

## Rural Young Children with Disabilities: Education, Challenges, and Opportunities

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**Abstract:** The plight of young children with disabilities who live in rural communities remains unsolved issue in many developing countries. Culturally, many people have negative beliefs regarding the causes of disabilities. Disability may be associated with punishment by gods, ancestral spirits resulting from mother's promiscuity during pregnancy, witchcraft, or evil spirits. This article focuses on challenges and opportunities of young children with disabilities who live in the rural communities of Eswatini and Zimbabwe, and related to accessing early childhood development (ECD) education services. Lessons drawn between the two countries reveal that in Eswatini, the Disability Unit which caters for disability issues is under the Social Welfare Department and is accommodated in the Deputy Prime Minister's Office. In Zimbabwe, Chikwature, Oyedele and Ntini (2016) noted that an inclusive education policy is still yet to be drafted. Disability issues are still not fully represented constitutionally. Using the social exclusion theory enabled the researcher to determine how deeply rooted social exclusion is in the attitudes of teachers and rural communities. Using interviews and focus group discussions, 30 parents/caregivers for children with disabilities, aged 4 to 5 years, were purposively sampled for study. Results showed that the failure of these children to access ECD services in the community impacts negatively on their holistic development. Most children with disabilities who grow up in an environment and society characterized by negative attitudes and beliefs, and prejudice about disabilities are bound to imitate and perpetuate these attitudes, hence, intervention is critical. The study recommends that there should be unity of parents/caregivers, communities including schools and international forums, to garner much support to assist children with disabilities.

**Keywords:** Children with disabilities, rural communities, ECD services, Social exclusion

### Introduction

Children with disabilities are commonly treated with skepticism in many African communities. Mailwane (2016) explains that societies react with fear, anxiety, dread, repugnance, aggression and denigrating behaviour towards children with disabilities and their families. This reaction often leads to disabled children's isolation, and discrimination and prejudice against their rights and privileges. According to the African Child Policy Forum (ACPF, 2011), these children are treated either with respect and admiration, or negatively, with ridicule, subject to the type of disability. Allen (2010) explains that children with albinism may be valued by those who believe that these children's body parts possess great magical powers, and that concoctions made from albino body parts can lead to wealth. Conversely, varying degrees of mental challenges may be regarded with contempt if it is believed that these conditions represent calamities to the family, handed down by the gods as punishment for the family's misdemeanors or other misfortunes (Dhemba & Dhemba, 2018).

The Constitution of the Republic of Zimbabwe, No. 82 (Government of Zimbabwe, 2013:22) provides for ECD services for children with disabilities, nonetheless, in many rural communities this provision is still in process, a dream yet to be realized. Education for all should include access to quality education opportunities for all children, regardless of social status, disability, race or religion. In Eswatini, young children with disabilities maybe found in conventional schools as there are few special schools, and these maybe incapably resourced to meet the needs of such children, (Human Rights Council, 2011). It is critical to note that in developing countries, many of those schools offering integrated education are not user unfriendly to young children with

disabilities, many have no proper infrastructure and other amenities for children with disabilities, (Human Rights Council, 2011).

Early childhood spans the period between birth and eight years, when development is at its peak (WHO: 2012). This article focuses on children with disabilities, aged four to five years. The Venda people are a small ethnic minority, predominantly settled in the Beitbridge district, Matabeleland South province, on Zimbabwe's southern border with South Africa. They generally experience political suppression and isolation (Silverman, 2013). Notwithstanding the influences of globalization in Zimbabwe, Venda cultural beliefs still dominate their ideas about the causes and ramifications of disabilities. The ethnic cultures of the Venda, just like that of the Tonga of Binga, are strong driving forces of self-assertion, resilience and development in their respective homelands (Muderedzi, Eide, Braathen & Stray- Pedersen, 2017). They still turn to remnants of their traditions to find answers when they experience misfortune, such as disease, disability or death.

In most parts of the world, rural communities are affected by global socio-economic changes, such as perennial droughts, high unemployment and inflation rates, increasing poverty, loss of family values, and the slow pace of economic growth (Sikongo, 2002). Geiger (2012) points out those families in rural and semi-rural settings experience lack of support, awareness and knowledge regarding their children with disabilities; they struggle to care for their children with the limited resources they have. Because of poverty, they are incapacitated and have limited access to health care services, and this situation is exacerbated by the repercussions of HIV and AIDS (ACPF, 2014). Regardless of government policies that define early childhood services for young children with disabilities, Adnams (2010) and Geiger (2012) report that such services are rarely given precedence or adequately coordinated to the needy. In the wake of these inadequate or inaccessible services, non-governmental organizations (NGOs) sometimes intervene to offer support and services to children with disabilities and their families (Adnams, 2010). Nonetheless, the question that remains unanswered is, "Are NGOs doing enough to meet the needs of young children with disabilities who have no access to ECD centers?" In both Eswatini (*formerly Swaziland*) and Zimbabwe's rural communities, education for children with disabilities appears to be disintegrating and is seldom accessible. Estimates of the prevalence of children with disabilities are poorly validated and scarce (ACPF, 2014). They are generally not fully accepted, unlike the case with their peers without disabilities. Children with disabilities are rejected, excluded, shunned, stigmatized and discriminated against in relation to services and activities that take place daily in their lives. A study by UNICEF (2011) reveals that young children with disabilities who live in urban communities are not entirely spared either, as the special schools that provide the services they need are expensive and inadequate.

South Africa, Lesotho and Malawi are examples of countries that have good policies on paper for persons living with disabilities; however, they fail to put these policies into day-to-day practice (ACPF, 2014; Kotze, 2012). The social stigma associated with disability results in marginalization and isolation, and often leads to dependency. In South Africa, Human Rights Watch (2015) states, one of its key findings, that children with disabilities continue to face discrimination when they access all types of public schools, thereby, limiting their access to education services.

A study in Lesotho by Kotze (2012) reveals that disability has long been regarded as a taboo. As a result, the birth of children with disabilities is a source of embarrassment to their families. Such children are often locked indoors, away from the rest of the community. In Malawi, children with disabilities, especially those from rural settlements, have very few opportunities to attend school (Kotze, 2012). Thus, children with disabilities end up abandoned or neglected, and are bound to remain extremely vulnerable. According to Uganda Bureau of Statistics (2012), in 2008, children with disabilities represented only 0,023% of the general primary school population. The ACPF (2011) reports that an estimated 76% of children with disabilities in Sierra Leone are out of school, and about 1% of Ethiopia's school-aged children with disabilities have no access to education. Many schools in these two countries take children with disabilities on board lack infrastructure, resources, trained and skilled personnel to do counseling. Greeff and Nolting (2013) report that, because of poor quality services provided by centers in rural communities, children living in poverty are unlikely to receive adequate early childhood education that could compensate for the experiences they lack at home and in the community. It appears that proper facilities are not available for young children with disabilities across most of the African continent.

The National Association of Societies for the Care of the Handicapped (NASCOH, 2013) reports that, in Zimbabwe, disability affects over 10% of the population. In contrast, the government of Zimbabwe estimates that only about 130 000, or 1% of children, live with disabilities in Zimbabwe (Nyikahadzoi, Chikwaiwa & Mtetwa, 2013). Braathen, Munthali and Grut (2015) confirm that explaining and understanding disability varies from one place to another; for instance, disability may be defined in terms of supernatural, spiritual or religious

theories. The WHO (2011) views disability in terms of incapacitation, whereas Khupe (2010) and Lang and Charowa (2007) equate disability to a burden on society. An extensively accepted conception of disability in many African contexts, including Zimbabwe, is that a child born with a disability is seen as a misfortune, and should be hidden or killed. Curran and Runswick-Cole (2013) give reasons for this conceptualization, for example, the mother is being punished for her wrongdoings, and the child with a disability is meant to expose her behavior. In rural settings, families of children with disabilities may be ostracized and expelled from society and may be accused of witchcraft and other obscenities (Algood & Harris, 2013).

A study conducted by Osis (2012), on the education of children with disabilities in Southern Africa, revealed that, generally, children with disabilities have been historically relegated to the peripheral. Sadly, it is noted with concern that many times they have been denied access to educational opportunities as compared to their non-disabled peers, thus, leaving them continually susceptible to those factors such as poverty that limit or restrict access to education. This is in spite of the fact that Eswatini has sought to unequivocally define and explain inclusive education in the policy frameworks.

Desolately, children with disabilities often face exclusion and deprivation regarding accessing their rightful services and basic privileges, including ECD services. An ACPF (2014) study reports that stigma, discrimination and exclusion are deeply rooted in traditional African beliefs and attitudes surrounding disability. A study by Dengu (1997) found that the advent of Christianity changed attitudes to children with disabilities—some societies now see these children as gifts from God. However, in some settings, feelings of shame still persist, leading to stigmatization and cases of hiding children. Muderredzi et al. (2017) found that the Tonga, a minority ethnic group of Zimbabwe, do not blame themselves for a child's disability, which explains their views about caring for their children with disabilities, which does not include hiding or mistreating them. Some African communities, such as the Xhosa in South Africa (Mckenzie & Swartz, 2011) and Maasai in Kenya (Talle, 1995) accept children with disabilities as gifts from God, and consider them to be valued members of the community.

### **Statement of the Problem**

Mwamwenda (2004) states that most children in Western developed countries have the opportunity to access ECD services during their early childhood years. However, the same cannot be said of young children with disabilities living in rural communities of Eswatini and Zimbabwe, who are more susceptible to developmental risks. In spite of all the initiatives that have been instituted, some young children are still not accessing ECD services, particularly children who are living with disability. Young children with disabilities in rural communities are the worst affected by lack of access to ECD services.

### **Research Questions**

1. What are the challenges and opportunities of young children with disabilities who live in rural communities in Eswatini and Zimbabwe, regarding access to ECD education services?
2. What are the perceptions of communities with regard to children with disabilities in Eswatini and Zimbabwe and access to ECD services?

### **Aim of the Study**

The aim of this study was to explore challenges and opportunities of young children with disabilities who live in rural communities of Eswatini and Zimbabwe, in relation to accessing ECD education services.

### **Social Exclusion and Disability**

Yeo and Moore (2003:572) view disability “as the loss or limitation of opportunities to take part in the everyday life of the community on an equal level with others due to physical and social barriers”. Expounding on the disability concept, Wrestling and Fox (2009) view disability as conditions that substantially incapacitate individuals physically, socially or academically, or in relation to sensory processes. Definitions of disability vary contextually from one place to another, and are mainly dependent upon the domestic legislation of a state (Wrestling & Fox, 2009).

This study was guided by the social exclusion theory, in an attempt to gain insight in the dimensions of accessibility to material resources, social participation and access to ECD services by young children with disabilities who live in rural areas (Stanley & Currie, 2006). While poverty and social exclusion are closely intertwined, social exclusion has been described as the existence of barriers that make it difficult or impossible to participate fully in society or to obtain a descent standard of living (Social Exclusion Unit, 2003). Bradshaw, Kemp, Baldwin, and Rowe (2004) argue that income poverty is the most commonly cited cause of social exclusion; other barriers include disability, lack of education opportunities and ethnic minority status. Saunders (2003) explains that the logic of the social exclusion approach is that including people with these disadvantages is not only, or even necessarily, to give them more money, but to develop social policies that specifically address their sources of disadvantage.

Research indicates that targeted investment in ECD provisioning reduces social and economic inequality (Hwenha, 2014). Therefore, the article chose to utilize social exclusion theory, so as to understand the deeply embedded sociological factors that influence access to ECD services in rural settings by children with disabilities. This research focused on the challenges of and opportunities in accessing ECD education services by young children with disabilities who live in rural communities in Manzini region, Eswatini and Beitbridge, Matabeleland South province, Zimbabwe.

## **Methodology**

The article adopted a qualitative research approach to collect data for this study. Cohen, Manion and Morrison (2011) argue that qualitative studies develop general explanations that need little or no further scientific validation. Thirty parents/caregivers (20 from Zimbabwe and 10 from Eswatini) of children between the ages of four and five years with disabilities were purposively sampled. Prior to participation, participants were informed of the aims of the study and that their identities were to remain anonymous. Only those who verbally consented participated in the study. The study made use of interviews and focus group discussions to generate data. Parents' endeavors to access ECD services and education for their children with disabilities were investigated. Information-rich participants, who were purposively selected, exhibited the precise qualities the study intended to dwell on (Teddlie & Yu, 2007).

## **Data Collection**

Data collection comprised semi-structured interviews with parents (as caregivers) of children with disabilities. The semi-structured interviews gave the researcher a degree of flexibility during the interactions, as new and interesting topics raised by participants, which may not have been considered at the outset, could be pursued (Smith & Osborn, 2003). Ten participants (P1 – P10) were interviewed individually, whilst two groups of five participants (FGDA and FGDB) participated in focus group discussions. Open-ended questions were used to give respondents room for variation and exposition, were carried out at the homesteads of the parents/caregivers (Cohen et al., 2011). The interviews were tape-recorded. Focus group discussions were conducted at centrally arranged points, for ease of access by the participants.

## **Data Analysis**

According to Riessman (2008:54), "thematic analysis focuses on the content of narratives (what is said rather than how the story unfolds) and can be applied to narratives produced in interviews and written documents". A thematic approach to analyzing data was adopted, so as to identify, evaluate and report emerging themes. The interviews were transcribed and translated from the language used in the interview, to English. Group discussions were carried out purposively, for the purposes of member-checking and to collect new data.

## **Results**

In this section, results of the study, in the form of themes that emerged, are presented in relation to the literature reviewed. The research questions are answered, and the study is concluded by presenting recommendations that emerged from the data.

## Understanding of Disability

Participants were asked to share how they understood disability, and they offered wide-ranging elucidations. Some participants stated that it was one of those things that happen in life – part of life – while others had no idea what disability is and, thus, just shrugged their shoulders as a way of indicating they did not know and did not care to find out. While some participants indicated that all children are gifts from God, others showed distress. During the interviews, a participant reported that, when she gave birth to the child, she had no idea that she had given birth to a child with a disability, as it was not explained to her at the hospital:

*They did not immediately tell me. They just assured me that it will be better and as time went on my child will get better. I kept on hoping that my child will be okay until I realized that it was something permanent. (P2, P7)*

Disability was also perceived to involve physical bodily deficiencies; other forms of disability were regarded as minor, thus, they were an accepted part of the phenomenon. Parents indicated that, if a child is able to be of help in the homestead, then disability is not important. One parent in a focus group stated:

*My grand child is deaf and dumb, but he can do simple chores (P2).*

## Insights on the Causes of Disability

Most participants blamed disability on witchcraft or angry ancestors, or saw it as punishment for certain behavior, or the result of a curse. Some participants concurred that the birth of a child with disabilities in a society that does not believe in natural phenomena is a difficult and painful experience; they reported that individual parents or family members were usually blamed. People tend to believe that they have been bewitched or the family is being punished. A career of a four-year-old boy claimed that the disability was the result of social conflict:

*Disability is caused by witchcraft or when the family has not brewed beer to appease the ancestral spirits or in cases where the family may have murdered someone and the spirit coming back to haunt the affected family by causing disability. (FGDB)*

In another case, disability was seen as a curse. A young parent of a disabled child believed that the cause of her child's disability was witchcraft:

*My late mother-in-law bewitched my child. She never wanted me to marry to the family, when I was pregnant she forced me to drink some concoction purporting it was to help me deliver the baby without pain, which I believe was meant to facilitate a miscarriage. However, by God's grace that never happened. She was never friendly to me. (P4)*

The participant explained that the child drooled constantly, had a loose spine and could not sit on her own at six months. She said the child had been taken to traditional healers, who had confirmed witchcraft. The child had to be strapped on an adult's back all the time, ruling out her ever attending school.

A mother of a five-year-old boy saw disability as punishment. She explained that she strongly believed that angry gods and spirits caused her child's disability. Asked to expound, she said:

*My grandmother used to be a sangoma [traditional healer], when I was born I was to inherit her items so as to continue with the tradition, my mother refused as she was a Christian. I had challenges at school, when I finally got married; I was told that I will never give birth to a normal child. My mother insisted we will ask God to intervene but it never worked. (P1)*

*I was married to a polygamist as the second wife. We had been always had conflicts with the first wife. I left my husband when I was pregnant to get a relief of my challenges in my marriage. When I gave birth, I discovered that my child was disabled. I strongly think that this was a result of enmity from serial conflicts I had in my marriage. (P3, P10)*

An important matter noticed in all the participants was that, after the discovery of the disability, they all asked themselves why it had happened to them. Dominating the reasons for disability manifestation was witchcraft, angry gods and ancestral spirits. When they could not pinpoint a reason, the family resigned themselves to accepting the disability as a gift from God, or that it was part of life. When children were seen as gifts from God, participants reported that they took their children to their churches for healing; in some instances they would also later visit traditional healers for further help, sometimes because family members insisted on finding the causes for the disability. In all instances, participants confessed they did not know if the children would be accepted at the ECD centers, as no one had discussed it with them.

### Culture, Beliefs and Attitudes

Sensitivity, myths, misconceptions and despicable beliefs are held in society regarding children with disabilities. Shocking revelations by participants exposed the naked truth about the way children with disabilities suffer a double blow, that is, they have to endure the disability and contend with an unwelcoming society. Some of them, despite their immobility, are targets of ritual killers who believe that the mixture of their body parts and herbs can bring wealth, victory and success. Participants' revealed lack of support from the fathers of children with disabilities – in many cultures, the tendency is to blame the birth of a disabled child on the mother. Hence, husbands or partners desert the mothers of their children, because they do not consider themselves as capable of fathering children with disability:

*The father disappeared soon after the child was born. He never communicated; he accused me and my family of having bewitched the child. (P5, P9)*

Another participant reported the same experience:

*He left when the child was sick; I have never seen him since. His [the child's] paternal family really does not care about him. They do not support him in any way. I was later told that his father remarried. (FGDA)*

Taking into consideration the culturally diverse societies children are exposed to, the existence of different traditions, cultural values and practices is a common phenomenon. This diversity in the nature of traditions, cultures and belief systems that people subscribe influence their attitudes towards various matters, including disability. Every individual subscribes to his/her own belief systems; therefore, reality may be represented differently from one society to another. The belief systems held by a particular group of people helps them to make sense of the world in which they subsist.

### Access to Early Childhood Development Services

Children with disabilities belong to a vulnerable group; hence, they should be taken care of in totality. The situation is desperate and disheartening for children living in rural communities. Although the government has strategic policies that give guidelines regarding services for children with disabilities, such services are rarely given priority in resource allocation. Admittedly, some of the services might be expensive to provide, and the government may not have the resources to meet every need, however, it seems that children with disabilities in rural areas are not even known to exist. The question is, thus, how government intends to meet the needs of these children, to help them realize their rights as enshrined in the United Nations Convention of the Rights of the Child (UN, 1989). Participants expressed ignorance and skepticism about the existence of ECD services for their children with disabilities. One participant stated that,

*I know there is an ECD center at our local school, but the school is for normal children. I can never take my child there because he cannot sit independently so I will need to be there with him all day. I have to work in the fields to be able to feed him and other siblings. I strap him on my back all the time. (FGDA)*

Another participant said,

*My child needs a wheelchair and the school is very far. I cannot afford to get him there. He has never walked and the nurses at the hospital advised me to keep him at home. Maybe if the government could build centers near our homes, I could consider taking [him] there. (P3, P7)*

Naturally, every person has an array of aptitudes, abilities and capacities. No one is perfect – we all have some form of disability, what differs is the degree of disability. Young children with disabilities have the right to access ECD services and achieve their unique and full potential. Education, practical or academic, lays a solid foundation for anyone's future, therefore, failing to provide children with disabilities with access to the services they need is equal to denying them their right to life. Children with disabilities are also subjected to negative attitudes in the societies where they live. A participant shared the difficulties her child endures to adjust in the neighborhood environment:

*The challenge is, she wants to play with other children at home, but because of her disability other children do not include her in the games they play. The only best thing I can do is to sit her in the dish or cardboard box, support her with some rugs and let her watch what others are playing. (FGDB)*

The attitudes people display towards children with disabilities are cause for concern. Many people view disability with contempt, pity and shame. Prior studies on disability indicate that children with disabilities are never as happy as those with no disabilities. There is a great deal of stigma about and ostracism of these children

and their families. A participant expressed that she believed taking her child to the ECD center could make a difference to her child, who is mentally challenged. She said,

*I would wish for an ECD school for disabled children in our community. (P4)*

There are no centers for disabled children in rural areas in both countries. Participants lamented the absence of awareness campaigns, which could help people, know and appreciate their children with disabilities. There should also be information services for parents who have children with challenges, so that they know where services are available for their children, such as schools and hospitals:

*The government should also help us financially because we are challenged financially; there are a lot of funds needed for the upkeep of children with disabilities. (FGDB)*

## Discussion

The findings of the study show that the community, in general, perceives disability negatively, although there were pockets of good practices in isolated cases. One participant commented that, *although the community was supportive, some people believed that a child with disabilities had a short life expectancy and would soon be dead; hence, these children were never considered part of the bigger group.* A gloomy picture was painted of many parents who, due to lack of knowledge, fixate in the denial stage, which signals a gap in ECD services and a lack of preparedness of schools to support children with disabilities. In their study, Grzegorz, Smogorzewska, and Grygiel (2020) noted that beliefs in the broader society determine the acceptability of the child with disabilities. It emanated from the study that some participants' beliefs influence their views on disability, its causes as well as the negative attitudes associated with it, grounded on how the society comprehends disability. Disability may be viewed as a social construct, in contrast to impairment. Beliefs that witchcraft causes disability may, in extreme cases, lead to the affected family being banished, which means the child with disabilities has no access to essential services (Turuk, 2008). Societal perceptions explicitly place the affected child in the middle of forces that may never be comprehended. These forces are very powerful and influential. For instance, religious beliefs may have both a nurturing effect and negative consequences, though, traditionally, people find comfort in religion. Experiences of stigma, shame and rejection at this level cascades to the child through various other ecosystem settings.

The findings show that attitudes are another obstacle. Communities that are entwined in cultural beliefs, customs and practices that link disabilities to witchcraft, bad luck, failure to appease ancestral spirits and disobedience to God may prevent the cultivation of decisions that foster growth and development in children with disabilities. Cultural beliefs are constituted by the view that the cause of the child's disability is witchcraft. Witchcraft according to Mailwane (2017), is a belief that is held in almost all African societies and is seen as the traditional way of explaining the ultimate cause of evil, misfortune or death. Conversely, the study found that, in cases where the community showed compassion and offered help, it usually originated from Christian backgrounds. Therefore, some cultural beliefs encumbered promotion and protection of human rights for children with disabilities. These children are denied the privilege to acquire knowledge and skills and to cope with the general demands of life with opportunities equal to those of their peers. It is not unusual for Africans in general to attach disability to witchcraft (Munyi, 2012). In Nigeria, a research study showed that Nigerians as well as other Africans in general believe that disabilities are a result of witchcraft (Abosi & Koay, 2008).

Attitudinal barriers were found to be common as a deciding factor in accepting the child with disabilities. The behaviors of both the parents and the child with disabilities may influence the reactions and deportment of others (ACPF, 2014). For instance, the way the parents treat their child with disabilities and the way the child reacts to such treatment may determine how the community will react to both of them. Some participants blamed their children's disability to witchcraft and had deep-rooted beliefs that their children had been bewitched, in some cases by their relatives or by people that were close to them such as neighbors (Mailwane, 2017). Findings also revealed that the triangulated interaction, between the child, the parent, and the community, may affect everyone concerned. Parents and caregivers of children with disabilities may be subjected to humiliating experiences and they may, thus, suffer from personal shame and self-blame.

Photograph 1, captured by a participant from Zimbabwe's resettlement schools, shows the constraints faced by the community in accessing material support, let alone a decent shelter to meet the ECD needs of all their children. The situation is even more desperate for children with disabilities. The community has no appropriate facilities and equipment to meet their needs. Against the background of struggling economies worsened by political interferences, families of children with disabilities and the children themselves are subjected to

inadequate health and many other services. This study observed that many families of children with disabilities are reeling in absolute poverty (Photograph 1).



Photograph 1. A roof Over Our Heads

The findings also reveal that young children with disabilities are affected by lack of coverage for basic childhood services, under-resourced facilities that include childcare and early learning services, effective parental support, and marginalization of vulnerable children. In many instances, young children with disabilities are left at home, with no stimulation. Due to lack of disability awareness, they are often hidden away and kept in isolation (ACPF, 2014). Parents who lacked information made indications of not knowing that a child with a disability has a right to education too, regardless of his/her disability (Dhemba & Dhemba, 2018). In situations where parents were aware that their children also needed to get early childhood education, they did not know where to get help for their young children with a disability (Mailwane, 2017). This situation in Eswatini and Zimbabwe is aggravated by lack of government funding. It is noticeable that the few children with disabilities who do access to classes in rural schools and ECD centers are lagging behind in many developmental areas, such as physical, cognitive, emotional and social development, compared to their chronological peers. To note, only two teacher training institutions train Primary Teachers' Diploma in Special Needs are found in these two countries: Zimbabwe's United College of Education (UCE) and Eswatini's Southern Africa Nazarene University (SANU) and this has largely contributed a few trained teachers capable for special needs teacher training. In the process of the study, some participants revealed that it was easier to hide children with disabilities in villages than in populated urban areas – painting a gloomy picture about the comparatively worse, and deplorable situation regarding access to ECD services faced by children with disabilities in villages (ACPF, 2011). Photograph 2 shows the inadequate and inappropriate shelter at a rural center.



Photograph 2. Knowledge is Power



One participant lamented that communal resources are not adaptable to children with disabilities, consequently these children are, indirectly, deprived of their fundamental rights to play, health, protection and education. The finding was that inaccessibility of ECD service centers in the community has a negative impact on the holistic development of children with disabilities. If there are inadequate facilities, even for so-called able-bodied children (Photograph 2), one can imagine the plight of the less fortunate. An analysis of some case studies of how teachers and professionals in early childhood centers in New Zealand, dealt with requests for admission of children with disabilities, revealed that children with disabilities were denied access to early childhood education, (Human Rights Watch, 2015). Furthermore, there are reports that some of these teachers signaled that teaching young children with disabilities was the obligation of the support staff, and was not part of their duty.

By and large, the findings point to policies that are fragmented and disintegrated, and until this is addressed, access to quality services for children with disabilities will remain inadequate. The Zimbabwean Education Act of 1987 recognizes the essential right of a child to education, as stipulated by the Convention of the Rights of the Child in 1989; however, it is more inclined to addressing equity and access to ECD services for children with no disabilities, and, to a lesser extent, children with visible deformities (UNESCO, 1990). For specific disabilities, the policy statements give implied impressions. The implication is that there is need for a comprehensive policy framework in the education system that enforces quality access to ECD services for children with disabilities. A similar observation is reported by Chikwature, Oyedele and Ntini (2016), who found that Zimbabwe is yet to draft its inclusive education policy. Findings of this study indicate that policy implementers operate within the confines of office circulars, while, on the ground, school environments are not modified to support children with diverse needs, as schools lack the resources for implementation. The challenges of children with disabilities are influenced by broader society, in institutions where the child with disabilities had no influence at all, in spite of the negative impacts experienced by these children.

The Kingdom of Eswatini became a signatory to the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2007 and ratified the Convention on September 24, 2012. Though, the ratifying of CRPD created room for the Swazi child to have the rights to education, children with disabilities still are not well catered for. A training manual for Osiswa Eswatini (2019), acknowledges the importance of ECCDE and policies that protect children such as the Children's Protection Welfare Act of 2012 and the Education Sector Policy (Inclusive Education) in Eswatini. Furthermore, mention is made of places and institutions of referral for children with special needs and disabilities in Eswatini. Of significance is the great move by the government of the Kingdom of Eswatini in its endeavours to identify people with disabilities for sustenance (Osiswa, 2019). In support, Federation of Organisations Disabled People in Eswatini (FODSWA) echoed that "people with disabilities are human beings like other people as they have an important role to play in the country. Their contribution in the community will support economic growth. The study deduces that young children with disabilities are systematically stigmatized and excluded through policy design and implementation. A similar study conducted in the Limpopo province of South Africa by Mailwane (2017) also reveals that young children in South Africa, including those with disabilities, do not have access to ECD services, because service delivery is fragmented and uncoordinated.

## **Limitations**

The study faced its share of challenges. It was a struggle to convince participants to participate, and to win their trust, especially the primary caregivers, as the study appeared to resuscitate bad and painful memories, and to reinforce participants' lack of optimism regarding a better future. The future of any nation depends on the grooming of its young citizens. Even children with disabilities have some worthy abilities; hence, they need to be afforded the chance to prove themselves. The other limitation of this study was the disproportional representation of female participants, which is mainly the result of male parents or partners reportedly refuting responsibility or disappearing after the birth of children with disabilities. Though the researcher was unable to solicit a comparable sample of male parents, information garnered nevertheless painted a broad picture of the plight of children with disabilities.

## **Conclusion**

The qualitative nature of the study, the methodology employed and the rich data gathered from participants uncovered a wide range of aspects regarding the phenomenon that was studied. The participants made critical contributions, by sharing stories of their experiences. It is our hope that the study will not only shed light on the challenges faced by children with disabilities, but that it will pave the way for a resounding and significant

intervention. The participants in this study were not only critical for the success of the study in relation to the useful information they yielded – they also represent a population at risk that is vulnerable children. Our education systems nurture children to be mothers and fathers of future generations, therefore, ensuring the wellbeing of children (able-bodied or those with disabilities) should be considered a strategy for enhancing the welfare and resilience of children.

Regardless of the giant steps that have been made by the present-day government in addressing issues of inequity and access for young children with disabilities to ECD services, there still remains a great deal to be done for children with disabilities who live in rural areas. Parents and caregivers are, naturally, the people closest to children with disabilities, and their emotional experiences of fury, despondency, fear, affection and inaccessibility need to be addressed. They often experience physical, emotional and social exhaustion and, thus, need intensive support. The study recommends that comprehensive support is provided to affected families. A support group strategy should be implemented to empower families on the nature, possible causes of and interventions relevant to disabilities, with a specific focus on primary caregivers. Experts can identify them through the village protocol, then take them through psychosocial sessions to support them emotionally. Engaging in support groups could also help to eradicate negative cultural beliefs as community members share their experiences.

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