

# OSTRACISED: EXPERIENCES OF MOTHERS OF CHILDREN WITH DISABILITIES IN ZIMBABWE

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## ABSTRACT

The birth of a child normally brings joy and celebration to the family. On the other hand, the birth of a disabled child brings a number of challenges to the family. This article resulted from a qualitative study aimed at describing the experiences of mothers of children with disabilities in Zimbabwe. Data were collected using focus group discussions (FGDs). The composition of the focus groups was based on age. The first group comprised women in the 18–24-year age group; the second group was made up of 25–30-year olds; the third one was of those between the ages of 31–35 years; the fourth group comprised 36–43 year olds; and the fifth group was made up of women of 44 years and older. The study found that mothers of children with disabilities face a plethora of psychological, social and economic challenges, some of which seem to escape the attention of policy makers and development practitioners. Witchcraft accusation was identified in this study as the greatest challenge that mothers of children with disabilities face. As a result these mothers do not get support from family members and the community. In the absence of family and community support, government and non-governmental organisations have to come up with initiatives to support mothers of children with disabilities.

**Keywords:** Zimbabwe; children with disabilities; mothers; community; experiences; challenges; witchcraft

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## INTRODUCTION

The expectation of every parent is to see their children develop to their full potential (Baker and Fenning 2007). However, when a child is disabled, its birth can bring numerous challenges to the family. The birth of a disabled child may bring sorrow, sadness and pain (Thwala, Thwala, Ntinda and Buyisile 2015) or animosity and hatred to a family and community at large. Parents may blame each other for the birth of a child with a disability (Scorgie and Sobsey 2000). This is because in certain developing countries disability is still largely viewed as a curse or a result of witchcraft (Thwala et al. 2015). For Olshansky (1962) some parents may experience “chronic sorrow”, which are feelings of sorrow that persist for a long period of time. Smith (2002) and Blachar and Bakar (2007) observe that after the final diagnosis of the child as disabled, some parents face a whole gamut of emotions. The process of accepting the reality of having a disabled child could take time (Thwala et al. 2015). Lawal Enyebe, Obiako and Garba (2015), in Nigeria, however, indicate that some mothers of children with disabilities speak on behalf of their children and have managed to develop strategies to fight the stigma that is directed at their children. Ryan and Runswick-Cole (2008) observe that there is a growing trend where parents of disabled children are forming groups and associations for mutual support.

The population of children with disabilities globally is estimated to be between 93 and 150 million (United Nations Children’s Fund, 2013). The figure could be higher than this, considering that some of the children with disabilities born in developing countries are not registered (Tesemma 2011). The World Health Organisation (2004) in its Global Burden of Disease of 2004 estimated that among children aged between 0–14 years, about 5.1 per cent live with a “moderate disability” while 0.7 per cent, live with “severe disabilities”. In Africa the disability prevalence rates are hard to determine, partly because of the complex nature of a disability and partly because of the low level policy attention by governments and development actors. In the United States of America one out of six children is diagnosed with some kind of special need (Boyle, Boulet, Schieve, Cohen, Blumberg, Yeargin-Allsopp and Kogan 2011). In Zimbabwe the disability prevalence of the total population is estimated at seven per cent (Government of Zimbabwe 2013).

All over the world, people with disabilities are often perceived as inferior beings (Thwala 2004). On the other hand, not much seems to have been done by governments to educate people about the causes of disability. As a result, there are many reports of children with disabilities being killed or abandoned by their parents. Children with disabilities are often isolated by being prevented from interacting with other children, or because their parents feel ashamed that they have a disabled child.

## PROBLEM STATEMENT

Not much research has been conducted on the experiences of parents of children with disabilities. Chang (2009) has called for urgent and swift attention to be given to the experiences of mothers of children with disabilities. Most of the research thus far has tended to focus on best practice in caregiving (Valdivia 2007). In Zimbabwe, disability is still largely associated with witchcraft (Choruma 2007) and people with disabilities are often marginalised and treated as second class citizens (Rugoho and Siziba 2014). This ill treatment of people with disabilities often extends to their families (Green 2003). Mothers of children with disabilities shoulder much of this burden. This is because, as in many developing countries, the burden of taking care of disabled children is often left to the mothers, in many cases single mothers, because they are often divorced (Hodapp and Krasner 1994). Despite the many challenges faced by parents of disabled children in developing countries, their experiences are still not well documented. It is against this background that the present study was conceived with the main objective of examining and documenting the experiences of mothers of children with disabilities in Zimbabwe.

## RESEARCH OBJECTIVES

The main objective of the study was to explore the challenges faced by mothers of children with disabilities in Zimbabwe, using Harare as the setting for a case study. The study was guided by the following specific objectives:

- To examine the challenges faced by mothers of children with disabilities.
- To explore the contribution of families and communities in either alleviating or exacerbating the challenges faced by mothers of disabled children.
- To investigate the psychological and emotional impact of the challenges faced by mothers of disabled children.

## LITERATURE REVIEW

Children are celebrated and cherished for many reasons. They symbolise a blessing and guarantee the continuity of the lineage into the next generation. However, the birth of disabled child can be devastating to the parents and other family members. If the child has severe disabilities, it might mean changing the way of life of the family as the child might require constant care. The birth of a disabled child may affect the physical, social and mental well-being of parents (Hamedanchi, Khankeh, Fadaye, Fadayevatan, Teymouri, and Sahaf 2016). Their well-being, marital relationships, employment and financial statuses are often negatively affected (Yilmaz, Erkin and Ezke 2013). In some cases, deterioration in health and standard of living have been witnessed in parents of children with disabilities (Berker and Yalçın 2008; Deepthi and Krishnamurthy

2011; Jones and Kroese 2007; Oh and Lee 2009; O'Shea 2008; Rodrigues dos Santos, Biancardi, Celiberti and De Oliveira Guare 2009). The challenges that are faced by parents of children with disabilities have both social and economic dimensions. Studies by Shimabukuro, Grosse, and Rice (2008) in the United States of America among parents of children with disabilities showed that the economic costs of caring for a child with a disability can be overwhelming. Caring for a child with severe disabilities requires a lot of resources and effort.

As the monetary costs are high, parents (especially mothers of children with disabilities) have to make a lot of sacrifices (Shaw 2009). This can result in emotional stress to the parents (Floyd and Gallagher 1997). The challenges of parenting a disabled child have been cited as a major cause of high divorce rates among such parents (Hodapp and Krasner 1994). Thwala et al. (2015) note that in most cases parents blame each other for the disability of the child. Choruma (2007) observes that in Southern Africa women are usually blamed for the disability of the child. They are accused of witchcraft and the birth of a disabled child is taken as evidence of the mother being cursed for her evil deeds. The blame for the disabled child is rarely regarded as the responsibility of the father. African societies often not only accuse the mother for the disability, but also leave her to take total responsibility of the child. The man may marry a second wife or divorce the mother of the disabled child because of the superstitions surrounding disability. The tendency for parents of a disabled child to blame each other for the disability weakens the marriage, often ultimately leading to divorce (Arfan R 2012; Vijesh and Sukumaran 2007).

Parents of disabled children are often relegated to a lower social status in the community (Koszela 2013). The stress levels of mothers with disabilities are higher compared to those of the fathers (Croot, Grant and Cooper 2008). Mothers of disabled children often experience exhaustion because they are in charge of most of the household chores, including looking after the disabled children (Mugo, Oanga and Singal 2010). In most cases it is the mother who has to take the child to hospital, often facing the challenges associated with transporting a disabled child (Baxamusa 2011). Mothers of disabled children also often lack social and moral support (Lawal et al. 2015) and are often isolated from relatives and friends (Vijesh and Sukumaran 2007).

The stigma that is experienced by mothers of disabled children results in them withdrawing from social activities (Green 2007; Mitra 2011.) Upadhyaya and Havalappanavar (2008) and Rao (2001) found that much of the role of socialising the disabled child is often the responsibility of the mother. Fathers rarely participate in the socialisation of the child. This is one of the major reasons why stress levels are higher in mothers of disabled children than fathers (Upadhyaya and Havalappanavar 2008). This could be attributed to the patriarchal system of many societies in which women have always been on the receiving end of injustices (Edwardraj, Mumtaj, Prasad, Kuruvilla and Jacob 2010; Moh and Magiati 2012). Mirza, Tareen, Davidson and Rahman (2009) demonstrated that mothers are more worried about the future of their disabled

children, especially the girl child, than fathers. Mothers are always concerned about the vulnerability of their disabled girl children to abuse. A study by Rugoho and Maphosa (2015) on gender-based violence against women with disabilities, seems to confirm that this fear is not baseless. The researchers found a number of human rights violations perpetrated on disabled children by relatives and strangers. A study in Pakistan conducted by Sabih and Sajid (2008) found that parents generally have little hope for their disabled children. In most cases, parents of disabled children do not have enough knowledge on the management of the children's disabilities. Croot et al. (2008) and Mirza et al. (2009) found that in Pakistan parents and community members view disability from a cultural perspective, which regards disabled people as unclean leading to their exclusion from community activities. This exclusion is extended to the parents of disabled children. Research shows that most parents of children with disabilities in Pakistan and India feel isolated (Mirza et al. 2009). As a consequence of feeling ashamed and stigmatised they are less likely to use public services than others (Yousafzai, Farrukh and Khan 2011). Swartz and Watermeyer (2008) note that in Africa disabled children are generally regarded as "not entirely human". In Uganda and Kenya the belief that disability is the work of evil spirits, a curse or God's punishment results in children with disability being kept in isolation (Gona, Mung'ala-Odera, Newton and Hartley 2011). Hartley, Ojwang, Baguwemu, Ddamulira and Chavuta (2005) carried out a study in Uganda which found that caregivers of disabled children were subjected to a lot of stress-inducing treatment.

In Iran, Kermanshahi, Vanaki and Ahmadi (2008) found that mothers of children with Down syndrome were at the centre of stress circles. That is, they were at the centre of every stressful situation. Mol and Sujatha (2013) observed that in India giving birth to a child with Down syndrome would lead to a complete change of lifestyle for the mother of the child. Parents of such children often lack economic and social support. In a qualitative research conducted by Mol et al. (2013) and Wikler, Haack and Intagliata (1984), mothers have been shown to be suffering from chronic sorrow. Moh and Magiati (2012) observed that mothers of autistic children experienced considerable stress during the diagnosis phase as a result of being referred from one specialist to another. Glazzard and Overall (2012) noted that often there is not enough information on autism and parents may resort to media and other parents for diagnosis. Davis and Carter (2008) observed that on final confirmation of the autism status of the child, parents may enter into grief mode.

Parents of disabled children who reside in the rural areas have different experiences from those in urban settings. Melamed (2010) observed that parenting a disabled child in the rural areas is challenging. For children with special needs, the mother ends up providing the primary health care (Lasby, Newton and Von Platen 2004) and this experience can be painful and stressful for the mother (Pizur-Barnekow, Doering, Cashin, and Timothy 2010). Another challenge may be accessing specialist healthcare, which is often not available in the rural areas. In their longitudinal study conducted in Ontario amongst children with chronic health conditions, Wang, Guttman, To and Dick

(2009) found higher hospitalisation rates among autistic children in the rural areas than autistic children with the same conditions who resided in town. Halls (2008) also found that in Ontario mothers of children with disabilities who lived in rural areas also faced more painful challenges than those who lived in the urban areas. Arfan Riasat (2012) noted that in rural areas of District Faisalabad in Pakistan, parents of children with disabilities experienced challenges in accessing rehabilitation services and specialised information on disability. In Africa little is known about the experiences of mothers of children with disabilities who reside in the rural areas. The lack of information to help parents of disabled children is also a major challenge, especially in developing countries such as Zimbabwe. Jadad (in Crocco, Villasis-Keever and Jadad 2002) observed that the internet has of late been utilised as a source of information by parents of disabled children in their pursuit to understand the disabilities of their children. Crocco et al. (2002) observed that parents of disabled children lack access to credible information.

## METHODOLOGY

This study was carried out in Harare, the capital city of Zimbabwe. According to the population census of 2012, Harare had a population of over 2 million inhabitants. It houses most of the major industries of Zimbabwe. The study adopted a qualitative design. This decision was influenced by the nature of the information required. As explained by Leedy and Ormrod (2005), the main purpose of qualitative research is to understand an experience from the participant's point of view. It offers the chance to make meaning of both spoken and unspoken responses and to understand first-hand the experiences of the subjects of investigation. Furthermore, a qualitative design offers flexible ways to carry out data collection, analysis and the interpretation of collected data, and provides a holistic view of the phenomena under investigation (Matveev 2003). A qualitative research design also fosters a close relationship between the researcher and the researched (Polit, Beck and Hungler 2001).

### Sampling procedure and sample size

Harare was purposively selected because it houses a non-governmental organisation (NGO) which was founded by parents of children with disabilities. The women who participated came from different parts of Harare. The records of the NGO were used to ascertain the availability of the units of observation with the required characteristics, which were mothers of children with disabilities (Mugenda and Mugenda 2003). Participants in the focus group discussions (FGDs) were selected using the snowball sampling technique. The chain referral process allowed the researchers to reach a population of mothers of children with disabilities that would have been difficult to sample using other sampling methods. The sample consisted of 75 participants who were divided into five groups of 15 participants each. The first group comprised women

in the 18–24-year age group; the second group was made up of 25–30-year olds; the third one was of those between the ages of 31–35 years; the fourth group comprised 36–43-year olds; and the fifth group was made up of women of 44 years and older. Participants met at the offices of an NGO that made its boardroom available for FGDs.

## Data collection method

Data were collected using FGDs. The advantage of a focus group discussion is that it allows for spontaneous development of confidence among participants. As observed by Mason and Wilkinson (1996), FGD is a popular means of collecting data in the social sciences. Ivanoff and Hultberg (2006) further observe that FGDs offer a robust platform for participants to exchange ideas and opinions. Participants who are not comfortable in one-on-one interviews are more comfortable with FGDs and they will develop confidence with the researcher. FGDs allow the researcher to obtain insight into the setting, context, environment and experiences of participants. Forchuk, Jeffrey, Reiss, O'Regan, Ethridge and Rudnick (2015) also note that FGDs offer an opportunity to hear the “actual voices” of participants. An FGD yields a robust range of views and opinions on a particular subject (Yin 2011), and provides an opportunity for participants to probe each other's responses as well as the reasons why they hold certain views (Stewart, Shamdasani and Rook 2007). This is supported by Forchuk et al. (2015) who observe that FGDs enhance interaction within the group. FGDs also allow for the collection of a breadth of knowledge, experience and views within the group to produce a range of themes for analysis (Jackson 1998). Ivanoff and Hultberg (2006) also note that the places in which FGDs are conducted are in most cases known by the participants, hence enhancing the sense of “feeling at home”. As Barr, McConkey and McConaghie (2003) state, FGDs have been used successfully in a number of studies on disability issues.

## Data collection process

Before conducting the FGDs, the board of the NGO working with parents of children with disabilities was informed about the objectives and methodology of the study. Permission from the board was obtained prior to the commencement of the study, and participants were also informed about the research, its nature, purpose, and use of the information they would provide. The consent of research participants was obtained before the study commenced. Following Booth and Booth's (1996) advice, the researchers used direct questioning without abstract conceptual or time-oriented questions, working to develop a mutually trusting relationship and setting the agenda together with the participants. During the FGDs, participants were able to bring to the fore issues they deemed important and significant for them (Bryman 2001). The Shona language, which was spoken by all participants, was used to make it easier for participants to express their views. The researchers took particular care to be flexible

during the discussions, allowing for multiple breaks in order to accommodate those participants who felt fatigued. All the FGDs were recorded using a tape recorder.

## Data analysis

Data were analysed using the thematic approach. It employed the following steps: familiarisation with the data; systematic reading; coding; searching; categorisation and generating of definitions; and interpretation.

## Ethical issues

The study took into account the following ethical considerations: voluntary participation, confidentiality, anonymity and informed consent. The participants were informed that their participation in the study was voluntary and that they were free to withdraw from the study at any time without having to give reasons for their withdrawal and without incurring any penalty (McMillan and Schumacher 2003). The objectives and process of the study were fully explained to the participants beforehand, leading to informed consent. Participants were also informed that the information they gave would not be disclosed to anyone but would be used solely for academic purposes. They were also assured that their identities would not be disclosed to anyone. Kaiser and Trent (2007) emphasise that confidentiality and anonymity should be guaranteed in qualitative research so as to avoid harming the participants in any way.

## FINDINGS

The study found that mothers of children with disabilities face a number challenges, which affect them psychologically, socially and economically. The following sections present and discuss the challenges that are faced by mothers of children with disabilities in Harare.

### Divorce or termination of relationships

Women who give birth to children with disabilities are often divorced by their husbands after being accused of having caused the birth of a child with disability. Husbands usually blame the disability on the mother, sometimes even without seeking medical explanation for the disability. This was clearly articulated by a 33-year-old single mother:

I gave birth to a baby girl who has severe cerebral palsy, she is my second child. My husband visited us twice in hospital, then he ceased coming. I then phoned him to ask why he had stopped visiting us. He told me that he was not the father of the child. That was the end of our relationship. Now the girl is 10 years old and she has never met her father.



This was also the experience of another single, 40-year-old woman who stated:

After the birth of our disabled child my husband was pressurised by his relatives to divorce me. His mother claimed that there was no one with a disability in their family and therefore it was not possible for her son to have a disabled child. I was beaten by my husband like a dog every day for the birth of my disabled child. I was left with no option but to leave the home.

A 23-year-old single mother shared a similar experience:

Giving birth to a disabled child brings unbearable problems to the mother. My husband could not accept the fact that he had a disabled baby and never wanted to have anything to do with him. He could not even assist me with getting a birth certificate for him. As a result, my son is using my surname because his father said that he did not want him to use his surname. He threw me out of our matrimonial home. He took me back to my parents' home and falsely accused me of infidelity, claiming that the birth of our disabled son was a sign that his ancestors were angry about my infidelity.

## Extra marital affairs by husband and denial of conjugal rights

Some married women with children with disabilities complained about their husbands' extra marital affairs. The women were not sure whether their husbands' infidelity was a reaction to the birth of children with disabilities or not. They could only speculate. Some of them perceived their husbands' unfaithfulness as a way of coping with the stress associated with having a disabled child. Others thought it was their husbands' way of "punishing" them for giving birth to children with disabilities. Women with disabled children, who at the same time have to deal with their husbands' infidelity, expressed experiencing a lot of pain.

A 29-year-old, married woman stated:

When I gave birth to a disabled child my husband initially seemed to be supportive. He was doing everything for the child, including bathing him. Gradually he started coming home late. My suspicion was confirmed when I went through his mobile phone and came across messages he had been exchanging with his mistresses. When I confronted him, he became hostile and told me that he was looking for a woman with a healthy womb. He was looking for someone who would bear him children without disabilities. I went through a lot of mental and emotional anguish. His irresponsible behaviour has resulted in him impregnating three other women.

Another respondent, a 31-year-old married mother had this to say:

When I gave birth to our fourth child, who is disabled, my husband stopped having sex with me. He eventually married a second wife with whom he is having sex. When I confronted him about it, he told me that he was afraid I would give him another disabled child. I am being punished for giving birth to a disabled child.

A 39-year-old woman also stated:

He told me that he would not have sex with me otherwise the house might be full of disabled children. For the past seven years he has not slept with me. I suspect he is having extra marital relationships.

## Witchcraft accusations

Women who give birth to disabled children are often accused of witchcraft. This is despite the existence of a law in Zimbabwe that makes it illegal to accuse someone of witchcraft. The women in the study pointed out that accusations of witchcraft are often made by in-laws, the partner and the community. Although witchcraft accusations can be made against other members of the family or members of the community, mothers of disabled children are often the targets of witchcraft accusations.

A 46-year-old woman had this to say:

No one openly accused me of witchcraft, they did it behind my back—even my husband. I heard it through the grapevine that my husband and my mother in-law were accusing me of causing the disability of our child because I was a witch. I was very, very traumatised by that experience.

A single mother, who was 32 years old, narrated:

When I gave birth to our disabled daughter the family recommended that a spiritualist be consulted to establish what caused the disability. The spiritualist accused me of practising witchcraft. He said that the family ancestors were angry with my alleged witchcraft practices and had cursed the family with a disabled child. I was thrown out of my matrimonial home and returned to my parents' home. It was such a painful experience. I do not practise witchcraft, I am a Christian. As mothers of disabled children, we experience a lot of pain as we have to deal with the disability of our children as well as the accusations of having caused it.

Another respondent, a 33-year-old single mother also narrated:

My husband and his sisters accused me of practising witchcraft. No one stood by me as they cursed me and instructed me to take the disabled child to my parents, whom they accused of initiating me into witchcraft.

A 25-year-old single mother said:

Members of the community have accused me of being responsible for my three children being born with Down syndrome. No one wants to associate with me. I have no friends. I carry the burden of looking after the children alone.

## Lack of government support

Evidence shows that there is little government support to the mothers of disabled children. Counselling to women who give birth to children with disabilities is often

provided by nurses in government hospitals. The nurses are often overburdened with other responsibilities and usually demotivated. Counselling provided outside government hospitals is costly and often out of reach of mothers of children with disabilities.

A 20-year-old woman, who is a divorcee, said:

We do not get any help from government. My daughter needs artificial legs every year. She was born without the tibia bones below the knee and doctors advised that the best option was to amputate, since she could not use her legs to walk. They said that she would need to change her artificial legs every year as she is growing. I am meeting all the expenses associated with her condition alone. I do not have a lot of money; I am only a vegetable vendor. Life is so difficult that I often spend sleepless nights trying to figure out how I can make ends meet. I have no one to help me. The father of the child abandoned us. The Ministry of Social Welfare officers are always telling me that the government does not have money.

Another respondent who had the same experience had this to say:

My child has severe cerebral palsy. She cannot do anything on her own. I have to be with her most of the time to change her diapers. However, sometimes I am forced to leave to look for part-time work to support the family. My husband is in informal employment and his income is irregular, so I have to help. There are no grants from the government to assist in taking care of the child. The private sector is also not helping at all.

A 26-year-old mother added:

Having a disabled child is a curse. As mothers of disabled children, we face a lot of challenges and there is no one to help. Sometimes these children develop bed sores and we need bandages and medication for them. Hospitals do not help with providing medication and supplies; we have to buy them for ourselves.

## Anxiety and fatigue

Mothers of children with disabilities also reported that they suffer from anxiety. The feelings of anxiety are usually caused largely by worrying about the future of the disabled children. One of the respondents stated:

Every time I think of going away, such as when I have to attend a funeral, I get depressed as I imagine what might happen to my boy who is so dependent on me. I find myself wondering about who is going to help him when I am gone. His father left me for another woman and does not want to have anything to do with his son. Surely my child would die from negligence.

Another respondent stated:

Anxiety has been my biggest challenge since the birth of my child with a disability. When he goes outside to play I become so anxious about the attitudes of other children towards him. I also become anxious when he visits other people's houses. I always imagine him being excluded, taunted or abused. I am always anxious about his future.

Parents of children with severe disabilities complained of working extremely hard for many hours. They have to do this as a way to ensure that the family is provided for.

A 27-year-old mother added:

I work like a mining machine because I do not rest. My child has severe cerebral palsy and cannot help herself, so I have to do everything for her. I also have other children who are going to school and also need my care and love. My ex-husband is not supportive. I have to wake up late at night to clean her up as she often soils herself at night. Sometimes I wake up about five times at night to change her clothes. The nurses advised that I should frequently change her to prevent infections and other diseases. During the day I sell vegetables from home because I cannot leave her alone. I go to the market around 4 am before the other children leave for school.

A 32-year-old single mother explained:

My child has severe Down syndrome. Now she weighs more than 30 kilograms and I have to lift her every now and then. I have since developed a back problem. This kind of life is very stressful, especially if one does not have any support like me.

## DISCUSSION OF FINDINGS

Evidence from this study shows that mothers of children with disabilities face many challenges; some of which are not being noticed by policy makers and development practitioners. Their challenges emanate from husbands or partners, the extended family and the community. The challenges faced by mothers of children with disabilities have social, psychological and economic aspects. Mothers of children with disabilities are often divorced or separated from their partners after being accused of witchcraft. The witchcraft accusations often lead to divorce amongst partners. Vijesh and Sukumaran (2007) note that witchcraft accusations ultimately lead to the collapse of the marriage institution. Respondents reported that they had been divorced after being accused of giving birth to disabled children. In most cases, these women were accused of practising witchcraft and the birth of a disabled child was often believed to be punishment by God or family ancestors for their deviant behaviour. The practice of linking the birth of disabled children to the practice of witchcraft by the mother in this community is consistent with the findings of Choruma (2007). She found that in Zimbabwe many communities still perceive disability as a curse for some wrongdoing.

Mothers of children with disabilities experience isolation from relatives and neglect from the government. They alleged that the government of Zimbabwe was not doing anything to ameliorate the suffering of mothers of children with disabilities. Parents also lack moral support from family and relatives. Green (2007) claims that such isolation will cause stress to the parents. Rao (2001) also found that in India mothers of children with disabilities were stressed because the burden of taking care of the disabled children is left to them. In this study, women also highlighted that they take care of their disabled children alone; including bathing, carrying and feeding them.

Mothers of children with disabilities also experience economic challenges. In their efforts to provide for their disabled children they end up working long hours. Disabled children require a lot of money for their upkeep. Economic challenges faced by mothers of children with disabilities have been observed in both developed and developing countries. For example in the USA, parents of disabled children were also found to be experiencing economic challenges (Shimabukuro et al. 2008). This was also supported by Shaw (2009) in their study in Colombia, who concluded that the money would have to be used for a number of things in an effort to take care of the disabled child. In Nigeria parents of children with neurological disabilities also confirmed to be suffering from social and economic challenges, as observed by Lawal et al. (2015). This phenomenon was also raised by mothers with children with disabilities during the study at hand.

## CONCLUSION AND RECOMMENDATIONS

Taking care of a child with a disability is a gendered activity as demonstrated by the study. The patriarchal system makes taking care of children with disabilities the role of women. Patriarchal power also allows mothers of children with disabilities to be labelled as witches. Mothers of children with disabilities face several challenges which they have to deal with on their own, leading to serious social, psychological and economic impacts. Negative attitudes towards disability issues are still widespread and families have failed to provide support to mothers of children with disabilities. It is against this background that the research makes the following recommendations:

- Government and non-governmental organisations should come up with initiatives to economically empower mothers of children with disabilities.
- Society should be educated on disability in order to demystify and destigmatise it.
- Counselling services should be provided to both parents of children with disabilities and all close family members.
- The health services should be made accessible to parents of disabled children.
- Parents of children with disabilities should be encouraged to join support organisations for mutual support and information sharing.

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