed in Zimbabwe. The government has taken positive steps towards the establishment of inclusive education but lack of resources has clouded these efforts and hampered the realization of full socio-economic and political participation of people with disabilities. For that matter, education and training are identified in this paper as the most basic tools for empowering the marginalized and disadvantaged groups. Based on the foregoing arguments, the paper concludes that people with disabilities in

Zimbabwe have generally not been empowered due to either lack of clarity of policies, lack of resources, lack of political will or mere ignorance about disability. The paper also notes lack of current disability activism in Zimbabwe as another major impediment to empowerment. On these bases, the paper recommends an all-inclusive framework of empowerment of people with disabilities in Zimbabwe, collaboration in policy design, rephrasing of current legislative frameworks to make them clearer on aspects of disability, disability awareness for all citizens including policy makers and civil servants and more deliberate promotion of equal opportunities in education and training, employment, land redistribution and financing of business development.

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1. Introduction

People with disabilities are often marginalized, looked down upon or discriminated against by society. They are often excluded from socio-economic participation and social transformation. According to Winter(2003), oppressive marginalization of people with disabilities is, in part, rooted in the prejudices or misconceptions about disability. In the realm of the social model of disability, disability is construed as a product of the dominant culture, which even though often well-meaning, nevertheless marginalizes people with disabilities(Charlton, 1998). Thus society, through its various agencies including government constructs disability, either due to ignorance or failure to recognize the needs and potentials of people with disabilities. Within this conundrum, people with disabilities are often not given enough opportunities for equal socio-economic participation and empowerment for independent living.

This paper, seeks to assess the extent to which the government of Zimbabwe has implemented its mandate of empowering people with disabilities considering that the situation of people with disabilities has hardly changed. The paper examines the various models of viewing disability and interrogates legislative and policy frameworks that relate to the needs of people with disabilities to provide a basis for further argument and for proffering recommendations. The paper reflects on socio-economic variables such as land redistribution, indigenisation, human rights, social participation, education and training, and social service provision in general.

2. Situation analysis

In Zimbabwe, despite the numerous socio-economic blue prints and policies that purport to empower the marginalized members of society, many people with disabilities hardly excel in socio-economic spheres. The President of the National Council of Disabled People of Zimbabwe (NCDPZ), FaraiCherera reports that, society continues to have negative attitudes towards people with disabilities and as such, they face barriers to equal participation. She further complains that people with disabilities remain poor and on the sidelines of national development programmes including land reform, indigenisation and empowerment drives (www.voazimbabwe.com). This problem is perpetuated by lack of clarity of legislative instruments and policy procedures. For example, the Disabled Persons Act (1992) is too generalised and its implementation is not supported by specific enforcement procedures or the existing procedures are hardly enforced at judiciary level. The Education Act (1987) in Sections 4, 5 and 10 designates education as a right, as an entitlement and as compulsory for all children of school going age but does not specify how children with disabilities should be catered for. Yet, the New Constitution of Zimbabwe being Amendment Number 20, in Sections 22 and 83 recognises the rights of people with disabilities and enunciates that, the government through its institutions and within the limits of available resources should assist people with disabilities to realize their full potential but alas, people with disabilities are still facing serious socio-economic challenges. In effect, people with disabilities are not happy with this constitutional provision for its lack of commitment on the matter of within the limits of available

resources. They feel that government deliberately crafted the statement and made it less binding in order to avoid absolute responsibility.

According to the late Ranga Mupindu, a renowned disability activist and a former Executive Director of NCDPZ in Peters (2001), the Zimbabwean society has a patronising mentality and the country's politician pity people with disabilities. They lack the political will to improve the lives of the disabled. A few people with disabilities have been appointed into ministerial positions before in order to represent the constituent of the disabled, but these have often failed to accomplish their mandates due to lack of capacitation. Generally speaking, people with disabilities are technical excluded from mainstream politics. The policies that exist have not significantly changed the situation of people with disabilities in Zimbabwe. Mupindu for instance commented that the Disabled Persons Act (1992) is just a window dressing type of policy meant to silence people with disabilities since there is nothing whatsoever that commits government towards empowering people with disabilities. Cultural stereotypes still surround the causes of disability influencing societal perceptions that regard people with disabilities as helpless and dependent. These cultural stereotypes also influence segregation of people with disabilities. Owing to the self-fulfilling prophecy, many people with disabilities in Zimbabwe have even resorted to street begging as a source of livelihood. In terms of education and training, an insignificant number of people with disabilities obtain qualifications necessary for their employability within a highly constrained economic and competitive job market (Peters, 2001). All these stereotypes are shaped by negative attitudes society often holds towards people with disabilities. The government of Zimbabwe has responded by enacting the aforesaid policies that recognize the existence of people with disabilities and has embraced inclusivity in the education system but the implementation and enforcement of these policies have remained constrained.

The latest National Disability Survey (2013) whose results have continued to inform disability policy however show that only 18% of people with disabilities reach 'O' Level (www.unicef.org/Zimbabwe/National_Survey_Disability_2013). This followed another survey that was conducted in 1981 which later culminated in the Disabled Persons Act (1992). Despite the constraints, such efforts suggest government's commitment to responding to the needs of people with disabilities. The problem is that these efforts have either not been fully implemented or have often failed due to lack of knowledge or resources. All the same, many people with disabilities in Zimbabwe are still dependent on charitable organizations or non-disabled relatives and they complain of exclusion, discrimination and marginalization. For that matter, there is little if any documented evidence of how people with disabilities have benefitted from the various socio-economic empowerment initiatives the government of Zimbabwe has extended to its people.

3. Models for managing disability

Literature related to empowerment of people with disabilities has been widely consulted and documented. The literature includes a critical review of the models or theoretical and policy frameworks that inform the ways in which people with disabilities are viewed. These models necessarily characterise empowerment frameworks with regards to people with disabilities. Literature is particularly convergent that the extent and range of empowerment initiatives for people with disabilities is influenced by the theory, model or philosophy a particular society holds about disability. The Michigan Disability Rights Coalition (2014) asserts that models of disability are tools for defining impairment and, ultimately for providing the bases upon which government and society can devise strategies for meeting the needs of the disabled. Even policies, or at least policy implementation or lack of it, is reflective of the extent of society's intentions and willingness to empower its people with disabilities.

While the models of disability have been blamed for not reflecting on real life and for encouraging limited and narrow views of disability, they do provide a framework for understanding disability. The models also give insight into the attitudes, conceptions and prejudices society holds towards its members with disabilities. Thus models of disability reveal the ways in which society perceives people with disabilities and provides or limits provisions and entitlements in form of goods and services, economic influence, political power and equality of opportunities for people with disabilities (Coleridge, 1993). These models should however not be viewed as if they were in competition for superiority but as providing a continuum of social attitudes toward disability. This is often reflected, on one hand, in paternalism, stigmatization, segregation and discrimination or on the other hand, in inclusivity and ultimately, in equality of opportunities and/or equality of human rights. The models that promote paternalism, stigmatization, segregation and discrimination directly or indirectly disempower people with

disabilities while those that promote inclusivity, equality of opportunities and/or equality of human rights are seen as basic tools for empowering people with disabilities.

3.1. Models that seem to dis-empower people with disabilities

The models that seem to disempower people with disabilities include the medical, charity/tragedy, expert and moral models. These models are implicitly defined by themes which embrace care, compassion, charity, weakness, treatment, cure, sin, sanctity, impurity and wholeness and weakness and undesirability. Generally, these models characterize people with disabilities as weaklings and as such, inhuman terms such as crippled, lame, blind, deaf-mute, imbecile, mad, feeble-minded, idiot or moron have been deliberately crafted to describe people with various disabilities.

The Medical Model:

The medical model regards people with disabilities as being sick and in need of diagnosis and treatment. The Michigan Disability Rights Coalition (2014) argues that the medical model imposes a paternalistic approach which although well intentioned, concentrates on care and ultimately provides justification for segregation and institutionalization. It holds that disability is resident in the individual and results from the person's physical or mental limitations and not due to the shortcomings of the social environment. Such a perspective serves to foster existing prejudices about people with disabilities. From the WHO (1980) definitions and classifications of impairments, disabilities and handicaps, one can easily deduce how the medical model leads to stigmatization of people with disabilities. In the context of WHO conceptualisations, people with disabilities are seen as different and lacking something or as being abnormal. Difference here is seen as deviant and not as a positive attribute of diversity. This model has dominated formulation of disability policy the world over for years and has influenced practices of assessment or diagnosis, medical care, rehabilitation and provision of assistive devices. As such, as far as people with disabilities are concerned, the medical model does not offer a realistic perspective of them because it considers only the views of the care professionals in deciding their fate. While medical attention is critical for many disabilities and disabling chronic diseases, it is quite naïve and too simplistic to think that the medical model is all that is needed to inform the whole spectrum and locus of disability laws and policies. There are many impairments that cannot be cured after all and the system of giving people with disabilities false hope of medical cure can only delay the process of empowerment. People with disabilities have become very critical and vocal about practices such as institutionalization and confinement which are often associated with the sick role and are intricately enshrined in the medical model (Brisenden, 1998). In response to this, people with disabilities have expressed their preference for the more empowering social and other related models. Despite its shortcomings, however, the medical model cannot be rejected outright because of its therapeutic power and its potential for cure and/or alleviation of mental and physical pain associated with disability.

Rehabilitation Model:

Tied to the medical model is the rehabilitation model which conceives people with disabilities as deficient beings who need to be fixed. Training, retraining, therapy and psycho-social support are central to the rehabilitation model. The medical model was popularized after World War II when veterans of war needed to be re-integrated into civil society. Since then it has been seen as a panacea for the restoration of functional ability among people with disabilities. The 1981 National Disability Survey in Zimbabwe culminated in the establishment of several rehabilitation institutions which were expected to service the many people who were disabled during the liberation war which ended in 1980. Just like the medical model, the rehabilitation model cannot be done without yet it forces people with disabilities into submitting to prescribed training schedules, treatment and therapy. People with disabilities themselves have little or no say at all in deciding what interventions could be best for them.

Expert Model:

Closely related to the medical model and similar to the rehabilitation model is the expert model. In the expert model, as the name suggests, the expert professionals conduct assessment of the impairment and use the results to decide on and implement treatment. Often the experts work in collaboration to make decisions and impose treatment schedules on the person with a disability who is regarded as a patient. Clearly, the expert model is another offshoot of the medical model. The professional or service provider exercises authoritative discretion on behalf of the 'patient.' The treatment or therapeutic relationship is such that the professional is the decision maker or fixer while the person with a disability or client must act the subordinate role and become the fixee or the fixed. So, within the professional model the person with a disability plays a passive role which is quite disempowering.

There is limited collaboration if any, between the expert and the client. The Michigan Disability Rights Coalition (2014:5) argues, 'Although a professional maybe caring, the imposition of solutions can be less than benevolent.' The client has no choice over decisions made by the expert even if they are clearly wrong or dangerous. In this setup, the person with a disability is not given opportunity to exercise his/her human right of freedom of choice or expression. The Michigan Disability Right Coalition (2014) further observes that the model, in its extreme, undermines the client's dignity by removing his/her ability to participate in the basic everyday decisions about his/her own life. In a way, the expert model, while well-meaning can be disabling and be a precursor of dependence syndrome. All the same, and just like in the case of the medical model, the expert model cannot be categorically dismissed since it has always been a viable option for minimization of both physical and psychological pain associated with certain types of disability.

Charity/Tragedy Model:

Similarly, the charity/tragedy model depicts people with disabilities as victims of their own circumstances or even as icons of pity hence in need of care since they are incapable of looking after themselves. The model also holds that people with disabilities cannot manage their affairs and are in need of charity in order to survive. This is the model which was traditionally used by charity organisations to solicit for funds which at times never reached the intended beneficiaries. Even today, some non-governmental organisations (NGOs) in Africa still resort to this strategy of soliciting for funding. Oliver in Donnellan(1982) is concerned that, whilst such appeals raised considerable funds for services and equipment which were not provided by states, many people with disabilities found the negative victimimage thoroughly offensive and oppressive. This portrayal of people with disabilities as beneficiaries of mercy and charity is so de-humanising that one can interpret it as an economic means of keeping a continued flow of funds for the sustainability of people without disabilities. In other words, the charity/tragedy model can be viewed as a tool for patronizing people with disabilities or even for using them for personal benefit. This lowers the self-esteem of these people because they are ever seen as recipients of charity who must always express profuse gratitude otherwise as a condition for continued help. This reduces people with disabilities to charitable cases. The model has also been criticized for being the cause of most discriminatory tendencies yet it and the medical models have been central to formulation of disability policies in Zimbabwe and the world over since time immemorial. However, this argument is not intended to completely outcast well-intended charity but to conscientise organisations to review ways in which they regard people with disabilities and reset their systems of identifying beneficiaries and distributing funds and other donations.

Moral/Religious Model:

The other of the disability models that seem to be disempowering of people with disabilities is what is termed the moral or religious model. This model is by and large the oldest and most extreme in relation to disability discourses although it has limited use today. It is associated with communities where poverty rules supreme and where deprivation is linked to ignorance, fear and prejudice. Within the moral or religious model, disability is a form of punishment from God or some divine authority or force. The model asserts that disability is a form of divine punishment inflicted in response to misdemeanors of the person with a disability him/herself or of his/her parents, forebears (ancestors) or community. Disability can also be seen as a manifestation of the power of evil spirits, satanic deeds or of God's displeasure. This explains why in ancient history persons with disabilities were ostracized, at times owing to the belief that they were not full humans but monsters. Such beliefs resulted in them being hidden from the communities, dislocated or even killed or let to die. 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. The Michigan Disability Rights Coalition (2014) notes that the model also interprets disability as the individual's inability to conform to the family culture or conversely, as a necessary affliction to be suffered before some ultimate reward is received. The model can be so stigmatizing that even in its least extreme application it can force the entire family into total social exclusion. Shame is often directed at the family forcing it to exclude or hide away the member with a disability from the community and hence from life opportunities such as schooling. Religious institutions would respond by seeking divine cures such as exorcisms, purging and rituals. They would also seek to provide hospitality, care and other services as acts of religious mercy. In this way, the religious model has largely influenced institutionalization of people with disabilities.

3.2. Models that seem to empower people with disabilities

Literature indicates that the models that seem to empower people with disabilities are the social, rights based, economic and empowerment models.

Social Model:

As opposed to the medical model, the social model of disability holds that disability is caused by the inevitable consequences of the limitations that society sets. In a way, the model postulates that society is not sufficiently adjusted and attuned to the needs of the disabled (Barnes and 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. The model implies that, removing these barriers is all that people with impairments need to be enabled and empowered to lead normal independent lives. Thus society must change in order to accommodate people with disabilities and not the other way round. 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 fits 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) asserts, '... disability stems from the failure of society to adjust to meet the needs and aspirations of a disabled minority.'

The origins of the social model of disability can be traced to the civil rights movements of 1954 to 1968 in the United States of America. As has already been indicated, the social model has been advocated for by the disabled people themselves as a minority and in reaction to the disempowering medical model. Owing to this initiative, the model considers that people with disabilities are part of the global socio-economic, political and cultural ecology and are equal to their peers who are not disabled. In this regard the social model has laid a foundation for the more recent rights based model.

Rights Based Model:

The rights based model of disability, which has already been designated as a more recent notion, conceptualises disability as a socio-political construct within a rights-based discourse (MDRC, 2003). Within this model, people with disabilities seek a political voice against social forces that disadvantage them and they demand independence from people without disabilities. They advocate for equal opportunities and socio-economic emancipation. In essence, disability in the rights-based model is conceived as a socio-political construct and is located within the rights-based discourses. In this model, a paradigm shift is advocated for, whereby emphasis is on independence and not dependence. The rights-based model of disability is actually a specific variation of the empowerment theory which propounds that, to improve the dependence situation bedeviling people with disabilities, there is need to increase personal and interpersonal participation of people with disabilities in socio-economic and political activities. This is opposed to the tenets of the medical and charity models which view people with disabilities as sick or as objects of pity and as dependent on non-disabled members of the society (French 1997). The model is characterized by identity politics and engages strategies used by other human and civil rights movements in fighting against such forces as ableism.

Empowerment Model:

The empowerment model itself seeks to help people with disabilities gain control over their own lives and increase their capacity to participate in social transformation agendas and act on issues that they themselves define as important (Luttrell, Quiroz, Scrutton & Bird, 2009). The empowerment model defines empowerment as an emancipation process in which people with disabilities are empowered to exercise their rights, obtain equal access to resources and participate actively in social transformation and decision making. By viewing the person with a disability as a customer, the empowerment model acts as the opposite of the expert model with the person with a disability and his/her family given power to decide on and select services that are believed to be appropriate. In this setup, the professional acts the role of service provider, that is, consultant, coach or resource provider. Thus empowerment is enablement of consciousness in people with disabilities to exercise collective or individual control over their own affairs. Luttrell, et al (2009) further insinuate that in the 1980s, empowerment was seen as a radical project of transformation aimed at enabling the otherwise excluded social groups to claim their space and collective rights. So, both the rights based and the empowerment models of disability revolve around the empowerment theory which in turn draws from humanistic theories propounded by the likes of Karl

Rogers and Abraham Maslow and which emphasize the goodness and autonomous nature of humanity (Santrock, 2002). The critiques of these models argue that they have been too much romanticized and are too theoretical to warrant their practical application. The models seem to ignore the effects and nature of some types and severities of disability and the fact that some people with disabilities cannot function on their own no matter what amount of empowerment initiatives such as social adjustment are employed. Even in employment circles it is impossible to engage certain individuals with particular types and severities of disabilities as argued in the economic model of disability.

Economic Model:

The economic model of disability is defined by the person's inability to perform work. The model advocates for the assessment of the degree to which impairment affects an individual's productivity and the economic consequences for the individual, employer and the state (Michigan disability rights coalition, 2014). Economic consequences of disability have been associated with benefits paid to the person with a disability, subsidies paid to the employer by the state, state welfare or disability grants and depressed profit margins. The central theme of the economic model is that people with disabilities with requisite qualifications and skills can be employed and contribute equitably to the Gross Domestic Product if necessary support is given and adjustments are made to the labour conditions and work environments. However, the model is premised on the classical economic principles of supply and demand of labour and the contribution of labour to marginal cost which are at variance with the aforesaid. In the economic context, increasing access to work for people with disabilities may reduce labour costs but this is only possible when employees make equal contribution to productivity. The Michigan Disability Rights Coalition (2014) observes that there is significant evidence that people with disabilities generally make lower contributions than their non-disabled peers resulting in depressed productivity levels and profits for the employer. However, one could argue that, depending on the nature and severity of the disability and on the type of work, amount of support and labour conditions, some people with disabilities can contribute as much as their peers and can even perform better. ILO (2011) posits that people with disabilities have different skills, abilities and interests but agrees that many share the experience of social and economic exclusion. Tsengu, Brodtkorb and Almnes (2005) also reiterate that people with disabilities have great potential that could be tapped and harnessed for community development, given appropriate opportunities, attitude and approach. In contrast, the Michigan Disability Rights Coalition (2014) insists that there will always be those people with disabilities whose productivity levels would remain so low that despite support, the tax benefits to treasury will be outweighed by the public subsidy.

Therefore, the real controversy surrounding the economic model is choosing between paying the employer for loss of productivity and paying the person with a disability for loss of earnings. In economic terms this group is unemployable and thus should be removed from employment and be placed on social welfare supplementary benefits. This will apparently save subsidy expenditures. But excluding people with disabilities from work may cost the state 1 to 7% of the GDP (ILO, 2011). This is a social controversy that has caused complexities in agreeing on social security goals and at the same time has increased stigmatization of people with disabilities by viewing them as a burden on public funds rather than as partners in production. However, this preoccupation with productivity has caused conflicting policies for the social welfare of people with disabilities.

Even those people with disabilities who are into entrepreneurship are faced with the challenge of accessing funding or credit. They frequently lack access to essential business development services and microfinance, particularly credit, because of the mistaken assumption that they are not credit worthy or that they constitute a high-risk group (ILO, 1994). According to the Michigan Disability Rights Coalition (2014), the economic model is primarily used by policy makers to assess the distribution of social welfare benefits to those people with disabilities who cannot participate fully in work but there is no guarantee that those who can work are excluded in the process. It should be clearly understood though that social security or social welfare benefits were never meant to remove poverty among people with disabilities but to merely provide support for survival. Thus policy should be seen to balance equity and efficiency. Equity entails the right of a person with a disability to self-fulfillment and dignity of work while efficiency entails the person's ability to meet reasonable production targets. In any event, employers are not generally charitable or altruistic towards people with disabilities in these regards; instead they are more concerned about the economic viability and operational effectiveness of their business enterprises. In other words, the ultimate value of the economic model should be to maintain equilibrium between the economic needs of business and the socio-economic needs of people with disabilities.

4. Empowerment of people with disabilities

Empowering people with disabilities is a crucial responsibility for society or state. Helander (1993) define empowerment as an on-going process, which enables an individual to fulfill and be accountable for his/her duties and responsibilities and protect his/her rights in the society. For persons with disabilities, empowerment entails giving them equal socioeconomic opportunities, enabling them to be aware of their rights, to take control over their lives and to fully participate in societal activities. For SDC (2004), empowerment for people with disabilities is an emancipation process in which they are empowered to exercise their rights, obtain access to resources and participate actively in the process of shaping society and making decisions. Luttrell et al. (2009) concludes that in the 1980s empowerment was seen as a radical project of social transformation to enable the otherwise excluded social groups to define and claim their collective rights. Empowerment can be located within Freire (1970)'s concept of popular education as well as within the feminist theory which stressed the personal and inner dimensions of power for the oppressed social groups. Luttrell et al. (2009) outlines four most popular dimensions of empowerment. These are economic, human and social, political and cultural empowerment. Economic empowerment seeks to ensure that people with disabilities have the appropriate skills, capabilities and resources and have access to secure and sustainable incomes and livelihoods. In human and social empowerment, society seeks to help people with disabilities gain control over their own lives and be able to act on issues that they define as important (Page and Czuba, 1999) while political empowerment is a result of collective action that results in collective change in which people with disabilities are enabled to claim their rights and entitlements (Piron and Watkins, 2004). According to Stromquist (1993), cultural empowerment constitutes the redefining of rules and norms and the recreation of cultural and symbolic practices that is, focusing on the minority rights of the disabled as an entry point for forcing positive change.

From these bases, disability rights movements seek to replace the oppressive marginalization of people with disabilities through various forms of empowerment and full inclusion (Winter, 2003). Empowerment of people with disabilities would result in them taking control of their own lives. Brisden (1998) implies that, empowerment of people with disabilities will manifest in improved personhood and autonomy. This would enable them to make their own choices which are free from unwarranted constraints. According to Varela (1983), the history of the efforts of disability rights movements, on behalf of legislation, which are aimed at facilitating the attainment of the twin goals of inclusion and empowerment, started in the 1950s and intensified during the civil rights movements of the USA. It is unfortunate that even in the 21st century; people with disabilities are still fighting for recognition and empowerment more so in Africa. However, Unesco (2013) observes that new technologies, for instance, present a potentially new approach to people with disabilities to access information and knowledge and hence to empower themselves. The most common and practical strategies for socio-economic empowerment of people with disabilities include provision of equal educational and training opportunities, equal opportunities for employment and access to financial resources, land, housing and amenities. Of these, education and training is the most fundamental. Tsengueta. (2005) assert that education is a powerful tool for economic empowerment of people with disabilities. All the other strategies and even all the components of empowerment are dependent on education and training. Unesco (2010) suggests that education and training empowers the marginalized groups to make choices and to take control of their life affairs.

5. Marginalisation of people with disabilities

Research shows that people with disabilities are often marginalized from society. A report on progress made in African countries towards empowerment of people with disabilities, compiled by the Committee on the Rights of People with Disabilities in 2012, noted that a significant number of people with disabilities in Africa experience chronic poverty (Unesco, 2013). They are sidelined from socio-economic activities. Unesco (2013) further reports that many families of people with disabilities are unable to afford school fees leading to lack of requisite qualifications to enter higher educational institutions and secure training and employment. This is compounded by lack of accessibility to schools, roads, public transport, reliable energy sources and medical facilities particularly in rural schools. This situation characterizes the lives of people with disabilities in Zimbabwe.

Further, people with disabilities are often under-employed or unemployed. This results from the general discriminatory tendencies of employers towards people with disabilities (Akintaro, 2004). Such attitudes are shaped by prejudices surrounding the ability of people with disabilities to perform work. The National Council on

Disability (2007) notes that, even in America, the employment rate of people with disabilities remains only half of that of people without disabilities, that is, 38% compared with 78% in 2005. In Africa the situation is obviously more pathetic. According to Tsengu et.al (2005:50), 'Experience suggests that the majority of persons with disabilities are unemployed and often denied employment opportunities even when they have met necessary requirements.' The National Council on Disability (2007) also identifies key challenges and barriers to greater employment of people with disabilities. The challenges range from the fact that some people with disabilities have extra costs associated with education or training gaps, the need for flexible work arrangements and disincentives from disability income and health care to employer discrimination, reluctance to hire people with disabilities, corporate cultures that are not disability friendly and the need for and cost of accommodations (UNESCO, 2013).

According to Oliver (1990), the sources of problems experienced by people with disabilities are constituted both at a personal and interpersonal level and constructed by institutional practices. On these bases Winter (2003) argues that the oppressive marginalisation of people with disabilities is also rooted in societal prejudices or misconceptions about disability. Earlier on, Berger and Luckmann (1996) insinuated that this oppressive marginalization of people with disabilities is also rooted and constructed by the dominant or hegemonic ideas and practices. This is called the plausible structure. For Perrow (1986) the plausible structure provides for unobstructive control of the premises upon which decisions are rendered plausible and thus acceptable by otherwise decent people who adopt policies and programmes which they regard as reasonable and plausible but which people with disabilities view as major sources of oppressive marginalisation. This problem in Zimbabwe is intensified as a result of limited or lack involvement of people with disabilities in policy formulation and implementation. In other words, disability is a product of the dominant culture, which even though often well meaning, nevertheless marginalises people with disabilities (Charlton, 1988). Thus, disability is a social construct which can only be mitigated through social transformation which ensures full participation and empowerment of people with disabilities.

6. The role of policy

Policy plays a crucial role in the empowerment discourses for people with disabilities. It guides best practices and secures the rights of people with disabilities and hence lays the foundation for their empowerment. This is observable in that lack of explicit disability friendly policies have perpetuated stigmatization and marginalization of people with disabilities while clear disability sensitive policies facilitate provision and positive regard for people with disabilities. There are several international conventions that guide national disability policies but Tsengu et al. (2005) are concerned that these are practically ignored by many African governments. Onoto (2003) comments that, as a result, people with disabilities continue to suffer increased marginalization, discrimination and oppression. Disregarding international conventions has actually caused some African governments to come up with vague or ambiguous policies which are often difficult to implement. This has also resulted in widespread patronage of people with disabilities by their non-disabled counterparts, more powerful disabled persons themselves and some disability organisations. ILO (2011) observes that policies for disability inclusion do not always exist and where they do, they are not always implemented. Ambiguity in disability policy usually comes about when people with disabilities are not consulted and involved in policy design and implementation. Leaving out people with disabilities in deciding their affairs often results in irrelevant policies. Chaltorn (1998)'s popular declaration 'Nothing for us without us' defines the whole scenario. In Zimbabwe, the new Constitution Amendment Number 20 (2013) and the Disabled Persons Act (1992) are landmark legislative frameworks that touch on persons with disabilities in specific terms. Although the Disabled Persons Act has been castigated for lack of clarity it does provide a springboard for empowerment of people with disabilities. In addition, the new Constitution has provided a renewed commitment on the part of government to provide for people with disabilities although very little, if any, has been achieved since its promulgation. Resultant legislative frameworks such as the Indegenisation and Empowerment Act (2007) now make specific pronouncements about inclusion of people with disabilities in social transformation agendas but they do not elucidate exactly how these people with will be catered for or participate.

7. Discussion

It is clear from this treatise that the level and direction of empowerment of people with disabilities is informed by the model embraced by the particular society. These models act as sources of attitudes towards people with disabilities, attitudes which ultimately shape society's ability to either empower or disempower its people with disabilities. It is also clear that these models for viewing people with disabilities are not purely discrete but overlap with each other. It is therefore important that if only the positive dimensions of even those models that seem to disempower people with disabilities were infused into a single more dynamic framework which is supported by clear disability policies, then people with disabilities even in Zimbabwe would experience genuine empowerment. But the concern here is that Zimbabwe seems to be more inclined towards those models that have the propensity to disempower people with disabilities. Clearly, no single model can adequately guide and effect full empowerment of people with disabilities, let alone if the model has disempowering agenda. It does therefore not pay to seek to isolate a model or even a set of models that would ultimately be used as a basis for empowerment policies for people with disabilities.

The other important dimension of empowerment that emerges here is that it would be a futile effort to try to empower people with disabilities without including them in all the processes of policy formulation and implementation, programme design and implementation. The rights of people with disabilities should not be seen as if they were different from the usual universal fundamental rights but they should be handled with more sensitivity in order to counter the stereotypes that have led to widespread marginalization of these people. This can only be successfully done in collaboration with the disabled people themselves. People with disabilities should actually be made aware of their rights and be helped to develop positive self-awareness if their empowerment is to be achieved and sustained. They should be capacitated to participate in all levels of decision making and community or societal development. This should be considered within the framework of all-inclusive disability sensitive policies that seek to provide a level playing field between the disabled and the non-disabled. Society itself should be conscious about the needs of the disabled and be able to appreciate disability as a natural difference and a positive attribute of diversity.

All strategies for empowering people with disabilities such as education and training, employment, economic funding and equitable provision of housing, land and social amenities should be supported by these inclusive policies. Perhaps this is all that Zimbabwe needs to make a landmark towards genuine empowerment of people with disabilities. In a way, policies that support disbursement of services and provisions aimed at empowering the disadvantaged indigenous peoples of Zimbabwe should be clearly made enforceable with specific regards to people with disabilities. In other words, it should be borne in mind that people with disabilities already experience a natural disadvantage when it comes to empowerment and therefore need some support in form of affirmative action from the state in order to place them at an equitable competitive advantage with their non-disabled peers. It is also reasonable to appreciate that people with disabilities are a heterogeneous group meaning that there are those who cannot equitably partake in education, training and employment. These should be empowered in their own relevant ways, for example through developing in them, daily living and self-help skills for independent living; and this should be specified in the policy frameworks. The government of Zimbabwe should not relinquish the responsibilities for empowering people with disabilities to private disability organisations under the pretext that some of their conditions technically exclude them from available state funded empowerment initiatives.

8. Conclusions

This paper concludes that people with disabilities in Zimbabwe have been left out of empowerment initiatives not only because of lack of clear policies but due to ignorance or lack of regard for people with disabilities by officials in relevant service ministries. The country has no documented empowerment framework which clearly delineates people with disabilities as beneficiaries but has shown reasonable commitment through promulgation of disability conscious legal frameworks. In education and health a lot has been done such as provision of free education and treatment to try to empower people with disabilities but lack of resources has hampered these efforts. Ignorance and prejudice still reigns supreme in employment circles, financial institutions and line ministries such as those responsible for the distribution of land, business and housing.

In these regards the paper further concludes that while Zimbabwe has in principle laid claim on the recognition of the needs and rights of people with disabilities, this is only on paper, yet in practice these people

have remained disempowered and marginalized particularly in the socio-economic and political fronts. Societal negative attitudes toward people with disabilities in Zimbabwe have remained the major disempowering barrier in these regards. Thus, negative attitudes toward people with disabilities in Zimbabwe have constrained the government's attempt at, empowering people with disabilities.

What is further disturbing is that people with disabilities themselves in Zimbabwe these days seem to be satisfied with the status-quo. It would appear that those few who became vocal and were rewarded in their personal capacities in the past are now content and the generality either have no representation at all or are not aware of their rights. There is currently very little if any disability activism in Zimbabwe. Non-disabled people who used to lay claim on advocating for the rights of the disabled also seem to have run out of steam or is it that their patronage is no longer business as usual due to the harsh economic environment. This is to challenge people with disabilities in Zimbabwe to keep demanding their share of empowerment and never to give up. Of course, the starting point for the empowerment of people with disabilities is removal of the social and physical/environmental barriers. Social barriers can only be removed by eradicating negative attitudes while physical barriers can be removed by modifying buildings, access points, transport and other infrastructural provisions to suit individual needs of people with disabilities as enshrined in the Disabled Persons Act (1992). This should be coupled with provision of relevant assistive devices. People with disabilities cannot be empowered unless they are enabled to access both the social and physical environments.

From the conclusions of the paper the following recommendations are advanced to form a solid foundation for the full empowerment of people with disabilities in Zimbabwe:

An all-inclusive framework of empowerment that defines all the dimensions of empowerment of people with disabilities must be designed and adopted by all service and line ministries in Zimbabwe.

A collaborative approach to the formulation and implementation of disability policies should be adopted. This must involve all stakeholders (e.g. special education teachers and administrators, disability organisations, social welfare officers, disability activists, civil society, counselors and psychologists, therapists etc.) and people with disabilities themselves and their families.

Policies must be rephrased to specifically enunciate how people with disabilities will be catered for. Enforcement procedures must be specified and adhered to.

All public officials must be exposed to disability issues through embracing these into their training, departmental mission statements and circulating disability information via workplace fliers and internet sites.

People with disabilities must be capacitated to demand their rights and entitlements through deliberate nationwide awareness and confidence building programmes.

A quota system should be adopted in employment, funding, land distribution and provision of housing and social amenities in Zimbabwe. When it comes to employment, attractive tax incentives should be specified for those organizations that choose to employ people with disabilities.

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